

# Annual Report 2016/17 and Annual Plan 2017/18

## Summary







# Introduction



As I write this foreword, at a time when I am leaving L&D to be the National Director for Urgent & Emergency Care (secondment), I would like to reflect on the performance of L&D during recent years.

In my foreword to our 2015 Annual Report, I wrote "At the very heart of Luton & Dunstable University Hospital NHS Foundation Trust 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 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".

My foreword for the following year includes the following: "I am therefore both proud and humbled to report that L&D has been able to deliver against national quality and performance targets, achieving a Monitor governance rating of green for the last 13 quarters and a financial surplus for the 17th successive year. This performance is down to the extraordinary commitment of our staff and volunteers. The support of our external stakeholders was also of fundamental importance. Nowhere was the tremendous spirit of our staff more evident than during our 'Good, Better, Best' events that took place in July and December, when over 70% of our staff came together to identify the areas of our work that we do well and they key issues that they wanted to focus on to improve the quality and safety of the care that we provide".

It makes me enormously proud to be able to confirm that these statements are as accurate today as they were at the time they were written. As in previous years, during 2016/17, L&D has been able to deliver against national quality and performance targets, achieve the highest standard set out in the NHSI new Single Oversight Framework and deliver a financial surplus for the 18th successive year. Again, the extraordinary commitment of our staff and volunteers has been truly inspirational and was palpable during our two 'Good, Better, Best' events attended by more than 75% of our workforce.

In June 2016, we were delighted to receive an overall rating of 'Good' from the CQC, we did not receive any mandated actions, however we have used their report as a basis for continuing development and learning.

During the year, we have spent a considerable amount of our time working closely with our neighbours, partners and external stakeholders with the BLMK STP. The vision and ambition evolving from the work is likely to facilitate BLMK being selected for fast track development as an Accountable Care system (as set out in the Five Year Forward View Next Steps published on 31 March 2017).

2017-2018 will almost certainly be another challenging year for the NHS, as I hand over the leadership of L&D to David Carter as the acting CEO, and Cathy Jones as acting deputy CEO, I am working with the Executive Team to complete a 'stocktake' exercise focusing on the risks and challenges the hospital will need to manage in order to deliver the objectives set out in our Operational Plan. Looking forward, I have every confidence that the Board of Directors will continue to work with our staff and external partners to overcome those challenges and to allow L&D to focus on opportunities that will ensure our patients receive the best possible care and treatment.

Pauline Philip  
Chief Executive  
24th May 2017

# Chairman's Statement



I am proud to present this Annual Report and Accounts to you. They make fascinating and warming reading. Once again this hospital has delivered a unique and consistently excellent performance record against all key indicators: A&E 4 hour, 18

weeks wait for treatment and 62 day cancer treatment as well as maintaining excellent quality indicators such as the reduction in pressure ulcers, falls resulting in harm and achieving one of the lowest C Diff infection rates in the country. These successes are not the product of any single individual or group of individuals. Our top A&E achievement depends clearly on the resourcing and the commitment of staff in our Emergency Department and we compliment them; but it also depends on the staff in our "control room" finding beds in "flow" to allow the patients to get into hospital smoothly, continually and efficiently and our discharge teams and ward staff who support the often very complex patients leaving this hospital safely. The success also depends on the redevelopment and finance teams in securing the delivery of services including space and the Trust has put in additional beds during the year to support the increasing demand on our services. So, our success is mostly dependent on all those who work so tirelessly and generously (according to all the surveys exceptionally so) to ensure that patients are kept safe and cared for in these new and our existing facilities. The whole hospital comes together to achieve all our aims and these successes are a tribute to all.

I pay particular tribute to our frontline staff. You will be able to read our staff survey results and will I hope read of the results of the investment we have made in staffing in numbers and in inclusion. We never forget that the two most important groups in our hospital are both human: the patients we serve and whom we encourage to leave and all the staff whether "front line" or those who check the finances, produce the medications, recruit the staff, ensure a patient gets the right passage through the hospital through multi-disciplinary team reviews and make sure the patient is fed while here –all staff play a critical role in delivering the patient care for which this hospital is dependably regarded. Unlike the patients, we do not wish this group to do other than stay and we have been rewarded over the last year with some improvement in staff retention.

It is easy to feel happy about being chairman of such a wonderful institution. I can see the quality for myself but, even if I can, it is always pleasing to receive external confirmation and over the year we received a "good" rating from the CQC. Anyone who reads their survey would understand that we are probably at the "very good" end of the inspection and close to the top accolade of "Outstanding". But, typically of this hospital we have not stood still; we have taken this report and have used it to inform staff debates both in and around the CQC process to learn and improve.

While this is a report on the past, the present can also guide the future. There has been a significant amount of executive lead time over the past year dedicated to the Governments vision of Sustainability and Transformation Plans. The Trust Chief Executive, Pauline Philip, has been leading the 16 providers from the hospitals, councils and commissioning, to develop sustainable plans for the future. The STP of which the L&D is a member, has also been identified within the Five Year Forward View Next Steps, as a potential Accountable Care System.

And, in that context, I would like to pay a concluding tribute to Pauline Philip who has been recognised for her immense contribution by now being placed on secondment with the NHSE and NHSI to improve emergency delivery across the country. David Carter, as CEO, supported by Cathy Jones as Deputy Chief Executive has joined the board, are acting up in her absence. We also were very sorry to lose over the year Pat Reid, our Chief Nurse who, for family reasons, left us to Poole Hospital's great advantage. We therefore welcomed Sheran Oke as the Acting Director of Nursing and Midwifery as Pat's replacement and also Marion Collicot, Director of Transformation and Risk to the Board. Notwithstanding these significant changes in board responsibilities and the potential future direction for the NHS, I am convinced that this hospital will continue to be a beacon of high performance and we owe that, in its entirety, to those who work across the hospital.

Kind regards

A handwritten signature in black ink, appearing to read 'Simon Linnett'.

Simon Linnett  
Chair  
24th May 2017

# Strategic Vision

In June 2014, the Luton and Dunstable University Hospital NHS Foundation Trust (L&D) 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 four 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 four years. The vision is the outcome of extensive work undertaken, 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:

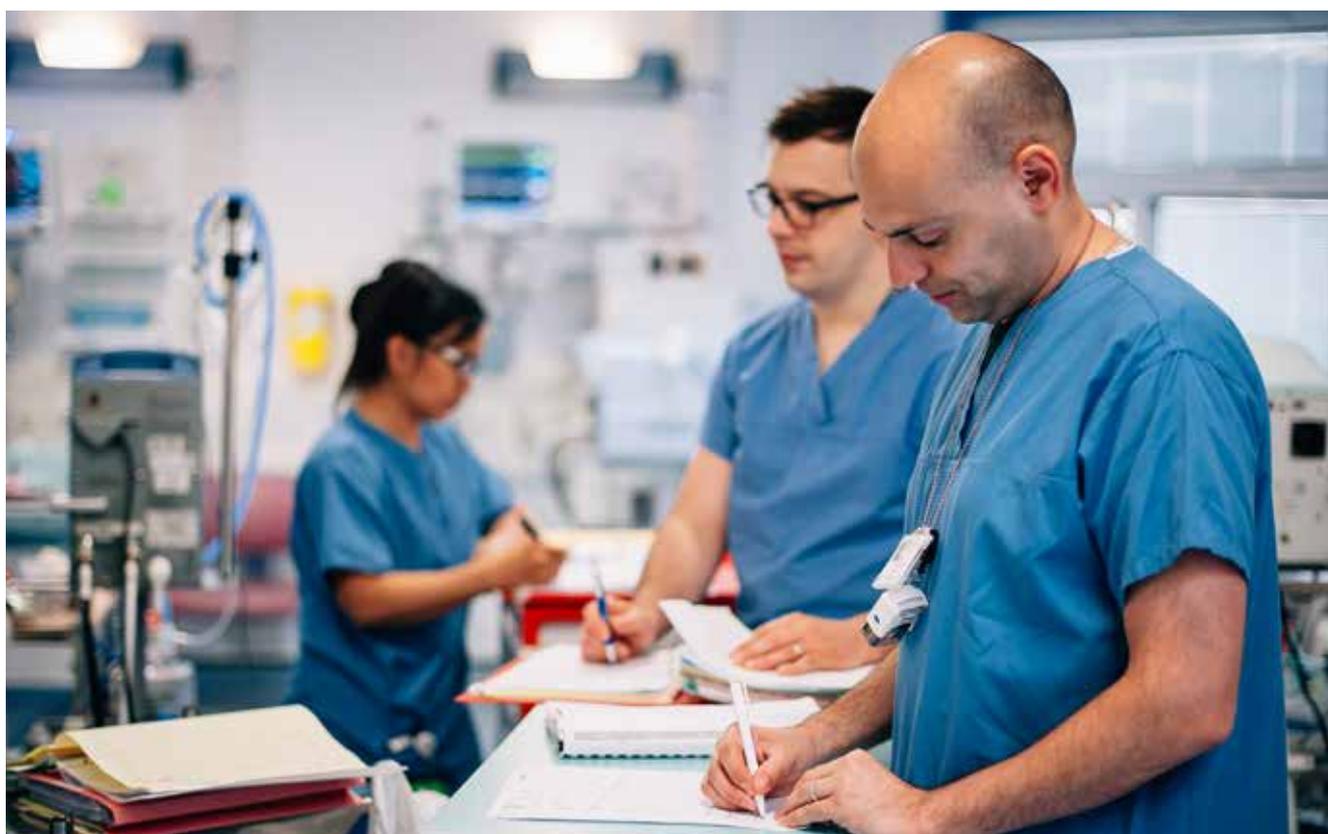
- The overall focus and early direction of the Sustainability and Transformation Plan (STP)
- the knowledge available to us regarding the strategic intention of other providers
- the financial challenges facing our local CCGs
- the business development opportunities available to us to increase market 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 Womens and Children's Centre, with our maternity unit providing extended consultant cover, in line with Royal Colleges' Guidelines and 7-day consultant led care supported by a level 3 NICU along with 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 2016/17

