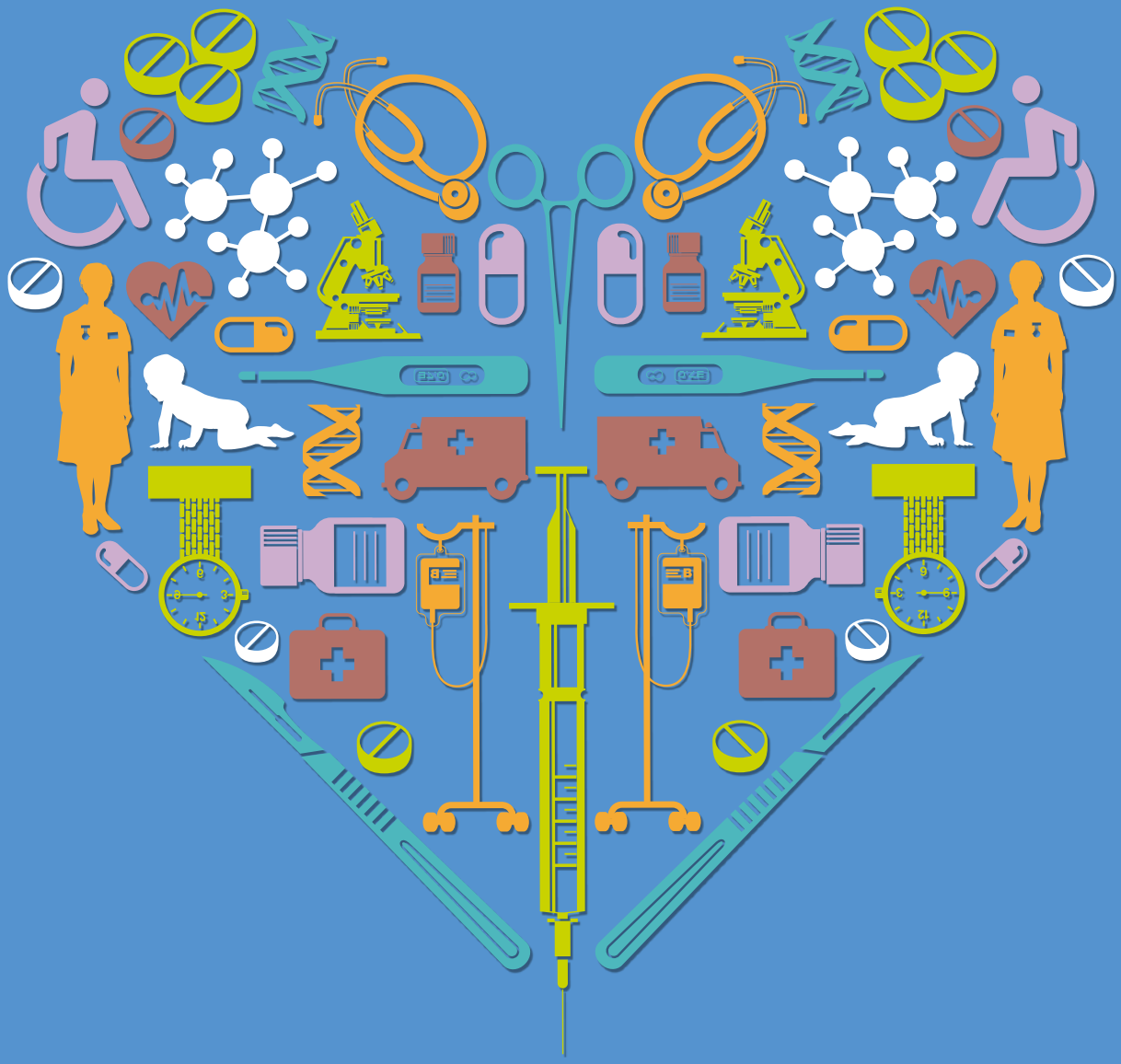
LUTON & DUNSTABLE UNIVERSITY HOSPITAL



Annual Report and Accounts

for the period April 2012 to March 2013

incorporating Quality Report

Luton and Dunstable Hospital
NHS Foundation Trust

Luton and Dunstable Hospital
NHS Foundation Trust

Annual report & accounts for the period April 2012 to March 2013

incorporating quality report

Presented to Parliament pursuant to Schedule 7
paragraph 25(4) of the National Health Service Act 2006

Contents

INTRODUCTION 3
About this Report 4
Chairman's Statement 5
Chief Executive's Statement 6
Delivering the best patient care, the best clinical knowledge and the best technology 7

STRATEGY 11
Our Strategic Vision 12
Performance against Corporate Objectives 2012/13 14
Service Developments during 2012/13 21
2013/14 Strategic Approach 26
Maintaining our Performance 31
Corporate Objectives 2013/14 32
Responding to the Francis Report 34
Service Developments planned for 2013/14 35

OPERATIONAL PERFORMANCE REPORT 39
Principal activities of the Trust 40
Review of operational performance 41
Quality 43
Research Performance 47
Staff Education Performance 48
Sustainability/climate change performance 50
Our Response to Feedback about our Performance 56

OUR PATIENTS, OUR STAFF AND OUR PARTNERS 57
Our Patients 58
Our Staff 60
Equality and Diversity 68
Working with our partners 72

GOVERNANCE REPORT 73
Board of Directors 74
Committees of the Board of Directors 80
Council of Governors 83
Foundation Trust Membership 87

FINANCIAL PERFORMANCE REPORT 91
Review of Financial Performance 92
Remuneration report 94

ANNUAL GOVERNANCE STATEMENT AND ACCOUNTS 99
Statement of the Chief Executive's responsibilities 100
Annual Governance Statement 2012/13 101
Independent Audit Opinion 108
Foreword to the accounts 109
Statement of comprehensive income 110
Statement of financial position 111
Statement of changes in taxpayers' equity 112
Statement of cash flows 113
Notes to the accounts 114

APPENDIX 1 QUALITY ACCOUNT/REPORT 151
What is a Quality Account? 152
About Our Trust 153
1. A Statement on Quality from the Chief Executive 155
2. Report on Priorities for Improvement in 2012/13 158
3. Priorities for Improvement in 2013/14 166
4. Statements related to the Quality of Services Provided 170
5. A Review of Quality Performance 179
6. Statement of Directors' 197
7. Comments from stakeholders 198
8. Independent Auditor's Assurance Report 202
9. Glossary of Terms 204
Appendix A - Local Clinical Audits 206
Appendix B - Trust Committee Structure 221

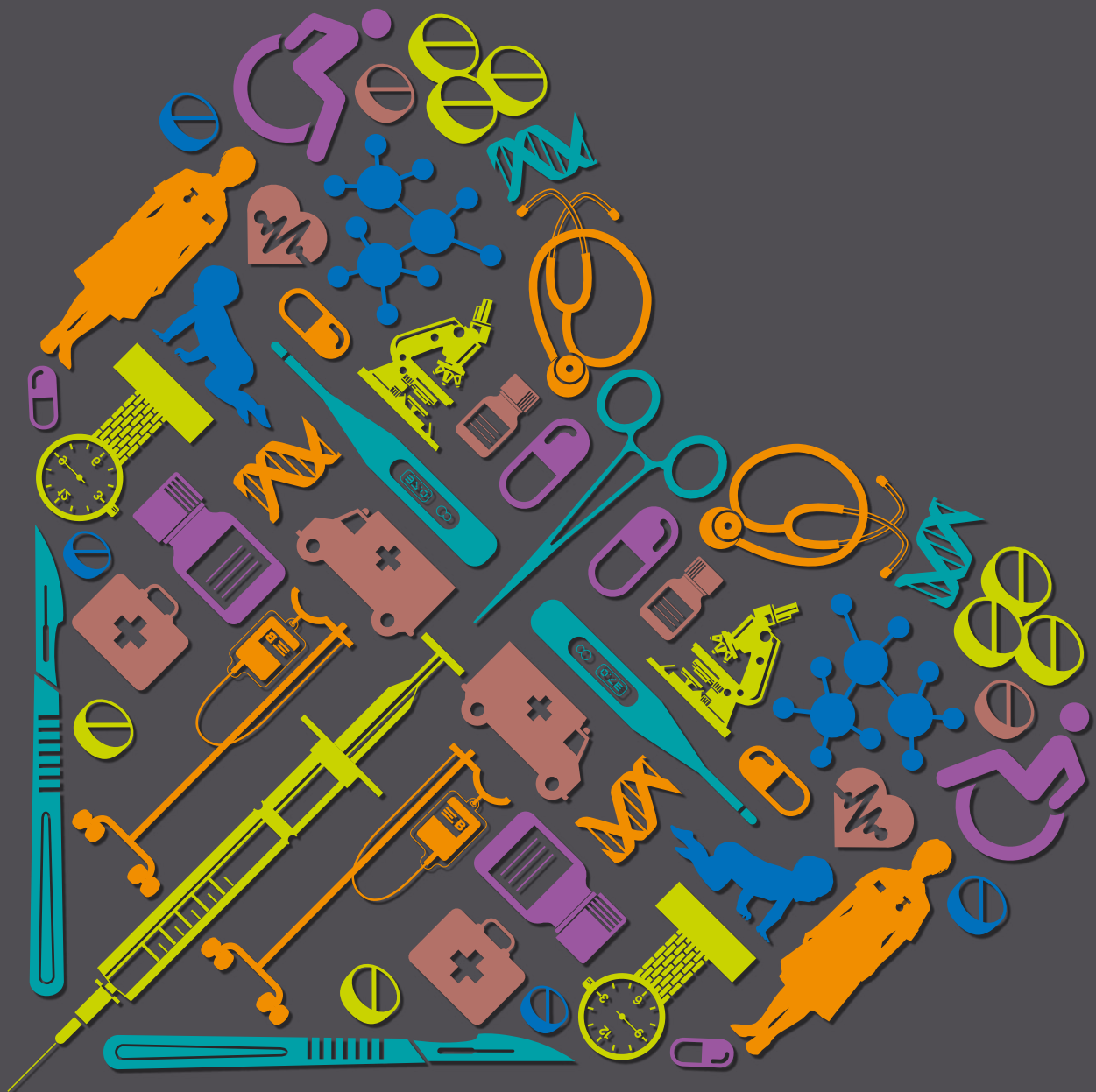
Introduction

About this Report 4

Chairman's Statement 5

Chief Executive's Statement 6

Delivering the best patient care, the best clinical knowledge and the best technology 7



About this Report

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

The report is structured as follows:

Introduction

Statements from the Chairman and Chief Executive

Strategy

Our strategic vision, performance against 2012/13 objectives and our corporate objectives for 2013/14

Operational Performance Report

Includes our performance against national targets, Research and Development and sustainability and climate change

Our Patients, Our Staff and Our Partners

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

Governance Report

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

Financial Performance Report

Includes our performance against financial targets and any risks for the future

Annual Governance Statement and Accounts

Includes the Annual Governance Statement and the annual accounts

Quality Account

Includes details of the progress against quality objectives for 2012/13, the plans for 2013/14 and the annual quality statements.

Chairman's Statement

I am pleased to report that the hospital has had a successful year having delivered all of the key targets set by the Board and agreed by our governors.

This is another excellent performance, particularly given the major changes and challenges in the healthcare system nationally, regionally and locally. There has been severe pressure upon finances, largely resulting from increased challenges from A & E admissions, inability to discharge medically fit patients and below plan contribution from some key activities.

However, the achievements reflect very good progress against our vision to deliver the best patient care, with the best clinical knowledge and expertise, using the best technology available and with kindness and understanding from all of our staff.

We are aware that we have some way to go to fulfil our ultimate objectives, but we continue to make good progress largely due to the level of dedication by staff towards improving services and patient experience. The Divisional teams, which were challenged with implementing the Board strategy in 2012/2013, have confronted the main issues diligently with skill and commitment. The Board has also signalled its wish to approve a significant capital project for Redevelopment of our estate to support clinical initiatives and improve public facilities.

Our Monitor rating continues to acknowledge our achievements and the outcome from the Care Quality Commission visits have served to confirm the Board's perception of the quality of our services. Patients continue to overwhelmingly indicate that they would recommend us to their friends and family. The Trust's award winning initiative to operate a call centre proactively seeking patient feedback has been very well received.

Pauline Philip, Chief Executive, continues to lead the Executive team and deliver Board objectives with the highest personal commitment, drive and innovation. The new members to the Board namely Medical Director, Dr Mark Patten, Chief Nurse, Pat Reid and Non Executive Directors, Dr Vimal Tiwari and John Garner OBE, have clearly demonstrated their value through their contribution to decision making and strategic discussions.

Our Governors, continue to add significant value to the business by supporting key developments and providing challenge on areas of underperformance. They carry out their enhanced role as critical friends by holding the Non Executive Directors to account for their individual and collective performance. Our membership continues to grow and now stands at over 15,000.

Despite the significant progress in many areas I must report however that the economic headwinds continue to prevail and the complexity of the issues facing the Trust do not diminish. But we are determined to put patient needs at the forefront of our plans and shall continue to improve safe care for patients, improve clinical outcomes and address shortcomings identified in areas such as outpatients and estates.

The Board will continue to accept full responsibility for ensuring that the Luton and Dunstable Board is focused upon our key strategic aims and to ensure that our standards are applied equally and fairly across our diverse community. We shall continue to work with our Governors, Commissioners, Regulators and other stakeholders to ensure that agreed outcomes are achieved and shall to continue to consult with patients, public and staff on the manner in which we provide those services.

Spencer Colvin
Chair

Chief Executive's Statement

April 2013 saw one of the most significant changes to the management of the Health Service, with the creation of Clinical Commissioning Groups, abolition of Strategic Health Authorities and Primary Care Trusts and the establishment of the National Commissioning Board. The publication of the Francis Report two months earlier provided everybody working in the Health Service with a stark reminder of the importance of ensuring that very basic care needs to be embedded within organisations if they are to deliver the quality of care that patients deserve and expect. The report makes it clear that these priorities must form the cornerstones of effective and high performance hospitals and they need to be both strategic as well as operational priorities for all organisations.

2012/13 has been a year of sustained operational performance for L&D. Throughout the year we worked to deliver better clinical outcomes, safer care and improving patient experience.

I am pleased to report that through the hard work and commitment of our staff, we have consistently met all national quality and performance targets. Importantly the CQC also recognised the transformation that has taken place in the Trust, when they confirmed that we are delivering compliance against all essential standards.

Throughout the year our greatest focus has been on delivering our quality priorities. In particular, our work to improve clinical outcome in relation to fractured neck of femur has made real progress, however, we recognise that more needs to be done and this will remain a key clinical priority this year.

As in previous years, we have delivered our financial targets and in Quarter 4 achieved a financial risk rating of 3. We are however concerned about the significant financial challenges facing all Foundation Trusts and have therefore worked closely with our Clinical Divisions to develop a comprehensive programme of efficiency projects detailed in our Annual Plan.

Strategically, 2012/13 provided the Trust with the opportunity to work with internal staff and external stakeholders, partners and experts to clarify our likely future service portfolio and market share. This has enabled the Trust to develop a clinical services strategy 'Delivering the New L&D' which is presently being launched for wider discussion.

The redevelopment of the L&D site has been a key strategic objective for a number of years, the development of 'Delivering the New L&D' has enabled us to move ahead with a strategic outline case for the redevelopment entitled 'Building the New L&D ' and later this year we will submit an outline business case to Monitor for the project.

The coming year will bring us real opportunities but considerable challenges, it will be important that we continue to work with our CCGs and other stakeholders if we are to continue to meet increasing demand and higher patient expectations with fewer resources.

Our work programme is relentless:

- We must continue to consistently deliver to meet all national quality and performance targets.
- We must not lose focus on delivering quality improvement, in particular, we must focus on the provision of 24/7 consultant care, making greater improvements in fractured neck of femur mortality and revolutionising how we manage and learn from patient feedback and complaints.
- We must work with our CCGs and other key partners to finalise our clinical services strategy and to provide a secure basis for our hospital redevelopment programme.
- We must use our energies to deliver our comprehensive programme of efficiency in order to provide the highest quality affordable care.
- We must not lose sight of the tremendous contribution of our staff and continue to build an organisation that will motivate and inspire them to give their best to every patient every time.

Delivering these priorities will allow us to look ahead with a real sense of optimism.

Pauline Philip
Chief Executive

Delivering the best patient care, the best clinical knowledge and the best technology

At the heart of the L&D is a determination to ensure that every patient receives the quality of care and the standard of treatment that we would want our own families to received when they need to be admitted to hospital.

During the last few years we have worked with passion, drive and determination to transform our services. We are very proud of the dedication and tireless work of our staff who have and continue to make this transformation possible. In July 2012, we recognised the outstanding individuals and teams of staff who made the greatest difference to our patients and hospital during 2010-2012, when we hosted a Thank You Day for all staff and volunteers.

Individuals and teams were recognised under a number of categories;

Outstanding Achievement

Gwen Collins
"Gwen inspired and drove all of us to transform the quality of nursing care provided to out patients. She has left a challenging agenda to drive ongoing improvement for many years."

Clinical Excellence

Breast Screening Team
"Our Breast Screening Team consistently provide excellent and timely care for a growing number of patients."

Neonatal Team
"The neonatal staff are recognised by patients families for delivering the highest standard of care to our youngest patients."

Dr Dhinakharan
"The performance of our Emergency Departments is amongst the best in the country and the Trust awarded Dr Dhinakharan, a senior consultant in the department, who consistently delivers excellence in his clinical practice and who has worked tirelessly to prepare and support junior doctors to do the same in their future careers."

Delivering Excellence

Finance Department
"For the last 13 years the hospital has met or exceeded all financial targets. The financial stewardship of this organisation has been excellent and we recognised the work of the Finance Department led by Andrew Harwood, Matt Gibbons and Jenny Wills."

Service Transformation

The last 24-36 months has been a period of transformation for L&D delivering against performance challenges and ensuring that patients receive high quality, timely care.

A number of teams were instrumental in improving our delivery.

18 Week Team
"Our 18 Week Team led a dramatic reduction in the number of patients waiting for elective care."

The Emergency Department
"Our Emergency Department staff have worked tirelessly to develop a service that is now one of the best in the country."

Cancer Team
"Our Cancer Team has supported clinicians to ensure that patients on cancer pathways receive timely care."

Quality and Safety

Matrons, Ward Managers and Senior Nurses
"Our nurses are recognised for the tremendous work they have and are doing to ensure the provision of a high quality, safe service."

Safeguarding Leads – Kerrie Connors and Mary McCafferey
"During the last year, the Safeguarding Leads have supported staff throughout the organisation in recognising and managing safeguarding concerns."

Infection Control Team
"The Team led by Rohinton Mulla and Sue Fox who have worked consistently and for many years to reduce healthcare acquired infection at the L&D with excellent results."

Ward 15
"During 2011, Ward 15 demonstrated the highest compliance with hand hygiene."

Dr Michael Carter
"Dr Carter has worked for many years on the e-case note and mortality reviews. He has also led our use of the global trigger tool to identify learning from clinical error."

Obstetrics Theatre Team
"The team have consistently implemented the safe surgical checklist that ensures patients are receiving the safest care in theatre."

Patient Safety

The patient safety awards recognised those that have led by example in always putting patient safety first.

Anne Thomson

"The implementation of electronic observations ensures that staff are reactive to patients needs and Anne has been instrumental in leading this process."

Dr Siva Puthrasingham

"Dr Puthrasingham has led the work on the safety of medicines and her contribution providing safe care for our most vulnerable patients has been invaluable."

Long Service Recognition

One of our greatest strengths is our ability to recruit and retain staff of the highest calibre. We are privileged to have staff that have given many years loyal service.

40 Years Service

Carol Bavister, Bart Hanley and Richard Ball

25 Years Service

Sandra Alexander, Sandra Allen, Jacqui Arnold-Jellis, Julie Brimble, Jacqueline Coates, Sandra Curneen, Sharon Gregory, Gelda Hall, Jennifer Johnson, Jennie Jones, Helen Judkins, Don Mackenzie, Carole Mitchell, Margaret Olvier, Marion Purcell, Joanne Rands, Wendy Shearsmith, Heather Simpson, Alison Twigley, Lisa Winterbourne, Deloris Wyllie, Angela Dickens, Danielle Freedman, Andrea Leon, Eunice Morris, Tim Prouse, Jill Randell, Susan Saville, Thelma Taylor and Maureen White.

Soraya Dhillon Recognition for Equality and Diversity

Alia Rashid – Transplant Co-ordinator

"Alia has worked closely with the Black and Minority Ethnic community to support the organ donation programme."

Innovation

Tracey Price

"Tracey has taken forward innovative care of patients with Irritable Bowel Disease."

Dr Ambrose Onibera

"Clinical Audit is a key tool to assess the standards achieved by a service and Dr Onibera has driven innovative ways of using audit in our neonatal unit."

Patient Experience Centre

"We set up the patient experience centre in July 2012 and this innovative project is central to identify areas for improving the patient experience."

University Hospital Teaching Status

Dr Parthipan Pillai and the Medical Education Team

"Achieving the University Hospital status allows us to train even more doctors, support research and recruit the highest calibre consultants."

Patient Experience

We recognised those teams and people who were nominated by staff for their consistent contribution to improving patient experience;

- Midwifery Team
- Discharge Co-ordinators
- Paediatric Team
- Porters
- Radiology Team
- Tracey Lathwell for her work in the Cardiac Care Unit
- Cathy O'Mahoney for leading physiotherapy during a difficult time
- Domestic Services led by Carmela Castagnaro
- Junior Doctors who have made a special contribution:
  - Dr Lois Haruna
  - Dr Nader Abdelaziz
  - Dr Kunaratnan Thayaparan
  - Dr Melvin Carew
  - Dr Amir Reyahi
  - Dr Christopher Gough
  - Dr Adraino Orzechowska
  - Dr Dinesh Karun

Development of New Services

One of our greatest challenges is to rebuild the hospital site. In the last year, much work has been done towards the hospital re-development project. A number of teams and individuals were recognised for their contribution.

Cardiac Team

"Our new Cardiac Centre and Catheterisation Laboratory was opened and provides services for our patients closer to home."

Magdalena Golbiewska

"Our Carbon Management and Sustainability work is pivotal to an energy efficient, cleaner hospital and Magdalena has led this work that is beginning to see important results."

Bariatric Team

"We have continued to deliver services to an increasing population and the Bariatric Team have responded to this work delivering an excellent service."

Stroke Team
"We are the hospital that provides 24/7 thrombolysis over a significant catchment area and the Stroke Team have responded to the demands to provide an effective service to our patients."

Performance

For us to pursue our strategic ambitions, we must ensure that our day to day performance is excellent. We recognised the following people and teams that support this high quality performance every day:

James Ramsay and Anne Thomson
"Reducing the length of stay safely for patients supports the best outcome. James and Anne have provided great leadership on our length of stay project."

Bed Management Team
"Ensuring patients are in the right bed to receive the care and treatment needed is a night and day responsibility and the bed management team ensure that we are delivering the most appropriate clinical pathway for our sickest patients."

Jackie James
"We have many admissions throughout the day and night and Jackie ensures that the beds are made for the new admissions. This supports our flow of patients and ensures that there are no unnecessary delays for our patients."

Recruitment Team
"We committed to a recruitment programme of nurses and midwives and the recruitment team has done an amazing job in facilitating the recruitment process to ensure that the staff are in post in a timely manner."

Managing in a Time of Crisis

Electricity
In November 2010, we faced an extremely challenging time due to a significant electricity problem. For 10 days or more we managed the organisation in 'a major incident mode'. No patient was put at risk and no patient complained, this was due to our staff working together, often for many hours, to ensure the safety of the hospital. This was conducted under the leadership of an amazing group of people including:

- Neil Permain, Dr Dave Kirby, Marin Jagdeo, Chris Corkett, Dr Dhinakharan, Dr Henrietta Hill, Mr John Pickles, Dr Mark Patten, Miss Kathy Waller, Dr Sarah Skinner, Dr Steve Brosnan, Don McKenzie, Anne House, Cathy Jones, Tanith Ellis, Dr Beryl Adler, Ian Allen and Mark England

Individual Recognition for Outstanding Contribution to Improving Patient Experience

- Helen Lucas for her leadership in Maternity
- Martin Jagdeo for outstanding management of the Emergency Department
- Chris Corkett for tireless management of the Emergency Assessment Unit and his enormous contribution to Bed Management
- Dr Harriet Nichols for patient safety and team work
- Mark England for his outstanding contribution to IT and to the overall management of the L&D
- Karen Ward for her tremendous and tireless contribution to making the L&D work every day of the week
- Nicky Hinselwood for her work on ward 3
- Lisa Allen for her work with intensive support
- Grainne McDevitt for her work with fractured neck of femur patients
- Hazel Rollins for her work with children's nutrition
- Elizabeth Bradley for her commitment to our chaplaincy service
- Nikki Orme and Magin Limbaga for their outstanding contribution to improving the Patient Experience

Special Achievement Recognition

Mr John Pickles
"John has made an enormous contribution to the L&D for a great many years. He is a revered Ear, Nose and Throat surgeon and as Medical Director, someone who has championed patient safety. He has touched the hearts of many patients and staff."

Dr Andrew Gale
"Andrew is an outstanding neurologist and one of our most highly respected doctors and leaders who retired in July 2012. His enormous contribution to patient care and the establishment of the medical division has been invaluable."


18 week team


Bariatric team


Bed management team


Breast screening team


Cancer team


Cardiac team


Emergency Department team


Finance team


Infection Control team


Matrons Ward Managers and Senior Nurses


Alia Rachid


Ambrose Onibera


Dr Andrew Gale


Tracy Price


Carol Bavister


Chris Corkett


Gwen Collins


Grainne McDevitt


Dr Dhinakaren


Dr Harriet Nichols


Helen Lucas


Jackie James


Mr John Pickles


Karen Ward


Lisa Allen


Magdalena Golebiewska


Mark England


Martin Jagdeo


Dr Michael Carter


Nicky Hinselwood


Cathy O'Mahony


Dr Siva Puthrasingham


Anne Thomson and Dr James Ramsay


University hospital


Safeguarding leads


Recruitment team


Radiology team


Porters


Stroke team


Paediatric team

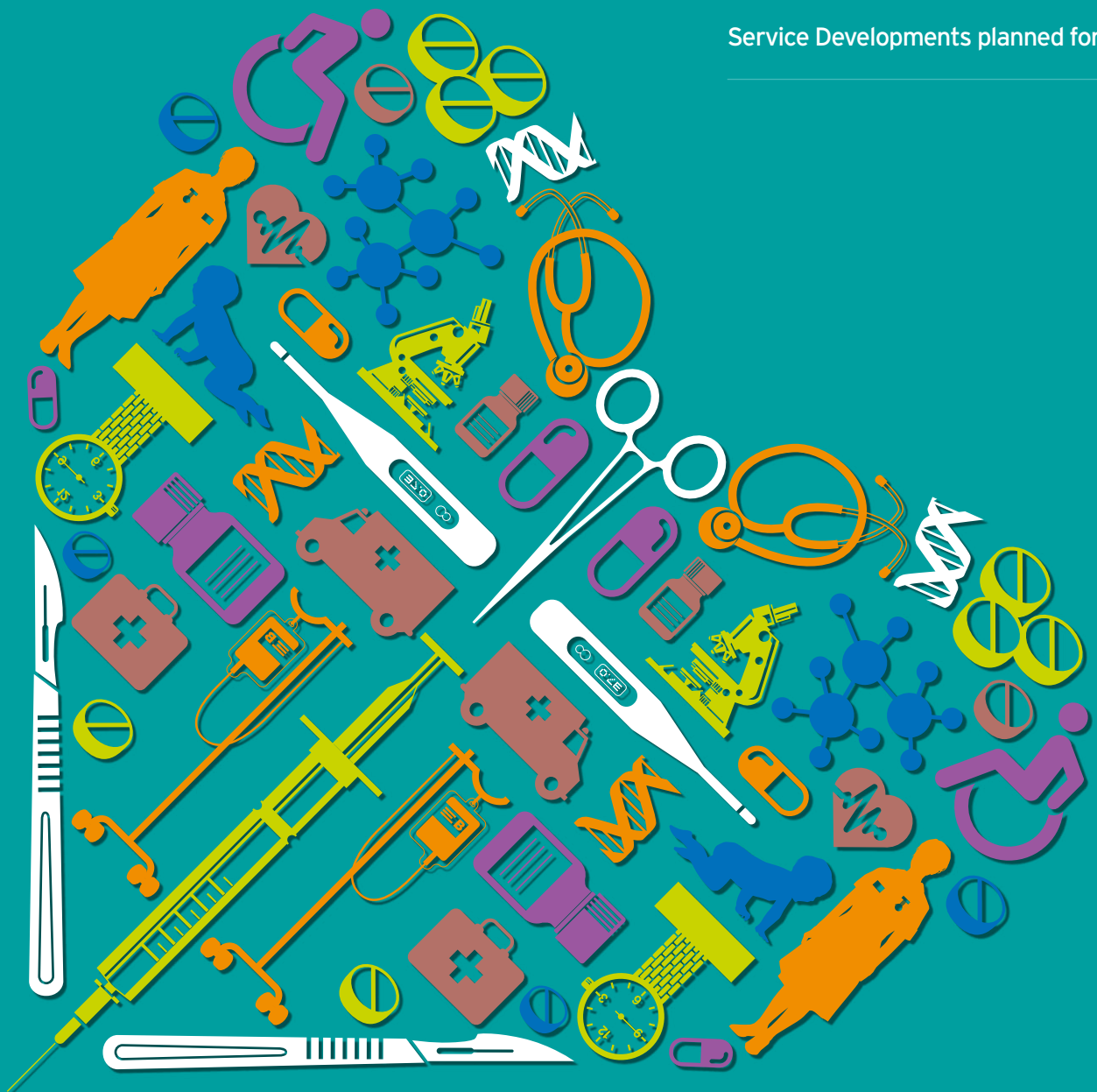
Midwifery team

Patient Experience Centre

Neonatal team

Strategy

Our Strategic Vision	12
Performance against Corporate Objectives 2012/13	14
Service Developments during 2012/13	21
2013/14 Strategic Approach	26
Maintaining our Performance	31
Corporate Objectives 2013/14	32
Responding to the Francis Report	34
Service Developments planned for 2013/14	35



Our Strategic Vision

Our Vision and Aims

In January 2011 the Board of Directors engaged with the Council of Governors, external stakeholders, our staff and patients to agree a 3 year vision for the L&D

Vision Statement

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

Aims

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

Values

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

Strategic Developments 2012/13

During 2012/13 a number of key developments supported the delivery of the Trust's Strategic Vision.

- The Trust became a designated Trauma Unit within the East of England Trauma Network. We work with other providers to ensure that the best care is delivered for patients arriving at the hospital with severe injury.
- A 10 year contract was awarded to Xerox to transform the Health Records Service. This contract lays the foundations for changing the Trust paper service to a scanning service providing records into an electronic document and record management system (eDRMS). This will be implemented in 2013/14.
- Surgical spinal service was re-established with two consultants now in post.
- The formation of a specialist team in ophthalmology offering both corneal and medical retinal services means patients can have their treatment at the L&D rather than having to travel to larger centres.
- The Stroke Team have extended specialist hyper acute services, including 24/7 stroke thrombolysis and weekend rapid access Trans-Ischemic Attack (TIA) clinics to a wider catchment area. These services will be developed further with the development of a stroke hub at the L & D.
- The new Cardiac Catheterisation laboratory (Cath Lab) facility became operational in June 2012. This allows coronary angiography and pace maker insertion to be performed at the L & D rather than transport patients to neighbouring Trusts for treatment. The Team wish to expand this service during 2013/14 to include Percutaneous Coronary Intervention (PCI), commonly known as angioplasty treatments.

- The Trust agreed to work in partnership with Bourn Hall, a leading fertility centre, to establish an IVF service here at the L&D. The new facility for the service is currently being built and the service will begin in June 2013.

- Occupational and Physiotherapy services have commenced weekend working pilots in Medical wards and Emergency Assessment Unit, and introduced weekend therapy services delivered in patients' homes following surgery, demonstrating patient benefit and improved weekend discharge rates as a result of expanded 7-day service provision.

- Opportunities to establish a satellite outpatient and treatment centre are being actively pursued enabling the site to be decongested as well as taking some of the L&D services into the community.

- In response to the tender from East of England in relation to Transforming Pathology Services, the L&D joined a bidding group comprising of Bedford Hospital NHS Trust, Princes Alexandra NHS Trust (Harlow) and West Hertfordshire NHS Trust under the banner of Consolidated Pathology Services (CPS). The CPS offering was successful in securing recommended bidder status for a geographic area covering Bedfordshire, Hertfordshire and Essex. Work is on-going defining a solution that will meet commissioner needs.

Performance against Corporate Objectives 2012/13

Objective 1: Deliver Excellent Clinical Outcomes

Improve performance on overall hospital mortality (HSMR) and in particular for patients with fractured neck of femur

- For 2012/13, the Trust overall hospital mortality (HSMR) was consistently under 100 with the best performance of 91.7 in June 2012.

- The poorer performing mortality HSMR was identified as fractured neck of femur patients and this has been the focus during the year.

- A comprehensive plan was developed and implemented to improve fractured neck of femur mortality including:
  - The redesign of the fractured neck of femur integrated pathway.
  - The establishment of a dedicated fractured neck of femur ward with strong nursing leadership.
  - The appointment of a second consultant orthogeriatrician facilitating the reorganisation of orthogeriatric cover to the dedicated fracture neck of femur ward.
  - The development of a dedicated multi-disciplinary team which has allowed the delivery of improvements in peri-operative and post operative care.

- The mortality rate decreased from a peak of 197.4 in September 2012 to its current level of 152 at the end of March 2013. Significant progress has also been made in delivering the best practice tariff during the year.

- A significant reduction in the length of stay has been achieved for patients admitted with a fractured neck of femur. In May 2012 the average length of stay was 24.4 days and in March 2013 it had reduced to 9.7 days.

Fully participate in national and local clinical audits

- During 2012/13, the Trust participated in the required National Audits set by the Department of Health, Commissioners, Regulatory bodies and local audits, within the current resources available and in accordance to the Clinical Audit and Effectiveness Forward Plans.

- Awareness was raised and proactively measured and monitored the impact of implementing clinically effective and evidenced based best practice.

- External and expert support was provided to clinicians, managers and staff in the integration of best practice and improvement plans into the services provided.

- Representation of stakeholders at the Clinical Audit and Effectiveness Committee has ensured that the requirements set out in the Clinical Audit and Effectiveness Strategy have continued to be embedded across all service areas. During 2012/13 the Clinical Audit activities have influenced the quality of patient outcomes and led to improvements in services and enabled the delivery of the Trust's objectives. Further information regarding the Trust participation in clinical audit will also be published in the Quality Accounts.

Improve performance on average length of stay (ALOS)

- In 2012 it was recognised that it was essential to reduce the average length of stay (ALOS) in order to maintain patient safety and meet key operational and performance targets.

- Consequently a project was set up led by the Divisional Director for Medicine who, as part of the project, undertook a review of all patients in hospital over 14 days who were not medically fit for discharge. The objective was to prevent care and treatment delays and to promote discharges. This achieved a reduction in length of stay and reduced the overall percentage occupancy over an extended period. This was one of the actions that supported the achievement of the emergency care target.

- Ongoing initiatives to reduce length of stay are:
  - A Length of Stay Programme Board has been set up, to achieve a coordinated robust management of projects with clear deliverables and timeframes across the Trust.
  - Work is ongoing with Community partners to establish the requirements to facilitate more timely discharge from secondary care.
  - An Ambulatory Care Unit and Hospital at Home service have been established to assist with admission avoidance.
  - Improved management of ward processes to expedite discharges is being secured through the implementation of daily Board Rounds where a daily multi-disciplinary team review of all patients takes place to establish and progress care, treatment and discharge plans.
  - A robust system is now in place to track and manage medically fit for discharge patients. In addition a medically fit for discharge ward will be operational from mid May enabling concentration of resources in one clinical area to promote more rapid discharge.
  - Performance data continued to be analysed to ensure the strategies deployed remain effective.
  - We have developed and written discharge pathways that involve multiple organisations.

Objective 2: Improve Patient Safety

Reduce hospital acquired C Diff infection

- During the year we had 17 cases of C Diff against a threshold of 31, this was a significant achievement as during 2011/12, 34 cases were reported. We believe the performance was a result of good hygiene, good isolation policies and antibiotic stewardship.

Increase compliance with hand hygiene

- A hand hygiene campaign was launched in January 2013, 'Hand Hygiene in Partnership' with a key focus on improving staff and patient knowledge in understanding the right times to undertake hand hygiene.

- A core group explored various ways to communicate to patients and the public and came up with a novel initiative called the 'Virtual Assistant'. The 'Virtual Assistant' is a digital signage solution that brings messages to life regarding hand hygiene and will be in operation early in 2013. This will also support the Trust's priority to improve communication with patients.

- Compliance with hand hygiene is regularly monitored and published and training is targeted where compliance is not consistently high. Training compliance has improved by 12% throughout 2012-13.

- There is an increased vigilance in clinical areas to ensure that staff and visitors comply with hand washing and use of hand gel.

Implement Safety Express throughout the organisation

- Implementation of the safety express in 2012/13 focussed on staff training and data collection, establishing an accurate baseline. This has provided a snapshot of harm from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE. 95% harm free care against these four harms has been delivered consistently.

- The Trust has participated in the East of England Stop the Pressure campaign and have reduced pressure ulcer incidence in numerous clinical areas.

- The Falls Care Bundle has been implemented across all elderly care wards and there has been a 17% reduction in all falls in 2012/13 compared to 2011/12. The focus for 2013/14 will be on further improvement on outcomes particularly for pressure ulcers and falls and the national CQUIN scheme will be undertaken.

Increase consultant led care

- 14 new consultants were appointed during 2012/13 allowing further progress in improving clinical outcome to be made.

- Consultant care is now provided 14 hours a day seven days a week in acute medicine.

- There is extended consultant cover across paediatrics, NICU, obstetrics and gynaecology covering evenings and weekends. The development of 24 hour resident consultant cover in the neo-natal unit will also continue.

- The establishment of consultants in Emergency Medicine has increased with an aim to provide 24/7 consultant presence in the near future.

Implementation of electronic nursing observations

- Implementation of the electronic nursing system has enabled easy and remote access to patient observations by nurses and doctors. This has facilitated more timely intervention, thus preventing cardiac arrests and reducing avoidable deaths.

- Four wards are now completely paperless. A decision was made to delay the further roll out whilst the Trust implemented the necessary enhancements to facilitate the National Early Warning Score (NEWS) to ensure best practice was being followed in identifying deteriorating patients early and intervening. This upgraded version is now live on the four wards. Plans for 2013/14 will be for further roll out of the observation module across all adult surgical and medical wards by August 2013. The Trust will also commence maintaining an electronic fluid balance and integration of key nursing assessments.