This section of the annual report reviews our performance against corporate objectives set out in our Operational Plan 2014-2016 (updated March 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 Hospital Standardised Mortality Ratio (HSMR) in all diagnostic categories

- Our 12 month rolling HSMR has been statistically high during 2016/17, but the monthly trend has seen five consecutive months of improvement within expected ranges (95.15 in December 2016).
- The Mortality Board commissioned an independent review into the Trust's HSMR performance in 2016. The review was undertaken by Dr Bill Kirkup CBE (Chairman of the Morecambe Bay Investigation in July 2013) and the terms of reference included how the Trust has responded to the deterioration as well as the possible reasons for the same. The report was supportive of the work that Trust had undertaken to date and made further recommendation for the ongoing programme of work. This included; a review of all deaths using a standardised Mortality tool; improving the access to specialist palliative care; establishing Mortality and Morbidity meetings in all of the Divisions and changes to coding. The Mortality Board monitors the progress against the review action plan and ensures learning is shared across the Trust.
- We have introduced daily screening of all deaths using a standardised format and any deaths that trigger a request for a more detailed review are forwarded to the appropriate Consultant and the outcome is reported through local Governance meetings and our Mortality Board.

## Objective 2: Improve Patient Safety

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

- We consistently achieved 98% harm free care and for six months we achieved more than 99% harm free care.

- We made exceptional progress in the reduction of hospital acquired, avoidable pressure ulcers over the past year. We achieved a reduction of 82% of grade three pressure ulcers and a reduction of 73% for grade two pressure ulcers.
- We have maintained a falls rate of 4.06 per 1,000 bed days which is below the national average with continued challenges from an ageing and more frail population with complex health needs.
- We have achieved the 95% or greater target compliance (with the exception of one month) of all VTE assessments.

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

- We had one of the lowest C. Difficile infection rates in the country (eight in total) and are assured that none of these were due to cross contamination.
- We have maintained a low rate of MRSA bacteraemias with only one case during 2016/17.

## Objective 3: Improve Patient Experience

### Year on year improvement in patient experience demonstrated through hospital and national patient surveys, 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 our Patient Experience Call Centre.

The feedback tells us that between 90-5% of our inpatients would recommend the Trust and between 90-98% of outpatients.

We use the FFT to provide us with real time feedback from our patients and carers. The information continues to be reviewed for trends and themes across the organisation and at ward and department level. There were no particular trends or themes noted from the information collected.

The annual national patient survey is demonstrating limited improvements. We are within the normal range when benchmarked against other hospitals nationally in most of the areas. However, there are improvements required.

## 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 status is **Registration without Conditions**.

No enforcement action has been taken against the Trust during the reporting period April 1st 2016 and 31st March 2017 and we have not participated in special reviews or investigations by the CQC during the reporting period.

The Care Quality Commission's (CQC) team of inspectors visited the hospital over three days in January 2016 to formally inspect and assess the quality of the care the Trust provides. The Foundation Trust and Hospital received a rating of 'Good' from the inspection report in June 2016. Although the CQC Inspection Report did not mandate any actions for the Trust, it did highlight a 'requires improvement' for safety.

As part of the Trust commitment to patient safety we:

- Took some immediate steps to improve the environment for patients within the High Dependency Unit.
- Reviewed our HSMR Action Plan and introduced new measures to understand variation and drive the learning across the Trust through Mortality and Morbidity Review meetings.
- Initiated processes to improve Continuity of Care and Needs Based Care which is a Quality Priority for 2017/18.
- Focused our Quality Priorities for 2016/17 on key areas for improvement e.g. VTE and Sepsis.
- Used patient safety as a focus for the Staff Engagement Events in both July and December 2016.
- Invited the Institute for Healthcare Improvement (IHI) to complete a diagnostic and help us develop our 'Advancing Safety and Quality Framework' and future strategy.
- Further collaboration with the IHI will be undertaken to support ongoing patient safety initiatives.

- Re-launched a wider more focussed programme of quality reviews with the leadership team to assess quality across the Trust services. Leaders within the organisation were assigned a 'buddy' area and were required to complete a cycle of visits every two months against one of the CQC domains, starting with patient safety. This process provided 'board to ward' reviews and also supported staff to raise concerns and issues to the management team.

### Delivering nationally mandated waiting times and other indicators

- During 2016/17, the L&D continued to consistently deliver against national quality and performance targets, achieving an NHS Improvement governance rating of green throughout the year.

In addition, 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 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. The Trust has delivered one of the most consistent cancer performances in the country.
- Had excellent performance for C Difficile maintaining a low rate of 8 (one of the lowest in the country and below the de minimis of 12) but this did exceed the agreed contract threshold of 6.
- Reported 1 MRSA Bacteraemia which is also under the de minimis of six for reporting to Monitor.
- In 2016/17 the NHS Improvement Single Oversight Framework included the six week diagnostic target as a new part of the assurance process. The Trust has met the target for every month since it was introduced in October 2016.

## Objective 5: Implement our New Strategic Plan

During 2016/17 a number of key strategic developments supported the delivery of the Trust's Strategic Vision.

### a) Delivering new service models:

#### Emergency Hospital

- **Further developed the Ambulatory Care services**  
- In April 2016, the Ambulatory Care Centre (ACC) was moved to the front of the hospital to be co-located with the Emergency Department. This gave the service a larger area enabling more patients to be seen via the ACC. A seven day pilot commenced at the end of 2016/17 which, following its review, will determine permanent expansion to a seven day model in the second half of 2017/18.
- **Further progressed becoming a Hyper Acute Stroke Unit** - Central to the Trust's strategy of delivering hyper acute stroke services across Bedfordshire, during 2016/17 we have increased both therapies, physicians and clinical nurse specialist posts, improving leadership and ensuring performance targets are now improving. The Trust is now providing a consultant service to the acute stroke beds at Bedford Hospital.

#### Women's & Children's Hospital

- **Provided community midwifery clinics in Hemel Hempstead and Redbourn** - Extending the clinic practices in Hemel Hempstead and Redbourn has resulted in an increase in women choosing to have their maternity care at the L&D.
- **Continued to develop local specialist fertility and IVF provision** - The Division's ongoing collaboration with Bourn Hall, Cambridge, continues to provide a high quality service to local couples, with an increasing positive pregnancy rate.
- **Established a community based ultrasound service**  
- In support of maternity pathways, a new ultrasound service commenced in Leighton Buzzard in September, providing a local, one-stop ultrasound scanning service to patients in South Beds.

#### Elective Centre

- **Consolidated our regional Bariatric Service** - The Bariatric team recruited a 5th Consultant Surgeon to meet demand for the service and increased theatre

sessions for bariatric surgery. This has increased capacity within the medical obesity clinic and increased surgical throughput by 120 cases per year.

- **Established inpatient Paediatric Orthopaedics services at the L&D** - The Division appointed a new Paediatric Orthopaedic Surgeon in order to establish local services for paediatric orthopaedic surgery. We continue to work with the other divisions to develop new care pathways and also are linking with tertiary partners to ensure a resilient service model.

### Information Management and Technology

- **Became a Centre for Global Digital Excellence** - We were invited to apply to be one of 12 Centres of Global Digital Excellence, and following judgment by an international panel of experts, were awarded this status and £10 million of funding in January 2017, as announced by Jeremy Hunt, the Secretary of State for Health. The prerequisite is that we achieve a Digital Maturity rating of HIMMS Level 7 in 3.5 years, and we have described a delivery plan comprising of six work packages to achieve this. We are arranging the first meeting of the Programme Board to oversee its delivery. It will be heavily scrutinised by NHS Digital and the rest of the NHS, as it is the first programme of its type. It will also support the future training of Chief Clinical Information Officers and other clinicians such as Nursing Informatics Leaders and AHP's to be more involved in technology and utilise it more to provide safe and efficient healthcare. This is a superb achievement for the Trust, which now stands beside much larger Academic Health Centres as an equal.
  - **Continued the pathology modernisation** - The implementation of the new Laboratory Management System (LIMS) was initiated in January 2017, with an anticipated completion date for November 2017. The new LIMS brings benefit to Pathology, the wider Trust and GP services in improving business intelligence, results analysis and facilitating future service developments
- b) Implementation of our preferred option for the re-development of the hospital site.**
- Re-development proposals for the site are set out in an Outline Business Case approved by the Trust Board in October 2015. Planning Consent for the proposals was granted by Luton Borough Council in April 2016.

- The Trust commissioned the first stage of detailed design for the new Services Block in October 2015. This work was delivered by a team led by AECOM in March 2016.
- Work began on developing the Sustainability and Transformation Plan for the Bedfordshire, Luton and Milton Keynes footprint in April 2016. Work on the re-development proposals for the L&D has been suspended pending the outcome of service delivery planning across the STP footprint.
- The Trust received a loan of £19.9m from the Independent Trust Financing Facility (ITFF) in June 2015 to support the delivery of enabling works required by the redevelopment plan.
- The Trust delivered a new Orthopaedic centre, two new theatres and refurbishment of part of the ground floor of the St Marys building to provide a new 28 bed ward in 2016/17.
- Further work to complete the refurbishment of the ground floor of St Marys to deliver an 18 bed ward, a 10 bed Haemato-Oncology ward and relocation of the Day Unit have been completed in FY 2016/17. In addition, the Therapies team have been relocated from St Marys to the centre of the hospital.
- An extension to Oral and Maxillo Facial Surgery is due for completion in 2017/18. This has required the conversion of the Nurses Home extension building to provide additional office space for staff displaced by this project.
- Proposals to deliver the Sexual Health Services clinic in the centre of Luton are being developed. The redevelopment team are also developing proposals for the provision of a helipad, the reconfiguration of Imaging and a potential requirement for additional theatre space.

### **Objective 6: 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.**
- We continue to recruit staff both locally, nationally and internationally. During the year we also recognised the national challenges in recruiting to band 5 Registered

Nurse positions. One initiative that has been firmly embedded is the use of band 4 Assistant Nurse Practitioners (ANP). Currently we have 31 WTE ANPs employed in the Trust. They can be seen working in areas such as Medicine, Surgery and Paediatrics. These staff are vital in supporting our registered nursing staff to deliver safe, quality patient care.

- We continue to face a challenge when recruiting to band 5 registered nurse posts in particular. This is due to national shortages and changes in service requirements in order to deliver safe care in our acute hospital. This recruitment is monitored on a monthly basis by the Trust Board along with other hard to fill vacancies.
- Retention has been and continues to be a key component of our strategy and the Trust recently reviewed and re-launched its starter and leaver questionnaires so that we can understand better why staff join the Trust as well as why they leave. This will be developed further over the next year.
- The Trust has enrolled 77 new learners to an apprenticeship qualification since 1 April 2016 against a Health Education East of England target of 70 for this financial year. Currently the Trust has 137 staff enrolled to an apprenticeship. We are the first Trust in the East of England to offer a Chartered Management Institute Management and Leadership Level 5 Apprenticeship qualification, and building on the success of the first two cohorts, the third group will commence in May 2017.

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

- At the heart of L&D is a culture of staff ownership and involvement. This culture is nurtured by a comprehensive range of communication and engagement activities. Particularly important are the large scale, Trust wide 'Good, Better, Best events'. The events were held over a week and over 80% of our staff attended each event in July and December. Both events engaged with our staff to provide them with key information about the Trust and gather their feedback about what the Trust does well and any areas for improvement with clear actions identified. We also receive assurance from our NHS National Staff Survey and our overall staff engagement score was 3.90 (on a scale of 1 - 5), this puts the Trust in the top 20% best performing when compared to all Acute trusts.

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

- Medical Education continued to be a high priority for the Trust. In, 2016/17 we provided a high standard of both undergraduate and postgraduate training. All of our Educational Supervisors attended formal training to be appointed as Educators and have had an annual appraisal for their educational role. This process has strengthened the standard of training and the governance of the process.

#### Undergraduate

- The feedback from informal visits by the University continues to be positive. The Directors regularly review the student placements to allow for adjustments to be made to improve the student experience. Formal student feedback at the end of placement and following the student examplinations continues to rank the Luton and Dunstable University Hospital as one of the best placements. We have again successfully completed the final exams in March with good support from our in-house examiners.

#### Postgraduate

- We are committed to ensuring that the quality of training for postgraduate medical and dental trainees delivers the requirements of the curriculum. During 2016/17, we hosted Health Education East of England School visits for Medicine (Department of Medicine for the Elderly, DME), Obstetrics and Gynaecology (O&G), Paediatrics and Neonates, General Practice, Ophthalmology and Anaesthetics. Any required actions were either implemented immediately or have action plans in place to sustain improvements.
- After these visits, the main requirement that needed quick action was the placement of GP trainees in Trauma and Orthopaedics (T&O). This was appropriately managed with reallocation of the trainees into other clinical areas. There continues to be on-going work with the T&O team to support the changes needed to improve the training environment and thereby review the potential of re-allocating trainees to the department. For the other visits there were recommendations and requirements which are being addressed within the department with support from the DME team. The issues around Medicine and O&G have improved and work continues to be done to sustain the improvements.

## Objective 7: Optimise the Financial position

### Delivering our financial plan

Across the Trust we have a robust 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.

Going forward, each business plan will be managed as a specific project with monthly tracking and reporting to their Executive Board meetings and performance meetings. This will provide additional structures and assurance to the Board of Directors.

To improve efficiency across the health economy we have continued to work closely with the Sustainability and Transformation Plans through the Collaborative Savings Initiative.

# Service Developments delivered in 2016/17

## During 2016/17, the Division of Surgery including Cancer:

- **Further developed Urology Services** - In 2016/17 a substantive 5th Urologist was appointed which has enabled the service to expand to increase the number of patients able to access the service.
- **Redesigned the surgical pre-assessment processes**  
- The Division invested in a significant improvement project to review and redesign the pre-assessment pathway and prevent patients having to be cancelled on the day of surgery, whilst optimising their pre-operative journey. The implementation of this programme is expected to be completed in 2017/18.
- **Successfully implemented Chemotherapy ePrescribing**  
- with access to chemotherapy treatment records across the consortium including Mount Vernon Cancer Centre to ensure both a timely transfer of information to enable more chemotherapy treatments to be undertaken locally and improve patient experience. This system will improve patient safety by electronically prescribing chemotherapy drugs, ensuring a consistency of care across the Consortium and ensure that the Trust meets the National guidance.
- **Expanded the Acute Oncology Service** - Following the successful embedding of the Acute Oncology Service, an additional nurse has been appointed to ensure service resilience across the week. This is an important part of the commitment to improving services for oncology patients particularly those who develop severe complications following chemotherapy.
- **Developed a Haemato-Oncology Unit** - The Cancer Services team have been key in supporting the development of the Unit by ensuring the needs of the oncology patients are met to enable for future safe delivery of inpatient chemotherapy within the Trust and that the National Cancer Peer Review (QST) standards are achieved.
- **Improved End of Life Care (EOLC)** - EOLC has continued to be a key priority for the Trust. Our end of life care received a CQC rating of 'Good' recognising the considerable improvements and commitment by staff to improve the patients and families experience. A comprehensive training package focussing on the recognition of the dying phase has been developed and delivered to 89% of the eligible priority staff. This has resulted in 141% increase in referrals to Luton and Bedfordshire services who provide a 24 hour advice and support helpline and coordination of palliative care for patients, families and carers to

enable patients to remain in their preferred place of care. Working with the Hospital Chaplin and Voluntary Services the Volunteers Companionship has been introduced offering support for patients and families.

- **Further developed Specialist Palliative Care services**  
- With an additional Specialist Palliative Care Nurse appointed and with the support of Macmillan and End of Life Care Nurse to support the earlier recognition of End of Life patients and to be able to provide the appropriate support to patients, families and carers and facilitate faster discharge if appropriate.
- **Introduced the Cancer Recovery Package** - The Recovery Package is recognised in the Cancer Taskforce Strategy with a commitment to ensure that 'every person with cancer has access to the Recovery Package by 2020' (including Holistic Needs Assessment and Care Planning, Treatment Summary, Cancer Care Review, and Health and Wellbeing Events). Good progress has been made in the implementation across the Trust led by the Cancer Nurse Specialists. The roll out of these interventions will better support and improve the quality of life of people living with and beyond cancer.