Objective 3: Improve Patient Experience

Transform the outpatient experience

- Significant progress was made with the programme to transform the outpatient experience:
  - Patient satisfaction is now measured in real time on an ongoing basis and feedback is positively acted upon to ensure continuous improvement.
  - A texting reminder service was implemented to remind patients about their appointment.
  - By changing the way in which patients are sent their first appointment details the Trust is now able to also send them more relevant information prior to their attendance at clinic.
  - Phase one of an outpatient refurbishment programme was completed in the main outpatient facility.
  - Consultant clinic utilisation data and clinic templates are being reviewed to improve productivity, efficiency and reduce over-runs. This work is linked very closely to the medical productivity work to ensure clinic capacity and consultant availability is aligned.
  - A consultant survey was carried out.
  - All clinics were MOT'd to identify which were the highest priority for improvement.
  - All appropriate services are now available to patients via Choose and Book.
  - 85% of outpatient staff are undertaking NVQ training to improve customer care.
  - An in-house customer training programme has been run which has focused on multi-disciplinary staff development to encourage more effective team working.
  - Did Not Attend (DNA) rates for follow-up appointments have significantly reduced from 14% to 10% at Q3. This will reduce further with the introduction of interactive appointment communication system.
  - Advice & Guidance rolled out throughout the Trust which is a service that enables GPs to seek specific advice from consultants rapidly.
  - The fracture clinic pathway has been redesigned to improve patient experience.
  - Significant audit work has taken place within Phlebotomy in order to improve the patient experience and investment in staffing, new ways of working, queue management systems and ensuring the chute system is reliable and fully functioning are in progress.

Deliver more clinical and diagnostic services during evenings and weekends

- A weekend therapy service has been established in orthopaedics.
- Seven day imaging services have been extended to include CT and weekend ultrasound.
- Imaging supports emergency services and additional waiting list initiatives at weekends.
- Following consultation a shift system in imaging will be introduced during the first quarter of 2013/14 allowing a more robust foundation for a seven day service.
- Laboratory services are available 24 hours a day, 7 days a week.
- The Pharmacy operates a weekend service, plus an on call pharmacist is available to provide urgent advice.
- Weekend therapy pilots in Medicine and Emergency Assessment Unit have contributed to improved weekend discharges.
- Some outpatient clinics are now being offered on Saturdays.

Review and re-design how we communicate with all patients (verbal and written) including those with learning disabilities and translation needs

- Staff from the Patient Experience Centre telephone all inpatients after discharge to ask them about their experience at the L&D.
- Resposes to key questions are analysed regarding communication, involvement in decisions about care, privacy and dignity and use this to inform and guide a strategy for improvement.
- The information given to patients receiving elective surgery has been reviewed and greatly improved.
- The bedside information folders are currently being refreshed. The refreshed version will include written information in several languages to enable patients to understand their contents.
- The Quality of Interaction with Patients (QUIS) tool has started to be adopted to measure the quality of communication. This has been introduced to the corporate nursing team, matrons and wards sisters/ charge nurses as a way to measure, monitor and educate staff about excellent communication while delivering care.

- Ward knowledge and use of the Language Line Interpretation service has been assessed and initial steps taken to increase appropriate usage.

Modernise non-clinical support services

- The findings of the cleaning review were fully implemented.
- The cleanliness quality monitoring system (Maximiser) is now in place, the system is fully updated and accessible on the shared network.
- A ward housekeeping service was established on all wards.
- An independent review of catering was carried out which provided the basis to explore alternative ways to provide the service in the future in order to maximise the quality of services in the future.
- A number of long running leadership issues within both Estates and Catering were dealt with through the year which had impacted upon the overall service provision.

Objective 4: Deliver National Quality and Performance Targets

Deliver sustained compliance of all CQC outcome measures

- The nursing assurance programme continues to support all clinical areas in providing high quality care in a safe environment for patients. The process is based on the 16 essential care standards that most directly relate to quality and safety of care. Observation of patients and how staff care for them is undertaken. For example, nurses are watched in how patients are helped with feeding and how they interact and communicate with people. This programme includes self, peer and external assessments.

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

- During 2012/13 the emergency care 4 hour national target was consistently met despite experiencing both a high volume of Emergency Department attendances and an increase in admissions.
- National standards for patients not waiting more than 18 weeks for treatment from the point of referral in all quarters of the year were met or exceeded.
- The sub-specialisation of orthopaedic services which reduces flexibility in managing the waiting list has been a significant challenge, however, compliancy will be achieved by the second quarter of 2013/14 in respect of the orthopaedic contractual target which completes improvements.
- All Monitor Compliance targets throughout 2012/13 were achieved and forecast to be compliant through 2013/14.
- Performance on infection control has continued to be maintained with improvements in the number of hospital acquired Clostridium Difficile cases. Only two cases of MRSA Bacteraemia and 17 cases of Clostridium Difficile against a target of 31 were reported.

Deliver reduced carbon emissions

- Energy saving lighting was installed.
- Heating insulation was improved in a number of areas.
- An electric car charging point was installed in collaboration with Luton Borough Council.
- Variable speed drives were implemented.

- The amount of waste recycled was significantly increased.

Achieve CQUIN targets

The CQUIN's for 2012/13 were achieved with some very minor exceptions. Achievement included:

- Ensuring that providers have real-time systems in place to monitor patient experience.
- Collection of data on patient harm using the NHS Safety Thermometer harm measurement instrument (developed as part of the QIPP Safe Care national work stream) to survey all relevant patients in all relevant NHS providers in England on a monthly basis
- Meeting national goal to reduce avoidable death, disability and chronic ill health from Venous Thromboembolism (VTE).
- Meeting national goal to improve responsiveness to the personal needs of patients.
- Reducing the amount of time that patients wait to be physically admitted to an actual Critical Care area (ITU, HDU, combined unit, or appropriate L3 or L2 facility (Intensive Care Society 2009 Levels of Care).
- Improving awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting
- Improving care for adults with learning disability

Objective 5: Progress Clinical & Strategic Developments

Commence implementation of clinical services strategy

- A number of clinicians were actively engaged in the "Healthier Together" programme. The outputs from this work will form the foundations of the Trust's Clinical Strategy which will be published in quarter one of 2013/14

Agree overall site re-development master plan 'Building the New L&D'

- A great deal of work was undertaken during the year to identify the priorities for the master plan. This work has helped inform the most appropriate manner to proceed with the re-development given the current strategic and economic context.

Commence phase 1 of 'Building the New L&D'

- Many key enabling schemes commenced throughout the year including the expansion of the Endoscopy Unit, expansion of staff car parking, major lift upgrade programme, outpatient refurbishment and theatre refurbishment.

Continue to participate in the Healthier Together Review

- Senior clinical staff from the L&D actively participated in the Healthier Together Review throughout the year.

Deliver next stage of Electronic Patient Record

- A new modern data centre was completed and became live from March 2013.
- Single Sign On and Clinical Context has been deployed to 1176 users, including all consultants. The roll-out to wards and trainee doctors has been completed in Paediatrics, Medicine and DME.
- By March 2013 there were 700 PC's enabled with the Clinical Context software. Clinical context is the ability to find a patient in one system, and to have it automatically searched for and presented across all applications. This is being deployed to all users, as it has been found to be extremely useful, saving time and reducing the risk of using multiple systems within a consultation. The project is now focussing on locum access processes. The project will be closed in May 2013 when the system will become business as part of standard IT systems.
- Advance scanning of planned activity has been delayed by extended contractual negotiations. However, the contract is now signed and revised date for scanning to begin is 23rd September 2013. Preparatory work is proceeding on time, and full scan on demand for all activity will begin in February 2014.

Develop robust arrangements to ensure joint working with Local Authorities, CCGs and all other stakeholders

- Throughout 2012/13 work to develop the foundations for good working relationships with the Clinical Commissioning Groups was undertaken. Divisional Directors of Medicine and Surgery represent the Trust at the CCG Board meetings.

- The Trust CEO and relevant Directors now meet every six weeks with Clinical Commissioning Groups (CCG) to identify priorities for the future and to discuss operational challenges.

- Quality Monitoring Boards with the Trust's commissioners and other CCG led Boards are attended.

- The Trust CEO meets regularly with the Director of Social Care, Health and Housing for Central Bedfordshire Council and the Corporate Director, Housing and Community Living from Luton Borough Council.

Objective 6: Develop all Staff to Maximise Their Potential

Complete the implementation of performance management of postgraduate medical education

- The process now in place was validated in the Deanery Performance and Quality Review 2013, and complimented as a model for other trusts to follow. There is now an accreditation and appraisal process for Educational Supervisors and college tutors, and the success of the performance management process with the clinical divisions was reflected in the trainees confirmation that they would recommend the Trust to colleagues for medical training.

To extend the aspirations as a University Hospital beyond undergraduate training to all staff groups

- A new Division of Clinical Training and Research will started in shadow form from April 2013. The educational performance management process established in Medical Education will be extended, working with the clinical divisions, to all staff groups. The outcomes this process will focus on will derive from patient experience, safety and clinical outcomes. Collaboration with higher education organisations in research and development of all staff will be taken to a new and higher level, and is a key objective of the new division.

Increase the number of staff appraisals to 80% (of staff available)

- The overall staff appraisal rate of 80% was not achieved. However, there has been a steady increase in appraisal completion rates since June 2012. The figures at the end of March 2013 are DTO – 77% (70%); Corporate – 81% (40%); W&C – 56% (50%); Surgery – 67% (56%) and Medicine – 68% (48%). The figures in brackets indicate performance in June 2012. Currently, overall Trust compliance is 69% which is an increase of 16% from June 2012.

- Plans are being developed to move away from the rolling 12 month reporting cycle to bring appraisals in line with the financial year (April to March) and to develop this further to incorporate talent management and succession planning. The timescale to commence implementation of this approach is from April 2013.

Increase compliance with mandatory training and increase the level of mandatory training available through e-learning

- There has been steady improvement in mandatory training as indicated by the March 2013 figures (March 2012 figures in brackets, where available). Safe

Moving: 74% (60%); Information Governance: 71% (56%); Fire:73% (60%) and Infection control: 73% (60%). Safeguarding Adults: 73% and Safeguarding Children: 68% are steadily increasing over time and are now reported to the Board having clearly established the appropriate level of training for different professionals.

- Classroom-based sessions have been well-attended and the uptake of e-learning through supported sessions for individuals is encouraged.

- Work is continuing to consider how the number of refresher e-learning modules could be increased so that staff can keep up their knowledge and skills. Plans for customised modules will be developed and investigating the cost of buying refresher modules that more closely meet the requirements as some of the national content is overly complex.

Establish clinical leaders development programme

- A development programme has been designed and the first session took place in March 2013. The programme will include topics ranging from leadership to understanding the new healthcare economy. The programme will be delivered by internal and external speakers.

Establish a culture where all staff understand our values and quality objectives

- Trust Aims and Values have been agreed and the Trust's key quality priorities were launched in July 2012 at the 'Thank You' day.

- A full review of communication has commenced with an initial mapping exercise which demonstrates an extensive number of initiatives throughout all parts of the Trust. This will inform the development of a strategy for communications which may have an external impact. A broader initiative will be considered focusing on the development of a cultural change programme to be established in 2013 in line with recommendations from the Francis Report.

Objective 7: Optimise our Financial position

Deliver our financial plan 2012/13

- A surplus for the 14th successive year was achieved.

- The surplus was less than that anticipated in the Annual Plan for 2012/13 and reflects the challenging financial climate.

Implement service line reporting and management

- Service line reporting was introduced in 2012/13 and financial reporting was in place for all months of the year. This development saw a significant increase in Divisional ownership of the financial position and clinical engagement in the financial agenda. The process of refinement and improvements with greater speciality detail continued throughout 2012/13 and significant improvements in the sophistication of financial reporting are expected in 2013/14.

Increasing productivity (manpower & supplies)

- A significant workplan was launched in 2012/13 to improve workforce productivity. The key elements included tracking sickness absence through more robust reporting and management and improving medical productivity through new job planning arrangements and the roll-out of new performance reporting tools and arrangements. 2012/13 was the foundation for this work that will continue and accelerate in 2013/14.

Service Developments during 2012/13

Corporate:

- **Implemented a new Patient Experience Call Centre** - In August 2012 we set up the patient experience call centre so that we could phone patients within 48 hours of leaving hospital to ask them about their experience of our care and services. Clinical and non-clinical staff are encouraged and supported to participate in making these calls so that they can hear feedback from patients first hand. The centre has been a success and provides wards, divisions and departments with clear and comprehensive feedback to inform action planning about what works well and what needs to be improved. For example, patients helped us to identify gaps in post operative patient information and to understand the circumstances in which they find they receive conflicting information. We are already seeing improvements directly related to the feedback obtained.

- **Received a National Patient Experience Award** - In January 2013 we received a National Patient Experience Award (PENNA) for excellence in collecting and using patient feedback. Judges commented that our Patient Experience Call Centre was the first of its kind and they commended the work. We believe that it is important that we speak to as many patients as possible after their discharge from hospital so they have an opportunity to give feedback and to ask any questions they might have thought of after going home. We will continue to develop the patient experience centre over the coming year.

- **Initiated a nurses back at the bedside work programme** - During 2012/13 we initiated an innovative and groundbreaking project to design a sustainable model of nursing care that meets the needs of patients, staff and regulators. The model is built around the need to put the nurse back at the bedside and reduce unnecessary paperwork. This involved reorganising the daily workload of the whole ward team to allow nurses to focus on essential nursing care with support staff taking on some of the activities that take nurses away from the bedside and allocating them to the appropriate staff groups.

- **Business Continuity Plans tested and reviewed** - There is a new over arching Business Continuity Plan in place which was signed off by the Trust Board in May 2013. Work during the year has included gap analysis of all the potential risks facing the Trust, particularly the loss of major utilities over a prolonged period of time. Departmental plans are now in place to reflect the mitigating actions required in the event of an incident. The plans have been tested in table top exercises and training is undertaken as part of induction and mandatory training. Our plans have been audited by internal audit.

- **Expanded weekend working** - The range of professionals available at the weekend to facilitate patient care has increased this year. For example, we have a Luton Social Worker, therapists and navigator nurse on duty seven days a week to prevent patients being admitted when an alternative form of care would be better.

- **Improved car parking** - We completed phase one of our car parking strategy with the opening of over 100 additional spaces. This along with an addition expansion of spaces due in summer 2013 and a revised Parking Policy will see improved parking facilities for patients, staff and visitors.

- **Ensured more senior nurses were available at night** - We increased the number of senior nurses overnight and out of hours to support the flow of patients through the emergency care pathway.

- **Ensured more access to senior managers** - We extended the commitment of time that senior managers are on site to support decision making.

- **Participated in whole system reviews** - Twice weekly, we participate in whole system capacity management teleconferences to ensure that the patients are being cared for in the best place and to support discharge planning and surge management.

Surgical Division:

- **Improved the integrated fractured neck of femur team** - During 2012/13 we invested to develop an improved, integrated fractured neck of femur team with additional nursing, medical and therapies support. This is in response to our commitment to improve outcomes for fractured neck of femur patients and ensure that we are getting patients to surgery within 48 hours, and that patients have access to support from the full multidisciplinary team.

- **Progressed Enhanced Recovery Programmes** - We agreed a business case to provide enhanced recovery for orthopaedic and colorectal surgical patients to enable us to reduce hospital length of stay and improve recovery from their surgical procedure.

- **Improved inventory of theatre equipment** - We implemented an improved inventory system for theatres equipment and supplies, and have negotiated with suppliers to secure significant savings for the division.

- **Improved 18 Week referral management** - Improving our management of waiting lists has ensured that we are managing patients effectively within the 18 week referral to treatment time and that we have a well organised and proactive admissions team overseeing all the linked processes.

- **Completed a review of theatre timetables** - We completed a wholesale re-planning of the theatre timetables and delivered a complex series of moves to enable the allocation of two more appropriate clean air theatres for joint surgery. The moves took place in December 2012, and were a key enabling part of the orthopaedic transformation plan.

- **Improved the theatre environment** - During the year we approved a comprehensive refurbishment of theatres 1-6 in early 2013/14 to carry out maintenance to our Air Handling Unit (AHU), install new lighting, install safety devices to meet new regulations for the safe use of laser equipment in theatres, install new Nurse Call System, refurbish changing facilities, install new doors and dampers, wall protection, replace flooring and complete decorating.

- **Re-designed the pre-assessment service** - Our pre-assessment service has been re-designed to enable more responsive access to patients who are being listed for urgent surgery and ensure that there is always a pool of pre-assessed patients to whom we can offer short-notice availability slots, for example if another patient cancels their surgery a few days before their planned procedure date.

Medical Division:

- **Appointed a further orthogeriatrician** - The Division worked with the Division of Surgery to ensure the quality of care older patients receive after a fracture was improved by the appointment of a second orthogeriatrician who treats their complex medical conditions. This enables full-time commitment to the patients on the designated fracture neck of femur ward. It also allows greater medical input into patients with other fragility fractures.

- **Provided a respiratory sleep service** - We now provide a respiratory sleep service at the L & D. This service was previously undertaken at Oxford. Patients can now receive their treatment locally, closer to home.

- **Employed a Dementia Nurse** -A specialist nurse in Dementia care was employed to help the Trust better understand the needs of this group of patients.

- **Improved Endoscopy Unit** - We expanded and upgraded the Endoscopy Unit.

- **Provided more testing for un-diagnosed HIV infections** - In Genito-Urinary Medicine we partnered with NHS Bedfordshire & Luton to establish an HIV testing pilot in the EAU. This has increased the uptake of testing to tackle the issue of un-diagnosed infection.

- **Implemented Human Factors Teamwork Project** - Following on from successful work in the maternity department a Human Factors (HF) project was designed for the department of emergency medicine. The aim of the project was to improve teamwork and communication within and across disciplines, in order to enhance patient safety and the experience of both staff and patients. This year we have:

  - Introduced the concepts to key staff
  - Trained a group of multi-disciplinary trainers in the skill of debriefing
  - Delivered monthly training days
  - Supported ward rounds enhancing communication and ensuring actions are completed

- **Progressed improvements in the provision of urgent care facilities for outpatients** - We are currently in negotiation with local commissioning bodies in respect of the provision of urgent care facilities for outpatients. The recent re-design of our Emergency Department clinical pathways makes it crucial that urgent care facilities form part of our vision for fully-integrated care for this patient group.

- **Worked with partner organisations to support appropriate minor illness services** - The contract for the GP Urgent Clinic which provided GP led urgent care was awarded to Luton Healthcare Solutions (LHS) as a pilot. We have worked closely with LHS to ensure that patients with minor illness receive their care in the right place. There has been significant interest in the pilot due to its success and Luton CCG are now out to tender to select a provider.

Women's & Children's Division:

- **Equipped community midwives with portable IT systems** - We approved a business case to improve communication between community midwifery teams and the main obstetric unit. The project will see every community midwife equipped with IT systems by May 2013 that will allow instant access to clinical data, improving information flows.

- **Progressed a new ambulatory gynaecology ward** - The enabling works for our new ambulatory gynaecology ward began and the new unit which will offer less invasive surgery will open in July 2013.

- **Increased the number of midwives** - This has supported an improved patient experience and further improved safety measures in the delivery unit.

- **Provided a highly commended colposcopy service** - Our colposcopy service has been highly commended by the National Screening Programme Board and a huge amount of work has been completed to improve the service which is now a leading service in the East of England.

- **Increased laparoscopic surgery** - We have continued to increase laparoscopic surgery for gynaecology patients which reduces the length of stay and recovery time for patients.

- **Ensured easier access for patients to maternity information** – A series of short films have been developed for maternity patients, allowing women the opportunity to learn more about the antenatal, birthing and postnatal elements of their care when they book into the unit. These are also available on the hospital website.

- **Completed a successful cancer peer review** - Our gynae-oncology service successfully completed their cancer peer review process during the year and demonstrated full compliance in all aspects of care.

- **Provided a new fetal sexing service** – Fetal sexing was introduced in December 2012, allowing couples the choice of finding out the sex of their baby at their 20 week antenatal scan appointment.

- **Provided more cervical screening testing** - We introduced HPV Triage and Test of Cure for cervical screening in April 2012 and planned for any increase in referrals that result from better screening.

- Continued specialist baby cooling - Our neo-natal unit continues the excellent work in 'Neuro protection' baby cooling treatment for neonates who require specialist cooling to improve their outcome. We are one of only three units in the East of England offering this treatment.

- **Supported training developments** - We have supported the development of the neonatal intensive care and special care high dependency modules at Bedfordshire University.

- **Invested in more staff training** - Three NICU staff completed the neonatal modules to become further qualified in the speciality with five more staff currently enrolled.

- **Provided more special care cots** - We opened two additional special care cots for neonatal intensive care enabling more families to receive level three intensive neo-natal care at the L&D.

- **Further developed access to paediatric urgent care** - Our paediatric services continued to develop urgent care pathways in conjunction with primary care, parent groups and emergency services to support the right treatment at the right time in the right place. This ensures very sick children are referred to hospital in a timely way, whilst enabling less sick children to be safely cared for at home. There are a total of seven pathways in place for the commonest conditions e.g. fever, gastroenteritis, asthma etc which will now be further embedded in conjunction with the Emergency Department (ED) and primary and community care services.

- **Progressed a children's rapid response service** - We have secured funding from the Luton Clinical Commissioning Group to establish a children's rapid response team. The team will support sick children at home and reduce the need for hospital admission.

- **Further improved care of children with thalasaemia and sickle cell** - The care of children with thalasaemia and sickle cell disease has continued to improve with an expert multidisciplinary clinical team providing patient friendly care offering a Saturday transfusion service to reduce school absence. This evolved from parental and young persons feedback.

- **Launched a telemedicine pilot** - We have launched the first telemedicine pilot in children's services supporting nephrology (renal disease). This has enabled children to remain at home whilst being monitored frequently by the medical team at the L&D.

- **Provided more high dependency training** - More senior nurses have under taken high dependency training. This further enhances our high dependency services for the sickest children to remain or return to Luton safely.

- **Participated in ongoing work to redevelop the Neonatal Intensive Care Unit** - We embarked upon the detailed planning work to redevelop the Neonatal Intensive Care Unit (NICU) and associated services as part of the hospital redevelopment programme.

Diagnostics, Therapeutics & Outpatients Division:

- **Established a new fluoroscopy room** - A new fluoroscopy room and additional plain x-ray room have benefitted the Imaging Department providing improved patient access, imaging performance and patient experience.

- **Provided imaging services seven days a week** - Following a re-design of our services, we will be able to offer more imaging services seven days a week.

- **Completed an outpatient refurbishment** - Our Outpatient Department waiting area in Zone C has been refurbished. This work is being extended into consulting rooms in 2013 contributing to improving the patient and staff experience.

- **Appointed new consultants:**

  - A new consultant Histopathologist has been appointed and the department has benefitted from investment in new tissue processors and equipment to support the expansion of Trust Specialist Head and Neck Cancer Services.
  - An additional Consultant Haematologisst as been recruited creating opportunities for further specialist service development.

- **Implemented new IT systems** - New IT systems are being implemented to provide improved blood issuing and tracking systems.

- **Further developed the Breast Screening service** - Breast Screening have introduced the Family History screening service and appointed an additional Breast Radiologist to support service provision.

- **Enhanced pharmacy provision** - Pharmacy home care has been established providing enhanced pharmacy services to HIV and hepatitis patients.

- **Re-designed phlebotomy services** - Work has been undertaken in phlebotomy to reassess staffing levels and deploy staff to meet peaks in demand to reduce patient waiting times. Ward based phlebotomists have also made changes to working practice to improve efficiency and enable staff to finish ward based rounds earlier and return to outpatient activity.

2013/14 Strategic Approach

Strategic Context

April 2013 saw one of the most significant changes to the management of the health service, with the creation of Clinical Commissioning Groups (CCGs), abolition of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) and the establishment of the National Commissioning Board. During this period of uncertainty, we have sought to provide both the 'corporate memory' of many of the issues facing our health economy and also to ensure the relationships with the emerging organisations are built on solid foundations which will cement partnership working in the future to ensure that the L&D is in the best possible position to meet the needs of present and future patients.

The new health act has not only created structural change within the health service but has also bought with it new powers for Foundation Trust Governors which we will embrace during 2013/4 in order to optimise their role and the benefits they bring to the overall governance of the organisation and the essential link they make to the wider population we serve.

In addition to the national changes to the NHS we experienced significant strategic uncertainty during 2012/13 in relation to the proposed local strategic changes related to Milton Keynes and Bedford hospitals. As a consequence of this and the uncertainty over acute service rationalisation during the Healthier Together discussions our progress with our strategic intentions and decisions surrounding the site re-development were deferred during the year. However, the recent decision to change the focus of the Healthier Together project to enable hospitals to work closer with their CCGs and other stakeholders has meant that the L&D has a more certain platform from which to plan its future strategic direction and aspirations. In setting these aspirations we will use much of the service configuration work undertaken during Healthier Together programme to underpin our Clinical Services Strategy.

Lastly, the publication of the Francis Report earlier in the year provided a stark reminder of the need to ensure the very basics of care need to be embedded within all organisations if they are to deliver the good quality health care that patients deserve and expect. The Francis Report makes it clear that these priorities are not 'nice to haves' but form the cornerstones of effective and high performing hospitals and they need to be both strategic as well as operational priorities for all organisations. We have considered the recommendations and have and will continue to listen to the views of our patients and our staff to ensure that we do not ever lose sight of the essence of high quality care.

Clinical Services Strategy (Delivering the New L&D)

In response to the challenges and context described earlier, the Trust has devised an overarching strategy for its clinical services is illustrated below in figure 3.

'Delivering the new L&D' is based upon 5 key themes however it can be summarised as follows:

The Trust's Clinical Services Strategy is to invest and further develop the core clinical services to ensure long-term viability as an acute provider. This will include maintaining market share in some core services such as: ED; Acute Care of the Elderly; Acute Medicine sub-specialties for respiratory and diabetes; Colorectal surgery; Trauma & Orthopaedics; Obstetrics and Maternity; and Neonatal Care; whilst expanding market share for others by developing a range of specialist services such as Hyper Acute Stroke Care, Ophthalmology, Paediatrics and Gynaecology, which can complement the core services and add real value and profit rather than burden the Trust financially or operationally. Many of these service expansions are either repatriating work back to Bedfordshire to save patients having to travel and to save the Market Forces Factor or have the ability to draw activity from a wider catchment population and some will attract private patient income over and above that currently generated.

The need to redesign and modernise services to meet the needs of its patients and commissioners by offering services closer to patients' homes and in some cases in a patient's home has been acknowledged and services are being developed on that basis.

If the Trust is to deliver all the above to the highest quality possible it also needs to attract develop and retain high calibre staff. The Trust's University status will be an essential tool in this endeavour.

Lastly, in some cases the Trust will need to provide services in partnership with others, whether from the public or private sector in order to maximise the offering it can deliver to its patients.

The recent opportunity to bid for some aspects of the Community Services portfolio may off the Trust an ideal opportunity to draw the demarcation line between acute and community care differently. This form of vertical integration may enable the Trust to control a greater proportion of the care pathway than is currently the case. The Trust is clear it is not a generic community care provider however, that more innovation approaches potentially with a partner organisation could deliver real benefits in terms of quality of care but also in terms of overall efficiency and patient safety. The Trust will actively explore the opportunities during the procurement process and will work with SEPT to ensure a comprehensive community service can be offered.

As stated above, the strategy is built around 5 key themes.

- L&D 'Closer to Home'
- High Quality Acute Care
- Specialist Service Provider
- Teaching and Research Excellence
- Working with Others

Each theme is described in more detail below and the workstreams for each theme can be found in the Annual Plan 2013/14.

L&D Closer to Home

The Trust continues to be fully committed to the principle of providing a range of appropriate services within the community in line with both national and local policy directives. However, services need to be developed in a co-ordinated and planned manner, in concert with the CCGs and the social care colleagues, to ensure the services transferred remain highly effective clinically and offer the optimal patient experience.

During 2013/14 L&D will continue to work the CCGs and respond to tenders to establish more services in the community to complement those already operated for Muscular Skeletal (MSK) conditions in Luton, Diabetes and COPD for Bedford patients in collaboration with Bedford Hospital and community ENT services in West Hertfordshire. It is anticipated that community Cardiology, Urology, and ENT services along with the larger Community Services will be opportunities in 2013/14.

An extended Home from Hospital Service pilot will commenced at the beginning of April 2013 enabling L&D staff to care for medical and elderly patients in their own home when it is safe to do so.

In addition the feasibility of establishing a clinical satellite facility to provide a wider range of medical and surgical outpatient appointments and treatments in the community is being actively pursued. This development will also help de-congest the hospital site, facilitate other departmental moves in order to improve the hospital's overall efficiency and assist in freeing up potential redevelopment space.

High Quality Local Acute Care Services

During 2012/13 all national and local performance targets were achieved. Over the coming years the Trust will build upon its success and reputation by further improving its clinical outcomes and mortality rates.

As an acute hospital, the Trust's prime role is to provide high quality secondary acute services therefore it is vital these services are managed in the most efficient manner possible given the numbers of patients using the services. To this end, reducing length of stay, improving efficiency and patient experience remain high priorities. Formal transformation programmes have already delivered tangible benefits in Theatres and Outpatients during 2012/13, however this work needs to be continued if real transformational change is to be embedded but with a greater emphasis on medical productivity during 2013/14. The Board of Directors remain very committed to this approach.

In addition to enhancing how A&E attendees, outpatients and in-patients are treated within the hospital more innovative models of care are being explored in order to avoiding admission to the hospital. Examples of this include the new Ambulatory Care and Clinical Decision Units. Both units will enable patients to be treated in the appropriate setting for their condition without the need for an in-patient admission. The Ambulatory Care Unit has been in place since April and the results so far have been encouraging. The Clinical Decisions Unit will be established adjacent to the ED by the late autumn. Evidence from elsewhere suggests that both these developments will have a very positive impact upon the number of acute admission and length of stay for a high number of patients.

Whilst many patients still need to be admitted for the acute phase of their care, there is significant evidence to suggest a patient's outcome is further improved if they are discharged in a timely fashion. In response to this the Trust is launching a new virtual ward which will enable more patients to leave hospital earlier whilst still assured they can receive responsive care should their condition deteriorate. All these new models of care will assist in reducing both admissions and lengths of stay. Tackling both of these issues will have a positive impact on patient care and the wider health community pressures.

The Trust is very keen to establish a 24/7 working culture in key services and departments and the findings of the Francis Report re-enforce the need for hospital care to be consistent 24/7. A new medical staffing model and extended weekend working for clinical support services is being introduced in 2013/14 and these initiatives will be the first stages in establishing the true 24/7 hospital. More Consultant led care will deliver real quality and safety benefits to patients whilst enabling the Trust to operate more effectively and use its buildings and assets more intensively.

In response to the need to provide high quality nursing care to all patients in whatever clinical setting the Trust has embarked upon an innovative project known as **The Perfect Day**. This initiative is predicated on releasing qualified nursing staff from time-consuming activities which could easily be done by unqualified, trained support staff thereby segregating the clinical care from the hotel and patient administration aspects of the day-to-day ward work. This project will see nurses being able to spend more time with patients caring for them rather making beds, cleaning equipment and filling in paperwork. Job roles will change and trained support staff will gain a higher profile on the wards and will provide a wide range of support services. This model of ward management is very new in the UK and the pilot has been built around a more European model of nursing care. We intend rolling the pilot out to all wards during 2013/14. The patient and staff satisfaction feedback from the pilot wards has been excellent and provided confidence moving forward.

Specialist Service Provider

The Trust continues to provide a number of specialist services for a wider catchment population, for example, Bariatric services are provided for East of England, Thames Valley and Northamptonshire; and specialist stroke services are provided for Milton Keynes and West Hertfordshire, in addition to those in Bedfordshire. The Neonatal Unit is a level 3 Unit and therefore cares for babies from beyond the L&D catchment.

Through 2013/4 the Trust will continue to develop further specialist services, on a sub - regional basis by providing hyper acute services in collaboration with Specialist Tertiary centres. Examples of these developments include: Fertility services in collaboration with Bourn Hall in Cambridge, Paediatric step down services with Great Ormond Street Hospital and Trauma Services with St Mary's and Addenbrookes amongst others.

Ophthalmology services will continue to expand both in terms of the volume of patients seen and the range of services offered including tertiary corneal services which were until recently only available in Specialist Eye Hospitals such as Moorfields.

Building on the success of the Cardiac Catheter laboratory the service will be applying to become a recognised interventional cardiac centre enabling patient requiring Percutaneous Coronary Intervention (PCI) treatment to be treated locally.

The continued development of specialist services as part of the Trust's portfolio will enhance our ability to recruit the best clinical staff. The expansion of hyper acute services also contributes to the care closer to home agenda, as patients will be able to receive more of their care pathway locally in collaboration with the tertiary providers rather than having to travel repeatedly from Bedfordshire into London or Cambridge.

Teaching and Research Excellence

2012 saw the Trust formally recognised as a University Hospital. This achievement recognises the quality of teaching at the Trust and the breadth of research undertaken. Clinical research opportunities will be actively pursued in order to improve the quality of patient care.

It is also acknowledged that the Trust's reputation for excellence in teaching and research greatly enables the Trust to attract high quality medical staff of all grades but especially consultant staff. This is even more important at a time when training numbers are down and therefore, the labour pool is reduced. Overall this will contribute to the Trust being able to improve the quality and safety of its services to patients.

Working with Others

The Trust has previously had a rather inward looking, hospital centric approach to delivering its services. However, things are changing and have already changed in certain areas.

The Trust is working very collaboratively with Great Ormond Street Hospital to develop tertiary step down services to enable children who have had to be admitted to GOSH for specialist care to be discharged from GOSH earlier than previously into the care of the L&D service. This enables some of the sickest children to be in hospital closer to home rather than parents having to travel constantly to London. This is a great accolade for the team at L&D and acknowledges the quality of care they are now able to offer locally.

Another example of the Trust working with others is its recent collaboration with Bourn Hall for Fertility Services. Once again this collaboration with an internationally renowned centre of excellence enable the L&D to provide services locally which until recently patients had to travel to either Cambridgeshire or into London on a very regular basis for the duration of their treatment.

The Trust also developed its community COPD and Diabetes service in partnership with Bedford Hospital and this combined service is now provided throughout Bedfordshire.

The Trust is also in the early stages of exploring relationships with Circle in response to the Bedfordshire CCG MSK tender and with the South Essex Partnership Foundation NHS Trust (SEPT) in response to the Luton Community Service Tender.

The Trust also recognises the importance of working with organisations such as the Mckinsey Hospital Institute and UCLP to develop learning about best practice which can be imported to the L&D.

In addition the Trust is part of the Mount Vernon Cancer Network and has a number of joint appointments with other centres such as Royal Free, Harefield, and Bedford etc.

Transforming Facilities and Systems

The need to re-develop and transform the hospital site and IT systems remain a very high priority. The Board of Directors has commissioned the preparation of a business case to redevelop the site focusing on a number of key priorities including:

Re-building the L&D

- Building a new NICU
- Refurbishing the theatre suites including the delivery suite and the provision of clean room facilities
- Expanding the Emergency Department and associated Emergency care facilities to include a Clinical Decisions Unit
- Renewing the hospital infrastructure to improve site resilience
- Continuing the redecoration of the outpatient facility
- Further expanding the Endoscopy Suite including negative pressure facilities
- Creating a combined ITU and HDU facility
- Refurbishing of a number of the wards, including the provision of more side rooms
- Creating an off site surgical and medical treatment facility which is likely to contain Ophthalmology, Dermatology and Plastic services
- Relocating the fracture clinic into appropriate facilities
- Creating a new main entrance and improved public facilities
- Creating a bed store and equipment wash facility
- Building new parental accommodation to support NICU
- Increasing car parking and improving access and egress of the site
- Refurbishing the mortuary facilities

The schemes listed above will form an overarching Strategic Outline Case (SOC) which will set out the case to invest in the L&D estate over a period of four years. This will form the basis of a submission to the Foundation Trust Financing Facility (FTFF) for a loan to support this extensive investment in services for the patients and staff of L&D now and in the future.

IT Systems

A new IM&T Strategy was published in May 2013 and plans a clear road map for the next five years. The IM&T Strategy was developed in conjunction with this strategy.

There is already much work planned, with many months of procurement giving way to a year of implementation. Further capability has been built to deliver care safely and efficiently without the need to request paper notes – an electronic patient record. In order to deliver this, there are several key projects. In the previous year, the Trust signed a long-term strategic contract with Xerox to transform our existing Health Records Service into a modern state of the art scanning service. This contract commenced on the 4th February, and this year will see large-scale transformation in many of the key processes where paper notes are vital to care. At the end of September 2013, the process of advanced scanning out book patients' notes will begin. By February

2014, all requests for paper notes will be fulfilled with an electronic scan into a new electronic document management system. This will improve the availability of the notes at the point of need, and make the access instantaneous from anywhere anytime to multiple staff as required.

The electronic observation system, already proven to assist in early identification of patients whose condition is deteriorating, has been deployed into Medicine in the past year, but will be rapidly deployed across all adult medical and surgical beds during 2013. The ability to be alerted to all deteriorating patients across the Trust from one system is a key improved capability in our push to improve patient safety further. Functionality to capture electronically fluid balances will also be extended along with ensuring that the patient inserted devises such as cannulae and catheters are managed safely and in adherence to best practice protocols.

The past year has been one of procurement with both an electronic system to support drug prescribing and administration, and a replacement for the Trust's telephony system. The prescribing system will be deployed initially in the Department of the Medicine for the Elderly in the late autumn of 2013, with wider rollout thereafter.

The replacement of the Trust's telephony system will take place mostly in 2014, although the preparatory work and initial deployments will begin in 2013. This will include plans to replace the current "bleep" system of paging staff, with a state of the art system for managing urgent messages and communication.

Behind the scenes, investment has already been made in a new data centre that has been built and will be fully populated with all the L&D systems early in the New Year. In addition, the data centre hardware: servers and storage will be refreshed with sufficient capacity to meet the next five years of growth. This will include much improved ability to run systems from offsite in case of any disasters affecting the onsite data centre. This greatly enhanced resilience means the reliance upon electronic systems can be safely increased.

In 2013/14, there will be a return on its investment in electronic systems with care safely able to occur without the need to recall a paper record. Access anywhere, anytime to the persistent patient record will create efficiencies and opportunities to work differently. For example, all clinical coding will be completed on screen, without need to seek the paper notes. At the same time a recently discharged patient may well, be in an Outpatient appointment the same record concurrently accessed.

Whilst not clinical services, the Trust also acknowledges the importance of improving and investing in the facilities and systems which all underpin the provision of high quality clinical care.

Maintaining our Performance

During the year ahead, we will spend a significant amount of time focussing on finalising our Clinical Services Strategy and implementing the Hospital Redevelopment Programme. It will therefore be important that we do not lose sight of internal and external challenges and ensure that our operational and financial performance continues to be maintained.