## During 2016/17, the Division of Medicine:

- **Developed support for performance monitoring and decision making** - Progress has been made during the year to enhance the governance processes within the Division. This has further strengthened the reporting and escalation through Medicine Executive and COB for executive guidance, to support strategy and decision making.
- **Implemented service line management/reporting**  
- Work has continued throughout 2016/17 to refine service line reporting to support service delivery and development of decision making.
- **Commenced Integrated Sexual Health Services for Luton Borough Council** - The service was established in April 2016 bringing benefits to the community through the establishment of additional clinics being provided across four locations in Luton. A high quality service is being delivered with plans being developed for a purpose designed Luton town centre hub.
- **Continued the implementation of all case mortality reviews** - During 2016/17, the Division introduced quarterly Mortality Forums to ensure outcomes and learning are embedded across the directorates and Trust wide.

- **Continued Rheumatology service development** - In 2016/17, a review of the investment in rheumatology services demonstrated that activity and clinical benefits were achieved. Going forward, further business planning is in progress to develop bone services in 2017/18.
- **Recruited an additional Inflammatory Bowel Disease Nurse** - An additional specialist nurse was recruited in 2016/17 to support the commencement of the use of Biosimilar drugs.
- **Developed the Prosthetic and Orthotic service** - During 2016/17 electronic Primary Consultations have been implemented to support information governance and sharing across clinicians within the wider area. The 'Cad Cam' is now in place.
- **Continued the transition to a Needs Based Care model** - In 2016/17, clinical engagement events were held across Medicine to establish service models across all specialties to develop Needs Based Care. As part of this work, the Cardiology bed base was increased and this has shown real benefits for patients and a reduced length of stay.
- **Continued collaborative work with local CCGs, Primary and Community paediatric services** - The team have worked jointly with primary care to implement GP connect services ensuring rapid access to specialist paediatricians enabling direct discussion, supporting the right care in the right place at the right time.
- **Continued to improve facilities for families** - The Division have been supported by successful fundraising. We have been able to redesign storage and provide a dedicated parents' lounge area and a refitted refreshment kitchen enabling parents to have a space to meet and talk.
- **Further optimised the use of theatre sessions** - The Division has continued to work closely with clinicians and the theatre teams to ensure the best and safest use of theatres and valuable operating time. All Gynaecology procedures have been moved from the obstetric theatres in recognition of the increased demand for supported deliveries.
- **Continued collaborative working with Surgical Division to support the resilience and further development of local Children's surgery** - Joint training events between surgery and paediatrics have had very positive feedback across the teams ensuring further improvement in communication, service planning and delivery. The team have welcomed increased support through the appointment of additional surgeons and anaesthetists supporting paediatric services.
- **Continued collaborative working with Medical Division**- the Paediatric Team has continued to work closely with the Medical Division to further improve pathways for children in Children's ED and to also further enhance care of Diabetes in pregnancy in line with new guidelines.
- **Further developed transitional pathways** - The services have worked together in a focused way to take forward transitional pathways. This included looking at combined clinics providing access to social and emotional support as well as the routine clinical review.

#### During 2016/17, the Division of Women and Children's Division:

- **Extended the provision of community maternity services** - Midwifery and scanning clinics have commenced with very positive feedback. Consultant Clinics are planned to during the first half of 2017.
- **Increased resilience / capacity of Fetal Medicine service** - We have successfully recruited a third consultant specialising in fetal medicine and are key members of national research projects to take forward safer births and support complex pregnancies locally.
- **Worked collaboratively with Primary and Community partners** - The Division have worked closely with public health and have built a collaborative approach to child wellbeing. This has been a key focus to ensure that every contact counts as an opportunity to give overall health messages.
- **Re-established parent and child involvement groups** - Uptake of events to engage parents and families has been challenging but the feedback we have been able to identify has been used effectively. This has included improving ward facilities for parents and renewed focus on collaborative fundraising for the services.

**During 2016/17, the Diagnostics, Therapeutics and Outpatients Division:**

- **Improved treatment and management of Haematological disorders** - A new 10 bedded Haemato-oncology unit, providing dedicated inpatient facilities, has been built for the specialist management of patients with blood disorders and cancers, sickle cell and thalassaemia.
- **Introduced PCR technology** - New rapid diagnostic technology has been introduced to the Trust via the Microbiology department, enabling faster detection and treatment of a range of infections and contributing to shorter length of stay.
- **Supported cancer pathways and performance** - During the year, both Imaging and Cellular Pathology have continued to support both Medicine and Surgery in improving access to MRI and expanded diagnostic techniques in support of prostate and lung cancer treatments
- **Increased consultant radiologist and reporting radiographer cohort in Imaging** - Over the course of this last year, in support of increased demand for diagnostic Imaging services, the Trust has appointed additional consultant radiologists and invested in training to extend the professional scope and role of radiographers, sonographers and mammographers
- **Restructured workforce in Imaging and introduction of e-rostering** - The introduction of electronic rostering has improved the efficiency and deployment of staff resource within the department, whilst the appointment of senior modality leads to MRI, ultrasound, main x-ray and CT/Nuclear Medicine supports ongoing staff and service development opportunities
- **Improved attendance rates in Breast Screening** - A number of initiatives have been successfully implemented in Breast Screening to increase the volume of women attending screening and to reduce those who do not attend their appointment, including the introduction of an appointment reminder system and improved recycling of cancelled appointments, collaborative working with CCGs/GPs to identify women within the practice and encourage conversations on the health benefits of the service.
- **Continued Trustwide roll out of partial booking** - Outpatients, in collaboration with service managers across the clinical divisions, are near to completing the Trustwide roll out of partial booking. This has contributed to a reduction in DNA rates and multiple hospital initiated rescheduled appointments, improving patient experience.
- **Enhanced therapy support to stroke services** - The Division has increased dietetic, physio, OT and speech and language therapy support to hyper acute stroke services within the Trust, to enhance care and specialist neurological rehabilitation to national stroke standards
- **Developed a new Therapies Hub** - Therapies facilities have been improved with the provision of a centrally located hub providing staff and patients with new treatment rooms. Phase one of the work is completed, and phase 2, including a new gym area, is due for completion in June 2017.
- **Supported BLMK Sustainable Transformation Programme (STP)** - The Division has been actively involved in the scoping work across Imaging, Pathology, Pharmacy and Therapies to identify and develop new collaborative ways of working across organisations to promote increased efficiency in the utilisation of resources, a more flexible use of workforce and cost savings through joint procurement. This is an ongoing programme aimed at delivering benefits to the Trust and local health economy over the next 2-3 years.
- **Supported the development of Needs Based Care in Medicine** - Pharmacy and Therapies have worked in collaboration with Medicine in the reconfiguration of wards and services, including the provision of a satellite Pharmacy in St Mary's Wing, to best support the introduction of Needs Based Care in Medicine, with the purpose of optimising and aligning resource to enhance patient care.

**During 2016/17, corporately we:**

- **Advanced the IT Infrastructure and Service Desk**  
- We are still experiencing growth in the number of calls processed through the IT service desk. This increase relates to the additional hardware deployed for projects such as hospital re-development or ePMA and our aging PC and printer suite. During the rollout of Virtual Desktop Infrastructure (VDI) we are re-commissioning or replacing aging hardware including PCs and networking all Printers, we are also adding additional staff to the service desk to help with the transition from our old PC suite to the new VDI environment that will mean staff access information through a central hub rather than desktop PCs. The role out VDI will continue throughout the year. We have carried out a short survey to gauge the satisfaction level with the current service, and we now have a new survey on the new IT portal.
- **Implemented E-Prescribing and medicines administration** - We have continued to roll out the ePMA JAC system throughout the Trust, and are now preparing to launch the system in the final areas including the Emergency Department, Maternity and Outpatients. We have carried out a full upgrade of the system and are planning a further data cleanse and modifications to integrate it with Symphony, the A&E system.
- **Implemented Unified Communications** - This has been an extensive programme of work, focussing on the infrastructure, switches, UPS' and the resilience telephony system to ensure we can continue to communicate in emergency situations. We now have 3 SIP trunks giving us a triangulated phone system to also increase the resilience and we are trialling baton phones for on call teams. The new wireless network will be completed in May 2017, following a large programme of cable installation. This will support the push for mobility on wards and the use of mobiles devices to collect clinical data. The other functionality available to us, such as web collaboration, is being trialled in key areas driven by the Clinical Unified Communications Board, chaired by Miss Sandhu. We have trained a number of UC Clinical Champions now and will continue this programme of training and support.
- **Implemented Chemo care** -the Chemo care chemotherapy prescribing application and its complex architecture and interfacing was configured and installed on our site during late 2016, going live in March 2017. This allows us to be an accredited Chemotherapy centre, and provide local high quality services to our patients. A fantastic achievement by all involved, as this is a regional Cancer Network project working with 3 stakeholder Trusts, and it this multi-disciplinary multi-sited aspect to the project made it even more complex than usual.
- **Procured a new pathology system** -The Trust has awarded the contract to Clinysis and the new Pathology IT system should be implemented by the end of 2017/18.

# 2017/18 Strategic Approach

In line with NHS England's planning guidance, a draft Sustainability and Transformation Plan (STP) was submitted on 21 October 2016. The Senior Trust Executive have been playing a leading role in the development of this plan to restore clinical and financial sustainability of the local health and social care system. It is centrally involved in planning and developing proposals for transformational change across a planning footprint covering the resident populations of Bedfordshire CCG, Luton CCG, and Milton Keynes CCG (BLMK patch). There is close and active involvement from the four local authorities (Luton Borough Council, Central Bedfordshire Council, Bedford Borough Council and Milton Keynes Council) in the transformation planning. Given BLMK's current and projected distance from financial equilibrium, there is active oversight and challenge to ensure that planning, agreement and executing the necessary transformation in BLMK proceeds expeditiously. It should be noted that agreement of proposals will include both formal and informal consultation with the public as required.

The plan has been informed by population health analysis commissioned by STP Partners. This has been used to add precision to transformational solutions that will enable current and projected demand to be redirected from hospital into community settings and self-managed care. These solutions have been trailed extensively with primary care colleagues, at GP practice level, at CCG level and via cross-BLMK clinical engagement events.

The STP plan proceeds across 2017-2019 via user-facing initiatives, in the areas of prevention, primary, community and social care and hospital services, with enabling work, designed to create the right tools (e.g. digitally communicable care records), levers and incentives to support the transformation process. Considerable effort has gone into refining BLMK's five STP priorities. The L&D has processes in place to be part of this collaborative work.

Priority	Description
Priority 1	Impactful health Improvement and illness prevention
Priority 2	High quality, scaled and resilient out of hospital services
Priority 3	Sustainable secondary care services
Priority 4	Delivering Digitisation
Priority 5	Re-engineering the system of demand management, commissioning and service provision

All relevant NHS parties (i.e. both NHS commissioners and providers) across BLMK have expressed an appetite for the principle of adopting an accountable care approach to commissioning and delivering NHS services. Such an approach will continue to see care designed and delivered at the locality level (typically 30,000 to 50,000 population), sensitised to the needs of different localities, and in a way that list-based general practice remains front and centre. Some functions and activities would operate in patches co-terminous with local Council boundaries - others, such as health population analytics, information and communications systems and technology and administration will operate across the BLMK footprint.

The Trust is intimately involved in Priority 3 from a Secondary Care perspective, but is working alongside system partners to develop proposals for transformation and is committing considerable resource to its delivery.

Within the STP we are developing a greater level of trust and commitment whereby, with support of Collaborative Savings Partner, we will be able to develop realistic practical attempts to support delivery of reduced baseline of acute activity to continue to provide services in more cost effective ways. This model will need to accommodate varying pressures that could arise, and will build out of the ongoing work within Priority 2 - Out of Hospital Care. This opportunity to jointly design and develop transformational interventions within BLMK is being embraced by the Trust. We are surfacing jointly designed and deliverable interventions. In many areas this collaborative approach unleashes clinical staff to resolve cross institution issues that have frustrated desired quality outcomes for some years. We see this as a valuable opportunity to begin local delivery of cross system transformation, and have sufficient leadership, aligned with procured third party support, to work at pace to develop a robust Collaborative Savings Plan to which all parties can agree.

On the 31st March 2017, the NHS Five Year Forward View Next Steps was published by NHS Improvement (NHSI) and NHS England (NHSE) with the support of the arms length bodies. It outlines progress on the ambitions

set out in the Five year forward view since its original publication in October 2014, it defines what still needs to be achieved over the next two years, and how this will be achieved. It also outlines priorities for the service specifically in 2017/18 as follows:

1. Deliver financial balance across the NHS
2. Improve A&E performance
3. Strengthen access to GP & primary care services
4. Improve cancer and mental health services

The Five Year Forward View document provides more clarity on the future plans of the STP and provides two main functions:

1. Outlining key areas of clarification for STPs (now referred to in the document as Sustainability and Transformation Partnerships), accountable care system and accountable care organisation integration models
2. Outlining new policy changes associated with these models

Luton, with Milton Keynes and Bedfordshire, features as one of the health and care systems in the country to

be supported by national health regulators to explore a move towards becoming an Accountable Care System (ACS).

The introduction of ACS, announced in the NHS 'Next Steps on the Five Year Forward View', will see local health and care organisations supported by NHS England and NHS Improvement to work more closely together to provide joined up, better coordinated care

Exploring the option of becoming an ACS supports local system leaders' aims to bring services together around patients; with care and services planned and delivered to meet local health needs now and in the future.

Exploring a move towards becoming an ACS supports our commitment to work together; and to bring people, professionals and care together to focus on the patient as well as the individual organisation providing the service. Becoming an ACS won't mean an overnight change rather it is a commitment to do more, more quickly, with the support of NHS England and NHS Improvement, in working together to design and deliver change that will really improve health and care services locally.



# 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.
- 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.

## Explore Opportunities for Growth

- Actively engage other stakeholders including the CCGs and local authorities in rethinking models of community care, embedding L&D expertise services in the heart of the major localities.
- Explore opportunities for synergy with existing services e.g. the development of restorative dentistry to support maxillo-facial surgery
- Strengthen the relationship with tertiary hospitals to enhance and develop a range of hyper-acute services, in particular paediatrics, cancer, stroke and trauma.

## 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 an electronic patient record, 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 and the financing of the redevelopment programme.
- Embed the new structures in the medical and surgical 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 2017/18

This document updates our 2014-2019 Strategic Plan and our 2017/19 Operational Plan.

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

<b>1. Deliver Excellent Clinical Outcomes</b>	<ul style="list-style-type: none"><li>• Year on year reduction in Hospital Standardised Mortality Ratio in all diagnostic categories</li></ul>
<b>2. Improve Patient Safety</b>	<ul style="list-style-type: none"><li>• Year on year reduction in clinical error resulting in harm</li><li>• Year on year reduction in Hospital Acquired Infection</li></ul>
<b>3. Improve Patient Experience</b>	<ul style="list-style-type: none"><li>• Year on year improvement in patient experience demonstrated through hospital and national patient survey, leading to upper quartile performance</li></ul>
<b>4. Deliver National Quality and Performance Targets</b>	<ul style="list-style-type: none"><li>• Deliver sustained performance with all CQC outcome measures</li><li>• Deliver nationally mandated waiting times and other indicators</li></ul>
<b>5. Implement our New Strategic Plan</b>	<ul style="list-style-type: none"><li>• Deliver new service models:<ul style="list-style-type: none"><li>- Emergency Hospital</li><li>- Womens and Children's Hospital</li><li>- Elective Centre</li><li>- Academic Unit</li><li>- Implement preferred option for the re-development of the site.</li></ul></li></ul>
<b>6. Secure and Develop a Workforce to meet the needs of our Patients</b>	<ul style="list-style-type: none"><li>• Develop and monitor the delivery of a comprehensive recruitment programme for all staff groups. The programme will incorporate a work plan focussing on retention.</li><li>• Ensure a culture where all staff understand the vision of the organisation and a highly motivated to deliver the best possible clinical outcomes.</li><li>• Deliver excellent in teaching and research as a University Hospital. Ensure that all staff have access to appropriate education and facilities to maintain their competence.</li></ul>
<b>7. Optimise our Financial Plan</b>	<ul style="list-style-type: none"><li>• Deliver our financial plan</li></ul>

# Improving Quality

## Approach to Quality Improvement

Each year, improving clinical outcome, patient safety and patient experience underpins everything we do at the L&D. Our key quality priorities are integral to an overarching Quality Framework which is developed to encapsulate national priorities, local priorities and those identified through a comprehensive large scale bi-annual staff engagement event. The priorities sit broadly under the following categories:

1. CQC Quality standards
2. Safety priorities
3. Trust CQUIN programme
4. Patient Experience
5. Transforming Quality through Technology

The purpose of this framework is to monitor and provide assurance to the organisation regarding the standard of care delivery and identify and prioritise areas for improvement. The Quality Improvement Framework is a dynamic programme and responsive to emerging issues and plans to address them. It is underpinned by the STP transformation programme.

There is a strong focus on learning particularly from serious incidents and on sharing learning and improvements through a variety of means including a patient safety newsletter and weekly staff briefings.

Monitoring is carried out through the Clinical Outcome, Safety and Quality Committee and Finance, Investment

and Performance Committee. Reports to the Board are overseen and analysed by the Medical Directors, the Chief Nurse, Director of HR and the Head of Quality. Quality Improvement capacity and capability will continue to be developed within the organisation. We will continue to develop our quality improvement and patient safety leadership capacity through our active involvement in the UCL Partners Patient Safety Collaborative. The aim of the partnership is to embed safety improvement into routine daily work to reduce avoidable harm and improve quality of care. The engagement of L&D staff will enable the Trust to further build improvement knowledge to develop capability and capacity in quality of care.