Maintain and Develop Key Clinical Specialties

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

Exploring Opportunities for Growth

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

Ensuring Sustainability

- Continue to improve the patient experience and safety, for example, through improving communication and the provision of information to patients and greater access to consultant-led care.
- Ensuring the maximum use of information to deliver safe and efficient care by using an electronic patient record, and decision support information systems at all levels of the organisation.
- Ensure that the delivery achieved during 2012/13 against national and local quality and performance targets is fully embedded, further improved and maintained.
- Maintain financial sustainability, delivering a comprehensive programme of efficiency projects.
- Implement **'The Perfect Day'** to ensure nursing staffing establishments are able to improve the quality and safety of care provided to patients.
- Review and modernise non-clinical support services including catering, cleaning and portering to ensure they are responsive to patients' needs and support clinical care.
- Further develop and strengthen the Divisional Management Teams in order to benefit fully from the benefits of service line reporting and management.

Corporate Objectives 2013/14

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

Objective 1: **Deliver Excellent Clinical Outcomes**	• Improve performance by reducing average length of stay for older people • Improve performance on overall hospital mortality across fractured neck of femur and all specialties • Reduce avoidable emergency re-admissions • Fully participate in national and local clinical audits
Objective 2: **Improve Patient Safety**	• Ensure that we have the appropriate level of clinical expertise available to deliver safe and effective care 24/7 • Ongoing development of Safety Thermometer, exceeding performance year on year • Continue to reduce HCAI rates year on year • Increase compliance with hand hygiene year on year • Extend electronic nursing observations to include fluid management, weight and device management
Objective 3: **Improve Patient Experience**	• Revolutionise how we handle complaints • Continue to implement the Outpatient Transformational programme • Improve patient experience by establishing a framework to take forward the key messages from the listening events and the recommendations from the Francis report • Improve the quality of professional communication with all patients and carers. • Work with patients, their families and stakeholders in Luton to redesign end of life care • Establish an off site facility for ophthalmology, plastics and dermatology • Deliver additional clinical and diagnostic services during evenings and weekends • Improve communication by rolling out the 'Perfect Day' • Formally explore alternative ways to deliver non-clinical support services in order to improve quality and contain cost
Objective 4: **Deliver National Quality & Performance Targets**	• Deliver sustained compliance of all CQC outcome measures • Deliver nationally mandated waiting times for 18 Weeks, Cancer and A&E including A&E Indicators • Sustainability culture established across the organisation • Achieve 40% of the Trust's Carbon Management Plan Target • Deliver CQUIN targets year on year

Objective 5: **Progress Clinical & Strategic Developments**	• Clinical Strategy agreed and implemented • Agree detailed business cases for phases as laid out in Masterplan • Deliver masterplan enabling schemes and early phases • Care can safely and efficiently take place, without need to request a paper record • To improve the ability of decision makers at all levels of the organisation to use information in order to improve service delivery, design, quality, efficiency and safety • To increase levels of safety, efficiency, and flexibility delivered by transformational technology • Work jointly with LA, CCGs and other key stakeholders
Objective 6: **Develop all Staff to Maximise Their Potential**	• Extend education and training performance management to all staff groups through the Divisional structure to go beyond regulator and training commissioner requirements to measurably enhance patient experience and safety globally through a radical development programme • Develop and deliver joint accredited academic programmes with our partner Universities • Continue to increase the number of staff appraisals to 80% • Increase mandatory training compliance • Maintain clinical leadership development • Establish a culture where all staff feel able to sign up to our values and have knowledge of the Trusts Quality Priorities and staff fully aware of the Trust's vision, values and objectives
Objective 7: **Optimise our Financial position**	• Deliver our Financial Plan 2013/14 • Finalise forward capital investment plans and agreed balance between borrowing and cash financing • Develop service line management as the key tool to drive financial efficiency and increase clinical engagement • Increase productivity – Improved Theatre Productivity, improved outpatient productivity and establish ambulatory care model to reduce avoidable admissions and costs

Responding to the Francis Report

Following the publication of the Francis report, the Trust set out its plan to brief and engage staff on the findings of the report. The approach taken was to hold a number of Trust wide listening events, the purpose of which was to engage and listen to as many staff as possible, identify key risks and early warning signs that the organisation face and agree and prioritise actions. The key message and aim was to create a common patient safety culture across the Trust where 'patients not numbers come first'.

In addition to the internal Trust projects, work is underway with University College of London Partners (UCLP) to accelerate improvement in light of the Francis report. Led by the Chief Nurses and Medical Directors across UCLP, a small number of carefully chosen initiatives have been prioritised;

- Understanding and measuring what matters to patients (developing a ward health check)
- Understanding what matters to patients (developing the UCLP Promise)
- Understanding and acting on what matters to staff
- Developing ward sister training and accreditation

This work can be accelerated and done more effectively by working in partnership, by sharing local work where helpful to peers in other organisations.

The Trust is committed to ensuring a consistent culture of compassionate care and following on from the listening and engaging events, the DH response and the UCLP programme, the Trust has identified many areas of action to consider. The Trust's next step is to complete a plan as to how to take the outcomes of these forward. It is essential that we build on the engagement and enthusiasm of our staff whilst also ensuring we respond to the DH recommendations as appropriate. To achieve this, the next stage will involve representation of staff from across the Trust.

Service Developments planned for 2013/14

Surgical Division:

- **Further develop Fractured Neck of Femur service -** In collaboration with our colleagues in Medicine, we will continue to develop a first-class fractured neck of femur service building on the additional support implemented in 2012/13. We will continue with our commitment to improve outcomes for fractured neck of femur patients and ensure that we are getting all patients to surgery within 48 hours, and that patients have access to support from the full multidisciplinary team.

- **Provide Enhanced Recovery model -** During 2013/14 we will proceed with full roll-out of the Enhanced Recovery model for orthopaedic and colorectal surgery patients to enable us to reduce hospital length of stay and improve patient's recovery from their surgical procedure.

- **Review the admissions pathway -** We will continue work on the admissions pathway to ensure that we are managing patients effectively within the 18 week referral to treatment time and that we have a well organised and proactive admissions team overseeing all the linked processes including pre-assessment and arrivals.

- **Refurbish theatres –** The comprehensive refurbishment of Theatres 1-6 will be completed in early 2013/14 to carry out maintenance to our Air Handling Unit (AHU), install new lighting, install safety devices to meet new regulations for the safe use of laser equipment in theatres, install new Nurse Call System, refurbish changing facilities, install new doors and dampers, wall protection and replace flooring and complete decorating.

- **Recruit another Head and Neck Consultant Surgeon -** The recruitment of a second Head and Neck Consultant Surgeon will enable us to meet our workload in this area and ensure that we continue to successfully deliver against the cancer access targets for our local population.

- **Develop the Ophthalmology relocation proposal -** We will relocate Ophthalmology services to off-site premises to increase the space available to the service and improve access for patients.

- **Restructure the operating timetable -** After successful implementation of the initial phases of our Trauma and Orthopaedic (T&O) transformation plan in 2012/13, we are moving onto the final stage which is the restructure of the operating timetable to increase the number of consultant led elective lists. This will ensure that we are compliant with our 18 week waiting time target across all T&O subspecialties from Quarter 2 this year and improve the way in which we use our theatre sessions to ensure that we are using our theatre time as productively as possible.

- **Provide electronic theatre booking forms -** This year the focus of the theatre utilisation programme is on streamlining booking processes, and by the summer we will have completed the full roll out of the electronic booking forms and implemented pre-printed consent forms for the majority of our procedures. We are working closely with consultants to implement check points for their operating lists, and are continuing to work to ensure that daycase lists are booked so that we can be sure to only keep patients in overnight when clinically necessary. The good work started last year on eradicating late starts for theatre lists will continue with further improvement anticipated this year.

- **Expand bariatric surgery -** Our specialist bariatric surgery service continues to go from strength to strength, and this year we intend to work with the new commissioning partners to ensure that we are the first choice centre for patients in Anglia and West Midlands region, and continue to grow the business we attract from South Central and other neighbouring regions.

Medicine Division:

- **Further develop Cardiac Services -** Our Cardiac Catheterisation laboratory (Cath Lab) facility became operational in June 2012. With the appointment of a second interventional cardiologist we hope to gain BCIS accreditation to offer PCI (percutaneous coronary intervention) later in 2013.

- **Develop an integrated community cardiology service -** We are collaborating with Bedford Hospital to present a proposal to provide an integrated community cardiology service for patients in North and South Bedfordshire.

- **Further develop stroke services -** A range of enhanced services for stroke patients will be developed including hyper-acute and acute stroke and transient ischaemic attack (TIA) services. We have been authorised to become a specialist Hyper-Acute centre for stroke patients covering a wider catchment area including Milton Keynes.

- **Implement solutions to managing trauma patients -** In conjunction with the East of England and

appropriate London Trauma Networks we will devise and implement appropriate local solutions for the management of major trauma patients in the Luton and Bedfordshire area.

- **Continue the Human Factors Teamwork Project** – We will work across the Division to implement the learning from the project on the medical wards and develop plans to increase communication of the Human Factors work across to other Divisions. We will also formally evaluate the impact of the project in practice.

- **Further expand endoscopy** - A further expansion of our endoscopy unit to include three procedure rooms with additional professional staff will enable us to meet the increase in referrals resulting from the National Bowel Cancer Screening programme. This will also enable development of endoscopic ultrasound and endobronchial ultrasound procedures.

- **Develop an elderly frail unit** - The quality of care for older patients will be improved by the development of a frail elderly unit and an integrated model of care working across the interface between primary and secondary care.

- **Further improve respiratory services** - Our respiratory services continue to develop and we anticipate starting Endobronchial Ultrasound (EBUS) later in 2013. This will improve our lung cancer pathway, prevent transferring patients to Harefield and reduce the need for surgical mediastoscopy (a surgical procedure to examine the inside of the upper chest). Developing on site cardiopulmonary exercise testing will improve and streamline diagnostic pathways and will help direct post-operative patients to the most appropriate recovery unit.

- **Implement model of acute medical care** - A new model of acute medical care will be implemented from May 2013. This will provide greater consultant delivered care for all patients admitted to the medical and elderly wards. Fourteen hour on site consultant support will be delivered seven days a week enhancing patient care at the point of admission.

- **Open an ambulatory care unit** - The development of an ambulatory care unit, which will open in April 2013, will work alongside Hospital at Home nurses to avoid unnecessary hospital admissions and deliver care in the patient's home.

- **Employ new consultants** - Linked to the new model of care four new consultants who will be dual accredited will enable the development of new services such as infectious disease. This offers an exciting opportunity to provide much needed new services for our local population with these specific needs.

- **Initiate a Clinical Decisions Unit** - During 2013/14 we will expand our Emergency Department with the addition of a Clinical Decisions Unit (CDU). This facility, which will be discreet from the existing areas within the department, will be used to care for patients who require a period of observation before a decision to admit into the hospital is made, or patients who need to wait a period of time after the onset of symptoms before diagnostic tests can be carried out. By managing patients in this way we will reduce the number of admissions into the hospital and improve the experience for patients for whom a full hospital admission would be inappropriate.

Women's & Children's Division:

- **Open a new fertility unit** - The gynaecology service opened its new fertility unit in May 2013. This will allow patients to access this busy service in a private and discreet setting away from the main hospital site. The new fertility unit will offer satellite IVF treatment for the first time, in collaboration with Bourn Hall, Cambridge, a prestigious fertility centre. The service will offer care for NHS patients and private patients.

- **Develop a dedicated ambulatory gynaecology service** -
  The gynaecology service will also open a dedicated ambulatory care suite in women's health. This facility will open in July 2013, allowing the current colposcopy service to grow in line with the introduction of the national HPV screening programme. The ambulatory suite will allow up to 80% of the hysteroscopy procedures currently carried out in the main operating theatres to be offered to women in an ambulatory, clean room setting. This will enable more treatment to be delivered as a day case reducing the patients length of stay and recovery time. These procedures will be carried out in a new facility offering greater privacy, dignity and a more relaxed environment for women to be cared in. This is in line with national best practice. The ambulatory suite will also allow expansion within the urodynamic service, and will offer greater privacy for a variety of procedures.

- **Further develop community midwives access to IT** -
  April 2013 saw our team of 65 community midwives able to access information electronically and remotely. Over the last year the obstetric directorate have been working in close collaboration with IT, finance, information and private providers to work up an IT solution that will

enable our community team to move from a paper based system to an electronic system of data input and information retrieval. Community midwives will be supplied with tablet PC's, they will be the first in the UK to use this technology. For example, the tablets will allow access to email, protocols and data systems, thus aiding timely communication. Information for antenatal and postnatal women for whom the midwives are caring will be entered in real time, and will be available to hospital based staff immediately. The midwives will be able to retrieve up to date information and manage their cases whilst in the community. They will have instant access to email communication, and will have less need to return to the hospital, improving their efficiency. Allowing immediate access to test results, eliminates duplication in processes and allowing a more streamlined service to be offered to pregnant women.

- **Improve the birthing environment -** We will embark on some minor works to improve the birthing environment for women and their partners. This is a charity funded project that aims to provide improved privacy and dignity for women birthing on the unit.

- **Offer a fetal medicine service -** A fetal medicine service will be offered within the obstetric directorate. This specialist service prevents the requirement to refer women into London for specialist diagnostics and/or treatment. In some cases however a tertiary referral is required and the fetal medicine service work in partnership with Great Ormond Street Hospital (GOSH) to offer a comprehensive service. This year a specialist paediatric cardiologist from GOSH will offer a clinic at the L&D, this will allow most women with fetal medicine concerns to be cared for locally, closer to home, and only where necessary will women be referred into London for further treatment.

- **Provide enhanced antenatal service -** The midwifery team will offer an enhanced antenatal service to women and their partners, and will launch new aquanatal and hypnotherapy classes for women that wish to access enhanced services.

- **Further develop specialist paediatric services -** We will further develop our specialist paediatric services, including high dependency, endocrinology and gastroenterology care in collaboration with Great Ormond Street Hospital.

- **Improve parent's accommodation -** We have secured the support of charitable funds to develop parental accommodation utilising the Viridian accommodation enabling families with babies in neonatal care stay close to the unit.

- **Develop family centred pathways -** We will develop "Family centred" care nursery nurses that will improve the pathway of care on the neonatal unit.

- **Enhance telemedicine for diabetes -** Using the experience of the pilot we will further develop telemedicine for diabetes.

- **Provide more paediatric nurse training -** We will develop the extended nurse roles through training advanced paediatric nurse practitioners to enhance acute paediatric care.

- **Implement a Children's rapid response service -** We will roll out children's rapid response service in partnership with Luton community services to provide a seamless integrated care pathway to safely reduce reliance on ED and hospital services.

Diagnostics, Therapeutics & Outpatients Division:

- **Further develop CT services -** Our Imaging Services are planning to introduce CT Coronary Angiography (CTCA) services to the Trust over the course of this next year, providing expanded specialist diagnostic services to cardiac patients.

- **Improve the CT scanners -** The enhanced specification of the CT scanner will provide additional benefits to patients with a range of conditions, e.g. stroke.

- **Upgrade storage of radiology images -** Imaging's Picture Archive storage system will also be upgraded.

- **Develop links with networks –** Our Imaging Services will continue the development of links to establish a regional Vascular Intervention Radiology Service network with other local trusts.

- **Recruit more pharmacist and therapists -** We will be providing expanded 7-day services with plans to substantively recruit to pharmacy and therapy services to deliver weekend services sustainably to meet patient and divisional needs.

- **Upgrade equipment in the laboratories -** Pathology, as part of the transition to Consolidated Pathology Services (CPS) will be upgrading the clinical chemistry analysers in the Blood Science Laboratories.

- **Implement infection control point of care testing -** We are developing the Infection Control service with the implementation of Point of Care testing (POCT) for

MRSA, C-difficile and Norovirus to improve the early diagnosis and management of patients with infections and to facilitate improved bed management and infection control within the Trust.

- **Increase specialist services -** Haematology will be working to expand specialist services at L&D and links with UCLH in the treatment of patients with haemoglobinopathies and thalassaemia.

- **Implement electronic systems for prescribing -** Pharmacy will be implementing e-Prescribing across the Trust.

- **Appoint breast screening specialists -** Breast Screening will be appointing and training additional Breast Associate Specialists in order to ensure continuity and future proofing of the service.

- **Implement a new system of outpatients appointments -** Outpatients will be implementing new systems to improve patient appointment communications, information and attendance rates. Outpatients will be working closely with those involved in progressing improved Medical Productivity to help drive better efficiency and patient experience across the different Outpatient speciality areas.

Corporate

- **Implement a Hospital At Home team –** a new Hospital At home team started on 2nd April to enable some Medical and elderly care patients to receive treatment and observation at home instead of being admitted to hospital. The service has been supported initially by workforce development funding.

- **Further develop the Perfect Day work plans (putting the nurse back at the bedside) -** We will roll out the nurse back at the bedside model of care across Emergency Care, Medicine, DME and Surgery and support the embedding of the new operation using Human Factor team work principles.

- **Resolve the location issues of ITU and HDU -** We will explore the co-location of our High Dependency Unit (HDU) adjacent to our Intensive Care Unit (ITU).

- **Review the ward bed provision –** The re-configuring of beds is planned to provide a community hospital ward for those patients who no longer require an acute hospital bed but require assessment to ensure that they are managed in the appropriate setting outside of hospital.

- **Implement innovative ways to increase capacity of side rooms -** We will lease six infection control pods which will increase our side room capacity. This will enhance our infection control measures. The side rooms will fit into existing ward areas and will support our campaign to reduce the impact of Norovirus.

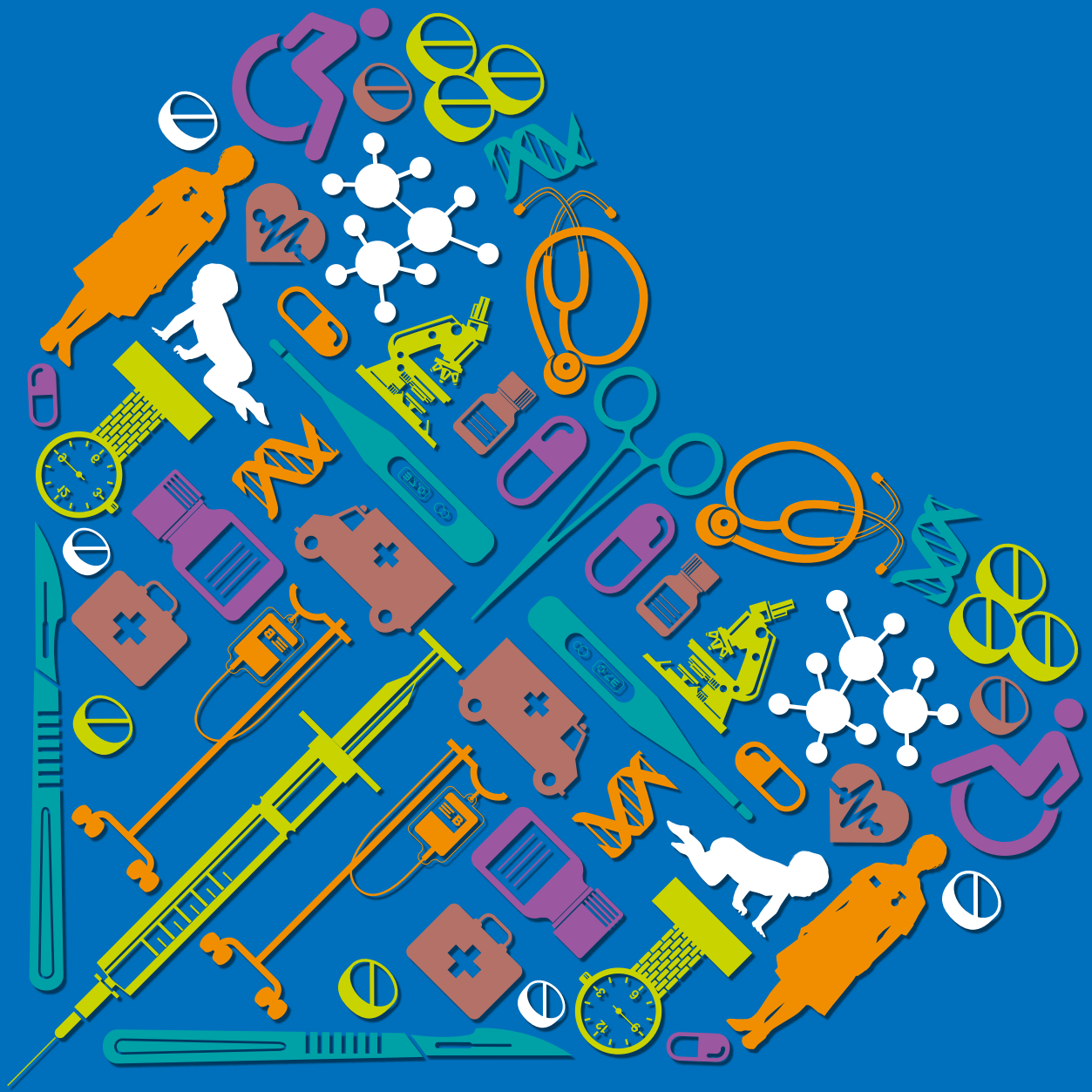
- **Initiate the first phase of the electronic patient record -** The launch and implementation of the first year of the new Information Management and Technology Strategy (IM&T) will enable an effective electronic patient record and an improved technical infrastructure.

- **Improve access to and contact with clinicians -** We will revise our urgent clinical communication process and begin to replace the bleep system, allowing much more ergonomic messaging involving targeted broadcast of voice, text and pre-set alerts messages to multiple devices controlled by clinicians.

- **Increase the provision in the Emergency Assessment Unit -** We are expanding the Emergency Assessment Unit and reconfiguring the surgical and medical short stay beds to enable us to ensure that patients are cared for in the right setting with minimal ward moves.

Operational performance report

Principal activities of the Trust	40
Review of operational performance	41
Quality	43
Research Performance	47
Staff Education Performance	48
Sustainability/climate change performance	50
Our Response to Feedback about our Performance	56



Principal activities of the Trust

The Luton and Dunstable Hospital NHS Foundation Trust is a medium size general hospital with approximately 641 inpatient beds. The hospital provides a comprehensive range of general medical and surgical services, including Emergency Department (ED) and maternity services for the people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 70,000 admitted patients, over 300,000 outpatients and ED attendees and we delivered over 5,100 babies.

We serve a diverse population most of which are the 210,000 people in Luton. Luton is an ethnically diverse town, with approximately 41% of the population from non-white British communities. Within this group there are significant Pakistani, Bangladeshi, Indian and African Caribbean communities. (Reference: Annual Public Health Report 2012/13). We celebrate the diversity of our population and are committed to ensuring that issues of Equality and Diversity have a high profile.

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

All inpatient services and most outpatient services are provided on the Luton and Dunstable Hospital site. The Trust provides community Musculo-skeletal services (MSK) at three locations across the catchment area and Chronic Obstructive Pulmonary Disease (COPD) and Diabetes services for South Bedfordshire.

The Trust has a strong and robust clinical management culture; all clinical services are managed by Divisional Directors, supported by Clinical Directors, General Managers and Senior Nurses.

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

During 2012/13 Divisional Directors, General Managers and Executive Directors met weekly in the Executive Board. Twice a month the Board reviewed the operational activities and discussed the strategic issues. The other Executive meetings were dedicated to the Clinical Operational Board and Seminars.

For detailed information on related parties see note 27 to the accounts

Review of operational performance

Key performance targets 2012/13

We assess our own operational performance against external national targets published by the Care Quality Commission (CQC), the Monitor Compliance Framework and other locally agreed contracts, with the support of external peer review and other external expertise.

Activity

During 2012/13 we consistently met the ED 4 hour national target monthly, despite ongoing challenges in terms of the volume of ED attendances and admissions continuing to rise. As, in previous years, the challenges in discharging patients into the community resulted in additional pressure and we worked intensively with colleagues in the health economy to identify solutions. We remain concerned about the availability of community services for some of our catchment population, particularly following a reduction in the availability of nursing home beds in Luton. The opening of a new community intermediate care facility in Houghton Regis during 2012/13 has assisted us in managing the challenge.

We met or exceeded national standards for patients not waiting more than 18 weeks for treatment from the point of referral. As with many acute providers the sub-specialisation of orthopaedic services which reduces our flexibility in managing the waiting list has been a significant challenge for us. Following the implementation of our intensive recovery programme, we have maintained the reduction in the backlog of patients waiting for treatment. We have achieved all cancer targets in all quarters of 2012/13 and forecast to be compliant through 2013/14.

Our performance on infection control has continued to be maintained with improvements in the number of hospital acquired Clostridium Difficile cases. We reported only two cases of MRSA Bacteraemia and 17 cases of Clostridium Difficile against a target of 31.

We responded to an increase in referrals following national screening campaigns by including additional clinical and diagnostic testing during evenings and weekend.

Earlier in 2012/13 we struggled to meet the stroke target of ensuring that 90% of patients spend 80% of their time on a stroke ward due to bed pressures. However, this position greatly improved towards the end of the year and we will be looking to maintain this as we develop its services to act as the hyper acute hub.

The diagram below summarises how our operational performance described above is interpreted against the national objectives by CQC and Monitor.

L&D Performance against CQC and Monitor Targets

	Threshold				
Total time in A&E - ✣4 hours (Whole site %)	95%	Q1	Q2	Q3	Q4
All cancers: 31-day wait for second or subsequent treatment (3), comprising either:					
Surgery	94%	Q1	Q2	Q3	Q4
anti cancer drug treatments	98%	Q1	Q2	Q3	Q4
radiotherapy	94%	N/A	N/A	N/A	N/A
Cancer: two week wait from referral to date first seen (7), comprising either:					
all cancers	93%	Q1	Q2	Q3	Q4
for symptomatic breast patients (cancer not initially suspected)	93%	Q1	Q2	Q3	Q4
All cancers: 31-day wait from diagnosis to first treatment (6)	96%	Q1	Q2	Q3	Q4
All cancers: 62-day wait for first treatment (4), comprising either:					
from urgent GP referral to treatment	85%	Q1	Q2	Q3	Q4
from consultant screening service referral	90%	Q1	Q2	Q3	Q4
Referral to treatment waiting times – non-admitted	95%	Q1	Q2	Q3	Q4
Referral to treatment waiting times – admitted	90%	Q1	Q2	Q3	Q4
Referral to treatment waiting times – Incomplete pathways	92%	Q1	Q2	Q3	Q4
Clostridium Difficile – meeting the Clostridium Difficile objective of no more than 31 cases/year	31	Q1	Q2	Q3	Q4
MRSA – meeting the MRSA objective of no more than 1 case/year	6	Q1	Q2	Q3	Q4

Achieved

Quality

CQC Performance

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

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

The Luton and Dunstable NHS Foundation Trust is fully registered with the CQC and its current registration is **Registration Without Conditions**.

No enforcement action has been taken against the Trust during the reporting period April 1st 2012 and 31st March 2013. The CQC assessed the Trust on the 18th June 2012 and assessed compliance against ten essential standards. Based on their comprehensive assessment undertaken over two days, the CQC were satisfied that the Trust is meeting all 10 of the essential standards of quality and safety that were assessed (Outcome 02 - Consent to care and treatment; Outcome 04 - Care and welfare of people who use services; Outcome 06 - Cooperating with other providers; Outcome 07 - Safeguarding people who use services from abuse; Outcome 08 - Cleanliness and infection control; Outcome 09 - Management of medicines; Outcome 13 – Staffing; Outcome 16 - Assessing and monitoring the quality of service provision; Outcome 20 - Notification of other incidents; Outcome 21 – Records).

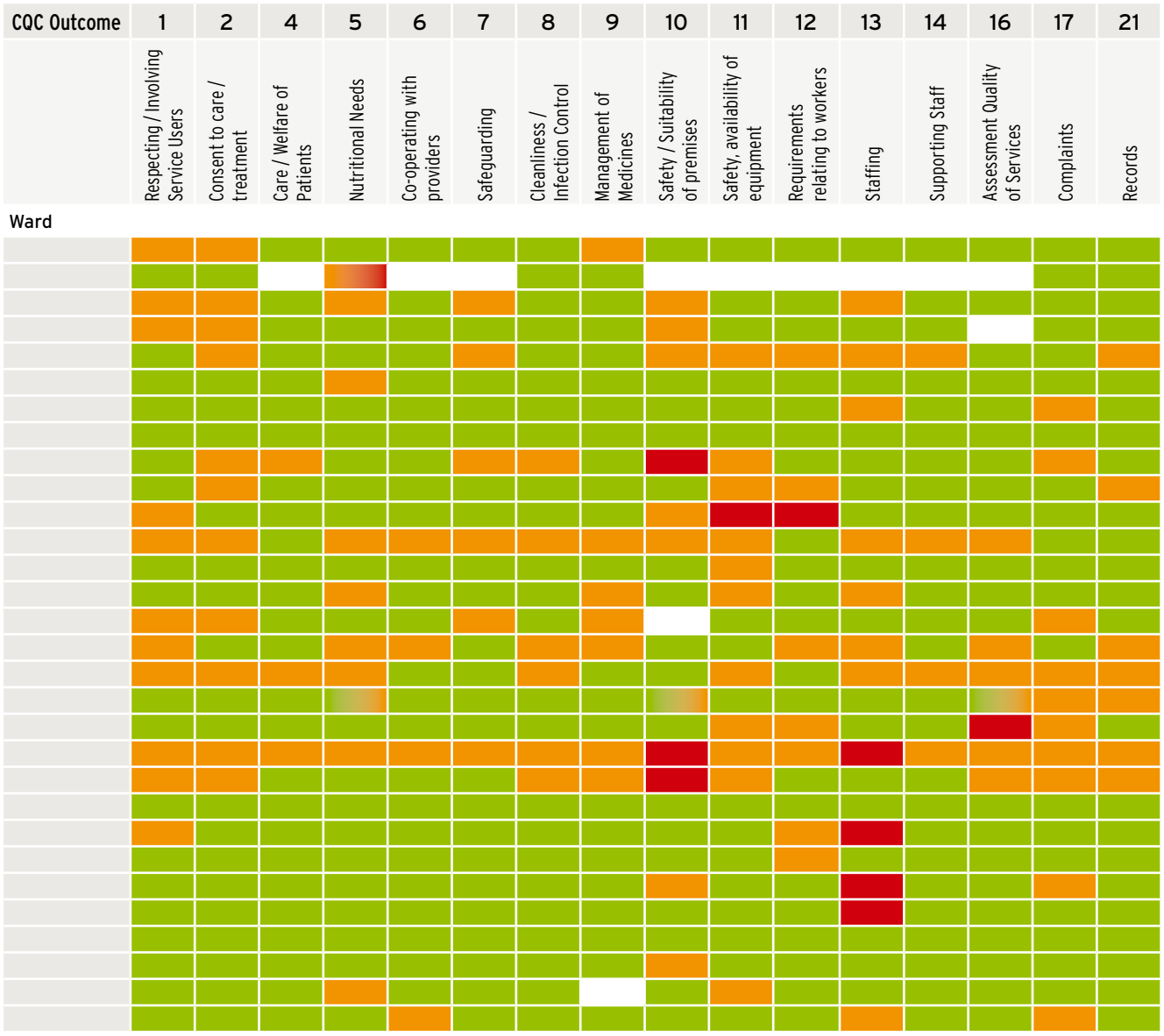
The CQC undertook a review as part of a targeted inspection programme of services that provide the regulated activity of terminations of pregnancy. The focus of their visit on the 21st March 2012 was to assess the use of the forms that are used to certify the grounds under which a termination of pregnancy may lawfully take place. The CQC published their findings in June 2012 and were judged to be fully compliant.

The Trust has not participated in special reviews or investigations by the CQC during the reporting period.

During 2011/12 a robust CQC self assessment programme was developed in order that all wards and clinical areas are supported in delivering performance against all 16 standards and implement corrective action in a timely manner. This has been shared and is used in a number of acute trusts within the East of England.

The self assessment tool is completed on a quarterly basis and reviewed by the Trust Executive and the Clinical Outcomes, Safety and Quality committee monthly. It is also discussed by the Board of Directors. An example of the self assessment tool is shown on the next page.

A demonstration of a self assessment (not L&D):



The assessment process is further enhanced by Executive and Non-Executive Directors participating in our 3 x 3 initiative. The 3 x 3 initiative requires them to spend 3 hours every 3 months in a clinical setting working with staff to review their performance against CQC standards.

We maintained NHS Litigation Authority Risk Management Standards Level 2 for the Trust and achieved Clinical Negligence Scheme for Trusts Standards for Maternity services at level 1 in October 2012.

Quality of Governance

We have ongoing monitoring of quality governance through the committee structure which is detailed in the Governance section of this report. Further information about how we review quality is contained within the Quality Account section of this report. Assurance in relation to our Assurance Framework and internal control is contained within our Annual Governance Statement.

Regulatory Performance Ratings

Monitor, which regulates all NHS Foundation Trusts, allocates risk ratings for each quarter against their risk of breach of authorisation as a Foundation Trust. The three risk ratings are:

1. Financial risk rating
(rated 1-5, where 1 represents the highest risk and 5 the lowest risk of breach of authorisation/regulatory concerns).

2. Governance risk rating
(rated red, amber or green regarding compliance with governance arrangements)

3. Mandatory goods and services
(rated red, amber or green regarding compliance with mandatory services).

The Compliance Framework performance assessment criteria that Monitor will apply in 2012/13 can be found at:

http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/browse-category/guidance-foundation-trusts/mandat-4

Further information related to the L&D can be found at: http://www.monitor-nhsft.gov.uk/home/about-nhs-foundation-trusts/nhs-foundation-trust-directory/luton-and-dunstable-hospital-nhs-fou

Summary of rating performance

1. Comparison between 2011/12 and 2012/13:

	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial risk rating*	3	3	4	3	3
Governance Risk Rating	Red	Red	Red	Amber/Red	Amber /Green

* Based on 2011/12 Monitor financial Risk Rating

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Financial risk rating	3	3	3	3	3
Governance Risk Rating	Green	Green	Green	Green	Green

2. Trust performance against national targets

National Target	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
CQC Action	No	No	No	No
Monitor override	No	No	No	No

We had no formal interventions.

Activity performance analysis

The table below identifies those areas where demand has changed by comparing the actual contracted activity to that planned.

Activity Type	Units	Actual* 2011/12	Plan* 2012/13	Forecast 2012/13	Plan 2013/14
Admitted Patients					
Elective PbR	Spells	28,097	30,201	30,257	31,438
Elective Non - PbR	Spells	130	61	61	52
Non Elective PbR - General & Acute PbR	Spells	29,302	26,750	31,730	30,785
Non Elective - PA Unit	Spells	1,201	1000	1,253	832
Non Elective - AA Unit	Spells	386	200	620	500
Non Elective Non-PbR	Spells	510	400	544	498
Total Admitted Patients	**Spells**	**59,626**	**58,612**	**64,465**	**64,105**
Outpatients					
Outpatient - 1st (PbR)	Attendances	82,774	74,922	79,756	74,396
Outpatient - Follow-ups (PbR)	Attendances	137,677	137,595	137,938	134,6333
Outpatient - Prodedures (PbR)	Attendances	19,906	22,606	27,873	28,991
Outpatient - Pre-assessment (PbR)	Attendances	10,153	10,423	8,853	10,004
Total Outpatients	**Attendances**	**250,510**	**245,546**	**254,420**	**248,024**
A&E	**Attendances**	**71,792**	**70,740**	**78,379**	**70,210**
Maternity Pathway					
Ante-Natal Pathway	Paients	6,336	6,200	6,207	6,207
Births	Births	5,312	5,200	5,260	5,264
Post Natal Pathway	Paients	5,250	5,200	5,260	5,633
Total Maternity Pathway		**16,898**	**16,600**	**16,727**	**17,104**
Critical Care					
Adult - Intensive Care	Bed Day	2,013	2,006	2,051	2,124
Adult - High Dependency Unit	Bed Day	2,450	2,248	2,301	2,350
Adult - Ward Based - High Dependency	Bed Day	1,322	1,446	1,235	1,266
Neonatal - Intensive	Bed Day	2,640	3,065	2,772	3,169
Neonatal - High Dependency	Bed Day	2,575	2,644	2,307	2,552
Neonatal - Special Care Babies	Bed Day	5,550	5,952	5,113	5,567
Neonatal - Transitional Care	Bed Day	926	1,382	1,176	1,242
Paediatric - High Dependency	Bed Day	1,788	1,553	1,760	1,674
Total Critical Care	**Bed Day**	**19,264**	**20,296**	**18,715**	**19,944**

* Rebased to reflect Maternity Payment Pathway

Pbr= Payment by results

In 2012-13 our commissioners anticipated substantial QIPP reductions. Despite their endeavours planned reductions on activity did not occur.

The Hospital performed well to accommodate this unplanned activity without compromising a range of national target indicators. However, this activity could not be provided within existing employed staffing levels, consequently the Hospital incurred substantial temporary staffing costs.

In 2013-14 commissioners once again plan a range of demand management initiatives designed to reduce pressure on the hospital. The hospital will need to carefully manage its own capacity and staffing levels to ensure that services are provided efficiently and effectively.

Research Performance

The Operating Framework for the NHS in England 2009/10 stated:-

'High Quality Care for All made it clear that innovation must be central to the NHS if we are to improve constantly the quality of care. To achieve this, the NHS must play its full part in supporting health research. NHS trusts and NHS foundation trusts have a statutory duty to support education and training. All providers of NHS care will need to increase their participation in research. The national ambition is to double the number of patients taking part in clinical trials and other well-designed research studies within five years'.

and The Operating Framework for the NHS in England 2012/13 states:

'The promotion and conduct of research continues to be a core NHS function and continued commitment to research is vital if we are to address future challenges. Further action is needed to embed a culture that encourages and values research throughout the NHS'.

Clinical excellence at the L&D requires high quality research and a robust evidence base. Our overall aim is to undertake high quality research that will address issues of concern to the population of Luton and South Bedfordshire and surrounding areas and to the NHS as a whole.

This research leads to improvements in health care and in the health and wellbeing of the local community. It contributes to the realisation of the objectives described in the Patient Experience initiatives since research provides the evidence that contributes to patient safety whilst providing a 'gold standard' reference.

Our research strategy emphasises strengthening research through collaboration with the Department of Health funded UK Clinical Research Network (UKCRN), National Institute for Health Research (NIHR), Topic Specific Research Networks (x7*), Comprehensive Local Research Networks (CLRNs), local Primary Care Health Trusts / Clinical Commissioning Groups and Academic links.

Currently we are a member of the West Anglia Comprehensive Local Research Network (CLRN). This CLRN is part of the Clinical Research Network, which is part of the NIHR. However, the organisational structure of the Clinical Research Network is currently going through transition and a Transition Plan has the 'green light' to be implemented by April 2014. The Plan involves different parts of the Clinical Research Network being brought together to form a more integrated and flexible organisation. Their remit remains the same i.e. to provide researchers with the practical support they need to make clinical studies happen in the NHS and increase research across England. Our Research and Development Department has the remit of ensuring that Research Management and Governance matters are complied with whilst approving and supervising clinical research in the Trust.

This practical support includes:

- Reducing the "red-tape" around setting up a study.
- Funding the people and facilities needed to carry out research "on the ground" so research activity does not drain core NHS resources.
- Helping researchers to identify suitable NHS sites to recruit patients to take part in research studies.
- Advising researchers on how to make their study "work" in the NHS environment.

39.5% of our Consultants are currently involved in 115 active research studies.

* Cancer, Dementia & Neurodegerative Diseases (DeNDRoN), Diabetes, Medicines for Children, Mental Health, Stroke, Primary Care

Staff Education Performance

University Hospital status is now embedded in the hospital, and has extended medical student training to new areas. This has enhanced the development of training skills in junior doctors, and we continue to work with University College London Hospital to further develop the programme.

The delivery of Postgraduate Education has been formally assessed by the Deanery Performance and Quality Review (February 2013) with a successful outcome, supporting the high standards of training, the educational leadership and the Trust Board's support through the Division of Medical Education and Research. Most important is the feedback given by the trainees to the Dean that they would recommend the Trust to colleagues as a place for training which reflects the enthusiasm and training expertise of the trainers.

We are working to extend the lessons learnt from the implementation of the new Division of Medical Education and Research to create a Division of Clinical Teaching and Research, encompassing all training and development activities. With the Board's support this will start in shadow form in April 2013. As well as the performance management process for training this will ensure that the developmental work deriving from feedback from regulators, patients and other stakeholders will be formally managed within the Trust, always focussed on patient experience including safety and outcomes. The new division will include formal management of statutory, mandatory and regulator specified training, and a workforce unit to support service changes. The core activity will be the identification of training and development needs with the clinical divisions and provision of bespoke solutions. This will range from the up skilling and accreditations of HCAs to establishing new activities at tertiary care level, and ensure that both nonmedical and medical training is fully monitored and supported.

Research continues to thrive and work is ongoing with our three partner universities through the Bedfordshire and Hertfordshire Postgraduate Medical School, the Academic Health Sciences network and UCLH through UCL partners to take this to a new level.

Pre-Registration Education for Nurses and Midwives: We continue to provide placements for pre-registration students and undergo a yearly qualitative and quantitative assessment through the Performance and Quality Assurance Framework, monitored quarterly against an action plan to ensure continuous improvement.

Appraisal and Personal Development Plans: The current appraisal system has been in place for the last two years and is seen as a valuable developmental tool for staff as well an effective way of reviewing individual performance. The new system continues to be externally audited and we now aim to further strengthen the links between performance and incremental progression in line with national amendments to Agenda for Change agreed from April 2013.

Personal and Continuous Professional Development and Training

All staff are able to access education and training in the Centre of Multi-Professional Education and Training (COMET) which has a lecture theatre, seminar rooms, clinical device training rooms, a room with computers and library facilities. In addition, we run training in other venues around the hospital, as required, and sometimes hire external premises for seminars and team development events.

We ask all service managers to contribute to a training needs analysis annually which then feeds into our bid for regional funds for Continuing Professional Development. This also complements discussions at appraisal when individual personal development plans should be produced with each member of staff. Towards the end of each calendar year, we publish a comprehensive training brochure which covers a wide range of programmes include statutory training; health and safety, clinical skills, leadership and management development, communication skills and IT training.

We work closely with clinical leads to ensure that updates in knowledge and skills are incorporated into the education and training that we offer. We consider that it is our role to support improvements in patient care through the development of staff competency.

In recognition of the national move towards a more blended approach to learning providing increased flexibility that does not always require staff to attend classroom-based training, we have access to an excellent resource for leadership and management development through the Ashridge Business School. All staff can access the Virtual Ashridge website through the Intranet where there is a comprehensive range of materials in a variety of formats including ground-breaking research in the field of leadership.

To ensure that registered staff continue to update their knowledge and skills, 157 staff have attended higher education modules at three universities contracted to deliver courses through the Local Education and

Training Board. In addition, 32 staff have attended a number of specialised courses linked to their professional development for the benefit of patients.

185 trainee or foundation year doctors accessed their Royal College curricula or Preparation for Practice programme which includes clinical assessments in either advanced or intermediate life support as well as a wide range of clinical procedures.

We continue to focus on providing staff with the opportunity to complete the European Computer Driving Licence (ECDL) with 9 completions at Level 1 and 7 completions at Level 2. There have been 32 new entrants indicating the continuing importance of supporting staff to develop their computer competencies.

We have substantially increased the interest in and uptake of qualifications for Bands 1 – 4 with 122 learners enrolled to an Apprenticeship in the last year. In addition to Team Leading, Business Administration and Customer Service, we have Health Care Assistants enrolled on a specialist healthcare qualification and catering staff starting a Hospitality Apprenticeship. The provision of Apprenticeships benefits staff that may not have been given educational opportunities previously.

We are also pleased to be engaged in a ground-breaking programme called 'Apprenticeship Steps' offering a group of adults with learning disabilities the opportunity to develop their work-based skills in partnership with Luton Borough Council. Following an intensive skills development programme, the participants will undertake a placement for 6 hours a week in the Trust.

Outpatient staff have completed customer care NVQ's as part of the outpatient transformation programme.

Leadership and Clinical Leaders Programme

There have been a range of external leadership, management and coaching programmes available through the NHS Leadership Academy. We have been successful in sending a number of staff including senior managers and clinicians onto national programmes, which has had a positive impact on the Trust's ability to manage change and improve services.

The programmes included 'Aspiring Senior Leaders', 'Developing Change Leaders', 'Provider Excellence', 'Black and Minority Ethnic Leadership' and Institute of Leadership and Management Coaching programmes at Levels 5 and 7. We continue to actively participate in current and future leadership and management development. The Leadership Academy has launched a comprehensive suite of core programmes aimed at those in or aspiring to leadership roles at all levels in health, the public health system and those working in NHS funded care. We have promoted the programmes internally using an NHS talent management tool to aid the discussion and anticipate a good level of participation across professional groups.

As discussed the implementation of the Clinical Divisional Structures and the focus on clinical leadership in recent years, has led to a significant increase in clinicians being appointed to management positions, We have committed to provide high quality learning and development opportunities to support these roles.

We are now delivering a high-quality programme for Clinical and Divisional Directors with expert national speakers. The topics have been identified following an in-depth discussion with the participants to ensure that it matches their interests and meets professional development needs.

Sustainability/climate change performance

The Department of Health and Monitor require NHS Trusts, PCTs and SHAs to produce a Sustainability Report (SR) as part of their Annual Report. We are disclosing our sustainability and environmental performance via annual reports and accounts for the 5th year.

Summary of Performance

We have a Board approved, up-to-date Sustainable Development Management Plan (SDMP) to ensure that we fulfil our commitment to conducting all aspects of our activities with due consideration to sustainability, whilst providing high quality patient care.

The Carbon Management Plan (CMP) was published in May 2012 which underpinned commitments made in the SDMP by identifying realistic carbon reduction opportunities and prioritising them into a 5 year programme. In the first year investment of £140k was approved into 3 energy efficiency project identified in the CMP.

Our Director of Business Development is the Executive Lead for Sustainability. A new Non-Executive Director took over as Sustainability Champion following the retirement of the previous post holder in July 2012. Our Sustainability Officer undertakes day-to-day execution of the sustainability agenda within the Trust.

The Active Travel Plan was approved by the Board in July 2012, which underpinned our commitment to improve the accessibility of the site and the responsibility to reduce our greenhouse gas emissions and a sustainable transport policy.

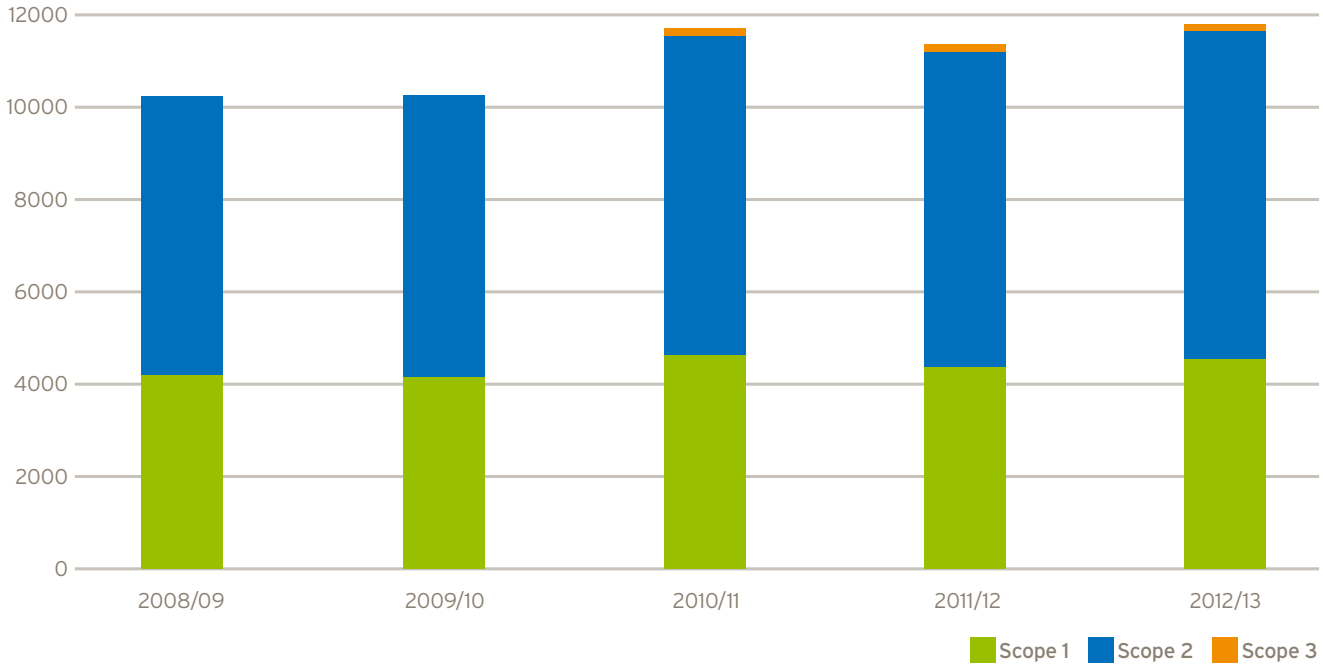
Summary of Future Strategy

As discussed, we are currently developing our hospital re-development programme and the Strategy will be to make the best use of low-carbon technologies.

Detailed Performance

Greenhouse Gas (GHG) Emissions	2008/09	2009/10	2010/11	2011/12	2012/13
Non-Financial Indicators (tCO2e)					
Gas	4,188	4,153	4,603	4,353	4,529
Gas Oil	not reported	not reported	9	17	12
Owned vehicles	not reported	not reported	8	8 (est.)	9
Total Scope 1 (Direct)	**4,188**	**4,153**	**4,620**	**4,370**	**4,550**
Purchased Electricity	6,049	6,106	6,925	6,816	7,078
Total Scope 2 (Energy Indirect)	**6,049**	**6,106**	**6,925**	**6,816**	**7,078**
Official Business Travel Emissions	not reported	not reported	162	173	178
Total Scope 3 Indirect GHG Emissions	not reported	not reported	162	173	178
Total GHG Emissions	**10,202**	**10,259**	**11,707**	**11,359**	**11,801**
Related Energy Consumption (million kWh)					
Gas	20.6	20.4	22.3	21.4	24.5
Purchased Electricity	11.1	11.2	12.8	12.5	13.6
Financial data (£k)					
Gas	793	518	542	641	785
Gas Oil	not reported	not reported	2	4	3
Owned vehicles	not reported	not reported	4	4 (est.)	2
Purchased Electricity	1229	994	977	1,126	1,218
Official Business Travel	not reported	not reported	215	204	255
Total cost	**2,022**	**1,512**	**1,740**	**1,979**	**2,263**

Graphical analysis (Scope 1, 2 and 3 Greenhouse Gas Emissions in tCO_2e)



Commentary

The main impacts for the Trust are in its electricity and gas consumption.

Our total energy consumption has risen in 2012-13 by 7% and total energy costs have increased by 17%.

Gas consumption is above last year consumption by 14%, which can be explained by colder weather than is seasonally normal in the UK. Degree Days (DD) are a measure of how much (in degrees), and for how long (in days), the outside air temperature was below a certain level (below 18.5oC in case of a hospital). Degree Days are commonly used in calculations relating to the energy consumption required to heat buildings. Cold weather understandably pushes up demand for gas for heating. In 2012/13 there were 651 Degree Days more than in 2011/12.

Year	2010/11	2011/12	2012/13
Degree Days	3295	2901	3560

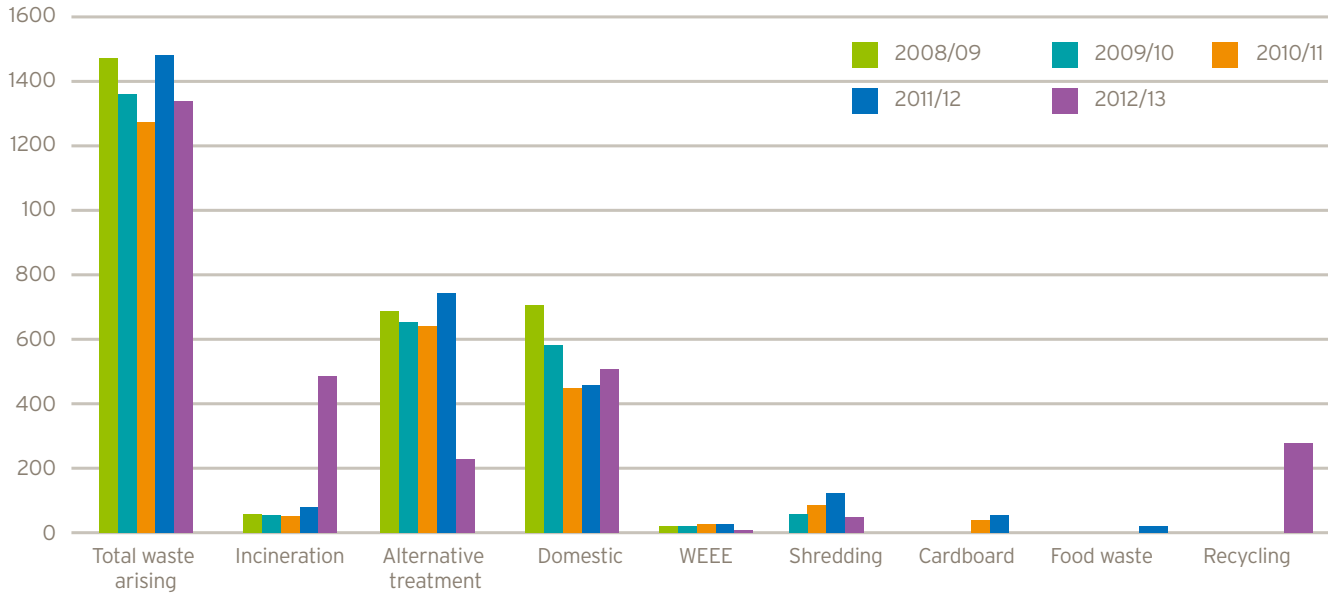
Electricity consumption is 12% above last year consumption, which can be attributed to a higher level of activity on site (e.g. three systems working in theatres and endoscopy), supplemented by introduction of new services & buildings:

- Introduction of 'all electric' Eye Day Surgery Unit (April 2011) and Vanguard Unit (November 2011).
- Opening of Cath Lab (April 2012), adding approximately 2% to site consumption.

Gross expenditure on the CRC Energy Efficiency Scheme to cover emissions generated in 2012/13 is estimated to be £120k

Waste	2008/09	2009/10	2010/11	2011/12	2012/13
Non- financial indicators (tonnes)					
Total waste arising	1465	1351	1271	1472	1333
Incineration	55	50	48	75	480
Alternative treatment	683	652	639	734	228
Domestic	708	575	443	453	507
WEEE	19	20	25	26	7
Shredding	not reported	54	80	116	47
Cardboard	not reported	not reported	36	50	n/a
Food waste	not reported	not reported	not reported	18	n/a
Recycling	-	-	-	-	273
Financial Indicators (£k)					
Total waste arising	353	350	347	364	64
Incineration	50	46	46	57	433
Alternative treatment	not reported	226	238	234	190
Domestic	not reported	not reported	41	46	105
WEEE	not reported	9	9	8	57
Shredding	not reported	not reported	14	18	0
Cardboard	not reported	not reported	5	5	16
Food waste	not reported	not reported	not reported	4	n/a
Recycling	-	-	-	-	0

Graphical analysis (Waste volumes in tonnes and disposal routes)



Commentary

In 2012/13 we generated 139 tonnes of waste less than in a previous year.

Comparing to last years figures the incineration and the alternative treatment tonnage changed significantly. This is because more of our waste goes now to the Redditch Plant which is an incinerator in Worcestershire as oppose to an alternative treatment plant in Rochester. This was implemented from a logistic point of view: less carbon emission generated from travel.

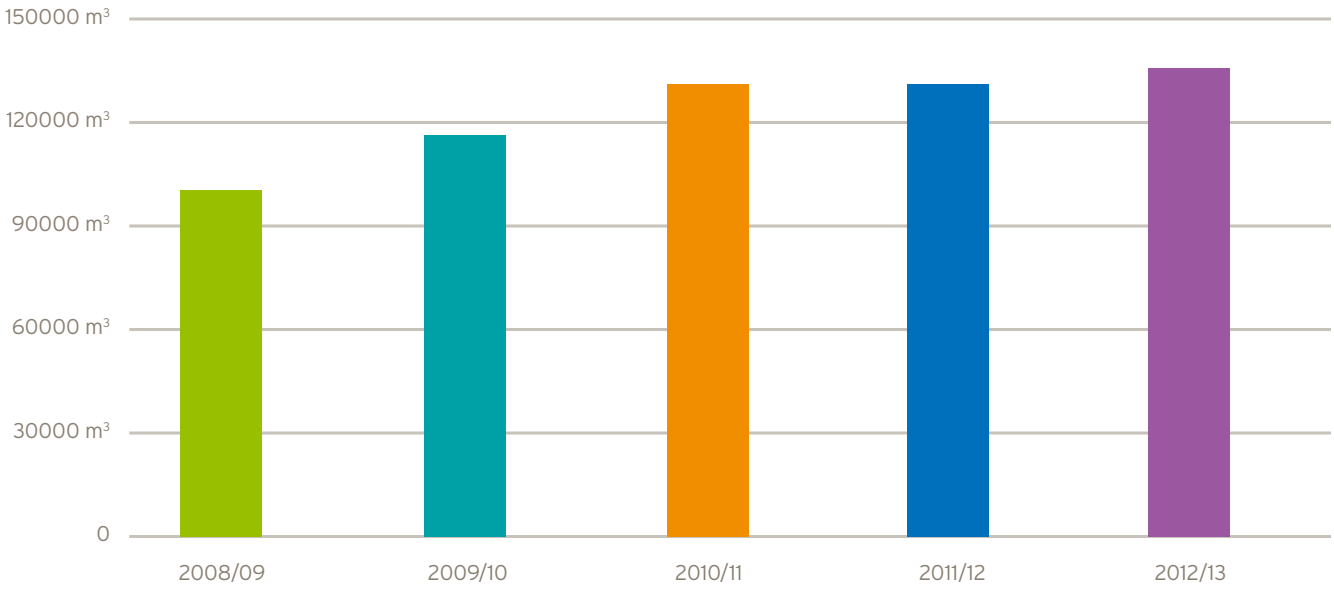
The cardboard figures are no longer reported separately.

The trust has a mixed co-mingled recycling waste stream, which includes the cardboard collection.
Food waste collections discontinued in 2012/13 as we installed Waste-2-Water food waste digesters. Biodegradable food waste, including fats, oils and greases (FOGs) are turned into grey water which is sent straight to the drain.

In March 2012 we launched recycling programme in the Trust and we came up with a waste and recycling awareness programme that would capture the imagination. The L&D school room in the Paediatric Ward was set a challenge to create festive decorations to be put on the large Christmas tree outside the L&D Main Entrance. They were asked to make use of waste materials where possible. Staff contributed items we collected an interesting assortment of everyday objects such as yoghurt pots, unwanted CD's and DVDs, plastic carrier's bags, shower hoses, extractor fan casings, pizzas bases, bubble wrap, yarn cones and many more quirky things. Paediatric Ward patients and their family members transformed these items by decorating them into Christmas tree decorations. Using materials considered as waste to create works of art – Christmas decorations – had a twin benefits of keeping waste out of landfill and saving money on buying new items.

Finite Resource Consumption	2008/09	2009/10	2010/11	2011/12	2012/13
Non- financial indicators (m^3)					
Water consumption	100,547	116,241	131,238	131,080	135,739
Financial Indicators (£k)					
Water supply costs	155	151	176	172	187

Graphical analysis (Water usage)



Commentary

We have reduced our water consumption by 18% in the second year of the AquaFund grant scheme. Consumption has been reduced by over 13,000m^3 which equates to over £16k in savings on the Trusts annual water bill. Along with cost and consumption the Trust has also reduced its carbon output by 5 tonnes CO_2.

5 sub-meters have been installed across the Trust site which have Automated Meter Reading (AMR) on them. This has allowed further visibility on their water usage, as the AMR meters allow a measure of consumption in 'real-time' ensuring that any jumps or anomalies in consumption are spotted and remedied quickly, ensuring against costly leaks.

A further AMR unit has been installed at the St Marys wing meter, as the bills were showing increasing consumption. Once the AMR unit was installed a large leak was detected which is currently in the process of being fixed.

Two further leaks which were found on the main supply have been fixed and substantial rebates achieved for one of the leaks, the other rebate being still in progress.

Further implementations under consideration in 2013 are: -

- A borehole installation feasibility study has been completed and its looks though it is likely that the site may be suitable
- Installation of recycling plants to renal unit
- Installation of water saving taps provided we can obtain clearance from the Infection Control Team
- Tariff analysis based on recent sub metering. If achieved, it will ensure that the site is compliant to particular environmental legislation as well as further reducing costs for the Trust.

Since joining the AquaFund the Trust has helped improve the lives of more than 293,000 people around the world by helping charity WaterAid bring clean and safe water to those in poverty. In 2013 WaterAid is helping people in Tanzania, the project will finish in December 2013

Sustainable Transport

The Travel Plan was approved in July 2012. The implementation of the plan will bring about a reduction in car travel through an increase in the proportion of site users travelling by sustainable modes, including walking, cycling, public transport and car sharing. This will:

- Help reduce adverse impacts of car use on the local environment and the local community by reducing the need for staff, patients and visitors to travel to the site by single occupancy vehicle and use more sustainable modes instead.
- Relieve pressures on the on-site car parks for both staff and visitors.
- Increase the accessibility of the hospital to those who do not own a car, or would prefer not to travel by car.
- Encourage a healthier lifestyle through increasing the levels of active travel.
- Reduce the carbon emissions related to the hospital.

The headline target for the travel plan is to achieve a 15% modal shift away from single occupancy vehicle use and towards sustainable modes over the next 5 years. A voluntary target has also been set to achieve a 5% modal shift away from the car amongst patients and visitors.

In 2012/13 we continued providing the following initiatives to staff:

- Tax free bikes scheme.
- Incentives for cyclists during the Bike Week.
- Private car share scheme for employees.
- Discounted bus fares for staff.

Partnership Working for Sustainability

In 2012-13 we also worked closely with the local authorities to promote sustainable travel. The hospital has taken part in the Travel Luton workplace support package, gaining numerous benefits for staff and visitors to the site as a result. Travel Luton has helped to improve the infrastructure for sustainable travel to and from the hospital by installing cycle parking facilities for staff and visitors. This has helped to reduce the demand for car parking as the hospital has limited car parking facilities and what is available is expensive to maintain. Travel Luton advisers have also spoken to staff about their travel options to promote and encourage sustainable travel to and from work to improve health, save on the stress of parking and to save money.

Action that has been taken includes:

- **Cycle parking facilities for staff and visitors:** Travel Luton installed cycle parking which has greatly improved the facilities for cyclists at the site. This helped to address areas where bikes were previously just chained to railings or left unattended and so by improving security and providing better options for cycling, there have been more cyclists to the hospital as a result.
- **Dr Bike clinics:** Travel Luton provided free Bicycle Health Checks on four separate occasions. The clinics were delivered by qualified City & Guilds Bike Mechanics.
- **Workplace journey planning for staff:** Travel Luton advisers held information stalls at the hospital on four separate occasions to engage with staff about their travel patterns to and from work. Through this the advisers spoke to over 400 employees offering information and advice as well as incentives for sustainable travel such as bike locks and pedometers.
- **Car sharing promotion:** Travel Luton also helped to promote the L&D Hospital car sharing site available for staff and visitors. Travel Advisers were available to promote the benefits of the scheme as well as sign people up to the site there and then. After this promotion, membership of the L&D car sharing site increased by almost 20%.
- **Smarter Driving Sessions:** Staff were offered smarter driving sessions saving on average £313 per year on cost of petrol and 550kg CO2.
- **Luton Commuter Challenge:** Team L&D participated in the Commuter Challenge and won in the category of the team that cycled the most;
- **Installed electric cars charging point;**
- **Printed promotional materials:** An induction leaflet was prepared and printed providing staff with information about different transport options such as car sharing, public transport, walking and cycling.

Sustainable Procurement including Food

Where possible separate purchase requirements sourced with the same supplier are combined to reduce the number of deliveries required. We continue to work with NHS Supply Chain, which provides the Trust with our high usage items to ensure deliveries are consolidated so their daily deliveries can be made using just one vehicle per day and weekly volumes are balanced so as to provide as near a full vehicle load as practical. Although specific products are individually packaged reusable containers are used to deliver multiple products to end user points.

The procurement department is also encouraged to use telephone conferencing in an effort to reduce the need for people to travel to meetings. We have arrangements in place for the recycling of printer toners & cartridges, electronic products and all shredded paper.

Sustainable Construction

Inclusion of low energy technologies and improvements to landscaping are considered in all refurbishment and new build schemes where appropriate.

The following measures were included in Capital Projects schemes:-

- Infrared lighting controls to stores and small rooms and LED lighting to corridors: Cardiac Cath Lab, Outpatients Zone C, Endoscopy, Maternity Public Corridors
- New LED Lighting & new timer and light level controls: Farringdon Fields Car Park, Theatres 1 to 6.

Carbon Management Plan implementation

In the Carbon Management Plan, adopted in April 2012, the Trust committed to a target of reducing CO_2 by 30% by 2016 from a baseline year of 2010. Capital investment of £140k was approved in the first delivery year to implement three energy efficiency projects as identified in the CMP:

- Lighting upgrade – installation of LED internal lighting, including controls package (day light dimming, movement detectors).
- Installation of variable speed drives on the main motors and pumps throughout the site.
- Various plant room insulation improvements - repairs to existing insulation, valve and flanges insulation.

These projects had a combined payback period of 2.5 years and reduce our carbon emissions by 596 tCO_2 (17% of the reduction target).

Our Response to Feedback about our Performance

We receive feedback from many sources throughout the year and we take action to improve where necessary as described below. Sources include patient experience call centre, local and national surveys, complaints, regulators and commissioners.

- In response to the inpatient survey in 2012, we set up the Patients Experience Call Centre.
- We refurbished Zone C of the outpatients department following the outpatient survey report in 2011 and our ongoing transformational programme for outpatients
- During 2011/12 the Health and Safety Executive (HSE) raised concerns regarding the overall robustness of our arrangements for overseeing Health and Safety provision. As a response, a new Health and Safety Manager was appointed at the beginning of 2012/13 and a programme of improvement was completed leading to the removal of the concerns from the HSE.
- We have revitalised the Patient Experience Group during the year to enable the group to focus on feedback from patients and current quality improvement work so that they may identify any gaps in improvement activity that need to be addressed.
- Following feedback from the Quality Assurance Accreditation for Colposcopy, we have invested a significant capital sum in new accommodation for the service.

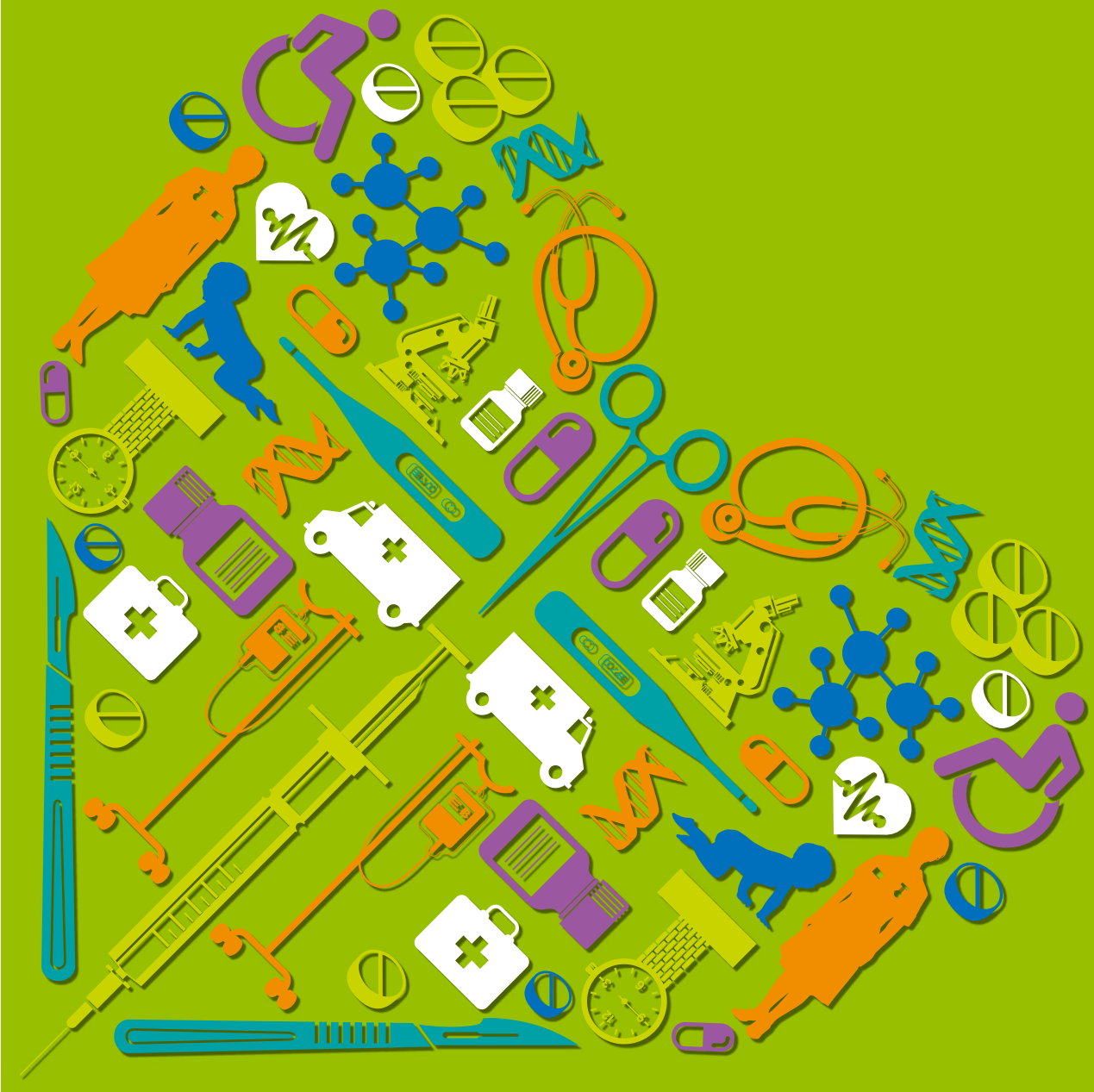
Our patients, our staff and our partners

Our Patients 58

Our Staff 60

Equality and Diversity 68

Working with our partners 72



Our Patients

Understanding and improving how patients experience their care is a key priority for us in order to deliver high quality clinical care. Efficient processes and good clinical outcomes are critical components of a patient's experience but these alone are not enough to achieve an excellent experience. Experience is also determined by the physical environment patients are in and how they feel about the care they receive, including the way staff interact and communicate with them.

We believe that improving the experience of all patients starts by treating them as individuals, ensuring they receive the right care at the right time in the right way.

One of the key aims of the Patient Experience Strategy is to empower patients, members of the public and staff to work in partnership to improve the patients' experience. The power of patient and public involvement has been used proactively to reshape some of our services and during 2012/13 we have achieved this in a number of ways:

Patient Experience Call Centre

In August 2012 we set up the patient experience call centre so that we could phone patients the day after they leave hospital to ask them about their experience of our care and services. Clinical and non-clinical staff are encouraged and supported to participate in making these calls so that they can hear feedback from patients first hand. The Centre has been a success and provides wards, divisions and departments with clear and comprehensive feedback to inform action planning about what works well and what needs to be improved. We are already seeing improvements directly related to the feedback obtained.

Local Involvement Networks (LINks)

We continued to work closely with Luton LINk and Central Bedfordshire LINk to give communities a stronger voice on how health and social care services are delivered in this area.

We are actively involved with both groups providing regular updates on Trust business, seeking their opinions on future changes to services and addressing any concerns raised.

Patient Experience Group

The Patient Experience Group was made up of both staff and patients. The purpose of the group is to link members of the local community to our Patient Experience Strategy so that public and staff can work in partnership to improve patient experience. The group reviews feedback results from patients and families and from staff engaged in patient experience improvement work to ensure that matters of importance to patients and families are being addressed.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service remains an integral part of the hospital, encouraging patients and the public to share their views and helping them with any concerns they may have as well as arranging for interpreters for patients whose first language is not English.

Listening to Patient Concerns

We treat all complaints seriously and ensure they are handled in accordance with the Health and Social Care Complaints Regulations. During the reporting period, we received 601 formal complaints. A breakdown of complaints (by month, by category) is contained within the Quality Account.

All complaints were thoroughly investigated by the General Manager for the appropriate division involved and a full and honest response letter was sent to the complainant. In 43% of cases complaints were responded to within the agreed response time.

The majority of our complaints were resolved at local resolution level; however, 5 complainants asked the Parliamentary and Health Service Ombudsman to review their complaints. Following the Case Manager's Assessment (the first stage of the process) the Ombudsman declined to investigate one complaint; one complaint is currently being investigated by the Ombudsman and three are still under consideration.

The data collated throughout the year highlights that whilst we must improve the timeliness of its complaint responses, the quality of the investigations being carried out, and the standard of those responses, is very high. In February 2013 detailed analysis of the factors impacting upon response times was completed and a new system of working implemented.

As a result of the concerns raised by patients or relatives through the complaints process improvements have been made – for example:

- The stroke unit has purchased enhanced shower equipment to allow patients with poor trunk control to enjoy full shower facilities
- A&E have employed a ward hostess to ensure patients waiting to be seen do not miss meals
- A new system of nursing care will be introduced to enable nurses to spend more time at the bedside by streamlining the documentation process.

Patients' Stories

During the year, carers and relatives had an opportunity to tell the story of the care their relative or friend has received to the Board of Directors, describing the patient's experience and suggesting improvements. It has proved extremely valuable to hear their experience directly. The Chief Executive and the Chairman have also met with a number of complainants directly to listen to what they have to say regarding their experiences and their ideas on how services can be improved.

Compliments

During the reporting period we received over 3000 compliments which, if not received directly by the staff or service, are cascaded to the staff and/or service involved by their respective manager.

Below are some extracts from compliment letters received recently:

"We would like you to know that we are grateful for the care and empathy all staff at Ward 16 showed during the passing of our husband, father and father-in-law ... It was in no small part due to their professionalism and excellent care that what could have been the most horrible experience, was in our opinion a respectful and dignified passing ... We as the relatives felt supported and respected, which we are sure has made the grieving for his death that little bit easier."

"I have a nursing and midwifery background (now retired) and watched my husband's progress and treatment with a keen eye. However, I was overwhelmed by the professionalism of your staff and the caring attitude of all personnel from the consultants to the tea ladies and gents, all of whom were friendly, informative and polite. May I also compliment you on the cleanliness of all four departments/ward... Would you please pass my thanks to the A&E Dept., Ward 4, HDU and Ward 11."

"...I cannot speak highly enough of all the staff I had dealings with and the care that the gave me: the admission staff, doctors, nurses, operating theatre staff, physiotherapists and auxiliary staff... I must say that the treatment and care that I have received from the L&D cannot be faulted. Having to attend hospital or be confined as an inpatient can be quite a traumatic experience but I must say that the dedicated, helpful, and cheerful staff I have encountered almost made it a pleasure to be a patient. From my experience I can quite confidently tell people that we can be proud of our local hospital."

"I am writing to say how hugely impressed I have been with the quality of service and work that I have received from your hospital...I was particularly impressed by two things: First the courtesy and professionalism of all your staff... Second, the way in which your medical staff on the day clearly worked as a team of colleagues to make my stay happy, safe and productive. It is something of a cliché but it is also true that nothing was too much trouble for them... I regard your hospital, and all the staff I have dealt with there, as shining gems."

Our Staff

Our 3,400 staff continue to be our most valuable asset when it comes to delivering a high quality, safe and efficient service to the patients we serve. Therefore, we must continue the drive to ensure that we have the right staffing levels, together with ensuring that we have a skilled, motivated and appropriately rewarded workforce. We understand that in order to achieve this it is necessary for us to invest in our staff and during 2012/13 one of our key corporate objectives focussed on developing staff to maximise their potential.

The ninth National Staff survey was undertaken between September and December 2012. All Trusts are required to participate in the survey using a random sample of staff and the data gleaned is used by the CQC for benchmark reports across all NHS Acute Trusts. Although an overview of the survey results is included in the Statutory Information section of the report, the feedback from our staff is that when it comes to staff engagement we were above average, with a score of 3.77 (on a scale of 1-5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged), when compared with Trusts of a similar type. An overview of the survey is included in the Statutory Information section of this report.

Providing Staff with Rewarding Jobs

Recruitment:
During 2012/13 **787** adverts were placed and **939** new starters commenced in post (this does not include medical recruitment, staff transferring from bank to permanent posts and existing staff being promoted). All staff received an induction to the Trust to ensure their health, wellbeing, information and knowledge-base adhered to the standard required for an organisation delivering healthcare services to the community. Our standards for both induction and statutory training comply with the requirements laid down by the NHS Litigation Authority.

Recruitment Campaigns:
The Recruitment Team developed a robust nursing recruitment strategy which involves a timeline of various nursing campaigns. Throughout 2012/13 the following events were represented by senior nurses and the recruitment team:

April 12	Skills4Nurses Event Dublin
June 12	Bedfordshire University Careers Day
July 12	Trust recruitment Day
July 12	Oaklands College, Welwyn Garden City – Careers Fair
September 12	RCN Event, London
October 12	Skills4Nurses Event, Glasgow
November 12	Recruitment campaign, Belfast
February 13	Dunstable College Careers Fair
March 13	University of Southampton Careers Fair

A similar time line of events is also planned for 2013/14

During 2012/13 we recruited 105 qualified nurses and 81 HCAs. This recruitment activity has driven down established nursing vacancies to more manageable levels and more in line with natural turnover. As a result of this recruitment since August we have seen a steady reduction in reliance on agency nurses.

Governance and Assurance – UK Border Agency Visit
We were inspected by the UK Border Agency in December 2012. The purpose of the visit was to audit our systems and processes to ensure that statutory requirements are met. This included ensuring that: appropriate and robust right to work checks are carried out during recruitment; annual checks are completed for those who have a restriction on their right to work in the UK; and there are appropriate systems in place meet sponsorship duties as an organisation licensed to sponsor migrant workers under the points based system. We maintained its A Rated Sponsor status and licence was renewed until 2016.