The Trust plans over the next 2 years to better integrate a number of workstreams in order to further develop a culture of learning and continuous quality improvement. This will include: continuing to deliver quality improvement education and support programmes with a strong focus on sustainability; the development of a faculty of After Action Review Conductors to support prompt learning in a supportive environment following critical events; improving our patient safety incident reporting system to better facilitate reporting, analysis and learning from all levels of patient safety incidents; continue to develop and publish the Patient Safety Newsletter; to deliver culture change programmes at team and departmental level; to better integrate human factors into patient safety investigations and the learning and action from incidents. The advancing quality wheel demonstrates how all of these issues are integrated.

## Our ratings for Luton and Dunstable Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	★ Outstanding	★ Outstanding	Good

## Our quality improvement plan

The CQC report was published in June 2016 and although the CQC Inspection Report did not mandate any actions for the Trust it did highlight a 'requires improvement' for safety.

As part of the Trust commitment to patient safety we:

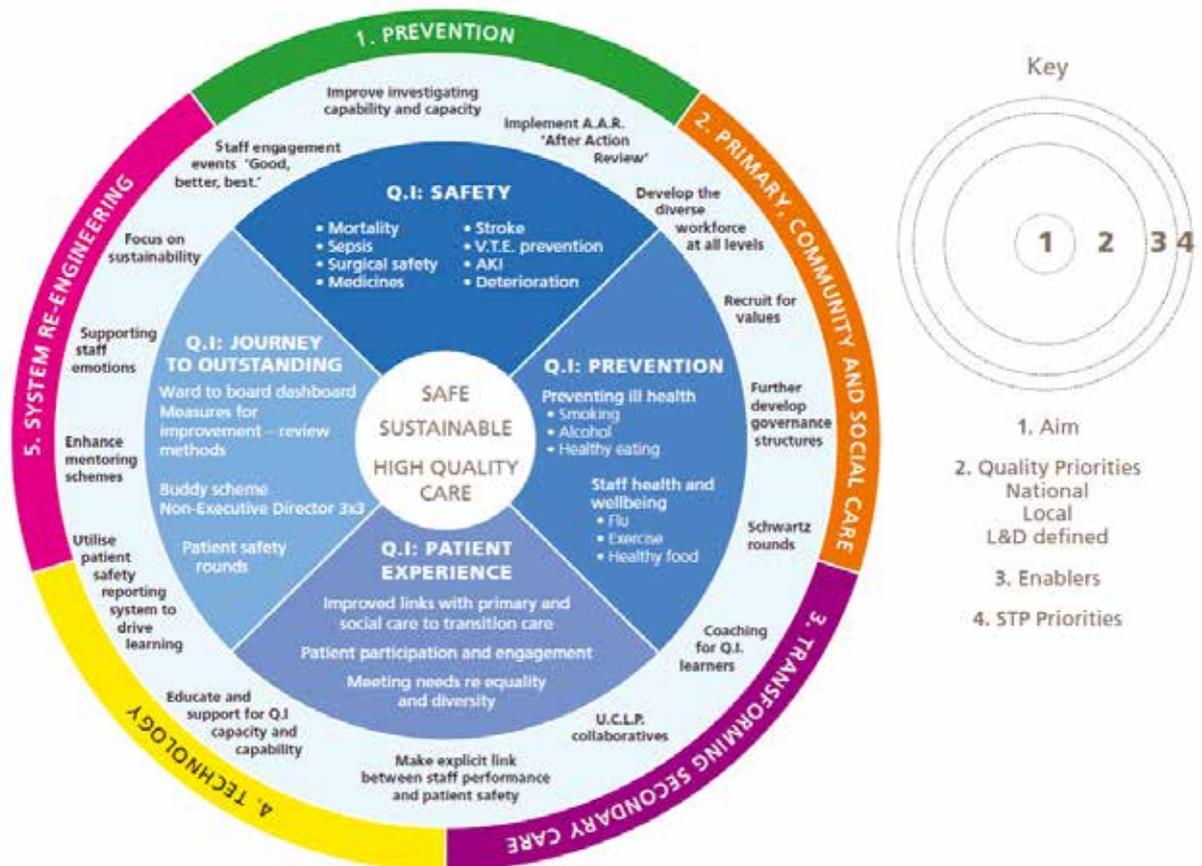
- Took some immediate steps to improve the environment for patients within the High Dependency Unit
- Reviewed our HSMR Action Plan and introduced new measures to understand variation and drive

the learning across the Trust through Mortality and Morbidity Review meetings.

- Initiated processes to improve Continuity of Care and Needs Based Care which is a Quality Priority for 2017/18.
- Focused our Quality Priorities for 2016/17 on key areas for improvement e.g. VTE and Sepsis
- Used patient safety as a focus for the Staff Engagement Events in both July and December 2016.

- Invited the Institute for Healthcare Improvement (IHI) to complete a diagnostic and help us to develop our 'Advancing Safety and Quality Framework' and future strategy.
- Further collaboration with the IHI will be undertaken to support ongoing patient safety initiatives
- Re-launched a wider more focussed programme of quality reviews with the leadership team to assess quality across the Trust services. Leaders within the organisation were assigned a 'buddy' area and were required to complete a cycle of visits every two months against one of the CQC domains, starting with patient safety. This process provided 'board to ward' reviews and also supported staff to raise concerns and issues to the management team.

Our 'Advancing Safety and Quality Framework', the 'Quality Wheel', outlines the key five core themes with specific action areas needed to achieve our strategy for safe and high quality care. These provide a mechanism for refocusing current safety and quality improvement activities and designing goals for health service improvement.



## Advancing Safety & Quality Framework



### Our Quality Impact Assessment process

The Trust has a Quality Impact Assessment procedure in place. All Cost Improvement Programmes (CIPs) and service change proposals are subject to a Quality Impact Assessment (QIA).

The CIPs / QIA processes:

- Provide robust assurance to the Trust Board that work is being undertaken to deliver the key financial sustainability targets, within a context that does not compromise delivery of clinical quality and care;
- Provide a means of holding to account those accountable for safe and effective delivery of CIP;
- Manage the delivery of sustainable financial balance through the Cost Improvement Programme;
- Provide a robust but fair challenge to the planning and performance of the programme ensuring that all projects have clear objectives, performance indicators, key milestones, savings targets (including phasing), timescales and accountability;

- Provide summary reports that highlight areas of concern and resultant contingency plans that have been implemented to mitigate the risks associated with the delivery of planned savings.

The Trust's position for undertaking risk assessment is outlined in the Risk Management Framework. The Trust's top 5 risks for 2017-18 are detailed in the Annual Governance Statement. With regards to the risk assessment of CIPs and associated QIAs, this includes an outline of the programme in detail and the associated assessment of the likely quality impact and financial impact, in line with NHS Improvement recommendations. The Executive Board oversees the programme. Internal Audit periodically review the process.

## The triangulation of quality with workforce and finance

Scrutiny of triangulated data of quality, workforce and finance is undertaken at ward/departmental level, Divisional Level and by the Trust Board, with the analysis being used to prioritise quality and efficiency improvements.

Quality, Workforce and Financial indicators are shared and discussed at the Quarterly Public Board of Directors meeting and published on the Trust website [www.ldh.nhs.uk/boardpapers](http://www.ldh.nhs.uk/boardpapers). Furthermore, each month, there is detailed scrutiny of triangulated data by the membership of The Clinical Outcome, Safety and Quality Committee (COSQ - a sub-committee of the Trust Board and Chaired by a Non-Executive Director lead for Quality). Membership of COSQ and the Finance, Investment and Performance Committee include cross membership to ensure that there is oversight of each of the agendas through any decision making process.

The Trust continues to consider how information can be better presented to more clearly articulate to our Board and the public, the actions in place to address any areas requiring improvement.

The Trust uses the information collated to effectively make informed, evidence based decisions about future developments. For example, two major initiatives underway to address quality and efficiency and deliver better services for patients include the establishment of a haemato-oncology unit and the restructuring of our non-elective pathway to provide Needs Based Care.

**The Trust Quality Priorities are identified and reported in detail within the Quality Account.**

## Our Quality Improvement Implementation

The Quality Wheel was presented to staff attending the Good, Better, Best Event in December 2016. The central aim is to deliver of safe, sustainable, high quality care. Around this aim sit four quality improvement (QI) domains namely: Safety; Prevention; Patient Experience and Journey to Outstanding. These four domains of quality improvement encompass a broad range of workstreams, many of which are already in progress or soon to begin and have been identified through national, local or Trust initiatives.

A number of enablers are identified as being required to support the quality improvement to gain maximum benefit for patients, staff and the organisation. It is vital to get the enablers in place and right for staff so that they are supported in their endeavours and that their endeavours are targeting Trust priorities and objectives. The Trust sees the benefits and rewards that staff gain from being involved in quality improvement programmes integral to how we value our workforce.