Medical Agency Locums: Building on the work in 2011/12 we continued the project to minimise the reliance on locum medical staff. A specific aim of the project was to work with Clinical and Divisional Directors to develop action plans to address recruitment gaps and reduce agency locum use. As a result of the project a new role of Divisional based Rota Co-ordinator's was created to support services with the management of medical rotas, co-ordination of leave and absence, maximise the use of internal bank locum resources and minimise use of agency workers.

In 2012 the Government Procurement Services framework contract for the supply of agency locum's expired without a timely replacement. Early identification of this risk enabled us to take preventative action by re-tendering the contract for supply of agency locums using a newly established framework contract from Health Trust Europe. We were the first NHS organisation to use the new framework and benefit from its unique approach to collective negotiation of rates using an 'e-auction' process. This provided an opportunity to enhance our temporary medical resources by adopting a leading edge supply model for agency locums and enhancing the systems and processes for the internal locum bank. Benefits include:

1. Lower standardised rates for agency locums.
2. Real Time Reporting.
3. Improved Trust Medical Locum Bank – software and support.
4. Software for online locum requests, booking and approval with further discounts available.
5. Facility to move to use of electronic timesheets and authorisation.

Staff Health and Wellbeing

We offer a full range of Occupational Health and Well-being Services which contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing ill-health, absence and accidents.

We have introduced a number of initiatives to promote opportunities for staff to adopt a healthier lifestyle either onsite or by promoting external facilities that are conducive to good health.

The Occupational Health and Wellbeing Service has focussed on providing information on health promotion topics and activities, by acting as a signpost for staff to obtain information and advice on a variety of health and fitness related initiatives. This has been achieved through the continued development of a health and wellbeing section on the staff intranet, various electronic communications, newsletters, and awareness raising events.

'Lunch and learn' sessions continue to be popular as they give employees the opportunity to look at various topics that are conducive to good health. This year the topics covered areas such as Yoga, Skin Camouflage, Kettlecise and Nutrition and the dangers of shisha.

Particular highlights from this year include:

- Between October and December 2012 we vaccinated 52.9% of our frontline staff against flu, which was slightly higher than the year previous and higher than the National average uptake amongst NHS Acute Trusts. We were amongst the top 10 out of 40 NHS providers within the East of England.

- 12 NHS Trusts took part in the East of England Pedometer challenge 2012, with a total of 111 teams taking part. Our very own 'Catering Crawlers' came overall fifth, with 3 other Trust teams featuring in the top 20.

- Following on from feedback from the 2011 staff survey and subsequent feedback sessions we chose to employee the services of an Employee Assistance Programme (EAP), to complement existing support arrangements for staff within the Trust. The EAP offers all Luton and Dunstable staff access to an independent, free and confidential telephone advice service, staffed by highly experienced counselors who can provide practical and emotional support with work or personal issues. Advice is available on debt, legal, family and more general issues, and staff can call as often as they like and talk for as long as is needed. The service is available 24 hours a day, 365 days of the year.

Sickness Absence

We recognise the impact of high levels of absence, both on quality of patient care, patient safety and the health and wellbeing of staff. To support proactive management of sickness absence across the Trust, investment was made at the beginning of 2013 to provide a particular focus on this issue and two senior Project Leads were appointed to facilitate this.

The aims of this project are:

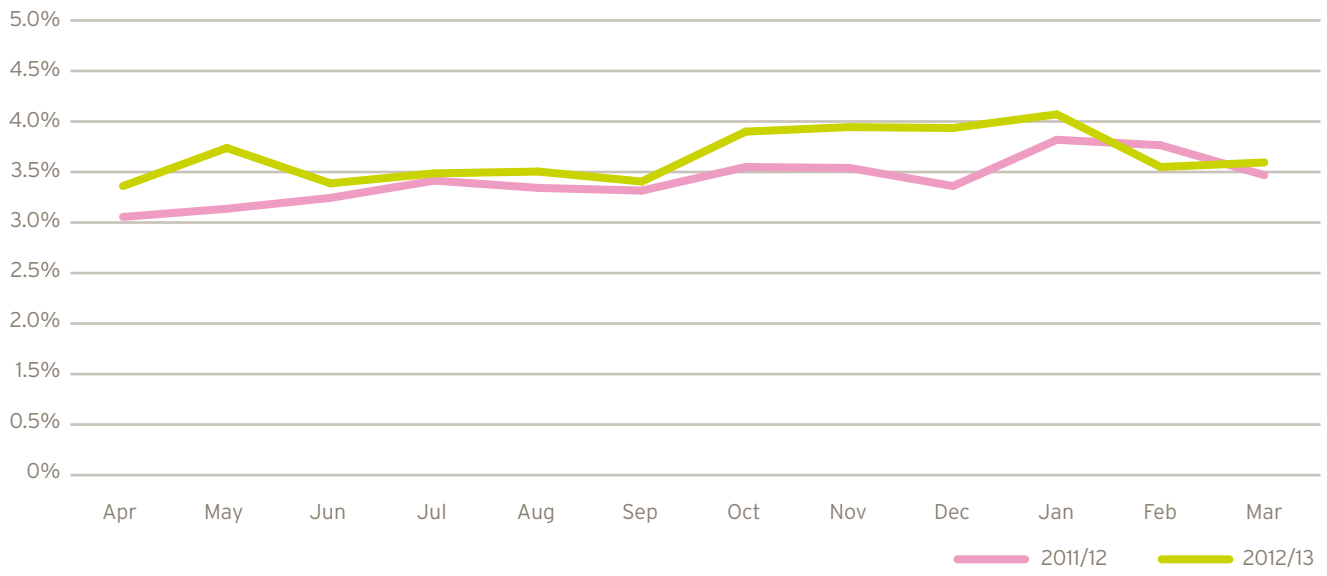
- To develop a better understanding of the financial impact of sickness absence across the Trust.
- To develop a coaching approach to the management of sickness absence.
- To increase/improve the support and guidance available to managers.
- Shift attitudes and organisational culture around the management of sickness absence.

It is anticipated that this project will result in a reduction in a reduction in the number of staff with high rates of sickness absence.

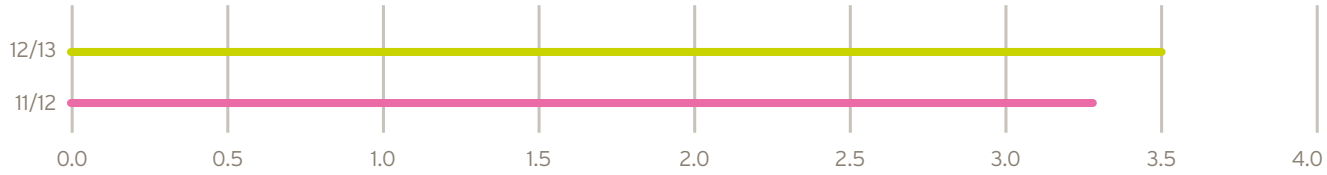
Also, during 2012/13 we have been implementing a new integrated, real-time web based absence management system across the Trust.

Some of the benefits of this system are:
- Improved absence visibility for managers and employees.
- A single point of entry for all absence data.
- Near real time reporting.
- Reduced cost of absence through improved visibility and controls.
- Integration with ESR.

Actual Sickness Absence 11/12 vs 12/13



Full Year Sickness Absence 11/12 vs 12/13



Health & Safety

Following a review for the overall arrangements for Health and Safety during 2012/13, we developed a three year strategy. The Health and Safety strategy is the starting point that determines a plan to achieve our Health and Safety goals. It outlines the requirements for an effective management system and identifies the ways we will address these systematically through our Health and Safety framework. Our aim is to clearly set and measure improvements in health and safety practice and performance over the next three years. In this way, we intend for the L&D to become and increasingly safer, healthier place to work and to receive care. It is about doing things differently. We will discuss with staff the ways in which our health and safety systems might be strengthened, determining plans for improvement. Through a clear structure of accountability the Board and senior managers will have a lead role. However, our health and safety agenda cannot be delivered by managers alone, health and safety practice is the responsibility of all staff. This strategy confirms our partnership approach and highlights the valuable contribution that all staff make to improve our health and safety systems.

As part of the review of Health and Safety within the Governance Structure we undertook a comprehensive review of the Health and Safety Committee structure, with the intention of clarifying reporting lines and terms of reference, eliminating duplication between committees and aligning reporting structures to the Executive Board. This will enable health and safety risks to be escalated from 'floor to Board' via Divisional Governance and Risk groups where H&S is now a standing agenda item

Staff Engagement and Consultation

We pride ourselves in having a healthy and productive relationship with our staff and this is reflected in the staff engagement scores in the Staff Opinion Survey. Partnership working is demonstrated in many varied ways:

Staff Involvement Group: this group focus on developing a culture of staff involvement, open communication and partnership working with factors that have a real impact on staff such as reward and recognition, security, health and wellbeing. The membership of the group is

diverse and active in taking forward themes from the staff opinion survey and 'testing the ground' with staff initiatives to improve the patient experience.

Joint Staff Management Council (JSMC): this Council is of key importance to us. The JSMC develops and consults on policies that affect staff, negotiating on behalf of their respective trade union members. The staff side JSMC representatives have been particularly supportive in the implementation many of our initiatives where there has been a workforce implication, including providing support on change management consultations with staff. Regular meetings are held with senior managers and the Human Resources team to engage in discussion over formal consultations.

During the year seven formal consultations with staff took place:

Project	Division	Consultation
Health Records EDRMS - TUPE transfer to Xerox	Corporate	Consultation completed and staff TUPE transferred to Xerox on 4th February 2013
Cancer MDT Team	Surgery	Consultation completed and new structure implemented 11th April 2012
Estates Building Maintenance	Corporate	Consultation completed and new working hours implemented on 26th March 2012
Endoscopy	Medicine	Consultation completed and new extended service implemented on 19th August 2012
Physiotherapy and Occupational Therapy	Diagnostic, Therapeutic and Outpatients	Consultation completed and new extended service implemented on 28th July 2012.
Imaging Department	Diagnostic, Therapeutic and Outpatients	Consultation completed – change from on call service provision to shift system. Due to be implemented 6th May 2013
Theatres	Surgery	Consultation completed and new shift patterns due to be implemented in May 2013.

Industrial Action: On 21st June 2012, we responded to the first Industrial Action activity organised by the British Medical Association (BMA), as they balloted in favour of industrial action in response to the Government's proposed changes to the Pension Scheme. We were able to effectively manage contingency services around this action by way of proactive planning between operational managers and open, honest and collaborative dialogue with BMA representatives to work towards minimising disruption and risk to patient care whilst enabling the BMA to undertake their statutory obligations in relation to industrial action.

Staff Recognition

The L&D Staff Thank You Day, held in July, was an opportunity to thank all staff for their hard work and commitment. Hundreds of staff attended the event, which was held in a marquee setting where a wonderful lunch and tea were served courtesy of our catering team.

This was followed by an impressive evening of dinner and awards where special recognition was given to those members of staff who had been nominated by managers and staff alike and who had made a real difference in their work at the Trust. Awardees came from across many staff groups and were recognised for going the extra mile to achieve extraordinary results and deliver high standards. The event included a series of videos highlighting some of the special developments and achievements in the previous two years.

In addition, as a thank you to staff and volunteers for all their hard work, we provided a free Christmas lunch. This was very well attended and the Chief Executive used this opportunity to give her personal thanks and that of the Board of Directors to the staff.

International Nurses Day 2012 Celebrations at the L&D

The nurses at the Luton and Dunstable Hospital celebrated International Nurses Day in style. It was a day to celebrate the diversity that exists within our nursing workforce. Representatives from each country along with members of the Executive team visited each ward area presenting ward teams with a certificate of thanks for their contribution to patient care. The "International" group led by our newest recruit dressed in original nursing uniform, then formed a procession through the hospital to the Social Club where all nursing staff were invited to browse examples of work carried out by our specialist nursing teams whilst enjoying afternoon tea and a celebratory cake.

National NHS Staff Survey

The National NHS Staff Survey was undertaken between October and December 2012. The Survey is structured around the four pledges as outlined in the NHS Constitution. Feedback from the survey provides us with an opportunity to review practice and set strategic direction for the future in order to improve the staff experience.

All trusts are required to survey a sample of staff, the sample size is determined by the total number of staff employed, on a nationally determined sliding scale. On receipt of the staff survey results, feedback sessions are held where staff are given feedback from the survey as well as encouraged to participate in finding ways to put actions in place in areas where there is a need for improvement.

Summary of performance: The key findings from the 2012 survey are as follows:

Response rates

2012 National NHS Staff Survey		2011 National NHS Staff Survey		Trust Improvement/ Deterioration
Trust	National Average*	Trust	NationalAverage*	
45%	50%	49%	52%	Decreased by 5%

* Acute Trusts

Our Official Sample size was 850 staff.

Staff Engagement

	2012 National NHS Staff Survey		2011 National NHS Staff Survey		Change since 2011 Survey	Ranking, compared to all acute trusts
	Trust	National Average	Trust	National Average		
Overall Staff Engagement	3.77	3.69	3.61*	3.62*	Improvement by 0.16%	Above (better than) average
KF 22 Staff ability to contribute towards improvements at work	67%	68%	60%	61%	Increase (better than) by 7%	Average
KF 24 Staff recommendation of the Trust as a place to work or receive treatment	3.67	3.57	3.49*	3.50*	Increase (better than)	Average
KF 25 Staff motivation at work	3.93	3.84	3.83*	3.82*	No Significant change	Highest (best) 20%

Key Findings

4.1 Top Ranking Scores

Top 5 Ranking scores	2012 National NHS Staff Survey		2011 National NHS Staff Survey		Change since 2011 survey	Ranking, compared to all acute Trusts
	Trust	National Average	Trust	National Average		
KF 6 % of staff receiving job relevant training, learning or development in last 12 months	85%	81%	77%	78%	Increase (better than)	Highest (best) 20%
KF 11 % of staff suffering work related stress in the last 12 months	31%	37%	34%	29%	No significant change	Lowest (best) 20%
KF 25 Staff motivation at work	3.93	3.84	3.84	3.82	No significant change	Highest (best) 20%
KF 23 Staff job satisfaction	3.63	3.58	3.44	3.47	Increase (better than)	Above (better than) average
KF 8 % of staff having well structured appraisals in last 12 months	40%	36%	40%	34%	No significant change	Above (better than) average

4.2 Bottom 4 ranking scores

Bottom 5 Ranking Scores	2012 National NHS Staff Survey		2011 National NHS Staff Survey		Change since 2011 survey	Ranking, compared to all acute Trusts
	Trust	National Average	Trust	National Average		
KF 5 %of staff working extra hours	76%	70%	71%	65%	Increase (worse)	Highest (worst) 20%
KF 17 % of staff experiencing physical violence from staff in last 12 months	4%	3%	2%	1%	Increase (worse)	Highest (worst) 20%
KF10 % of staff receiving health and safety training in last 12 months	65%	74%	78%	81%	Decrease (worse)	Lowest (worst) 20%
KF 7 % of staff appraised in last 12 months	78%	84%	81%	81%	Decrease (worse)	Below (worse than) average
KF 27 % of staff believing the Trust provides equal opportunities for career progression or promotion	85%	88%	86%	90%	No significant change	Below (worse than) average

4.3 Where Staff Experience has improved (largest changes since 2011)

Improvements	2012 National NHS Staff Survey		2011 National NHS Staff Survey		Change since 2011 survey	Ranking, compared to all acute Trusts
	Trust	National Average	Trust	National Average		
KF 23 Staff job satisfaction	3.63	3.58	3.43	3.47	Increase (better than)	Above (better than) average
KF 22 % of staff able to contribute towards improvements at work	67%	68%	60%	61%	Increase (better than)	Average
KF 1 % of staff feeling satisfied with the quality of work and patient care they are able to deliver	78%	78%	71%	74%	Increase (better than)	Average
KF 24 Staff recommendation of the Trust as a place to work or receive treatment	3.67	3.57	3.49	3.50	Increase (better than)	Above (better than) average

4.4 Where Staff Experience has deteriorated (largest changes since 2011)

Deteriorated	2012 National NHS Staff Survey		2011 National NHS Staff Survey		Change since 2011 survey	Ranking, compared to all acute Trusts
	Trust	National Average	Trust	National Average		
KF 5 % of staff working extra hours	76%	70%	71%	65%	Increase (worse)	Highest (worst) 20%
KF 10% of staff receiving health and safety training in last 12 months	65%	74%	77%	81%	Decrease (worse)	Lowest (worst) 20%

Of the total 28 key findings reported on the main changes compared to 2011 are as follows:

- No real statistical change 14 key findings
- Improvements 5 key findings
- Deteriorated 4 key findings

Because of changes to the survey format, statistical comparisons are not possible for 5 key findings.

Volunteers

There are currently 306 volunteers. Over the past year 116 volunteers were recruited. After consultation with stakeholders a Voluntary Service Strategy for 2012 -2015 was prepared and presented to the Board of Governors in November 2012. Work has begun to achieve six key objectives:

- Increase and improve the recruitment and retention of volunteers;
- Increase the value placed on volunteers;
- Increase the number of volunteers in ward areas;
- Improve communication between staff, volunteers and outside charitable organisations working with the Trust;
- Increase publicity; and
- Secure funding for the future of volunteering.

Employee volunteers from Ascertiva Group, Barclays Bank, and TUI took part in one day volunteering events by completing decorating projects and supporting staff with health information days and fundraising.

New Induction Booklets were distributed to all volunteers and a monthly induction programme for new volunteers was started in February 2013 with agreed times for existing volunteers to join the training when they need to update.

Hospital Radio, League of Friends Luton and Dunstable Hospital, Sight Concern, Women's Royal Volunteer Service (WRVS) and Changing Faces continue to provide services and fundraise for the hospital.

Volunteers' week was celebrated in June with a lunch for volunteers and long service awards were presented in October by the Chairman.

Equality and Diversity

The Equality, Diversity and Human Rights Steering Committee (EDHRSC) meets quarterly to support the experience of patients and staff, by strengthening and maintaining an approach to equality, fair treatment and inclusion. It is accountable to the Executive Board.

The Equality Act 2010 required that public bodies comply with the General Duty found within the Act and specifically, that such organisations publish a set of Equality Objectives that have been defined and agreed with community interest groups by April 2012. These were published on time and the document is on the internet for the general public.

Equality Delivery System (EDS): The EDHRSC has developed an action plan arising from the Equality Objectives agreed in April 2012 and work has begun with ownership, oversight and monitoring of performance sitting with the Committee. Funding has now been agreed for a permanent senior member of staff to drive the equality agenda and the post holder will focus on both service delivery and staffing. Our equality objectives are:

1. Services are designed and procured to meet the health needs of local communities, promote wellbeing and reduce health inequalities. In particular patients who have disabilities, learning disabilities or are from BME backgrounds
2. Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment. For patients who need support in understanding or communicating with clinical staff we will develop tools to support our patients and we will measure our effectiveness
3. We will improve the way patients' and carers' complaints about services are collected and seek to reduce any inequality gaps. In particular, we will ensure patients with learning difficulties and or language needs are able to access our services

Improved Patient Feedback:
We have recently introduced a Patient Experience Centre, whereby we contact patients within 24 hours of their discharge from hospital, and ask them to rate their experience. This includes both staff communication and environmental issues. All staff are encouraged to give their time to make such calls and this has received a good take up. Board members participate in the calls giving them an opportunity to hear, first hand, what our patients think about the services we provide. There is an opportunity for translation services to be provided for patients for whom English is not their first language. This initiative has recently won a national award. The patient feedback is reported directly to the wards and the themes and trends are reported to the Patient Experience Committee, Clinical Outcome, Safety and Quality Committee and to the Board of Directors.

As a result of the Outpatient's Staff Survey in 2011, we have implemented an Outpatient Transformation Project. The project is concentrating on both environmental and cultural changes required to provide a better patient experience. The project group is multi-disciplinary and includes representatives from the Council of Governors. The group is mindful of the equality and diversity needs of service users as any new part of the service is designed.

Learning Disabilities
We have made significant investment in raising the profile of and training staff in the needs of patients using our services who have a learning disability.

As part of our strategy and CQUIN target we keep a live record of all patients who are in the Trust. These patients are visited daily by a senior nurse who liaises with the family/carers and ensures that all care needs are planned, delivered and clearly documented.
Development of the elective care pathway for adults with a learning disability has involved significant work with teams to ensure that all aspects of the pathway meet the needs of this patient group. This has included diagnostics, pre-assessment, admission, theatres, recovery, post surgery care and discharge. Working with partners in the community to influence pre-admission communication and preparation has been extremely beneficial.

The introduction of 'coffee mornings' where our patients with a LD have the opportunity to discuss their experience as in-patients and outpatients has been influential in changing practice.
The Learning Disability group includes our Trust Chairman and a non-executive board member and reports directly to the Safeguarding Adults Board in the hospital to ensure it remains high profile.

Training and Development
We offer staff access to learning that both develops them as professionals and enhances the services that we offer. We have a strong apprenticeship programme across the Trust which enables staff paid at Bands 1 – 4 to access a relevant qualification in relation to their current role. Since April 2012, there have been over 120 staff have participated in the programme, which has a positive impact on those staff who may not have had access to qualifications previously in their careers. In addition, we are supporting a ground breaking apprenticeship approach which we have called Apprenticeship Steps targeted at young adults with learning disabilities in the community to give them the skills to undertake a full apprenticeship built on a strong

foundation of skills preparation for the workplace. As part of apprenticeship Steps, we are offering twice weekly placements in the Trust. This approach will build staff awareness and understanding of learning disabilities as well as ensuring a positive attitude towards employment of those job seekers.

Focusing on Health Inequalities
In March we held our first Advancing Equalities and Reducing Health Inequalities Day, where we were delighted to be able to welcome Non-Executive Directors, Governors, representatives from external organisations and staff to a one-day seminar. We heard from a range of speakers who were universally well-received by the audience and who talked about the regional and national picture around health inequalities, how we are reviewing the way we nurse patients to keep the professional 'by the bedside', the national Personal, Fair and Diverse campaign being promoted by NHS Employers and how this has been implemented in a Cambridgeshire acute trust.

As well as inspirational but 'down to earth' speakers, there was also ample opportunity for exchanging ideas across the group through an open space forum at the start and questions after lunch. We were able to reassure the audience that a comprehensive report will be written including recommendations which will be published on our intranet and public website.

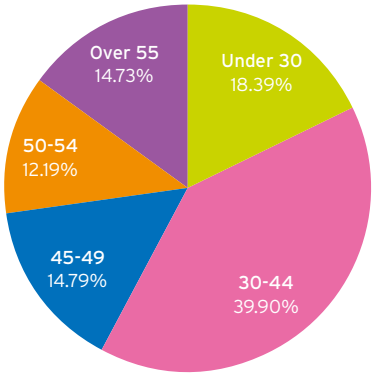
A number of people have already signed up to be Personal, Fair and Diverse Champions and we want to ensure that participation in this campaign is promoted in the Trust as it emphasises the importance of personal accountability for equalities. This will be one of our areas for development going forward.

Staff Profile Reporting

Age
The majority of Trust staff are found within the 30 to 49 age band.

26% are over 50 years which indicates that a sizeable percentage of staff may be considering retirement going forward

Workforce by age band



Disability
There is a high level of staff that have chosen not to declare whether or not they have a disability.

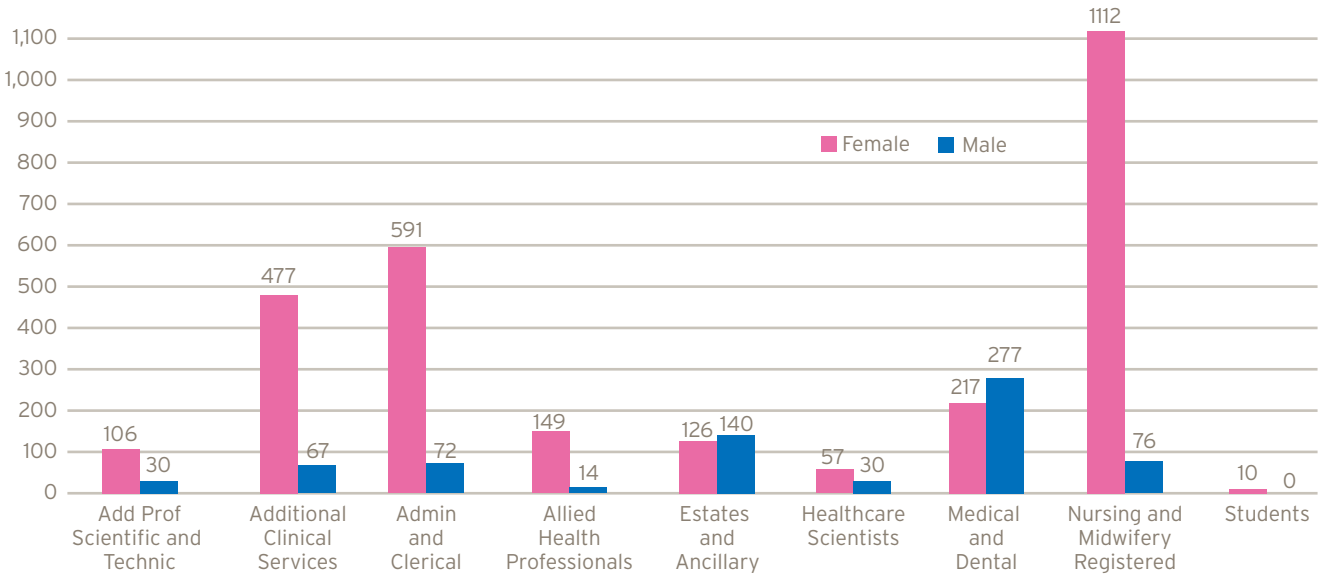
A priority going forward is through the ESR data cleansing exercise to remind staff of the importance of declaring a disability in order that we can provide support, where necessary, in line with our policy to make changes in the workplace.

Pregnancy and Maternity
As at 31st March 2013, 83 employees were on maternity leave, representing 2.34% of our female workforce.

Sex/Gender profile by occupational staff group
We employ 3,551 staff of which 80% are female this is above the NHS average.

Nursing and Midwifery retains the largest number of females representing 39% (1,112) of all 2,845 female employees. The overall percentage of females in Nursing and Midwifery is 93%. Medical and Dental continues to employ the largest number of males, accounting for 36.6% (277) of all male employees, while 79% of all Medical and Dental employees are male.

Gender by stafff group



Gender Pay Gap

Female percentage in managerial posts

AFC Band	Female	Male	Total Staff	% of Females
Band 7	300	33	333	90.09%
Band 8a	40	16	56	71.43%
Band 8b	22	16	38	57.89%
Band 8c	10	3	13	76.92%
Band 8d	3	3	6	50.00%
Band 9	2	1	3	66.67%

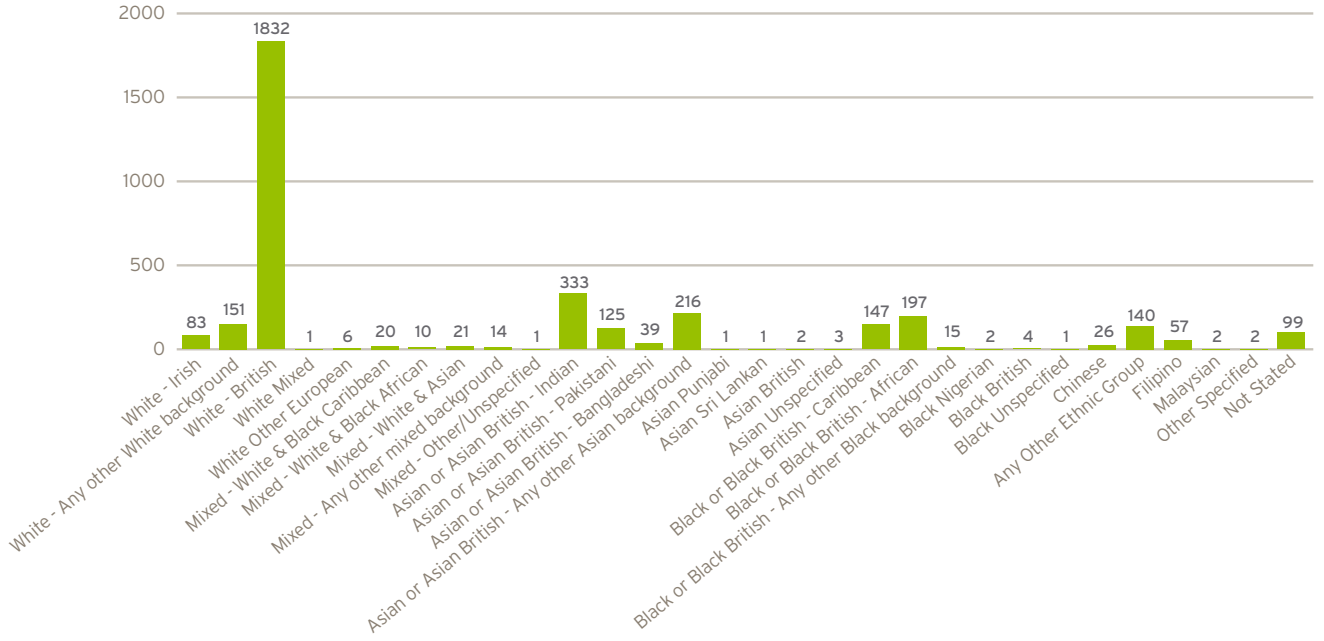
Marriage and Civil Partnership

We hold records of 3,551 employees of which:

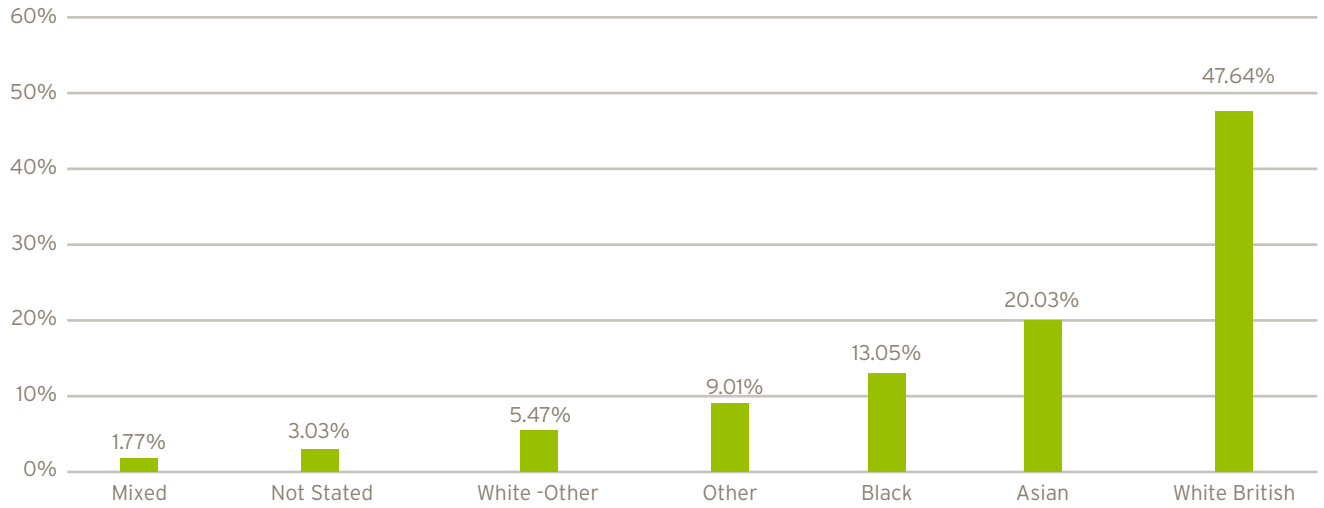
31% declared themselves as single.
58% declared themselves as married.
0.1% declared themselves as being in a civil partnership.

Race/Ethnicity as at March 2013

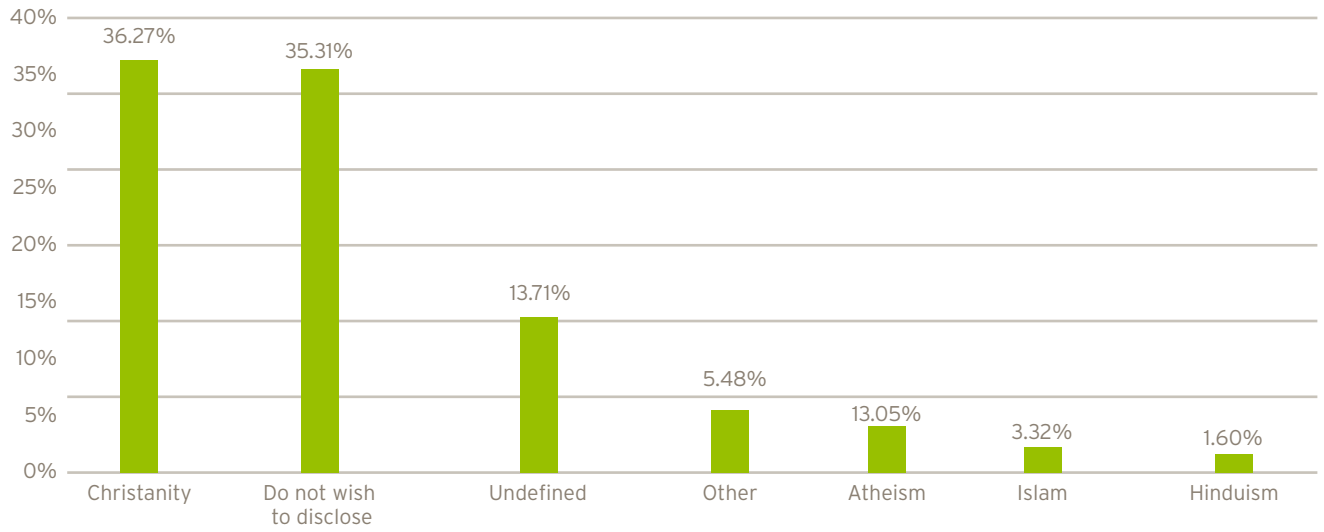
Workforce by ethnicity



Nursing & midwifery ethnicity



Workforce by religion or belief

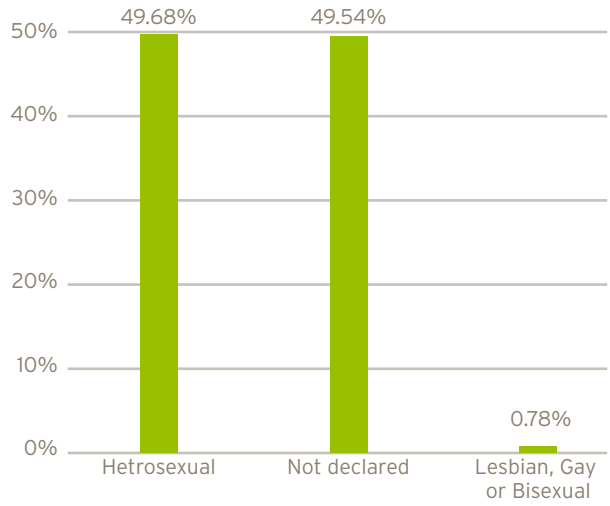


Sexual Orientation
A large proportion of the data shows that staff choose not to declare their sexual orientation.

Moving forward and through the ESR data cleansing exercise, we will remind staff of the need to provide better information in this area.

The table below illustrates the number of leavers by Division.

Workforce by sexual orientation



Working with our partners

Leavers
We saw 385 staff leave the Trust during the reporting period April 2012 to the end of March 2013. The reasons for leaving were mainly due to voluntary resignations, in 43% of cases, followed by the end of a fixed term contract in 32% of cases.

The table below illustrates the number of leavers by Division.

Division	Total Leavers
Corporate	80
Diagnostics, Therapeutics and Outpatients	54
Medicine	109
Surgery	95
Women's & Children's	47
Totals	385

We have continued to maintain good relations with commissioners during 2012/13 and have worked to develop a sound foundation with new personnel as the CCG's are established.

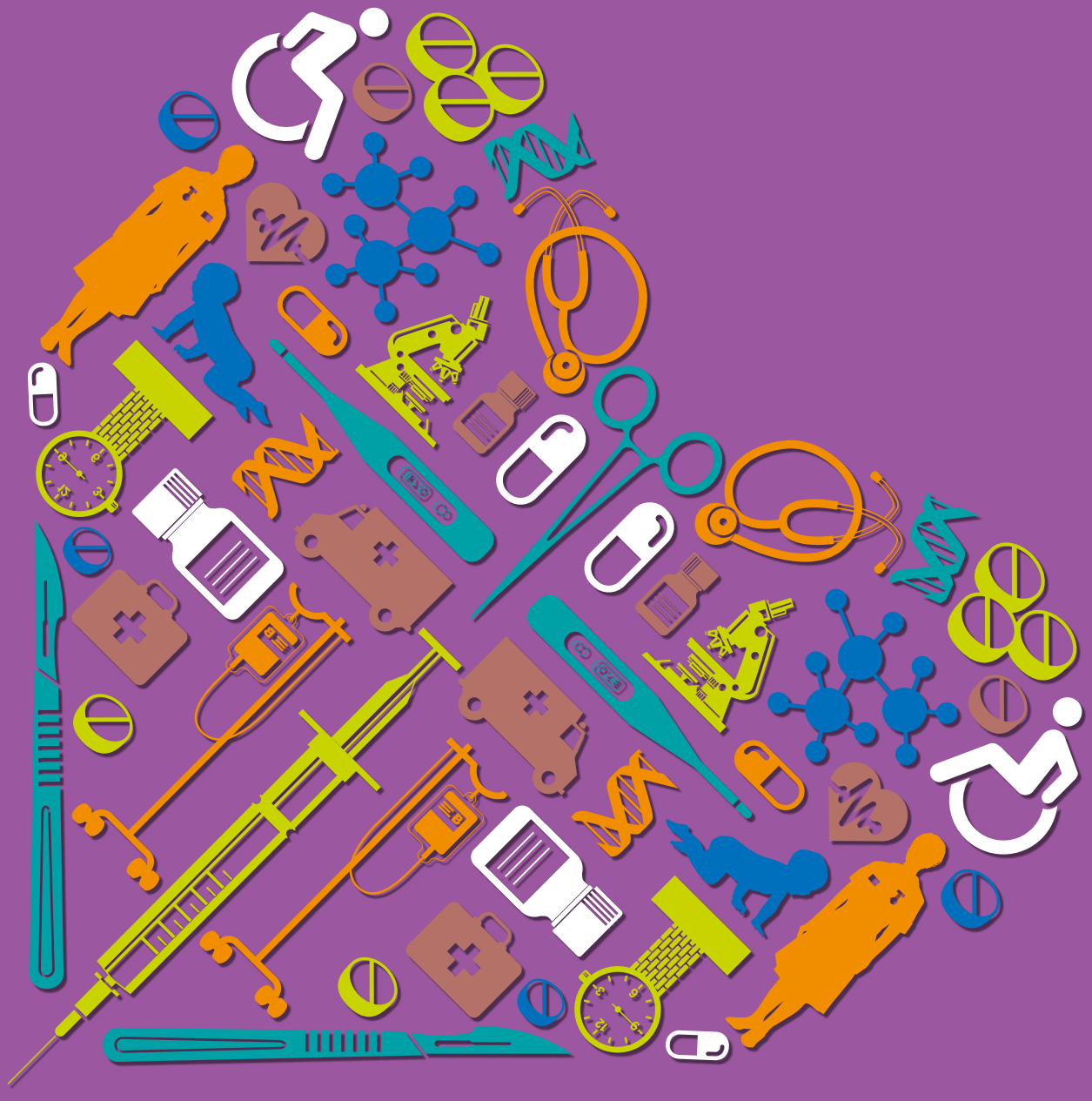
We contribute to nationally recognised and statutory partnerships through:

- Cross system networks to support high quality care and Choosing Health priorities such as cardiac network, diabetes network, mental health partnership arrangements and prevention of teenage pregnancy in maternity services.
- Local strategic partnerships such as Local Area Agreement and Bedfordshire and Luton Local Resilience Forum.
- Local Safeguarding Children's Boards (LSCB) – Luton LSCB and Bedfordshire LSCB.
- Local Safeguarding Vulnerable Adult Boards for Luton and Bedfordshire.
- East of England meetings and events.
- Regular CEO meetings with Directors of Social Care.