A number of developments are already underway including:

**Schwartz Rounds:** a review has been undertaken and a plan made to continue with further development over the next year.

**University College London Partnership (UCLP) collaborative:** The Trust has committed to work with the Sepsis and AKI collaborative led by the UCLP for an extended period, until June 2017.

**Educate and support for QI capability and capacity:** A number of Trust staff are undertaking a national QI programme with the intention to train as trainers. Within the Trust, a first cohort of QI trainees is underway, the programme being led by our own accredited trainer supported by trainers from UCLH.

**Utilise patient safety reporting system to drive learning:** an extensive quality improvement programme is underway to redevelop and redesign the incident reporting system to create a system that is more streamlined and user friendly for both reporters, incident investigators and for those responsible for reviewing trends, themes and sharing the learning. The Head of Clinical Risk and Governance now manages the complaints team which will afford a more robust approach to triangulating the learning from incidents, complaints, claims and litigation.

### Development of a Quality Improvement Faculty:

The first steering group meeting has been held to consider our ambition to create a Faculty for Quality Improvement. The key aims of the Faculty were agreed as supporting:

- The development of groups of skilled individuals to undertake improvement projects.
- Coordinated approach to Service Improvement.
- Processes that will enable Divisional Governance Structures to support the Quality Improvement progress.
- Prioritisation of improvement activity with a focus on delivering the corporate objectives.
- the alignment of quality improvement work to key themes such as reduction in mortality and harm; improving the patient and staff experience; building a safety culture.
- the use of recognised QI methodology to help staff deliver tangible outcomes.
- the development of systems that provide support to those undertaking quality improvement, to include Improvement buddies, mentoring, coaching and celebrations of success.
- Oversight of improvement projects - all individuals carrying out an improvement project should submit a project brief to ensure it is using established improvement methodology and consideration and support are given to help ensure success.

The Faculty will enable the realisation of the following enablers from the Quality Wheel:

- Focus on sustainability
- Coaching for QI learners
- Enhanced mentoring schemes
- Educate and Support for QI capability and capacity

### After Action Review

This established system for learning and staff support is to be adopted from its origin in UCLP. Four questions are asked by skilled facilitators: What should have happened? What actually happened? Why was there a difference between what should and what did happen? What is the learning? There are strict ground rules to support a meaningful experience for those participating. A plan is in development for the implementation over the next year coordinated by the Director for Medical Education and the Associate Director of Nursing (patient experience and quality).

### Engagement Events - 'Good Better Best'

At the heart of the L&D is a culture of staff ownership and involvement. This culture is nurtured by a comprehensive range of communication and engagement activities. Particularly important was the large scale, trust wide 'Good, Better, Best' events where all staff came together to identify quality priorities and monitor progress in improving clinical outcome, patient safety and patient experience. The events also provided the opportunity to feedback the progress on quality, reflect on patient safety and the patient experience and hear about new initiatives for health and wellbeing and the Freedom to Speak Up Guardian.

### Raising Concerns and Freedom to Speak Up Guardian

We have continued our focus on encouraging our staff to raise any concerns. In October 2016 we appointed a Freedom to Speak Up Guardian. The new role was presented to over 2000 staff at the Trust Engagement Events. The role has a dedicated email and telephone number so that staff can access it confidentially. A report is made to the Board of Directors and an oversight of the process is reviewed by the Audit and Risk Committee.

# Service Developments planned for 2017/18

## Strategic and Corporate:

- **Become a Centre for Global Digital Excellence (GDE) and STP Digitisation** - The GDE Programme will allow us to improve many of the systems our clinicians and staff are currently using, and allows further integration to deliver a more user friendly interface. As we are an e-Hospital our ward rounds and other consultations are captured and supported by electronic records, and the current paradigm is disjointed necessitating the need to view a number of media at the same time to obtain the whole clinical picture and capture actions. The new systems we are implementing will allow a more holistic view of the patient record, and also allow access away from the hospital to allow continued care by the same or other multi-disciplinary teams. We will be choosing our new systems and also upgrading our e-records system to allow more intelligent indexing and key word searching to navigate the record more intelligently.
- **Further develop the electronic prescribing system** - The e-Pharmacy system will be further developed to link bar codes to patients and to drug administration, increasing the safety of the end to end process and also linking this to procurement and stock control to improve our drug wastage and intelligent management of our pharmaceuticals. We will be further advancing the Unified Communications platform to integrate with our clinical systems so we can have closed loop functionality to support the linkage of alerts to responses. We will be continuing the work on the infrastructure to ensure an up to date environment for hardware, and ensure all of the systems are upgraded in a timely way so we can keep ourselves ahead in terms of functionality and reliability.
- **Participate in further work with our STP Partners** - We are also working with the STP Digitisation group to link our systems up to our other STP partners to support our new ways of working. Bedford Hospital will be a fast follower for our GDE Programme and this will mean the two IT platforms are aligned, allowing greater record sharing and interconnected working for our patients. We will continue with our planned upgrades and the programme of work, including the delivery of our new Pathology information System, crucial to the delivery of the Trusts clinical services.

## Surgical Division:

- **Expand Oral and Maxillofacial Surgery** - Work is due to start in May 2017 to expand the Oral and Maxillofacial Surgery (OMFS) department. This will involve the creation of five new clinical rooms providing much needed capacity for both Oral Surgery and Orthodontics. This will enable the L&D to continue to act as the centre for the OMFS network which covers Bedfordshire, Hertfordshire and part of Buckinghamshire as well as providing the capability for future additional services (such as Restorative Dentistry) to be provided from the department. The work is expected to be completed in August 2017.
- **Develop Ear, Nose and Throat (ENT) services** - ENT will be replacing the equipment in two of its Outpatient clinical rooms with modern workstations allowing for a full range of diagnostics to be conducted. Currently work is underway to look at the feasibility of expanding this project to include a third room.
- **Improve the pathway for Emergency Surgery** - The Division has established a working group to improve pathways across emergency admissions to reduce length of stay and improve outcomes and patient experience. Specific workstreams include discharging patients home earlier in the day, improving effectiveness of the surgical ward round and improving the productivity of our emergency and trauma theatres.
- **Develop an E-referral in Urology** - The first surgical service to go live with e-referral will be Urology. This will allow faster turnaround of referrals. It will also streamline the outpatient element of the pathway by enabling consultants to easily order tests in advance of the first appointment.
- **Repatriate Breast Genetics Service** - In 2017/18 the breast surgery service is planning to repatriate the genetic counselling service which is currently being provided by The Royal Free. This will enable patients to have their genetic counselling provided by the same consultant who has been managing their surgical care.
- **Develop Paediatric Surgical Services** - We are looking to build on the appointment of the paediatric orthopaedic surgeon and further expand our paediatric surgical services by appointing a consultant paediatric general surgeon towards the end of 2017/18. We will be developing links with Great Ormond Street Hospital to offer more complex surgical treatment for children closer to home.

- **Develop an Integrated Pain Service** - In order to reduce waits for patients with chronic pain a multi-disciplinary triage service for chronic pain referrals is being developed. This team will triage and stream all pain referrals received by the Trust to the most appropriate service for individual patients, including consultant and nurse led pain services as well as physiotherapy and psychology services in order to minimise unnecessary appointments for patients and ensure all referrals are seen by the most appropriate clinical team first time.
- **Develop the Haemato- Oncology Unit Staffing** - To support the delivery of inpatient chemotherapy following successful recruitment, a training and competency programme is underway to develop the nursing workforce. The chemotherapy and haemato-oncology units will work closely to ensure effective clinical governance across both units.
- **Improve the patient and family experience in End of Life Care** - The End of Life Care team will continue to focus on the ability to access the community electronic record (via SystmOne) to enable access to the advanced care plans, ongoing delivery of training programme to improve communication and decision making with patients and families, as well as improved symptom management and spiritual care, and to continue to listen to what really matters to patients and families.
- **Further develop chemotherapy e-prescribing** - The cancer teams will further develop e-prescribing to ensure full 'roll out' to all clinical areas and identify the opportunities to offer shared care with Mount Vernon Cancer Centre and enable some patients to be treated locally (adults).
- **Continue to develop Specialist Palliative Care services** - The services will be continue to be developed to support further improvements in the delivery of End of Life Care, and to adopt a whole system approach and develop a greater resilience in Consultant Palliative Care cover arrangements.
- **Implement the 'Amber Care Bundle'** - The Bundle is a systematic approach to managing the care of hospital patients who are facing an uncertain recovery and who are at risk of dying in one to two months. This contributes towards patients being treated with greater dignity and respect, enabling patients to achieve their preferences and also having a positive impact on multiprofessional team communication and working.
- **Complete the roll out of the Recovery Package** - The full recovery package includes a Holistic Needs Assessment and Care Planning, Treatment Summary, Cancer Care Review, and Health and Wellbeing Events. The Division plan to roll this out to all tumour sites to better support and improve the quality of life of people living with and beyond cancer.
- **To achieve access to System One** - The Division are aiming to ensure that the community patient electronic record which enables key people to access important advanced care plans and preferred place of death information is accessible to the relevant staff within the cancer team.

### Medicine Division:

- **Continue to develop support for performance monitoring and decision making** - The continued development of directorate dashboards will be maintained through the year including appropriate escalation through Medicine Executive and Clinical Operational Board for executive guidance to support strategy and decision making.
- **Further implement service line management/ reporting** - Work being progressed will see further refinement with Service Line Reporting utilisation for financial planning including Cost Improvement Plans and Finance Recovery Plans.
- **Commence reviews of the Integrated Sexual Health Services for Luton Borough Council** - The service was established in April 2016 and during the year further monitoring and reporting on the effectiveness and quality of the services will continue.
- **Continue the implementation of all case mortality reviews** - Quarterly mortality forums will continue to identify contributing factors and themes for improvement and to increase awareness, reduce variability and share areas of best practice. Audits will continue to be taken based on triggers.
- **Continue Rheumatology service development** - Further business planning is in progress to develop bone services to support patient care and experience.
- **Further progress towards becoming a Hyper Acute Stroke Unit** - Work will continue on specific challenges such as increasing specialist nurse recruitment and psychological care will further improve our overall unit performance.

- **Further develop the Ambulatory Care services** - A 7 day pilot commenced at the end of 2016/17 which following its review will determine permanent expansion to a 7 day model in the second half of 2017/18.
- **Continue transition to a Needs Based Care model** - An overarching business case will be drawn up to support the progression of the Needs Based Care model. This will include further formalisation of 7 day working through job planning, specialty in reach and Needs Based Care. Planned implementation is in August 2017 to align with the junior doctor contract changes.
- **Approve new decontamination equipment** - Endoscopy is integral to diagnoses and ongoing surveillance of gastro-intestinal cancers and a wide range of non-cancer related conditions. A business case for a new decontamination facility, a fourth endoscopy procedure room and additional equipment to support an increasing demand is underway.
- **Continue clinical engagement with Medicine across the STP** - Work is underway with individual medical specialties across the STP to engage them in discussions around planning and developing future services, which is already producing positive results.
- **Implement the Better Births and Saving Babies Lives programmes** - Maternity Services are at the forefront of plans for the effective implementation of Better Births and Saving Babies Lives programmes. The Division will work in partnership across the STP and local stakeholders to map out options for future service delivery.
- **Develop an ambulatory service for patients in early pregnancy** - The early pregnancy team will take forward plans for an ambulatory service to enhance patient experience and reduce inpatient stays through the development of services such a community hyperemesis management.
- **Develop the gynaecology nursing roles** - The gynaecology nursing team is taking forward opportunities for nurses to develop enhanced nurse led procedures in urodynamics and hysteroscopy.
- **Further develop the scanning access within the fertility service** - The Fertility Nurses will complete competency testing in scanning to enable them to provide independent scans for our fertility and IVF patients.
- **Recruit a paediatric nurse specialist for haematology** - The paediatric team have been successful in their application for two year funding for a Roald Dahl (Roald Dahl nurses support children living with a variety of serious, rare and undiagnosed conditions) paediatric nurse specialist for haematology. This post will be recruited in 2017/18 and provide much needed support for children and families managing complex blood disorders such as Thalassaemia.

### Women & Children's Division:

- **Make further improvements to the Neonatal unit** - The Division plan to redesign and re-commission the high dependency nursery to enhance infection control standards and improve the experience for parents and staff in the unit. Work will also be completed to improve expressing and breast feeding facilities on the unit.
- **Further improve community based services** - The gynaecology service is working closely with Luton and Herts Valley CCGs and other local providers to ensure there are effective community based services working collaboratively with primary care to effectively manage demand for services.
- **Develop the GP/Consultant connect service** - The paediatric service will take forward the newly established GP/Consultant connect service to ensure there are responsive pathways of care to reduce where possible the demand for secondary care provision.
- The Womens and children's team are working closely with the Five to Thrive team in Luton to introduce the Baby Buddy Mobile App ensuring accredited information is available to parents locally.

## Diagnosics, Therapeutics & Outpatients Division:

- **Invest in new scanning equipment** - The Imaging department will replace the two existing MRI scanners with new digitised equipment. In nuclear medicine the gamma camera will be replaced with CT SPECT technology that will improve service resilience and efficiency while also enabling a wider range of scanning functionality, and improved image quality.
- **Continue improvements to 7-day services** - Pharmacy are introducing a 7-day clinical service in acute medicine, while imaging is expanding access to outpatient x-ray at weekends and inpatients needing non-vascular interventional procedures will benefit from improved access daily, Monday to Friday.
- **Continue improvements to outpatient facilities** - Zone B will be benefiting from some redevelopment and refurbishment works to meet increased demand and provide more clinical space, while the outpatient administration office is being relocated to facilitate expansion of Maxillo-facial outpatient services
- **Develop a joint Breast Surgery and Screening Unit** - a collaboration between Breast Screening and Surgery is looking at the potential to expand clinical services into the old squash court facilities adjacent to Breast Screening. Patients will benefit from co-located services, freeing up outpatient accommodation within the main department for much needed service growth.
- **Improve therapy services to patients** - the Division is committed to improving both staff experience and service resilience, and is progressing the in-sourcing of Speech and Language Therapy services through direct employment of staff to the Trust.
- **Improve mortuary services** - in recognition of demographic changes within the population, mortuary capacity is being expanded, with new storage facilities to improve service resilience.
- **Continue the development of Haemato-oncology services** - having established a dedicated inpatient unit, training to support and develop staff in oncology inpatient management is being progressed, as is the development of a specialist adult sickle cell and thalassaemia nurse.
- **Implement the Pathology Laboratory Information System** - the new laboratory information system (LIMS) implementation is underway and on completion, will facilitate further service developments and opportunities to consolidate Pathology services.
- **Improve anticoagulation services** - a nurse prescriber led novel oral anti-coagulant (NOAC) clinic is being established, to support patient education and choice in anti-coagulation therapy.
- **Support sustainable transformation (STP)** - the Division is actively involved in the BLMK STP programme, progressing opportunities for collaborative working for improving the effective and efficient use of resources across Pathology, Imaging Pharmacy and Therapies.

# Summary Financial Information 2016/17

Our financial performance continues to demonstrate a financial surplus (for the eighteenth successive year). In 2016-17 we spent £291m to provide specialist and acute services for our patients and £9.7m on capital. The full accounts will be available at the Annual Members Meeting.

	2017 £'000	2016 £'000
<b>Income &amp; Spending</b>		
Income	308,790	271,170
Running costs	-291,656	-267,321
<b>Operating Surplus</b>	<b>17,134</b>	<b>3,848</b>
Interest paid to us	25	44
Interest paid by us	-967	-811
Dividends paid to the government	-3,264	-2,960
Miscellaneous	-7	-68
<b>Surplus for the Year</b>	<b>12,919</b>	<b>53</b>
<i>Includes incentive funding of £10.1m for delivering financial and quality targets</i>		
Change in value of owned land and buildings	-3,205	0
<b>Total gains/losses recognised since previous year</b>	<b>9,714</b>	<b>53</b>
<b>Balance Sheet</b>	2017 £'000	2016 £'000
Land, buildings and equipment	113,731	115,707
Inventories	3,291	3,210
Amounts owed to us	25,582	22,010
Cash	28,176	9,146
Other assets	2,574	2,712
Amounts we owe	-56,817	-46,045
Provisions for amounts we owe	-1,140	-1,058
<b>Net Assets</b>	<b>115,397</b>	<b>105,683</b>
<b>Financed by</b>		
Investment by the government	61,512	61,512
Revaluation reserve	8,316	11,522
Income & expenditure reserve	45,569	32,649
<b>Taxpayers Equity</b>	<b>115,397</b>	<b>105,683</b>

## Summary of Results since becoming a Foundation Trust

£0	2007*	2008	2009**	2010	2011***	2012	2013	2014	2015	2016	2017
Total Income	101,906	169,132	189,355	204,905	211,594	220,552	230,664	244,322	259,342	271,170	308,790
Operating Surplus	3,164	4,492	5,173	5,640	4,529	4,760	3,563	3,583	3,531	3,848	17,134
<b>Total surplus</b>	<b>1,534</b>	<b>2,940</b>	<b>3,971</b>	<b>3,095</b>	<b>2,294</b>	<b>2,495</b>	<b>858</b>	<b>443</b>	<b>66</b>	<b>53</b>	<b>12,919</b>

### 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.



Luton & Dunstable University Hospital  
NHS Foundation Trust  
Lewsey Road Luton LU4 0DZ  
Telephone 01582 49 11 66  
[www.ldh.nhs.uk](http://www.ldh.nhs.uk)