We have regular contact with Monitor and will now look to establish a dialogue with the new Local Area Team in order to promote effective relationships and to ensure awareness of our activity and performance.

Governance report

Board of Directors	74
Committees of the Board of Directors	80
Council of Governors	83
Foundation Trust Membership	87



Board of Directors

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

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

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

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

Independent professional advice

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

The role of the Chairman of the NHS Foundation Trust

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

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

The role of Non-Executive Directors (NEDs)

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

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

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

Remuneration and interests

The remuneration of individual Directors can be found in note 4.5 to the accounts.

Board of Directors 2012/13

Name	Post Held	Year Appointed	Term of Appointment	Status
Mrs Pauline Philip	Chief Executive	2010	Permanent	
Mr Andrew Harwood	Director of Finance	2000	Permanent	
Mr David Carter	Managing Director	2011	Permanent	
Gwen Collins	Interim Chief Nurse	2011	Interim	Left 8th July 2012
Pat Reid	Chief Nurse	2012	Permanent	From 9th July 2012
Dr Mark Patten	Medical Director	2012*	Permanent	
Ms Angela Doak ++	Director of Human Resources	2010	Permanent	
Mrs Sarah Wiles	Director of Business Development	2012	Permanent	
Mr Spencer Colvin	Chairman	2010	3 Yr Fixed Term	2016
Mr Clifford Bygrave	Non-Executive Director	2006+	Annual	2013
Ms Alison Clarke	Non-Executive Director	2006+	Annual	2013
Mr Roger Stokoe	Non-Executive Director	2006+	3 Yr Fixed Term	Left 31st July 2012
Mr Denis Mellon	Non-Executive Director	2009	3 Yr Fixed Term	2015
Mr Jagtar Singh	Non-Executive Director	2009	3 Yr Fixed Term	2015
Mr John Garner	Non-Executive Director	2012	3 Yr Fixed Term	From 1st May 2012
Dr Vimal Tiwari**	Non-Executive Director	2012	3 Yr Fixed Term	From 1st May 2012

* Appointed as Medical Director (Consultant at the L&D since 1998)

** Not voting until 1st August 2013

\+ Reflects appointment to Board of Foundation Trust

++ Not Voting in April 2012

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

Compliance with the NHS Foundation Trust Code of Governance

We consider that the Luton and Dunstable Hospital complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non-Executive Directors are independent in accordance with code provision A.3.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, we are compliant with the provision with the exception of section A.3.2 in that the Board does not have half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive

Independent evaluation of Board Performance both collectively and individually

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

Board Evaluation

In 2010 the Board of Directors undertook a Board Evaluation process and amended the structures that were implemented in April 2011. The new governance structures were subject to internal audit review in November 2011 and we received assurance that robust processes were in place. During 2012/13 we have undertaken an assessment of our Board governance through the Institute of Directors. We await the outcome of this review and look forward to implementing the recommendations. The Divisional management structure is now embedded throughout the organisation and supported by performance review, appraisal and personal development. The governance structure is outlined in the 'Committees of the Board of Directors' section.

Trust Directors: Expertise and Experience

Executive Directors

Mrs Pauline Philip
Chief Executive

Pauline joined the L&D as Chief Executive on 1st July 2010. With a strong clinical background, together with a number of highly successful Chief Executive positions, she brings a unique combination of skills and experience to the Trust.

Her vision is to create an organisation that puts patients first every time and that constantly strives to ensure that every patient receives safe care and the best clinical outcomes available in the NHS.

Pauline has an enviable track record in healthcare having spent over eight years in key Chief Executive positions at NHS Trusts in London, followed by her appointment as Director of Mental Health for the London Region of the Department of Health.

In 2002, she was seconded to the World Health Organisation (WHO) to establish a department dedicated to global patient safety. Pauline's appointment at the L&D follows her success at WHO and her proven expertise in leading and driving positive change through complex organisations.

(Membership of Committees – CF, FIP, COSQ)

Mr David Carter
Managing Director

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

David has responsibility for overall operations at L&D including IM&T. He brings experience of major strategic and service change and will use that experience to build strong divisional business units which will enhance the clinical and financial performance of the Trust and drive forward Trust's strategic priorities including redevelopment of the site and the ongoing development of the Trust's service strategy.

David acts as Deputy CEO in Pauline's absence.

(Membership of Committees – CF, FIP, COSQ)

Mr Andrew Harwood
Director of Finance

Andrew has been the Director of Finance since February 2000, with overall responsibility for the Trust's finances. He is responsible for procurement and contractual arrangements including with our commissioners.

Andrew's robust approach to financial management has helped to ensure that the L&D has successfully balanced its books in each of the last 13 years. With over 20 year's finance experience in the NHS, gained in health authorities and individual Trusts, he co-ordinated the Trust's financial strategy for our application for NHS Foundation Trust.

(Membership of Committees – CF, FIP)

Dr Mark Patten
Medical Director

Mark has worked at the L&D since 1998 as a Consultant in Critical Care & Anaesthetics and has held numerous managerial positions, including being a Clinical Director from 2008–2010, Associate Medical Director from 2010–2011 and Divisional Director of Surgery since April 2011. During the last 12 years Mark has taken a particular interest in patient safety and has found time to undertake a number of tours of duty as a Royal Navy Reservist.

(Membership of Committees – CF, FIP COSQ)

Ms Angela Doak
Director of Human Resources

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

Angela has over 20 year's experience in human resources and organisational development in acute NHS trusts. Just prior to joining the Trust Angela held the post of Director of HR in a Foundation Trust. She has a strong track record in providing high quality HR services and her particular areas of interest and expertise include dealing with major organisational change, complex employee relations cases and also employment matters concerning medical staff.

(Membership of Committees – COSQ, CF, FIP)

Mrs Gwen Collins
Interim Chief Nurse (to 8th July 2012)
Gwen joined the Trust in June 2011 as Acting Chief Nurse on secondment from East of England Strategic Health Authority. Gwen has experience working within the Acute setting, more recently in Ipswich.

(Membership of Committees – COSQ, CF)

Mrs Patricia Reid
Chief Nurse (from 9th July 2012)

Pat was previously the Deputy Chief Nurse at Cambridge University Hospitals NHS Foundation Trust. Pat trained as a nurse at University College Hospital London and had numerous senior nurse posts before moving into publishing as Editor of the Nursing Times. She was also the very first nurse on the board of the BMJ.

Pat has a broad experience in the NHS having also undertaken General Management and service redesign roles.

(Membership of Committees – COSQ, CF)

Mrs Sarah Wiles
Director of Business Development

Sarah joined the Trust from West Hertfordshire NHS Trust where she was the Director of Strategy and Infrastructure for seven years. In that role Sarah led the Trust's site reconfiguration programs including the centralisation of acute services and the establishment of an elective care centre.

Prior to moving to West Hertfordshire Sarah spent five years working in the private sector, two years of which as a Director of Health Services for a Private Finance Initiative (PFI) Consortium, working on several large hospital redevelopment schemes. Prior to moving to the private sector Sarah worked in the NHS for over 10 years in various health planning and general management roles in one of the largest teaching hospitals in the UK.

(Membership of Committees – CF, FIP)

Non-Executive Directors

Mr Spencer Colvin
Chairman (Appointed January 2010 and January 2013)

Spencer is a local businessman whose career started in the legal profession transferring at an early stage to the Transport and Logistics services sector. He spent 30 years with blue chip companies Exel plc (now part of Deutsche Poste) and Hays plc providing a range of services to UK industry winning an award for service excellence in home delivery services in 1996.

During the past 15 years Spencer has been Director of a management recruitment consultancy and Chairman or Chief Executive of companies operating in the European and international freight markets and the Healthcare sector.

He has been a governor in education for a period of over 17 years and is currently Chairman of a special needs school in Hertfordshire. Spencer has been involved with Variety (a charity for underprivileged children) for many years.

(Membership of Committees – CF, RNC, COSQ, FIP)

Mr Clifford Bygrave
Vice Chairman and Senior Independent Director

Clifford Bygrave is a Fellow of the Institute of Chartered Accountants in England and Wales, a Chartered Tax Adviser and a Member of the Society of Trust and Estate Practitioners. He is the Senior Independent Director and Vice Chairman of the Board. Clifford has been a Non-Executive Director at the L&D since 2001. He also served as Non-Executive Director of Bedfordshire Health Authority until its merger with the East of England Strategic Health Authority and is now Chairman of the L&D's Audit and Risk Committee.

Following his retirement as a partner at Ernst & Young, Clifford is now the National Finance Director of the Boys' Brigade. He has served on the Council of the Institute of Chartered Accountants in England and Wales for 23 years. He also represented the UK Accounting bodies on the International Federation of Accountants Ethics Committee for five years. In addition he represented his Institute in Brussels for a number of years. In view of his seniority on the L&D Board and his extensive governance experience Clifford was appointed as L&D's Senior Independent Director with effect from July 2007.

(Membership of Committees – AC, CF, FIP)

Ms Alison Clarke
Non Executive Director

Prior to being appointed as Non-Executive Director in 2002 Alison held Chief Officer and Assistant Director posts in several London local authorities. Her special areas of interest and expertise are performance management, quality management and human resources. She was awarded an MBA in 2000.

(Membership of Committees – COSQ, CF, RNC, FIP, AC)

Mr Roger Stokoe
Non Executive Director (to the 31st July 2012)

Roger has been a Non-Executive Director of the L&D since 2002, and he chairs the Patients Representative Group and the Patient Experience group.

He has been involved with the NHS for over 40 years working in a variety of organisations as a health service manager, including over 15 years at chief executive level in London and Hertfordshire. From 1994-2000, he ran his own consultancy, working on international, national and local assignments in the public and private sectors including India, Europe and the UK.

Roger was Non-Executive Chairman of a national recruitment agency between 1996 and 2002 and adviser to Match Group from 2002-07

He was the Director of the NHS Retirement Fellowship, a national charity from 2000-2006 and a Non Executive Director and Vice Chairman of South Beds Community NHS Trust between 1994 and 1999.

He joined Zenon Consulting as a Non-Executive Director in 2007 and was appointed Chairman in April 2008.

(Membership of Committees – CF, AC)

Mr Denis Mellon
Non Executive Director
Denis has been a Fellow of Chartered Certified Accountants since 1972 and after qualifying as an accountant with Arthur Young and Co in Glasgow he spent two years with Price Waterhouse in Kingston, Jamaica. Denis gained an MBA at Cranfield Business School in 1986 and since then has worked in a number of senior management roles within Thorn EMI, ICL and AssetCo plc. He focussed on business strategy, relationship management, managing large logistics and customer service operations and as Managing Director of a group of fire equipment companies. In addition to his role at the L&D, Denis is now involved in some business ventures including an infection control business and property development.
(Membership of Committees – AC, CF, RNC, FIP)

Mr Jagtar Singh OBE
Non Executive Director

Jagtar worked for the fire service in Birmingham for 24 years before moving to Bedfordshire as Deputy Chief Fire Officer in 2001.

In 2003 Jagtar received both the Public Servant of the Year Award at the Asian Achievement Awards ceremony in Birmingham and was awarded an OBE for his work on equality and diversity in the Fire Service.

In 2006 Jagtar was appointed Non-Executive Director of East of England Ambulance Service and moved to Luton and Dunstable Hospital in October 2009. Jagtar is keen to encourage greater ethnic minority representation in all public services and to remove inequalities in service delivery and ensure all communities receive the highest level of services.

He is active in voluntary work being a Trustee for the Healing Foundation, Employment Opportunities for the Disabled and Bedford Race Equality Council. Until recently Jagtar was also President of the West Midlands Fire Service Romania with Aid. Jagtar has also helped to develop and establish a number of minority support groups in the fire service and is now supporting the Asian members of the fire service to set up a new national group and also the BME network in the Ambulance Service to be a more strategic and effective critical friend.

(Membership of Committees – AC, CF, RNC, COSQ)

Mr John Garner OBE
Non Executive Director (from 1st May 2012)

John began life in HM Forces serving overseas and then coming out to become a Police Officer, Teacher and Education Officer HMP Preston. From this point he entered local government to become a Chief Officer in a number of authorities in the North Department Community Services (Environmental Health, Leisure and Housing).

After a career in local government he became the Chief Executive of the National Union of Students and progressed from there to become Controller for Sport and Entertainment at Wembley Stadium Ltd.
John has been the Chair of integrated governance, Deputy Chair of the Audit Committee, NED with South Beds PCT and Chair of Beds Shared Services Board. He has also been the Chair of Beds Children's Safeguarding Board. In addition to this John has been a NED and Audit Committee member for the Football Licensing Authority DCMS and Chair of Audit for the Government Office NW and Member Dept Communities and local Government Dept Audit and Risk Management Committee.
John was also awarded an OBE for his services to children with special needs.

Dr Vimal Tiwari
Non Executive Director (from 1st May 2012)

Dr Vimal Tiwari was educated at Aberdeen University Medical School and St Mary's Hospital London, and also has a Master's Degree in Medical Education from the University of Bedfordshire. She has worked as a GP in Hertfordshire for over 30 years and as a Named Safeguarding GP for 8 years, with parallel careers over the years in Mental Health, Community Paediatrics, Medical Education and more recently Clinical Commissioning. She maintains a strong interest in Child Health, while being committed to securing the best quality compassionate, modern and comprehensive health care for all ages.

Key to committees:

COSQ – Clinical Outcomes, Safety and Quality Committee
CF – Charitable Funds Committee
RNC – Remuneration & Nomination Committee
AC – Audit and Risk Committee
FIP – Finance, Investment and Performance Committee

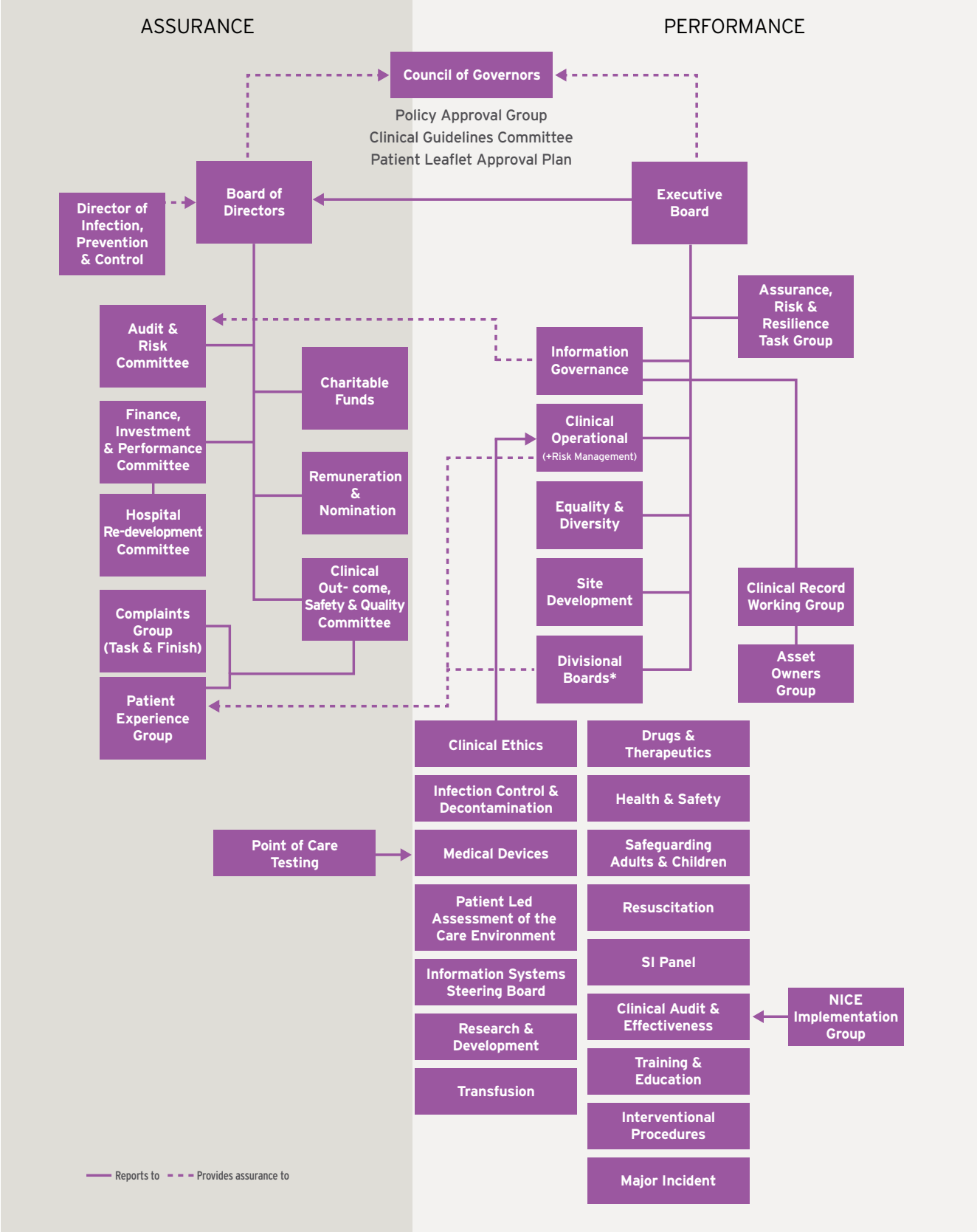
Record of committee membership and attendance

Total Meetings	Public Board Meetings	Private Board Meetings	Audit & Risk	Remuneration and Nomination	Charitable Funds	COSQ	FIP
Pauline Philip	9 / 9	11 / 11			2 / 3	8/10	13/13
Spencer Colvin	9 / 9	11 / 11		3/3	2 / 3	10/10	13/13
Andrew Harwood	8 / 9	10 / 11			3 / 3		13/13
David Carter	9 / 9	11 / 11			1 / 3	7/10	13/13
Gwen Collins+	0 / 3	0 / 3				0/3	
Pat Reid	6 / 6	8 / 8			1 / 3	7/7	
Mark Patten	8 / 9	10 / 11			1 / 3	9/10	13/13
Angela Doak	8 / 9	10 / 11			2 / 3	9/10	7/9
Sarah Wiles	9 / 9	11 / 11			2 / 3		13/13
Clifford Bygrave	9 / 9	11 / 11	3 / 4		2 / 3		11/13
Roger Stokoe	3 / 4	3 / 4	0 / 1				
Alison Clarke	8 / 9	9 / 11	3 / 4	1/3	2 / 3	10/10	4/4
Denis Mellon	9 / 9	10 / 11	3 / 4	1/3	2 / 3		12/13
Jagtar Singh	8 / 9	8 / 11	4 / 4	3/3	3 / 3	7/10	
John Garner	7 / 8	8 / 10	4 / 4		3 / 3		9/10
Vimal Tiwari	8 / 8	10 / 10	3 / 4		3 / 3	7/9	

+ Marion Collict, Deputy Chief Nurse represented on all three occasions

Committees of the Board of Directors

Luton and Dunstable Hospital Governance and committee structure



* Divisional Board meeting include standard agenda items of Risk Management, Risk Registers, Incidents, Complaints and claims and information related to each of the relevant sub-committees of the Clinical Operational Board

Audit and Risk Committee

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

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

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

Membership of the Audit and Risk Committee:
The Audit Committee membership has been drawn from the Non-Executive Directors and has been chaired by Mr Clifford Bygrave (Non Executive Director and Senior Independent Director (SID)).

Remuneration and Nominations Committee

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

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

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

Membership of the Remuneration and Nominations Committee:

The Remunerations and Nominations Committee has been drawn from the Board members and is chaired by Jagtar Singh (NED).

Charitable Funds Committee

The Charitable Funds Committee agrees proper use of charitable funds and approves fundraising schemes.

Key responsibilities are to:

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

Membership of the Charitable Funds Committee:

The Charitable Funds Committee membership has been drawn from Board members and is chaired by Mr Clifford Bygrave (NED and SID).

Clinical Outcome, Safety and Quality Committee

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

The Clinical Outcome, Safety and Quality Committee monitors the implementation of strategic priorities and the organisations performance in relation to clinical outcome and research and development. It ensures compliance with regulatory requirements and best practice within the patient safety and quality improvement agenda.

Membership of the Clinical Outcome, Safety and Quality Committee:

The Clinical Outcome, Safety and Quality Committee membership includes Board members, and is chaired by Alison Clarke (NED).

Finance, Investment and Performance Committee

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

Membership of the Finance, Investment and Performance Committee:
The Finance Investment and Performance Committee membership included Board members, senior managers and clinicians and is chaired by Denis Mellon (NED).

Council of Governors

The constitution defines how we will operate from a governance perspective and Monitor approves the constitution as part of its authorisation process. The basic governance structure of all NHS Foundation Trusts includes:

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

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

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

- Appoint and, if appropriate remove the Chair.
- Appoint and, if appropriate remove the other Non-Executive Directors.
- Decide the remuneration and allowances and the other terms and conditions of office of the Chair and the other Non-Executive Directors.
- Approve the appointment of the Chief Executive.
- Appoint and, if appropriate remove the NHS Foundation Trust's auditor.
- Receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report.

In addition:

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

The Monitor Code of Governance determines that every NHS Foundation Trust will have a Board of Governors which is responsible for representing the interests of NHS Foundation Trust members and partner organisations in the local health economy in the governance of the NHS Foundation Trust. Governors must act in the best interests of the NHS Foundation Trust and should adhere to its values and code of conduct. The Board of Governors should hold the Board of Directors to account for the performance of the Trust, including ensuring the Board of Directors acts so that the Foundation Trust does not breach the terms of its authorisation. Governors are responsible for regularly feeding back information about the NHS Foundation Trust, its vision and its performance to the constituencies and stakeholder organisations that either elected them or appointed them. The Code of Governance states that one of the independent Non-Executive Directors should be appointed by the Board of directors as the "Senior Independent Director", or SID, in consultation with the Board of Governors. The SID should act as a point of contact if governors have concerns which contact through normal channels has failed to resolve or for which such contact is inappropriate. Mr Clifford Bygrave is the appointed SID for the Trust.

The constitution provides that the Board of Directors appoint a vice chairman from one of our Non-Executive Directors. The vice chairman should deputise for the chair as and when appropriate. Mr Clifford Bygrave is the Vice Chairman of the Trust.

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

From 1st January 2010 the Council of Governors has been chaired by Mr Spencer Colvin. Council of Governor meetings are held at least three times in each financial year and are open to the public and representatives of the press. Since September 2009 these meetings have been held every two months.

In April 2012 the Council of Governors appointed uncontested Mr Ray Gunning as Deputy Chair/Lead Governor of the Council of Governors for a term of two years. The Deputy Chairman or Lead Governor of the Council of Governors presides as chair of any meeting of the Council of Governors where the Chairman presiding at that meeting in terms of a conflict of interest (section 12.29 of the Constitution). The Lead Governor is also the nominated person that Monitor would contact in the event that it is not possible to go through the Chair or the Trust's Secretary.

The Council of Governors met six times during 2012/13 and the attendance is recorded in the Record of Committee Membership and Attendance.

Register of Interests of the Council of Governors' Members

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

Elections

Our annual elections to the Council of Governors were held during May – July 2012. The Electoral Reform Services Ltd was retained as our independent scrutiniser to oversee the elections, which were held in accordance with the election rules as stated in our constitution.

The following constituency seats were filled by uncontested candidates

- Staff: Professional and Technical
- Staff: Admin, Clerical and Management
- Public: Hertfordshire

The following constituency seats were filled by election

- Public: Bedfordshire
- Public: Luton
- Staff: Volunteers

The governors serving for NHS Luton and Central Bedfordshire Council were reviewed during the year.

Analysis of Annual Election Turnout:

Date of election	Constituencies involved	Number of members in Constituency	Number of seats contested	Number of Candidates	Election turnout %
July 2012	Luton	5,989	4	9	19.2%
July 2012	Bedfordshire	2,514	4	9	24%
July 2012	Volunteers	183	1	2	N/A

GOVERNORS IN POST – April 2012 to March 2013

Constituency	Name	Selection process	Changes in year	Term of office	Attendance of COG meetings
Appointed Governors					
NHS Luton	Mr Simon Wood	Appointed to 2013		3 years	2/6
NHS Bedfordshire	Dr Paul Hassan	Appointed to 2013		3 years	0/6
NHS Hertfordshire	Mrs Elaine Askew	Appointed to 2013		3 years	0/6
Central Bedfordshire Council	Cllr Norman Costin	Appointed to 2014		3 years	1/6
Luton Borough Council	Cllr Mahmood Hussain	Appointed to 2013		3 years	3/6
Luton Chamber of Commerce	Ms Cheryl Smart	Appointed to 2015		3 years	2/6
University College London	Prof Brian Davidson	Appointed to 2013		3 years	2/6
University of Bedfordshire	Mr Donald Harley	Appointed to 2013		3 years	2/6
University College London	Prof Brian Davidson	Appointed to Sept. 2012		3 years	4/6
University of Bedfordshire	Mr Donald Harley	Appointed to Sept. 2013		3 years	5/6
Public Governors					
Hertfordshire	Mr John Harris	Elected to 2014		3 years	6/6
	Mr Malcolm Rainbow	Elected to 2015	Start of 2nd term	3 years	6/6
	Mr Guy Thomas	Elected to 2015	Start of 1st term	3 years	2/3
Bedfordshire	Ms Janet Curt	Elected to 2015	Start of 3rd term	3 years	5/6

Constituency	Name	Selection process	Changes in year	Term of office	Attendance of COG meetings
	Mrs Maureen Dewar	Elected to 2012	End of term 2012	3 years	2/3
	Miss Dorothy Ferguson	Elected to 2015	Start of 1st term	3 years	3/3
	Mr Ray Gunning	Elected to 2015	Start of 3rd term	3 years	6/6
	Mr Bart Hanley	Elected to 2015	Start if 1st term	3 years	2/3
	Ms Rowena Harrison	Elected to 2014	Start of 2nd term	3 years	5/6
	Ms Gillian Hiscox	Elected to 2013		3 years	1/6
	Mr Roger Turner	Elected to Sept 2014		2 years	3/4
	Mrs Anne White	Elected to Sept. 14	Resigned Aug 2012	3 years	1/2
Luton					
	Mr Philip Ashton	Elected to 2012	End of term	3 years	2/3
	Mr Keith Barter	Elected to 2013	Start of 2nd term	3 years	5/6
	Mr Peter Brown	Elected to 2013	Start of 2nd term	3 years	5/6
	Ms Tracee Cossey	Elected to 2015	Start of 2nd term	3 years	5/6
	Ms Marie-France Capon	Elected to 2015	Start of 2nd term	3 years	4/6
	Mrs Bina Gupta	Elected to 2015	Start of 2nd term	3 years	6/6
	Mr Anthony Scroxton	Elected to 2013		3 years	6/6
	Mr Gary Fabian	Elected to 2013	Term ended March 2013	3 years	0/6
	Mr Derek Brian Smith	Elected to 2015	Start of 1st term	3 years	3/3
	Mr Vic Skates	Elected to 2015	Start of 2nd term	3 years	6/6
	Mr Jack Wright	Elected to 2015	Start of 2nd term	3 years	6/6
	Mr John Young	Elected to 2015	Start of 2nd term	3 years	4/6
Staff Governors					
Staff	Mr Jim Machon	Elected to 2015	Start of 2nd term	3 years	4/6
	Mrs Ros Bailey	Elected to 2013		1.5 years	4/6
	Ms Lesley Groves Nursing and Midwifery (including Health Care	Elected to 2014		3 years	5/6
	Mrs Mel Groocock Nursing and Midwifery (including Health Care Assistants)	Elected to 2013		1.5 years	2/6
	Mrs Christina Lieberman Nursing and Midwifery (including Health Care Assistants)	Elected to 2014		3 years	3/6
	Mrs Pam Brown Volunteers	Elected to 2013	Start of 3rd term	3 years	5/6
	Mr Chi-Hwa Chan Medical and Dental	Elected to 2014		3 years	1/6
	Mr Gerald Tomlinson Ancillary and Maintenance	Elected to 2013		1.5 years	1/6
	Ms Barbara Turner Professional and Technical	Elected to 2015	Start of 3rd term	3 years	3/6

Anyone wishing to contact Governors can write to the Governors' email address governors@ldh.nhs.uk or to the Board Secretary. The Members' Newsletter can be found on the L&D's website.

Council of Governors Sub Committees

There are three sub-committees of the Council of Governors

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

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

During 2012/13 the committee met once and has completed the following activities:

- Appointed two Non-Executive Directors.
- Approved the remuneration and allowances for the Non-Executive Directors.
- Agreed the outcomes of the Non-Executive Directors appraisals.
- Agreed the outcome of the annual appraisal of the Chair by the Senior Independent Director.

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

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

During 2012/13 the committee met six times and has completed the following activities:

- Issued two Ambassador Newsletters.
- Agreed a new Membership Strategy.
- Supported the two Medical Lectures on Dementia and Opthalmology and Annual Member's Meeting.
- Visited locations across the catchment to increase membership.

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

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

During 2012/13 the committee met four times and has completed the following activities:

- Agreed to change the Trust name to Luton and Dunstable University Hospital NHS Foundation Trust.
- To increase the number of Luton Governors to twelve and decrease the number of Hertfordshire Governors to three.
- Agreed the required changes from the Health and Social Care Act 2012.

Foundation Trust Membership

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

i. Luton

ii. Bedfordshire

iii. Hertfordshire

As at 31 March 2013 there were 15188 registered FT members comprising 4228 staff (including volunteers) and 10960 public members. Our FT public membership numbers showed an upward trend by 379 during 2012/13 which is a 3.5% increase as compared to corresponding period of the previous year. The staff member numbers showed an increase of 26% for year 2012/13 as compared to corresponding period of the previous year this is due to the inclusion of bank staff who have been registered to work for us for one year or more in line with our Constitution.

The Governors agreed a Membership Strategy through the Council of Governors in June 2012. Our strategy outlined six objectives and progress on each is outlined below.

1) To increase the membership
The strategy outlined more focussed work on recruiting members in Bedfordshire with an engagement approach to the Luton and Hertfordshire membership. This has been achieved, but more recruitment in Bedfordshire is required.

2) To ensure membership diversity
A review of the diversity of the membership identified that we need to increase the number of younger members. The aim to increase the membership by 30 in the 16-24 category has been achieved.

3) To develop the membership database
In order to increase communication, the aim to increase the number of recorded e-mails was set at 18-20%. For 2012/13, 30% was achieved. An annual review of those members that need to be removed was also conducted and the database updated.

4) To provide learning and development opportunities to the membership
The plan for 2012/13 was to hold two medical lectures and two further events within the year. This year, two medical lectures were held – one on Dementia and one on Ophthalmology held at the Barnfield West facility. The Ophthalmology medical lecture proved to be the most popular so far with 250 members in attendance. A smaller lecture on Diabetes was also held at the Medici Medical Centre in Luton during Diabetes Week in June 2012 and there were four events held over the year that involved access for the membership to our medical consultants, Chair and Governors. These were held in Toddington, Redbourn, Wheathampstead and Harpenden. Each proved a popular experience for the membership and provided excellent opportunity to learn about our services and speak to the medical team.

5) To communicate with the membership and encourage them to stand in elections
Our strategy for this year involved continuing with our Ambassador newsletter. Two were issued in 2012/13 and there was a change in focus to inform the membership about the Governors and how they are involved in the hospital work. This has proved a worthwhile and effective means of communicating our achievements and developments among our members and local stakeholders. For 2012/13 we also produced an Annual Review that was issued to the membership at the Annual Members Meeting in September 2012. The strategy also committed us to sending out more communications via e-mail. This was achieved, but ensuring the correct e-mails and increasing e-mails is an ongoing improvement plan. Opportunities to discuss elections and standing for Governors were held in 2012 and resulted in a number standing for election and indeed being elected.

6) Effective use of resources
The Council of Governors Membership and Communication Sub-Committee reviews the budget on behalf of the Governors. This year the Foundation Trust Department has performed well against the budget and been able to approve the membership of the Foundation Trust Governors Association (FTGA), which provides invaluable support to the Governors and also to hold events offsite to encourage more attendance.

Strategy for 2013/14

The strategy will be reviewed in May 2013 by the Membership and Communication Sub-Committee to identify the plans for 2013/14. The main objectives will remain the same and plans to:

- Forecast an increase of the membership to 15,788 for period ending 31 March 2014.
- Further increase the membership and hold engagement events in Bedfordshire.
- Target key membership groups to discuss becoming Governors.
- Hold medical lectures at different sites across Bedfordshire and Hertfordshire.
- Conduct more events with the younger membership.

Elections for the Council of Governors will be held in June/July 2013 for nine seats (six public and three staff). Once again we will engage the services of the Electoral Reform Services Ltd to assist with the electoral process as the independent scrutineer.

Membership size and movement:

Public constituency	2012/13 (Plan)	2012/13 (Actual)	2013/14 (Plan)
At year start (April 1)	10,581	10,581	10,960
New members	600	555	600
Members leaving	200	176	200
At year end (March 31)	10,981	10,960	11,360
Staff constituency*			
At year start (April 1)	3,335	3,972	4,228
New members	397	1070	1,034
Members leaving	366	814	908
At year end (March 31)	3,366	4,228	4,354
Total Members	14,347	15,188	15714
Patient constituency			
Not applicable			

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

Analysis of current membership:

Public Constituency	Number of members	Eligible membership
Age (years):		
0-16	5	338,319
17-21	126	94,471
22+	8,163	1,155,628
Unknown	2,666	-
Ethnicity:		
White	5,782	1,328,567
Mixed	69	20,921
Asian or Asian British	1,552	66,614
Black or Black British	465	24,747
Other	299	11,278
Unknown	2,793	-

Public Constituency	Number of members	Eligible membership
Socio-economic groupings: *		
ABC1	5,832	678,020
C2	2,055	197,958
D	2,336	132,682
E	737	38,237
Gender analysis		
Male	4,607	786,448
Female	6,317	801,970
Patient Constituency		
	Not applicable	

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

Notes:
TOTAL - Eligible members:
Age: 1,588,418
Ethnicity: 1,452,127 **
Socio-economic: 1,046,897 ***
Gender: 1,588,418

The figures for Ethnicity and Socio-economic do not add up to 1,588,418.
The reasons provided by Membership Engagement Services are listed below:

** The overall Ethnicity figure for Eligible members is often lower than the other figures purely because it is based on a projection from the 2001 Census data so unable to provide a perfectly accurate representation.

*** The overall Socio-economic figure for Eligible members is lower due to the fact that it only takes into account those between the ages of 16-64 leaving out those outside of that range.

Membership Recruitment and Engagement

Governors, supported by our membership team have continued to recruit and interact with members through initiatives such as recruitment drives and events such as medical lectures and events at GP surgeries (see the Membership and Communication Committee). In many instances these activities also included "meet your Governor" sessions to ensure the membership can contact their Governor. In this regard several of our local GPs opened their surgery doors to facilitate discussions between our hospital Governors and patients. This enabled our governors to hear at first-hand some of the views and suggestions that patients have about NHS Services. In the 12 months ahead we are planning further meetings in community settings to engage with the people that are harder to reach and to work with schools and colleges to encourage members from age 16 to 18.

Anyone wishing to enquire about becoming a member of the Luton & Dunstable Hospital NHS Foundation Trust can contact the membership team at the address shown below.

Contact Details

The L&D Foundation Trust's Membership Department can be contacted on: 01582 718333
or by email: foundationtrustmembership@ldh.nhs.uk

or by writing to:
Membership Department
Luton & Dunstable Hospital NHS Foundation Trust
Lewsey Road, Luton
LU4 0DZ

The L&D Foundation Trust's Governors can be contacted by email: governors@ldh.nhs.uk
(please indicate which Governor you wish to contact)

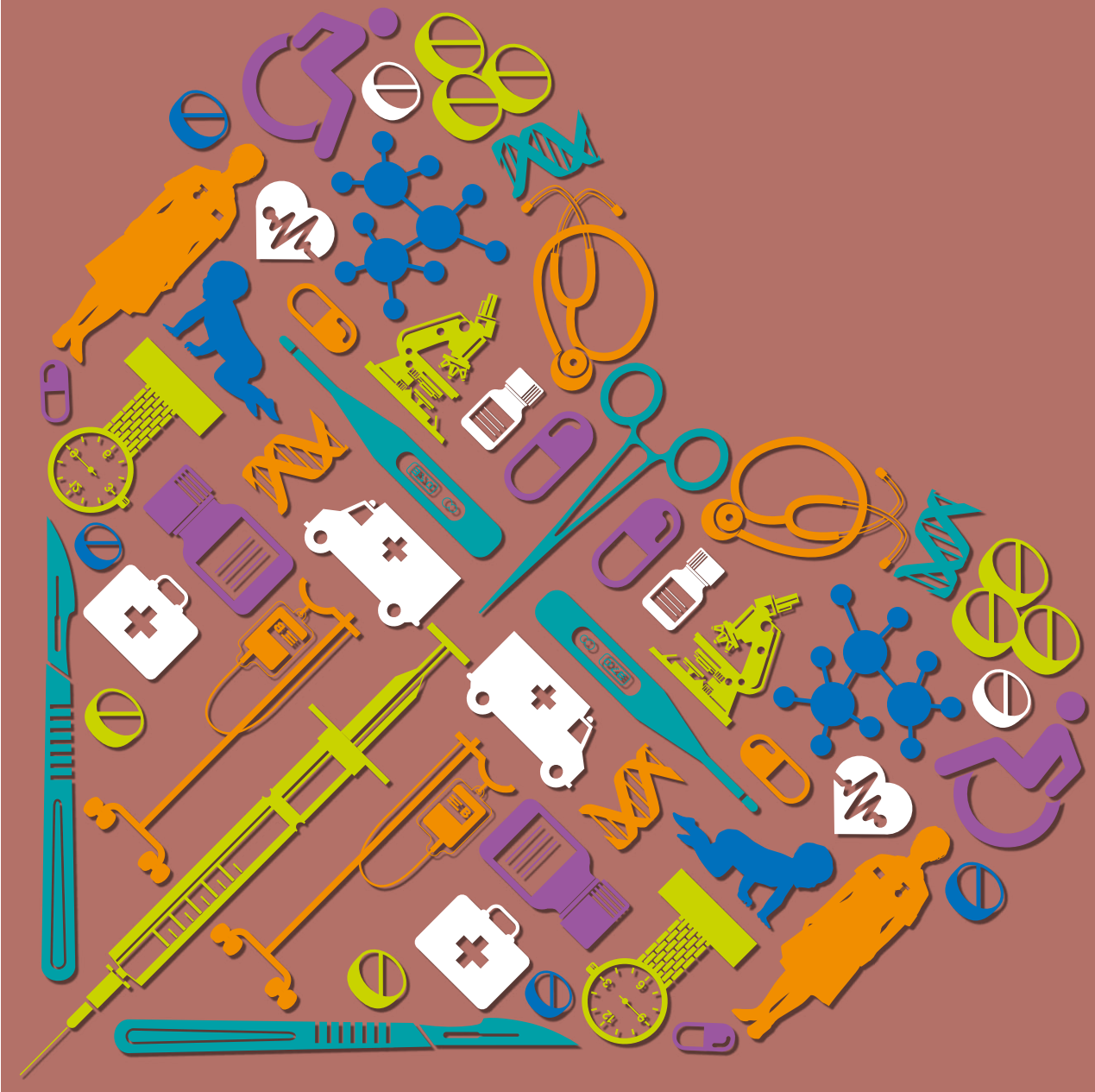
or by writing to:
(Name of Governor)*
c/o Board Secretary
Luton & Dunstable Hospital NHS Foundation Trust
Lewsey Road, Luton
LU4 0DZ

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

Financial Performance Report

Review of Financial Performance 92

Remuneration report 94



Review of Financial Performance

We achieved a financial surplus for the fourteenth successive year with a 2012/13 surplus of £0.9m. This was behind the planned surplus of £2.4m forecast within our Annual Plan and reflects the challenging environment in which we operate.

Our staff successfully handled a range of financial pressures and challenges throughout the year. This included delivering savings to accommodate efficiency targets inherent within the national tariff system, meeting the costs of pay reform from Agenda for Change, and activity related pressure caused by both the four hour emergency care target and the 18 week elective care targets. Furthermore the hospital was significantly challenged by periods of Norovirus and lack of community bed provision and increased demand for services that put pressures on staff and bed availability. The table below illustrates our historic income and expenditure (I&E) performance since 2005/06.

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Turnover	143.6	153.2	169.1	189.3	204.9	211.6	220.8	230.6
Surplus	0.4	2.0	2.9	4.3	3.1	2.6	2.5	0.9
Cash	1.9	18.8	35.4	45.4	43.7	50.9	47.6	37.5

All figures £m

We continued to manage our cash balances closely, ending the year with a balance in excess of £37m. Given the level of cash accrued since achieving Foundation Trust status our working capital borrowing facilities remain unused.

We invested £11m in long-term investments. Significant projects included the completion of the Cardiac Catheterisation Laboratory, additional car parking capacity, increased endoscopic capacity, over £2m on new medical equipment and further sums on a range of IT and estate infrastructure projects.

The Board is now reviewing a new medium term financial strategy with the desire to undertake a major Hospital Development Project to support our Clinical Services Strategy.

Looking forward, we expect the new financial year to be significantly more challenging and it is vital that we continue to exercise sound financial management as we enter a period where the NHS faces tighter financial settlements.

Going concern

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

Key Variances from the Plan in 2012/13

The Board of Directors reviewed the position of key site developments in 2012/13. In order to achieve increased value for money, operational efficiency and effectiveness, it was determined that a more considered approach to major investment was required – particularly in light of the challenges facing the NHS.

During 2012/13 the Board became aware that the anticipated demand management initiatives identified by commissioners were not materialising as expected. This meant that the Hospital was required to increase staffing to accommodate patient need. This led to a substantial unplanned agency pay bill which reduced the level of planned surplus in 2012/13.

In order that the Hospital secured a surplus in 2012/13 the Hospital benefitted from a number of one-off (non-recurrent) gains.

Principal risks and uncertainties facing the Trust

We have recorded 14 years of financial surplus. However, this has been achieved in the context of significant growth in NHS funding. It is clear that the challenges from 2013/14 will be significant. From 2013/14 we will be disadvantaged by the twin impact of reduced income (as a result of the tariff decreasing) and unavoidable inflationary cost pressures. These two factors working in tandem will require us to improve efficiency by 4.5% per annum (£10m). The challenge in financial year 2013/14 is made harder by a recurrent shortfall in 2012/13 and a proposition that significant additional costs be incurred to deliver operational targets (£2m).

Furthermore aggregated commissioner QIPP plans sum to more than £7m. These, in part, can be seen to be ambitious. Commissioner schemes are multi-faceted and would require a step change in the control of patient demand for hospital services. We are placed in the unenviable position of second guessing whether schemes will be totally successful and then flexing capacity accordingly.

We have developed a plan designed to deliver our financial strategy. This contains more risk than has been evident in previous years and places significant emphasis on the abilities of Service Line Managers to deliver improved financial performance whilst maintaining operational targets.

We have negotiated a flexible contract for 2013/14, effectively removing any 'cap' or any material risk sharing agreement with commissioners.

We maintain the belief that appropriate clinical outcomes, patient experience and safety remain the highest priorities and that this must be balanced with the requirement to achieve year-on-year efficiency savings.

Another risk for us is the lack of community provision of nursing, intermediate care and rehabilitation beds. This impacts on our ability to safely discharge patients from hospital to appropriate facilities. We are working with the Primary Care Trusts and Clinical Commissioning Groups to resolve these issues as soon as possible.

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

Trends and Factors likely to affect the Trust's Future Performance

The White Paper (Liberating the NHS) identified the requirement for NHS reforms against the backdrop of a very challenging financial position.

The White Paper confirmed that NHS spending in real terms will increase in each year of this Parliament. Despite this, local NHS organisations will need to achieve unprecedented efficiency gains if the NHS is to meet the costs of demographic and technological changes, and even more so if the NHS is to achieve improvements in quality and clinical outcomes. Large cuts in administrative costs will provide an important but still modest contribution. In the next five years, the NHS will only be able to increase quality through implementing best practice and increasing productivity. This will be difficult work. Inevitably, as a result of the record debt, the NHS will employ fewer staff at the end of this Parliament; although rebalanced towards clinical staffing and front-line support rather than excessive administration.

All of this means we have a responsibility to ensure that funding is used as efficiently as possible. The proposals laid out in this White Paper are a part of this. They are intended to put the NHS onto a sustainable footing, so that everyone in the system – from the Department of Health to groups of GP practices – is accountable for the best use of funding.

Remuneration report

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

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

In terms of pay the Committee agreed that, in light of the current economic position, that there would be no pay inflation increase for Executive Directors

The remuneration of individual Directors can be found in note 4.5 to the accounts.

The Remuneration Committee does not determine the terms and conditions of office of the Chairman and Non-Executive Directors. These are decided by the Council of Governors at a separate Remuneration & Nomination Committee.

Pauline Philip
Chief Executive
Date: 22nd May 2013

Fundraising and Charitable Donations

During the period of this report the Luton and Dunstable Hospital Charitable Fund received £488,353 from 1,587 donations including grant-giving Trusts, companies, individuals and community groups. This includes £171,265 income from legacies.

One grateful patient kindly left us a gift in their will to benefit the Macmillan Cancer Unit. This was for £121,500 and has been used to refurbish and buy new furniture for the unit and chemotherapy suite.

Legacies play a key part in shaping the Hospital for future generations. Most people that choose to leave the Hospital a gift in their will also want to specify the area of care they want it to benefit. This is something we encourage people to do so they feel happy that their gift will be well used and benefit thousands of future patients.

We received a further £20,000 from Dunstable Old Peoples Welfare Association to benefit the Care of the Elderly wards. This follows the generous donation of £75,000 they made the year before. This money has been spent on upgrading beds and equipment to reduce the number of falls and improve the environment for patients and their families. It is also being used to set up a Dementia Project to help keep patients with Dementia more active so their condition doesn't deteriorate while they are in Hospital.

The Friends of the Hospital continued their support towards the Hospital and donated £6,245. This has been used to buy medical equipment for wards.

There were a number of large fundraising events through the year to benefit the hospital. The main ones included On Your Marks 2012 (the Hospital's second 2km, 5km and 10km running event) which raised over £10,000, the Dazzling Dinner which raised over £7,000 and the annual corporate Golf Day which raised nearly £5,000.

All of these events benefitted the Neonatal Intensive Care Unit (NICU) Appeal. Events such as these are important not only to raise money but to also raise the profile of the Hospital and its fundraising needs.

The NICU Appeal continues to attract support from families, companies and community groups. £151,915 has been raised over the past 12 months from 327 donations- taking the appeal total to £639,000. The appeal has received a lot of positive publicity in the local media over the past year which has helped generate instant donations but has also resulted in a lot of companies and groups choosing to support the Appeal at a later date.

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

For more details about how to get involved with fundraising or for details about specific projects and what donations are spent on please contact the Fundraising Team on 01582 718 043 or email fundraising@ldh.nhs.uk

The Luton & Dunstable Hospital Charitable Fund is a registered charity in England and Wales. Number 1058704

Property Plant and Equipment and Fair Value

As stated in note 1.5 to the accounts, Property Plant and Equipment are stated at Fair Value which is defined as the lower level of replacement cost and recoverable amount. A review is carried out each year for any potential impairment, with a formal revaluation every five years. The interim valuation as at 31 March 2012, undertaken by Jones Lang LaSalle, formerly King Sturge LLP, showed that there were no material impairments of our estate, comprising of both land and buildings. The Directors' opinion is that there are no fixed assets where the value is significantly different from the value included in the financial statements.

External Auditor

KPMG LLP (UK) is our external auditor. The appointment was made and approved following a presentation by the Chair of the Audit Committee to the Council of Governors.

KPMG LLP (UK) may, from time to time, be asked to carry out non-audit work. The cost of these other services is shown in note 3.1 to the accounts. It is important to ensure that any additional services provided by the external auditors do not impact on their ability to be independent of management, and that conflicts with objectivity do not arise. We will develop a protocol through the Audit Committee to address this. This protocol will need to be approved by the Council of Governors.

Private Finance Initiatives (PFI Schemes)

We have two capital schemes arranged under the PFI:

1. St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 18 years remaining.

2. The electronic patient record scheme is a 10 year scheme that has now completed.

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

Better payment practice code

We are continuing to make progress in this area, settling 95% of non-NHS invoices within 30 days of receipt of a valid invoice. This maintains the improvement achieved in the previous year.

2012/13	Number of invoices	Value £000s
Total Non-NHS trade Invoices paid in the year	69,977	77,020
Total Non-NHS trade Invoices paid within target	66,704	72,251
Percentage of Non-NHS trade Invoices paid within target	95%	94%

Off Payroll Engagements

NHS Foundation Trusts are required to disclose the information in the tables below about off-payroll engagements.

Table 1: For off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012

	Number
Number in place on 31 January 2012	17
Number that have since come onto the Trust's payroll	1
Of which:	
Number that have since been re-negotiated/ re-engaged to include contractual clauses allowing the Trust to seek assurance as to their tax obligations	0
Number that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the Trust to seek assurance as to their tax obligations	0
Number that are governed by agency contract terms and conditions*	12
Number that have come to an end	4
Total	**17**

* The Trust is working with the agency suppliers to ensure the Trust has assurance that the tax arrangements for agency workers are appropriate.

Table 2: For all new off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months

	Number
Number of new engagements	3
Of which:	
Number of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and national insurance obligations	2
Number that are governed by agency contract terms and conditions*	1
Of which:	
Number for whom assurance has been accepted and received	0
Number for whom assurance has been accepted and not received	0
Number that have been terminated as a result of assurance not being received	0
Number for whom assurance has not been requested*[2]	2
Total	**2**

* The Trust is working with the agency suppliers to ensure the Trust has assurance that the tax arrangements for agency workers are appropriate.

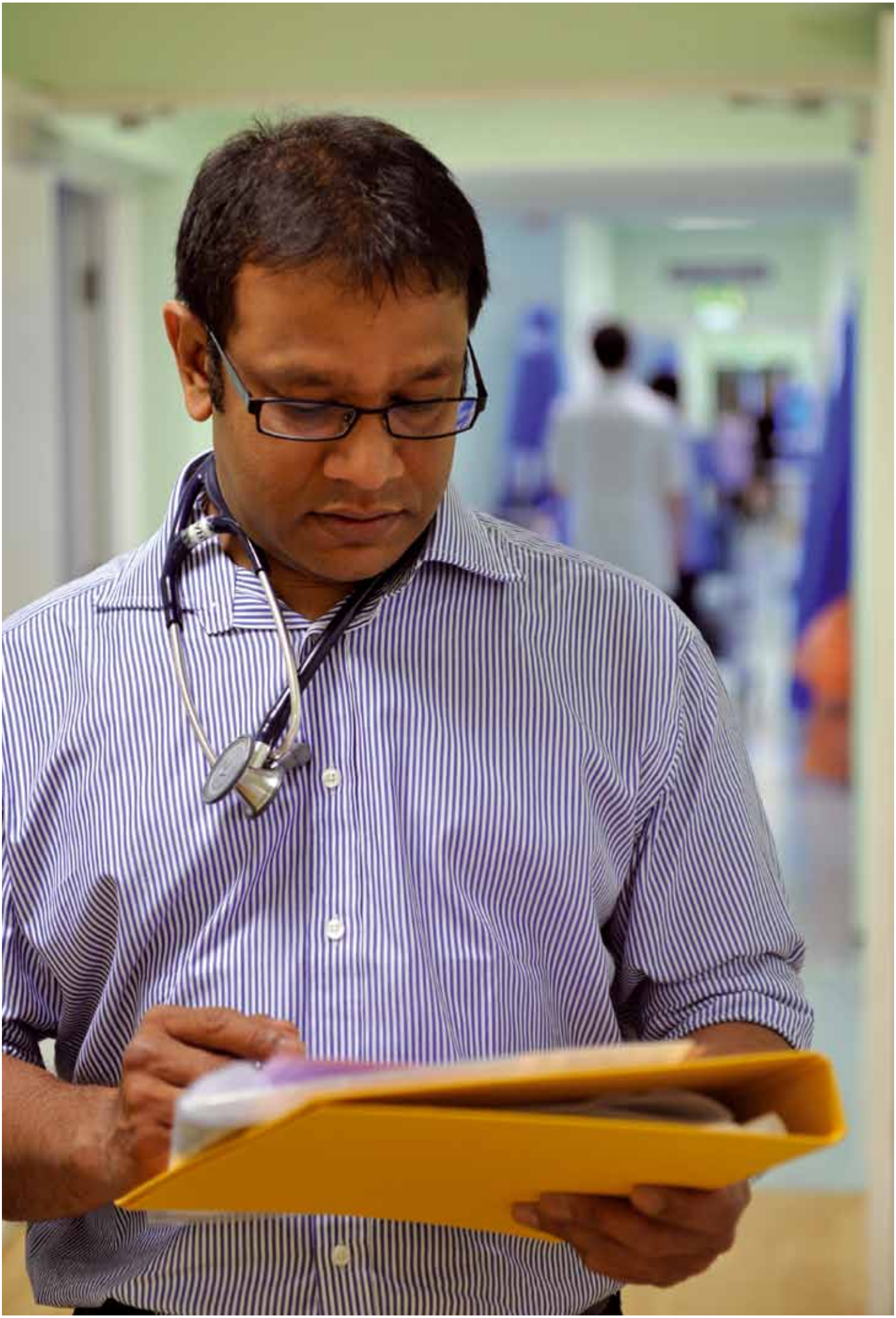
*[2] The Trust has taken the view that as the earnings relating to these engagements are in the 2012/13 tax year it is not appropriate to request assurance at this time as the deadline for tax returns for 2012/13 has not yet passed.

Counter Fraud

We have a counter fraud policy for dealing with suspected fraud and corruption and other illegal acts involving dishonesty or damage to property. Nominated staff who Trust staff can contact confidentially are the Director of Finance and the Local Counter Fraud Specialist (LCFS). The LCFS provides training at induction for all staff and reports quarterly to our Audit and Risk Committee.

Data Loss

Serious incidents are reported to the Clinical Operational Board with assurance provided to the Clinical Outcomes, Safety and Quality Committee that action has been taken and lessons learned. There was one serious incident reported in 2012/13 related to data loss that was not a material breach.



Annual Governance Statement and Accounts

Statement of the Chief Executive's responsibilities	100
Annual Governance Statement 2012/13	101
Independent Audit Opinion	108
Foreword to the accounts	109
Statement of comprehensive income	110
Statement of financial position	111
Statement of changes in taxpayers' equity	112
Statement of cash flows	113
Notes to the accounts	114

Statement of the Chief Executive's responsibilities
as the Accounting Officer of Luton and Dunstable Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Luton and Dunstable Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Luton and Dunstable Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- Prepare the financial statements on a going concern basis.

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

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

Signed

Pauline Philip
Chief Executive
Date: 22nd May 2013

Annual Governance Statement 2012/13

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Luton and Dunstable Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Luton and Dunstable Hospital NHS Foundation Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Chief Executive is accountable for managing risk and leads an Assurance, Risk and Resilience Task Group to ensure that the Trust has robust processes in place to manage risk.

The Board leads for Risk Management are the Medical Director and the Chief Nurse. The Managing Director is the Board lead for non-clinical (including Health and Safety) risk management. The Medical Director leads on clinical risk management and chairs the Clinical Operational Board where all aspects of clinical risk management are discussed. Assurance is then provided to the Clinical Outcome, Safety and Quality Committee and the Audit and Risk Committee. The Clinical Operational Board includes a high level Executive membership and includes the clinical medical consultant leadership though the Divisional Directors. The Divisional Directors are accountable for ensuring risk is embedded within their Divisional Boards.

All risks are reviewed by an Executive Risk Review Group monthly that demonstrates top level leadership to risks by approving all new risks to the risk register.

At induction, new joiners to the organisation undergo basic training in risk management (clinical and non-clinical).

Risk management training sessions are provided as part of the Trust's 'Governance into Practice' training scheme, available to all staff.

Liaison with Divisional Directors ensures that when practice is changed as a result of integrated learning from the risk management process, this is cascaded to Divisions. This takes place through the Clinical Operational Board and the Divisional Board meetings.

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

The risk and control framework

Risk is managed at all levels of the Trust and is co-ordinated through an integrated governance framework consisting of performance and assurance processes. The Executive Board and the Clinical Operational Board lead the review of risk through the Divisional, Information Governance, Equality and Diversity and Site Redevelopment sub-boards. The Board of Directors lead the review of board level strategic risk seeking assurance from the Audit and Risk, Clinical Outcome, Safety and Quality (COSQ) and Finance, Investment and Performance Committees.

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

There is a risk review process under the leadership of the Executive Directors, who meet weekly and approve any new risks that have been identified through the Divisions, Corporate Services or Committees and reported through the central risk register database (Datix). This group will agree whether the risk is a Strategic Board Level Risk that has implication for the achievement of the Trust objectives, review the assessment score (risk appetite) and also allocate the risk to the relevant Sub-Committee for assurance and operational board for performance monitoring. The Risk Review Group also monitors the risks being closed by the Divisions to ensure the Executive Team is aware of risk amendments.

The assessment and subsequent management of risk is informed by its quantification using a risk grading matrix, which is set by the Board of Directors. Consequence and likelihood tables are outlined in the Risk Management Framework across a range of domains; the consequence tables grade each risk by reference to its expected impact. This, combined with the likelihood score, defines a measure of overall risk. The Trust risk tolerance is set by considering all risks through the Risk Review Group and identifying those risks that have implications to the achievement of the Trust objectives. Any of these Board Level Risks that are rated as a high risk are reported to the Board of Directors monthly. Actions and timescale for resolution are agreed and monitored. Through this process, the Board are informed of any risks that would require acceptance as being within the Trust's risk tolerance.

The organisations major risks are detailed on the Trust Risk Register and Assurance Framework. Through the Annual Plan, the risks are formulated into five elements and the risks linked to those and their mitigating action are documented. The Risk Register is reviewed by the Board of Directors, Audit and Risk Committee, COSQ, FIP, and Executive Board, it contains in year and future risks.

L&D Top 5 Risks

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Outcome Monitoring
Clinical Operational	Increased emergency pressures, ongoing lack of community provision, whole system working and patient experience in outpatients	High	High	Board approved action plans with Trust partners. Transformational programme for outpatients	Managed emergency activity, improved discharge process, improved patient outcomes for outpatients
Service Development	Trust site may not be consistent for optimum patient care	High	High	Board led service re-development strategy including a site redevelopment master plan	Implementation of clinical service re-development plan and hospital re-development plan
Business Continuity	The Trust needs to be able to function in the event of a major or catastrophic event.	High	Low	Ensure that the new Emergency and Business Continuity plans are communicated and understood by key staff.	New Business Continuity tested plan. Risk Assessment ongoing and relevant adaptation of plans.
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

Risk Type	Risk description	Impact	Likelihood	Mitigating actions	Outcome Monitoring
Finance	Delivering the financial challenge in 2013/14 including commissioner plans, agency spend, CQUIN and efficiency requirements	High	High	Monthly review of key income & expenditure metrics. Monthly performance review meeting with Divisions led by Executive Directors. Assurance and oversight provided by FIP with monthly report to FT Board.	Monthly reports of cumulative financial performance. Trust to create a contingency budget to assist with risk mitigation Thereafter FT has planned surplus and cash reserve to buffer downside risk to going concern status.

Incident reporting is actively promoted and encouraged across all directorates as part of the culture of the organisation. The Trust actively promotes a culture of 'fair blame' / 'just blame', to encourage staff to report incidents. Incidents that have a significant impact on the Trust, its business or an individual are immediately and thoroughly investigated and the lessons learnt are shared across the Divisions.

Risks to data security are managed through a security risk register and through incident reporting. Mitigating actions are reviewed through the Information Governance Steering Group and reports to the Executive Board.

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

- Each Divisional Board reviews reported incidents on a quarterly basis and are required to report to the Clinical Operational Board a CLIP report (Complaints, Litigation, Incidents and Patient Affairs) to triangulate and reflect on the issues raised, develop any further controls to manage the principal risks and to minimise, as far as reasonably practical, the incident occurring again. If there is a persistent risk issue identified from the incident, the issue is evaluated through the Risk Register and also subjected to independent scrutiny (for example: internal audit, NHS Litigation Authority Risk Management Standards)

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

- Business cases include a risk analysis both financially and clinically. This is an improving process as the Trust moves to a more refined format of Service Line Management in 2013/14.

During 2012/13 the Trust also embedded a culture of external review and the engagement of independent expertise to facilitate greater objectivity and learning.

- During the year in addition to using the services of internal and external audit, we also commissioned a number of specific reviews including fractured neck of femur. This practice will continue in 2013/14.

- We engaged a number of consultants and turnaround experts to address concerns in relation to delivering the cancer, 18 weeks and outpatients targets, again, where appropriate this practice will continue.

- The value of benchmarking and learning from others has been greatly enhanced through our membership of UCL Partners and the McKinsey Hospital Institute. This endeavour has been complemented by external reviews into orthopaedics, medical productivity and patient flow.

The Luton and Dunstable NHS Foundation Trust is fully registered with the CQC and its current registration is **Registration Without Conditions.**

No enforcement action has been taken against us during the reporting period April 1st 2012 and 31st March 2013. The CQC assessed us on the 18th June 2012 and assessed compliance against ten essential standards. Based on their comprehensive assessment undertaken over two days, the CQC were satisfied that we are meeting all 10 of the essential standards of quality and

safety that were assessed (Outcome 02 - Consent to care and treatment; Outcome 04 - Care and welfare of people who use services; Outcome 06 - Cooperating with other providers; Outcome 07 - Safeguarding people who use services from abuse; Outcome 08 - Cleanliness and infection control; Outcome 09 - Management of medicines; Outcome 13 – Staffing; Outcome 16 - Assessing and monitoring the quality of service provision; Outcome 20 - Notification of other incidents; Outcome 21 – Records).

The CQC currently publish a Quality and Risk Profile each month illustrating their assessment of the risk of non-compliance with any outcome. This is reviewed monthly by the Clinical Outcome, Safety and Quality Committee to take appropriate action and monitor trends.

Trust compliance with Care Quality Commission Outcomes is judged through regular reporting and analysis of self and peer assessment of outcomes at ward level. Self assessment is conducted once a month, with internal and external peer assessment in subsequent months. Summary reports are seen by Clinical Operational Board and Clinical Outcome Quality and Safety Committee each month. Provider compliance assessment forms are held for key areas for example those relating to Human Resources and outcomes 12, 13 and 14 to supplement the observational assessments described above.

The Trust promotes the involvement of patient representatives to ensure the quality of performance data and to triangulate feedback and reviews in many aspects of its activities. Patients are represented on the following committees:

- Equality, Diversity & Rights Committee
- Clinical Audit and Effectiveness Committee
- Patient Experience Group
- PEAT (Patient Environment Action Team)
- Research and Development Group
- Patient Information Working Group
- Ethics Committee
- Transforming Outpatients
- Catering Review

LINks monitor the services provided by the Trust and report directly to the Chief Executive and these are then referred to appropriate Directorate for consideration and action. Representatives from Luton LINks are members of the Trusts Patient Experience Committee. The National Patient Survey action plan is also progressed and monitored through this group. LINks have been involved in the development and assurance of the Quality Accounts.

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

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Trust has reported about progress with carbon reduction within the Operational Performance section of this report.

Review of economy, efficiency and effectiveness of the use of resources

In addition to the financial review of resources within the quarterly monitoring returns to Monitor and the monthly financial information provided to all budget holders, the processes that have been applied to ensure resources are used economically, efficiently and effectively include the below departments and groups. The Trust has also strengthened governance arrangements for the Finance, Investment and Performance Committee during 2012/13 with Divisions presenting directly to the committee on a range of financial and operational matters.

A Clinical Audit and Effectiveness Department is also maintained to:

- Oversee the implementation of National Institute of Clinical Effectiveness (NICE) guidance.
- Monitor the introduction of new techniques ensuring clinical and cost effectiveness of new treatments, as well as the appropriate training of clinicians.
- Support clinical audit work within the Trust, ensuring clinicians work in the most effective way, adopting good practice uniformly across the Trust through protocols and guidelines.

The use of management groups charged with monitoring efficiency and effectiveness as part of their terms of reference:

- The Medical Equipment Group advises on the replacement and purchase of new medical equipment.
- The Medicines Management Group oversees the maintenance and development of the drug formulary to ensure clinically appropriate and cost effective use of medicines.

The Trust's efficiency is quantified annually through the national reference costs exercise. The latest published index for the Trust is 99 (based on 2011-12 accounts and activity) compared to a national average index of 100.

The Trust is also engaging in a range of benchmarking exercises to determine best practice and assess the means of implementing it at the Luton & Dunstable.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual 2012/13*.

The Quality Account is the responsibility of the Director of Quality supported by all of the Executive Team and is written following guidance issued by Monitor. Processes put in place via the Information Governance Toolkit, led by the Director of Information Technology, as Senior Information Risk Owner (SIRO), provides assurance that the Trust's Data Quality is reviewed and monitored.

For 2012/13 the Director of Quality engaged with Trust staff, local LINks, Trust Governors and Patients to review the indicators and priorities that the Trust should focus on and develop indicators on into next year.

Through the Information Governance Toolkit, the Trust has a number of key information policies in place including data quality that sets out the roles and responsibilities.

The Trust has three reports that feed data into the Board of Directors; the Quality, Performance and Workforce Reports. Each of these contains data that is tracked over months and years to identify variances.

The Trust monitors Dr Foster alerts through the Clinical Operational Board and Clinical Audit and Effectiveness Committee. Clinical Audit forward plans detail the work undertaken to review the data quality of these alerts. Annually the Trust has an external audit of clinical coding that demonstrated excellent practice and an internal audit of Information Governance that demonstrates assurance against the Information Governance Toolkit that includes Data Quality.

The Trust reviews directorate dashboards e.g. maternity to collect data at source and monitors the effectiveness of central data through the SUS reports. The Trust monitors key performance indicators in relation to data quality that demonstrates improving practice across the Trust.

Review of effectiveness

I have drawn on the content of the Quality Report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and Clinical Outcome, Safety and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal control during 2012/13 was monitored by the following:

- The Board of Directors – The Board places reliance upon the Audit and Risk Committee for assurances that the system of internal control is sound.

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

- The structure of the Board of Directors meetings during 2012/13 allows the appropriate time to ensure matters regarding Performance and Quality would be managed through the whole Board

- The Clinical Outcome, Safety and Quality Committee focus on assurance issues relating to clinical and corporate governance, risk management and assurance framework and report monthly to the Board. It also manages achievement of the annual Governance Plan. This committee is supported by the Clinical Operational Board that ensures divisional clinical leadership. The COSQ committee also receive assurance against the Care Quality Commission Quality Outcomes on a monthly basis.

- The Clinical Audit and Effectiveness Committee reports to the Clinical Operational Board. The committee ensures clinical leadership through the divisions, monitors the implementation of NICE guidance and reviews the Dr Foster benchmarking data sets to review trends. This process is reported to the Executive Board and assurance provided to the Clinical Outcome, Safety and Quality Committee.

- The Finance, Investment and Performance Committee focuses on finance, investment and performance. The committee takes an overview of operational activity and performance against national and local targets.

- Internal Audit – Internal Audit review the system of internal control during the course of the financial year and report accordingly to the Audit and Risk Committee

Compliance with the NHS Foundation Trust Code of Governance

We consider that the Luton and Dunstable Hospital NHS Foundation Trust complies with the main and supporting principles of the Code of Governance. This includes the issues of whether or not all of the Non Executive Directors are independent in accordance with code provision A.3.1. The Board has determined that all of the NEDs are independent in character and judgement.

In relation to the more detailed provisions of the Code of Governance, we are compliant with the provision with the exception of section A.3.2 in that the Board does not have half the Board of Directors as Non-Executive Directors excluding the Chair. In our Constitution the Chair votes as a Non-Executive

My review is also informed by:

- The work conducted by the external auditors who focused on our quality accounts, internal audit's processes in line with ISA requirements and three-year strategic audit plan, purchasing and payroll cycles, IT audit of the overall computer environment, financial accounts, charity consolidation and taxation.

- Internal Audit, who have conducted reviews of Financial Reporting and Budgetary Control, Key Finance systems, Risk Management, Business

Continuity Management, core IT system controls, Information Governance, implementation of NICE guidance, Clinical Audit, Payment by Results invoicing, Charitable Funds, and Governance and Performance Management within the Medicine Division. Internal Audit reviews are conducted using a risk based approach covering areas agreed as being the priority for review based on a Strategic Plan agreed between the auditors, management and the Audit and Risk committee.

- The Head of Internal Audit Opinion reports that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and / or inconsistent application of controls, puts the achievement of particular objectives at risk. The weaknesses identified, for which actions have been agreed and are either in progress or have been completed since the audit reviews, concerned the level of detail on issues and actions being taken reported in monthly finance reports, access controls to certain Trust IT systems and completeness of updating of operational risk records within the Trust's risk management system.

- Any risk that is identified through internal audit is subject to robust action plans to address weaknesses and these are reviewed and monitored through the Audit and Risk Committee and the Clinical Outcome, Safety and Quality Committee.

Conclusion

The generally sound system of internal control is supported by a robust governance structure that reviewed any identified weaknesses regularly. Some areas for action were identified during the year and immediate action taken to mitigate and resolve the concerns.

Pauline Philip
Chief Executive
Date: 22nd May 2013

Independent Audit Opinion

Independent Auditor's Report to the Council of Governors of Luton and Dunstable Hospital NHS Foundation Trust

We have audited the financial statements of Luton and Dunstable Hospital NHS Foundation Trust for the year ended 31 March 2013 on pages C14 to C54. These financial statements have been prepared under applicable law and the NHS Foundation Trust Annual Reporting Manual 2012/13.

This report is made solely to the Council of Governors of Luton and Dunstable Hospital NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the accounting officer and the auditor

As described more fully in the Statement of Accounting Officer's Responsibilities on page 126 the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in , he financial statements sufficient to give reasonable assurance' that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the accounting officer and the overall presentation of the financial statements. In addition we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of Luton and Dunstable Hospital NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report where under the Audit Code for NHS Foundation Trusts we are required to report to you if, in our opinion, the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or is not consistent with our knowledge of the }rust and other information of which we are aware from our audit of the financial statements.

We are not required to assess, nor have we assessed, whether all risks and controls have been addressed by the Annual Governance Statement or that risks are satisfactorily addressed by internal controls.

Certificate

We certify that we have completed the audit of the accounts of Luton and Dunstable Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Fleur Nieboer for and on behalf of KPMG LLP,
Statutory Auditor

Chartered Accountants
15 Canada Square, London, E14 5GL

29 May 2013

Foreword to the accounts

These accounts for the year ended 31st March 2013 have been prepared by the Luton and Dunstable Hospital NHS Foundation Trust under schedule 7 paragraph 24 and 25 of the National Health Service Act 2006 in the form which Monitor has, with the approval of the Treasury, directed.

Pauline Philip
Chief Executive
Date: 22nd May 2013

Statement of comprehensive income

	note	2012/13 £000	2011/12 £000
Operating Income from continuing operations	2	230,664	220,552
Operating Expenses of continuing operations	3	(227,101)	(215,792)
Operating surplus		**3,563**	**4,760**
Finance Costs			
Finance income	6.1	349	389
Finance expense - financial liabilities	6.2	(771)	(788)
Finance expense - unwinding of discount on provisions		(19)	(23)
PDC Dividends payable		(2,264)	(1,843)
Net finance costs		**(2,705)**	**(2,265)**
Surplus from continuing operations		858	2,495
Surplus for the year		**858**	**2,495**
Surplus for the year		858	2,495
Other comprehensive income			
Revaluations impact		(1,457)	2,083
Total comprehensive income for the year		**(599)**	**4,578**

Note: Allocation of profits for the period: The Trust does not have any subsidiaries and is not part of a group consequently allocation of profits is not required.

Statement of financial position

	note	31 March 2013 £000	31 March 2012 £000	1 April 2011 £000
Non-current assets				
Intangible assets	7	**473**	**500**	**0**
Property, plant and equipment	8	**94,822**	91,807	85,715
Trade and other receivables	14	**1,318**	1,350	1,352
Other assets	15	**3,617**	3,863	4,103
Total non-current assets		**100,230**	**97,520**	**91,170**
Current assets				
Inventories	13	**2,584**	2,263	2,327
Trade and other receivables	14	**11,868**	9,752	7,122
Cash and cash equivalents	24	**37,738**	47,597	50,940
Total current assets		**52,190**	**59,612**	**60,389**
Current liabilities				
Trade and other payables	16	**(26,281)**	(28,165)	(25,863)
Borrowings	18	**(202)**	(209)	(296)
Provisions	22	**(4,741)**	(6,683)	(7,319)
Other liabilities	17	**(2,239)**	(2,184)	(2,742)
Total current liabilities		**(33,463)**	**(37,241)**	**(36,220)**
Total assets less current liabilities		**118,957**	**119,891**	**115,339**
Non-current liabilities				
Trade and other payables	16	**(42)**	(208)	0
Borrowings	18	**(12,141)**	(12,348)	(12,557)
Provisions	22	**(798)**	(760)	(785)
Total non-current liabilities		**(12,981)**	**(13,316)**	**(13,342)**
Total assets employed		105,976	**106,575**	**101,997**
Financed by (taxpayers' equity)				
Public Dividend Capital		**60,149**	60,149	60,149
Revaluation reserve	23	**13,740**	17,165	17,002
Income and expenditure reserve		**32,087**	29,261	24,846
Total taxpayers' equity		**105,976**	**106,575**	**101,997**

Pauline Philip
Chief Executive
22nd May 2013

The notes on pages 114 to 149 form part of the financial statements.

Statement of changes in taxpayers' equity

	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure £000	Total £000
Taxpayers' Equity at 1 April 2012 - as previously stated	60,149	17,165	29,261	**106,575**
Surplus/(deficit) for the year	0	0	858	**858**
Revaluations Impact	0	(1,457)	0	**(1,457)**
Transfers between reserves	0	(1,968)	1,968	**0**
Taxpayers' Equity at 31 March 2013	**60,149**	**13,740**	**32,087**	**105,976**
Taxpayers' Equity at 1 April 2011 as previously stated	**60,149**	**17,002**	**24,846**	**101,997**
Surplus/(deficit) for the year	0	0	2,495	**2,495**
Revaluations Impact	0	2,083	0	**2,083**
Transfers between reserves	0	(1,920)	1,920	**0**
Taxpayers' Equity at 31 March 2012	**60,149**	**17,165**	**29,261**	**106,575**

Statement of cash flows

	2012/13 £000	Restated* 2011/12 £000
Cash flows from operating activities		
Operating surplus from continuing operations	**3,563**	4,760
Operating surplus	**3,563**	**4,760**
Non-cash income and expense:		
Depreciation and amortisation	**6,864**	6,162
(Gain)/Loss on disposal	**8**	235
Dividends accrued and not paid or received	**0**	47
(Increase)/Decrease in Trade and Other Receivables	**(2,131)**	(2,804)
(Increase)/Decrease in Inventories	**(321)**	64
Increase/(Decrease) in Trade and Other Payables	**(1,397)**	2,414
Increase/(Decrease) in Other Liabilities	**55**	(558)
Increase/(Decrease) in Provisions	**(1,923)**	(661)
Other movements in operating cash flows	**(2)**	48
Net Cash Generated From Operations	**4,716**	**9,613**
Cash flows from investing activities		
Interest received	**349**	389
Purchase of Intangibles	**(36)**	(125)
Purchase of Property, Plant and Equipment	**(11,770)**	(10,422)
Sale of Property, Plant and Equipment	**20**	0
Net cash generated used in investing activities	**(11,437)**	**(10,158)**
Cash flows from financing activities		
Capital element of Private Finance Initiative Obligations	**(213)**	(296)
Interest element of Private Finance Initiative obligations	**(771)**	(788)
PDC Dividend paid	**(2,154)**	(1,714)
Net cash used in financing activities	**(3,138)**	**(2,798)**
Increase/(decrease) in cash and cash equivalents	**(9,859)**	(3,343)
Cash and Cash equivalents at 1 April 2012	**47,597**	50,940
Cash and Cash equivalents at 31 March 2013	**37,738**	**47,597**

* Comparator restated to correct minor errors.

Notes to the accounts

1. Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the FT ARM which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2012/13 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1 Consolidation

Until 31 March 2013, NHS charitable funds considered to be subsidiaries are excluded from consolidation in accordance with the accounting direction issued by Monitor.

The Trust does not have any other subsidiaries, associates, joint ventures or joint operations as defined under International Financial Reporting Standards.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.3 Expenditure on Employee Benefits

Short-term Employee Benefits
Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. See Note 30.2 for more details.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, Plant and Equipment

Recognition
Property, Plant and Equipment is capitalised where:
- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;

- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has an individual cost of at least £5,000; or
- the item forms a group of assets which individually have a cost of more than £1,000, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. All property (land and buildings, excluding infrastructure assets) are restated to current value using professional valuations in accordance with IAS16 every five years. An interim valuation is also carried out.

The Trusts properties were valued on 31 March 2012 by an external valuer, Philip Schmid MRICS of Jones Lang LaSalle. The valuations were in accordance with the requirements of the RICS Valuation Standards, 7th edition and the International Valuation Standards. The valuation of each property was on the basis of market value, subject to the following assumptions:

- for owner-occupied property: the property would be sold as part of the continuing business;
- for investment property: the property would be sold subject to any existing leases; or
- for surplus property and property held for development: the property would be sold with vacant possession in its existing condition.

The valuer's opinion of market value was primarily derived using:

- comparable recent market transactions on arm's length terms and;
- the depreciated replacement cost approach, because the specialised nature of the asset means that there are no market transactions of this type of asset except as part of the business or entity.

Jones Lang LaSalle (Previously King Sturge LLP) has provided property advice to the Trust since 2009, and this is the second valuation for accounts purposes completed by the valuer in this time. The total proportion of fees payable by the client during the preceding year relative to the total fee income of the firm during the preceding year are minimal.

The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. The land value for existing use purpose is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation or when they are brought into use.

PFI scheme assets have been valued in accordance with the policy above.

Operational equipment and infrastructure assets are valued at depreciated historic cost. Equipment surplus to requirements is valued at net recoverable amount.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale';
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. The underlying assets are recognised as property, plant and equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

The lifecycle cost,s i.e. those costs anticipated to be incurred to maintain the asset to a specified standard, within the scheme form part of the liability of the Trust and consequently have been recognised as a separate asset within the Statement of Financial Position.
The asset is amortised each accounting period in accordance with the lifecycle costs incurred in respect of the PFI scheme asset.

1.6 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7 Government grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

1.9 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Regular way purchases or sales are recognised and de-recognised, as applicable, using the Trade/Settlement date.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement
Financial assets are categorised as 'fair value through income and expenditure', loans and receivables or 'available-for-sale financial assets'.

Financial liabilities are classified as 'fair value through income and expenditure' or as 'other financial liabilities'.

Financial assets and financial liabilities at 'Fair Value through Income and Expenditure'
Financial assets and financial liabilities at 'fair value through income and expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not 'closely-related' to those contracts are separated-out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

The trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets
Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'Finance Costs' in the Statement of Comprehensive Income.

Other financial liabilities
All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from discounted cash flow analysis.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective

evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

The bad debt provision comprises of specific bad debts for known disputed items, debtors greater than one year, debtors where there is a history of non-payment and a general provision for other debtors.

1.10 Leases

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.11 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 22 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling
The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.14 Value Added Tax

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation Tax

The majority of the Trust's activities are related to core healthcare and are therefore not subject to tax. Where trading activities are undertaken that are commercial in nature they are considered insignificant with profits per activity below the £50,000 corporation tax threshold.

1.16 Foreign exchange

The functional and presentational currencies of the trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM, see Note 24.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and special payments register which reports on a cash basis with the exception of provisions for future losses, see Note 31.

1.19 Change In Accounting Policy

During 2012/13 the Trust has changed its policy for capitalisation of property, plant and equipment so that grouped assets with an individual value over £1,000 and grouped value of over £5,000 can be capitalised if they meet the Trust's other capitalisation criteria. This remains in line with Monitor's standard accounting policies.

Management undertook a review of relevant expenditure that may have been affected by this change. This review has not identified any retrospective adjustments required as a result of the change in policy and therefore there is no impact on the 2012/13 financial statements. It is expected that assets with a value of circa £700k will be capitalised under this policy in 2013/14.

2.1 Operating income (by classification)

	2012/13 Total £000	2011/12 Total £000
Income from Activities		
Acute Trusts		
Elective income	**37,002**	37,556
Non elective income	**72,929**	69,409
Outpatient income	**35,688**	34,865
A & E income	**8,182**	5,661
Other NHS clinical income	**59,831**	57,192
Income from protected activities	**213,632**	**204,683**
All Trusts		
Private patient income	**1,700**	1,550
Other non-protected clinical income	**889**	852
Total income from activities	**216,221**	**207,085**

2.2 Mandatory Services

Under its Terms of Authorisation the Trust is required to provide the mandatory services, the allocation of operating income between mandatory services and other services is provided in the table below.

	2012/13 £000	2011/12 £000
Mandatory services	**213,632**	204,683
Non-mandatory services	**2,589**	2,402
	216,221	**207,085**

2.3 Private patient income

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

2.4 Operating lease income

	2012/13 Total £000	2011/12 Total £000
Operating Lease Income		
Rents recognised as income in the period	**644**	856
Total	**644**	**856**
Future minimum lease payments due on leases of Buildings expiring		
not later than one year;	**202**	391
later than one year and not later than five years;	**333**	229
later than five years.	**161**	348
Total	**696**	**968**

2.5 Operating income (by type)

	2012/13 £000	2011/12 £000
Income from activities		
NHS Foundation Trusts	**476**	412
NHS Trusts	**1,191**	1,175
Strategic Health Authorities	**437**	98
Primary Care Trusts	**211,152**	202,632
Local Authorities	**113**	36
NHS Other	**0**	5
Non NHS: Private patients	**1,700**	1,550
Non-NHS: Overseas patients (non-reciprocal)	**222**	258
NHS injury scheme (was RTA)	**889**	852
Non NHS: Other	**41**	67
Total income from activities	**216,221**	**207,085**
Other operating income		
Research and development	**568**	330
Education and training	**7,360**	7,236
Charitable and other contributions to expenditure	**109**	65
Rental revenue from operating leases	**644**	856
Income in respect of staff costs where accounted on gross basis	**1,598**	956
Profit on disposal of other tangible fixed assets	**20**	0
Other	**4,144***	4,024
Total other operating income	**14,443**	13,467
TOTAL OPERATING INCOME	230,664	220,552

* This includes car parking income of £1,200k (2011/12 £1,200k). This is strictly an income generation activity whereby income exceeds cost and the surplus is invested in the provision of patient care. There are other Trust objectives delivered through this activity including a contribution to the patient and staff safety and experience agenda (additional security and maximising the availability of car parking spaces).

3.1 Operating Expenses (by type)

	2012/13 £000	2011/12 £000
Services from NHS Foundation Trusts	**4**	3
Services from PCTs	**195**	130
Purchase of healthcare from non NHS bodies	**0**	315
Employee Expenses - Executive directors	**1,204**	1,188
Employee Expenses - Non-executive directors	**114**	119
Employee Expenses - Staff	**148,637**	141,391
Supplies and services - clinical (excluding drug costs)	**23,808**	22,084
Supplies and services - general	**4,569**	4,132
Establishment	**3,936**	4,195
Research and development	**0**	33
Transport	**97**	90
Premises	**8,516**	6,783
Increase / (decrease) in bad debt provision	**536**	26
Drug costs (non inventory drugs only)	**915**	694
Drugs Inventories consumed	**17,008**	15,651
Rentals under operating leases - minimum lease receipts	**1,657**	632
Depreciation on property, plant and equipment	**6,801**	6,162
Amortisation on intangible assets	**63**	0
Audit fees		
audit services- statutory audit	**66**	87
Clinical negligence (Insurance Premiums)	**6,031**	5,414
Loss on disposal of property*[1]	**0**	135
Loss on disposal of other property, plant and equipment*[1]	**28**	100
Legal fees	**91**	272
Consultancy costs	**1,154**	1,624
Training, courses and conferences	**698**	636
Patient travel	**1,216**	1,171
Car parking & Security	**533**	463
Early retirements	**0**	8
Hospitality	**30**	28
Publishing	**44**	50
Insurance	**103**	97
Other services, eg external payroll	**302**	239
Grossing up consortium arrangements	**54**	106
Losses, ex gratia & special payments	**14**	7
Other*[2]	**(1,323)**	1,727
TOTAL	**227,101**	**215,792**

*[1] Losses arose from disposal of non protected property, plant and equipment.

*[2] Negative value as a result of reversing unused provisions and accruals during 2012/13.

4.1 Employee Expenses

	2012/13 Permanent £000	2012/13 Other £000	2012/13 Total £000	2011/12 Permanent £000	2011/12 Other £000	2011/12 Total £000
Salaries and wages	105,086	12,011	**117,097**	98,475	11,745	**110,220**
Social security costs	9,824	664	**10,488**	8,750	935	**9,685**
Pension costs - defined contribution plans Employers contributions to NHS Pensions	11,841	458	**12,299**	11,528	117	**11,645**
Agency/contract staff	0	10,902	**10,902**	0	11,037	**11,037**
Costs capitalised as part of assets	(260)	(685)	**(945)**	0	0	**0**
Total	**126,491**	**23,350**	**149,841**	**118,753**	**23,834**	**142,587**

4.2 Average number of employees (WTE basis)

	2012/13 Permanent Number	2012/13 Other Number	2012/13 Total Number	2011/12 Permanent £000	2011/12 Other £000	2011/12 Total Number
Medical and dental	467	70	**537**	433	71	**504**
Administration and estates	538	95	**633**	517	84	**601**
Healthcare assistants and other support staff	570	225	**795**	501	227	**728**
Nursing, midwifery and health visiting staff	1,063	117	**1,180**	1,005	121	**1,126**
Nursing, midwifery and health visiting learners	6	0	**6**	6	0	**6**
Scientific, therapeutic and technical staff	405	56	**461**	388	41	**429**
Other	3	0	**3**	2	0	**2**
Number of Employees (WTE) engaged on capital projects	(5)	(13)	**(18)**	0	0	**0**
Total	**3,047**	**550**	**3,597**	**2,852**	**544**	**3,396**

4.3 Employee benefits

There were no employee benefits during either 2012/13 nor 2011/12.

4.4 Early retirements due to ill health

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. There were 3 (2011/12: 1) retirements, at an additional cost of £123k (2011/12: £68k). This information has been supplied by NHS Pensions.

4.5.1 Senior Managers Remuneration

Name	Title	2012/13 Salary (bands of £5,000) £'000	Other Remuneration (bands of £5,000) £'000	Expenses (nearest £100) £
Chairman				
Spencer Colvin	Chairman	40 to 45		
Non Executive Directors				
Clifford Bygrave	Non-Executive Director	15 to 20		
Alison Clarke	Non-Executive Director	10 to 15		
Denis Mellon	Non-Executive Director	10 to 15		
Roger Stokoe	Non-Executive Director (left 31/07/2012)	0 to 5		
Ninawatie Tiwari	Non-Executive Director (started 01/05/2012)	10 to 15		
John Garner	Non-Executive Director (started 01/05/2012)	10 to 15		
Jagtar Singh	Non-Executive Director	10 to 15		400
Executive Directors				
Pauline Philip	Chief Executive[1]	200 to 205		800
David Carter	Managing Director	130 to 135		400
Andrew Harwood	Director of Finance	125 to 130		1,300
Mark Patten	Medical Director	125 to 130	30 to 35[2]	
Gwen Collins	Director of Nursing (left 06/07/2012)[3]	5 to 10		
Patricia Reid	Director of Nursing (started 02/07/2012)	85 to 90		
Sarah Wiles	Director of Business Development	95 to 100		200
Angela Doak	Director of Organisational Development	120 to 125		500

[1] During 2012/13 the Remuneration & Nomination Committee agreed to pay the Chief Executive's employer pension contributions as salary. There was no change in the gross cost to the Foundation Trust.

[2] Remuneration for clinical role

[3] Via secondment - gross cost shown

4.5.1 Remuneration (cont)

		2011/12		
		Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Expenses (nearest £100)
Name	Title	£'000	£'000	£
Chairman				
Spencer Colvin	Chairman	40 to 45		
Non Executive Directors				
Clifford Bygrave	Non-Executive Director	15 to 20		
Alison Clarke	Non-Executive Director	10 to 15		
Denis Mellon	Non-Executive Director	10 to 15		
Roger Stokoe	Non-Executive Director	10 to 15		100
Jagtar Singh	Non-Executive Director	10 to 15		300
Executive Directors				
Pauline Philip	Chief Executive[1]	180 to 185		1,900
David Carter	Managing Director (started 23/5/2011)	110 to 115		
Andrew Harwood	Director of Finance	125 to 130		1,400
Neil Permain	Managing Director (left role 22/5/2011)[2]	15 to 20		
John Pickles	Medical Director (left role 26/3/2012)	35 to 40	150 to 155[3]	
Mark Patten	Medical Director (started role 26/3/2012)	0 to 5	0 to 5[3]	
Dorreena Crinnion	Director of Nursing (left 31/5/2011)	45 to 50		
Gwen Collins	Director of Nursing (started 1/6/2011)[4]	85 to 90		
Simon Chapman	Director of Business Development (left 30/6/2011)	50 to 55		200
Sarah Wiles	Director of Business Development (started 9/1/2012)	20 to 25		
Angela Doak	Director of Organisational Development	100 to 105		

[1] During 2012/13 the Remuneration & Nomination Committee agreed to pay the Chief Executive's employer pension contributions as salary. There was no change in the gross cost to the Foundation Trust.
[2] Via External Agency - gross cost shown
[3] Remuneration for clinical role
[4] Via Secondment - gross cost shown

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

Employer pension contributions in respect of executive directors totalled £78k in 2012/13 (£107k 2011/12).

4.5.2 Pension benefits

	2012/13				
Name and title	Real increase in pension and related lump sum at age 60 (bands of £2,500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2013 (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real Increase in Cash Equivalent Transfer Value £000
Pauline Philip Chief Executive	0	360 to 362.5	1,753	1,701	52
David Carter Managing Director	5 to 7.5	102.5 to 105	394	356	38
Andrew Harwood Director of Finance	5 to 7.5	165 to 167.5	732	683	49
Mark Patten Medical Director	15 to 17.5	145 to 147.5	603	515	88
Patricia Reid Director of Nursing	22.5 to 25	80 to 82.5	424	285	139
Sarah Wiles Director of Business Development	15 to 17.5	70 to 72.5	275	211	64
Angela Doak Director of Organisational Development	7.5 to 10	132.5 to 135	567	520	47

4.5.2 Pension benefits (cont)

	2010/11				
Name and title	Real increase in pension and related lump sum at age 60 (bands of £2,500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2012 (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2012 £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Real Increase in Cash Equivalent Transfer Value £000
Pauline Philip Chief Executive	20 to 22.5	360 to 362.5	1,701	1,489	212
David Carter Managing Director	15 to 17.5	95 to 97.5	356	249	107
Andrew Harwood Director of Finance	5 to 7.5	160 to 162.5	683	576	107
Neil Permain Operations Director	n/a	n/a	n/a	n/a	n/a
John Pickles Medical Director	62.5 to 65	355 to 357.5	2,075	1,666	409
Mark Patten Medical Director	7.5 to 10	127.5 to 130	515	414	101
Dorreena Crinnion* Director of Nursing	n/a	n/a	n/a	n/a	n/a
Simon Chapman Director of Business Development	0 to 2.5	2.5 to 5	31	22	9
Sarah Wiles Director of Business Development	7.5 to 10	55 to 57.5	211	149	63
Angela Doak Director of Organisational Development	27.5 to 30	125 to 127.5	520	351	169

* Retired during 2011/12

4.5.3 Median Pay Disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

	2012/13	2011/12
Band of Highest Paid Director's Total Remuneration	200 to 205	180 to 185
Median Total	**24,554**	**25,528**
Ratio	8.4	7.1

The composition of the general workforce has changed during 2012/13 as a result of an investment in the number of recently qualified nurses. This has resulted in the median pay reducing by one pay point.

During 2012/13 the Remuneration & Nomination Committee agreed to pay the Chief Executive's employer pension contributions as salary. There was no change in the gross cost to the Foundation Trust.

5.1 Operating leases

	2012/13 £000	2011/12 £000
Minimum lease payments	**1,657**	632
TOTAL	**1,657**	**632**

5.2 Arrangements containing an operating lease

	2012/13 £000 Land	2012/13 £000 Buildings	2012/13 £000 Other	2012/13 £000 Total	2011/12 £000 Total
Future minimum lease payments due:					
- not later than one year;	69	445	428	**942**	347
- later than one year and not later than five years;	274	99	853	**1,226**	1,106
- later than five years.	956	0	0	**956**	968
TOTAL	**1,299**	**544**	**1,281**	**3,124**	**2,421**
TOTAL of future minimum sublease lease payments to be received at the Statement of Position date				**0**	**0**

The Trust does not have any significant leasing arrangements.

5.3 Limitation on auditor's liability

There is £1m limitation on the auditors liability.

5.4 The late payment of commercial debts (interest) Act 1998

No payments were made in 2012/13 nor 2011/12 in respect of the late payment of commercial debts (interest) Act 1998

5.5 Other Audit Remuneration

No expenditure was incurred with the respective external audit provider in either 2011/12 nor 2012/13.

5.6 Impairment of assets (PPE & intangibles)

	2012/13 £000	2011/12 £000
Over specification of assets	**1,457**	0
TOTAL	**1,457**	**0**

6.1 Finance income

	2012/13 £000	2011/12 £000
Interest on instant access bank accounts	214	232
Interest on held-to-maturity financial assets	135	157
Total	**349**	**389**

6.2 Finance costs - interest expense

	2012/13 £000	2011/12 £000
Finance Costs in PFI obligations		
Main Finance Costs	771	788
Total	**771**	**788**

7.1 Intangible Assets 2012/13

	Software Licenses £000	Total £000
Cost or valuation at 1 April 2012 as previously stated	500	**500**
Additions - purchased	36	**36**
Cost or valuation at 31 March 2013	536	**536**
Amortisation at 1 April 2012 as previously stated	0	**0**
Provided during the year	63	**63**
Amortisation at 31 March 2013	63	**63**
Net book value		
NBV - Owned at 31 March 2013	473	**473**
NBV total at 31 March 2013	**473**	**473**

7.2 Intangible Assets 2011/12

	Software Licenses £000	Total £000
Cost or valuation at 1 April 2011 as previously stated	0	**0**
Additions - purchased	500	**500**
Cost or valuation at 31 March 2012	500	**500**
Amortisation at 1 April 2011 as previously stated	0	**0**
Provided during the year	0	**0**
Amortisation at 31 March 2012	0	0
Net book value		
NBV - Owned at 31 March 2012	500	**500**
NBV total at 31 March 2012	**500**	**500**

8.1 Property, plant and equipment 2012/13

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2012 as previously stated	14,100	72,877	530	2,925	18,387	730	4,918	258	**114,725**
Additions - purchased	0	3,861	22	2,243	3,999	169	936	0	**11,230**
Additions - donated	0	8	0	0	63	0	0	0	**71**
Revaluation Impact	0	(1,457)	0	0	0	0	0	0	**(1,457)**
Reclassifications	0	3,286	0	(3,514)	228	0	0	0	**0**
Disposals	0	0	0	0	(1,469)	(38)	0	0	**(1,507)**
Cost or valuation at 31 March 2013	**14,100**	**78,575**	**552**	**1,654**	**21,208**	**861**	**5,854**	**258**	**123,062**
Accumulated depreciation at 1 April 2012 as previously stated	0	7,007	0	0	13,011	618	2,040	242	**22,918**
Provided during the year	0	4,179	29	0	1,946	38	607	2	**6,801**
Revaluation surpluses	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(1,441)	(38)	0	0	**(1,479)**
Accumulated depreciation at 31 March 2013	**0**	**11,186**	**29**	**0**	**13,516**	**618**	**2,647**	**244**	**28,240**
Net book value									
NBV - Owned at 31 March 2013	14,100	55,106	523	1,654	7,330	242	3,207	14	**82,176**
NBV - PFI at 31 March 2013	0	10,456	0	0	0	0	0	0	**10,456**
NBV - Donated at 31 March 2013	0	1,827	0	0	362	1	0	0	**2,190**
NBV total at 31 March 2013	**14,100**	**67,389**	**523**	**1,654**	**7,692**	**243**	**3,207**	**14**	**94,822**

8.2 Analysis of property, plant and equipment 31 Mar 2013

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - Protected assets at 31 March 2013	14,100	63,555	0	0	0	0	0	0	**77,655**
NBV - Unprotected assets at 31 March 2013	0	3,834	523	1,654	7,692	243	3,207	14	**17,167**
Total at 31 March 2013	**14,100**	**67,389**	**523**	**1,654**	**7,692**	**243**	**3,207**	**14**	**94,822**

8.3 Property, plant and equipment 2011/12

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2011 as previously stated	14,100	67,043	550	144	18,463	1,243	3,816	346	**105,705**
Additions - purchased	0	4,355	10	3,010	1,775	113	1,115	17	**10,395**
Additions - donated	0	0	0	0	28	0	0	0	**28**
Reclassifications	0	0	0	(94)	0	0	94	0	**0**
Revaluation Impact	0	1,479	(30)	0	0	0	0	0	**1,449**
Disposals	0	0	0	(135)	(1,879)	(626)	(107)	(105)	**(2,852)**
Cost or valuation at 31 March 2012	14,100	72,877	530	2,925	18,387	730	4,918	258	**114,725**
Accumulated depreciation at 1 April 2011 as previously stated	**0**	**3,394**	**29**	**0**	**13,325**	**1,221**	**1,676**	**345**	**19,990**
Provided during the year	0	4,090	130	0	1,467	11	463	1	**6,162**
Revaluation surpluses	0	(475)	(159)	0	0	0	0	0	**(634)**
Disposals	0	(2)	0	0	(1,781)	(614)	(99)	(104)	**(2,600)**
Accumulated depreciation at 31 March 2012	**0**	**7,007**	**0**	**0**	**13,011**	**618**	**2,040**	**242**	**22,918**
Net book value									
NBV - Purchased at 31 March 2012	14,100	53,348	530	2,925	4,921	108	2,878	16	**78,826**
NBV - PFI at 31 March 2012	0	10,604	0	0	0	0	0	0	**10,604**
NBV - Donated at 31 March 2012	0	1,918	0	0	455	4	0	0	**2,377**
NBV total at 31 March 2012	**14,100**	**65,870**	**530**	**2,925**	**5,376**	**112**	**2,878**	**16**	**91,807**

8.4 Analysis of property, plant and equipment 31 March 2012

	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - Protected assets at 31 March 2012	14,100	63,999	0	0	0	0	0	0	**78,099**
NBV - Unprotected assets at 31 March 2012	0	1,871	530	2,925	5,376	112	2,878	16	**13,708**
Total at 31 March 2012	**14,100**	**65,870**	**530**	**2,925**	**5,376**	**112**	**2,878**	**16**	**91,807**

8.5 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land		
Buildings excluding dwellings	15	80
Dwellings	15	80
Assets under Construction & POA	15	15
Plant & Machinery	5	15
Transport Equipment	5	8
Information Technology	5	15
Furniture & Fittings	5	15
Intangible Software Licenses	5	8

9 Other Property Plant & Equipment Disclosures

The Trust received £71k of donated equipment from the charitable funds associated with the hospital.

The Trust's estate, encompassing land, buildings and dwellings, was revalued as at 31 March 2012. This valuation was completed by Jones Lang LaSalle (Previously King Sturge LLP), professional valuers in accordance with the Valuation Standards published by the Royal Institution of Chartered Surveyors bases.

Land was valued using existing use value methodology at £14,100k using the concept of economic substitution of the service utility of the asset.

Given the specialised nature of the buildings and the unique and ideal location of the hospital site the majority of the estate has been valued using depreciated replacement cost based on modern equivalent assets with no alternative site at a value of £60,599k.

Non specialised assets have been valued using existing use value, £3,494k. Where there are commercial activities associated the valuation is at market value, the total of these assets is £1,755k.

Other property plant and equipment not included above is valued using depreciated historic cost. Given their value, their comparatively short life and the lack of applicable indices this is believed to be the most appropriate basis.

There are various small assets which are temporarily idle, although not for sale, where the period for which the asset is idle is uncertain these have had their depreciation accelerated and are held on the Statement of Financial Position at nil book value.

10.1 Non-current assets for sale and assets in disposal groups

The Trust held no non-current assets for sale nor assets in disposal groups in 2011/12 or 2012/13.

10.2 Liabilities in disposal groups

The Trust held no liabilities in disposal groups in 2011/12 nor 2012/13.

11 Investments

The Trust held no investments in 2011/12 nor 2012/13.

12 Associates and jointly controlled operations

The Trust had no associates nor jointly controlled operations in 2011/12 nor 2012/13.

For information: From 2013/14 due to the removal of a HM Treasury direction the Trust's Charitable Funds will be deemed to be a subsidiary and will require disclosure within the Trust's Accounts.

13.1 Inventories

	31 Mar 2013 £000	31 Mar 2012 £000	1 April 2011 £000
Drugs	**819**	585	614
Consumables	**1,765**	1,678	1,713
Total inventories	**2,584**	**2,263**	**2,327**

13.2 Inventories recognised in expenses

	2012/13 £000	2011/12 £000
Additions	**34,256**	31,530
Inventories recognised in expenses	**(33,935)**	(31,594)
Movement in inventories	**321**	**(64)**

14.1 Trade receivables and other receivables

	Total 31 Mar 2013 £000	Total 31 Mar 2012 £000	Total 1 Apr 2011 £000
Current			
NHS Receivables	**7,799**	5,743	2,716
Other receivables with related charitable funds	**27**	75	0
Other receivable with related parties	**298**	211	931
Provision for impaired receivables	**(1,690)**	(1,355)	(1,339)
Prepayments	**1,393**	1,257	1,137
Accrued income	**1,952**	1,365	1,680
PDC dividend receivable	**0**	47	176
VAT receivable	**953**	715	586
Other receivables	**1,136**	1,694	1,235
Total current trade and other receivables	**11,868**	**9,752**	**7,122**
Non-Current			
Accrued income	**793**	781	738
Prepayments	**525**	569	614
Total non current trade and other receivables	**1,318**	**1,350**	**1,352**

14.2 Provision for impairment of receivables

	2012/13 £000	2011/12 £000
At 1 April 2012	**1,355**	1,339
Increase in provision	**536**	26
Amounts utilised	**(201)**	(10)
At 31 March 2013	**1,690**	**1,355**

14.3 Analysis of impaired receivables

	31 Mar 2013 £000	31 Mar 2012 £000
Ageing of impaired receivables		
0 - 30 days	**58**	211
30-60 Days	**24**	40
60-90 days	**30**	26
90- 180 days	**139**	154
over 180 days	**1,439**	924
Total	**1,690**	**1,355**
Ageing of non-impaired receivables past their due date		
0 - 30 days	**3,386**	450
30-60 Days	**170**	897
60-90 days	**2,733**	63
90- 180 days	**705**	493
over 180 days	**839**	489
Total	**7,833**	**2,392**

14.4 Finance lease receivables

During 2012/13 the Trust did not have any finance lease receivables.

15 Other assets

	31 Mar 2013 £000	31 Mar 2012 £000	1 April 2011 £000
PFI Scheme - lifecycle costs	**3,617**	3,863	4,103
Total	**3,617**	**3,863**	**4,103**

16.1 Trade and other payables

	Total 31 Mar 2013 £000	Total 31 Mar 2012 £000	Total 1 Apr 2011 £000
Current			
NHS payables	**630**	642	1,541
Amounts due to other related parties - revenue	**1,636**	1,508	1,425
Amounts due to other related parties - capital	**0**	0	12
Trade payables - capital	**526**	1,075	1,175
Other trade payables	**2,449**	2,775	2,803
Social Security costs	**3,268**	3,096	2,860
Other payables	**403**	263	0
PDC Dividend Payable	**63**	0	0
Accruals	**17,306**	18,806	16,047
Total current trade and other receivables	**26,281**	**28,165**	**25,863**
Non-Current			
Other trade payables - capital	**42**	208	0
Total non current trade & other payables	**42**	**208**	**0**

NHS payables do not include any outstanding pension contributions due to NHS Pensions Agency as at 31 March 2013.

17 Other liabilities

	31 Mar 2013 £000	31 Mar 2012 £000	1 April 2011 £000
Current			
Deferred Income	**2,239**	2,184	2,742
Total other current liabilities	**2,239**	**2,184**	**2,742**

There are no other non current liabilities in 2011/12 nor 2012/13.

18 Borrowings

	31 Mar 2013 £000	31 Mar 2012 £000	1 April 2011 £000
Current			
Obligations under Private Finance Initiative contracts	**202**	209	296
Total current borrowings	**202**	**209**	**296**
Non-current			
Obligations under Private Finance Initiative contracts	**12,141**	12,348	12,557
Total other non current liabilities	**12,141**	**12,348**	**12,557**

19 Prudential borrowing limit

The NHS Foundation Trust is required to comply and remain within the prudential borrowing limit. This is made up of two elements:

- The maximum cumulative amount of long-term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit.
- the amount of any working capital facility approved by Monitor.

Further information on the NHS foundation trusts Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

	31 Mar 2013 £000	31 Mar 2012 £000
Total long term borrowing limit set by Monitor	**50,300**	46,200
Working Capital Facility Limit	**12,000**	12,000
Total prudential borrowing limit	**62,300**	**58,200**
Long term borrowing at 1 April 2012	**12,557**	12,853
Net actual borrowing/(repayment) in year	**(214)**	(296)
Long term borrowing at 31 March 2013	**12,343**	**12,557**

The Trust reviewed the need for a working capital facility during the year and it was determined that this continued to not be required, due to the Trust's significant cash balances.

Financial ratio	Actual Ratio 2012/13	Approved PBL ratios 2012/13	Actual Ratio 2011/12	Approved PBL ratios 2011/12
Minimum dividend cover	**4.4**	**1.0**	5.7	1.0
Minimum interest cover	**14.0**	**3.0**	14.3	3.0
Minimum debt service cover	**10.9**	**2.0**	10.4	2.0
	%	%	%	%
Maximum debt service to revenue	**0.4**	**2.5**	0.5	2.5

20 Finance lease obligations

The Trust had no finance lease obligations during 2012/13 other than the PFI scheme arrangement.

21 PFI obligations (on SoFP)

	31 Mar 2013 £000	31 Mar 2012 £000
Gross PFI liabilities of which liabilities are due	**20,976**	21,960
not later than one year;	**961**	984
later than one year and not later than five years;	**4,271**	3,945
later than five years.	**15,744**	17,031
Finance charges allocated to future periods	**(8,633)**	(9,403)
Net PFI liabilities	**12,343**	**12,557**
not later than one year;	**202**	209
later than one year and not later than five years;	**1,346**	968
later than five years.	**10,795**	11,380

21.2 The trust is committed to make the following payments for on-SoFP PFIs obligations during the next year in which the commitment expires:

	31 Mar 2013 Total £000	31 Mar 2012 Total £000
Within one year	**1,562**	1,526
2nd to 5th years (inclusive)	**6,634**	6,478
Later than 5 years	**22,996**	24,714

22 Provisions for liabilities and charges

	Current			Non-current		
	31 Mar 2013	31 Mar 2012	1 April 2011	31 Mar 2013	31 Mar 2012	1 April 2011
Pensions relating to other staff	**64**	61	57	**798**	760	785
Other legal claims	**334**	82	103	**0**	0	0
Agenda for Change	**1,422**	1,767	1,767	**0**	0	0
Restructuring	**502**	502	0	**0**	0	0
Redundancy	**389**	389	0	**0**	0	0
Other	**2,030**	3,882	5,392	**0**	0	0
Total	**4,741**	**6,683**	**7,319**	**798**	**760**	**785**

	Pensions - other staff	Other legal claims	Agenda for Change	Restructuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2012	821	82	1,767	502	389	3,882	**7,443**
Arising during the year	86	304	0	0	0	0	**390**
Utilised during the year	(64)	(15)	0	0	0	(152)	**(231)**
Reversed unused	0	(37)	(345)	0	0	(1,700)	**(2,082)**
Unwinding of discount	19	0	0	0	0	0	**19**
At 31 March 2013	**862**	**334**	**1,422**	**502**	**389**	**2,030**	**5,539**
Expected timing of cashflows:							
not later than one year;	64	334	1,422	502	389	2,030	**4,741**
later than one year and not later than five years;	258	0	0	0	0	0	**258**
later than five years.	540	0	0	0	0	0	**540**
TOTAL	**862**	**334**	**1,422**	**502**	**389**	**2,030**	**5,539**

Provisions for legal claims represents the gross estimated liability from employer and public liability cases. These cases are managed by NHS Litigation Authority through the LTPS scheme, the amount of the provision recoverable from NHS Litigation Authority is included within debtors.

£46,095k is included in the provisions of the NHS Litigation Authority at 31/3/2013 in respect of clinical negligence liabilities of the Trust (31/3/2012 £30,444k).

Other provisions relate to various provisions for trading and employment contractual issues (all less than £1m).

23 Revaluation reserve

	Revaluation Reserve -property, plant and equipment £000	Total Revaluation Reserve* £000
Revaluation reserve at 1 April 2012	17,165	17,165
Revaluation Impact	(1,457)	(1,457)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	(1,968)	(1,968)
Revaluation reserve at 31 March 2013	**13,740**	**13,740**
Revaluation reserve at 1 April 2011	17,002	17,002
Revaluation Impact	2,083	2,083
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	(1,920)	(1,920)
Revaluation reserve at 31 March 2012	**17,165**	**17,165**

* The Trust held no revaluation reserve in respect of intangible assets.

24 Cash and cash equivalents

	31 Mar 2013 £000	31 Mar 2012 £000
At 1 April	**47,597**	50,940
Net change in year	**(9,859)**	(3,343)
At 31 March	**37,738**	**47,597**
Broken down into:		
Cash at commercial banks and in hand	**2,063**	0
Cash with the Government Banking Service	**35,675**	47,597
Cash and cash equivalents as in SoFP	**37,738**	**47,597**
Cash and cash equivalents as in SoCF	**37,738**	**47,5970**

The Trust held £115 cash at bank and in hand at 31/03/13 which relates to monies held by the Trust on behalf of patients.

25.1 Contractual Capital Commitments

The Trust had contractual capital commitments totalling £4.9m at 31 March 2013. This relates predominantly to the Medical Records Contract.

25.2 Events after the reporting period

There have been no events after the reporting period end requiring disclosure.

The Director of Finance authorised the financial statements for issue on 22 May 2013.

26. Contingent (Liabilities) / Assets

	31 Mar 2013 £000	31 Mar 2012 £000 Restated*
Gross value of contingent liabilities	28	31
Net value of contingent liabilities	**0**	**0**
Net value of contingent assets	0	0

Contingent liabilities relate to claims that the NHS Litigation Authority is aware of and has requested that we disclose.

* The comparator was incorrectly omitted in the previous years accounts.

27 Related Party Transactions

The Luton & Dunstable Hospital NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the NHS Foundation Trust.

All bodies deemed to be within the remit of the United Kingdom 'Whole of Government' are regarded as related parties. During the year the Trust has had significant transactions with the bodies disclosed below.
The Trust is the Corporate Trustee for the Charitable Funds, which are also regarded as a related party.

	Income 2012/13 £000	Expenditure 2012/13 £000	Income 2011/12 £000	Expenditure 2011/12 £000
NHS and DH				
Bedfordshire PCT	**60,772**	**17**	59,859	0
Buckinghamshire PCT	**1,972**	**4**	1,933	0
Department of Health	**50**	**2,264**	0	1,843
East & North Hertfordshire NHS Trust	**1,094**	**536**	934	470
East of England Strategic Health Authority	**6,931**	**15**	6,884	89
Hertfordshire PCT	**20,409**	**1**	20,306	27
Luton PCT	**111,968**	**195**	106,371	157
NHS Litigation Authority	**0**	**6,027**	67	5,417
National Heath Service Pension Scheme	**0**	**12,299**	0	11,651
South East Essex PCT	**11,044**	**1**	10,086	0
Central Government				
National Insurance Fund	**0**	**10,488**	0	9,693
Other				
Luton & Dunstable Hospital Charitable Funds	**231**	**45**	183	16

	Receivables 31 Mar 2013 £000	Payables 31 Mar 2013 £000	Receivables 31 Mar 2012 £000	Payables 31 Mar 2012 £000
Bedfordshire PCT	**853**	**91**	536	85
Buckinghamshire PCT	**26**	**0**	164	0
East & North Hertfordshire NHS Trust	**632**	**164**	380	266
East of England Strategic Health Authority	**10**	**48**	134	74
Hertfordshire PCT	**21**	**147**	133	50
Luton PCT	**4,171**	**44**	1,950	36
National Heath Service Pension Scheme	**0**	**1,625**	0	1,501
NHS Litigation Authority	**0**	**0**	16	0
South East Essex PCT	**63**	**77**	256	50
Central Government				
Department of Health	**74**	**112**	0	47
HM Revenue and Customs taxes and duties	**953**	**1,765**	715	1,679
National Insurance Fund	**0**	**1,502**	0	1,416
Other				
Luton & Dunstable Hospital Charitable Funds	**27**	**0**	75	0

- Following the introduction of the Health and Social Care Act 2012, some of the organisations listed above have ceased to exist on 31st March 2013 and have been superceded by a combination of Clinical Commissioning Groups, Local Area Teams and NHS England. Further information on NHS Management and Commissioning changes can be found at: https://www.gov.uk/government/policies/making-the-nhs-more-efficient-and-less-bureaucratic/supporting-pages/nhs-management-and-commissioning

28.1 For PFI schemes deemed to be off-SoFP

The Trust ended the off PFI-SoFP PFI scheme relating to the provision of the electronic patient record system in 2010/11. There are no transactions within either 2011/12 or 2012/13 relating to an off-SoFP PFI scheme.

28.2 For PFI schemes deemed to be off-SoFP

The Trust had two capital schemes arranged under PFI arrangements, one of these ended in 2011/12.

1. St Mary's Wing scheme was completed in 2003 under a 27 year scheme with 16 years remaining. The operator is responsible for maintaining the building during this period and ownership reverts to the Trust at the end of the contract. There are no break clauses nor re-pricing dates (On-SoFP)
2. The contract for the electronic patient record scheme has now finished. This contract was for 10 years.

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

29.1 Financial assets by category

	Loans and receivables £000	Total £000
Assets as per SoFP		
NHS Trade and other receivables excluding non financial assets (at 31 March 2013)	6,666	6,666
Non-NHS Trade and other receivables excluding non financial assets (at 31 March 2013)	2,786	2,786
Cash and cash equivalents (at bank and in hand (at 31 Mar 2013))	37,738	37,738
Total at 31 March 2013	**47,190**	**47,190**
NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	4,949	4,949
Non-NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	2,579	2,579
Cash and cash equivalents (at bank and in hand (at 31 Mar 2012))	47,597	47,597
Total at 31 March 2012	**55,125**	**55,125**

Financial Assets risk split by category	Market Risk	Credit Risk	Liquidity Risk
NHS Debtors	Low	Low	Low
Accrued income	Low	Low	Medium
Other debtors	Low	Low	Medium
Cash at bank and in hand	Low	Medium	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk.

The Trust has a robust, audited, debt management policy that mitigates against the debtor liquidity risk. The Trust mitigates the cash credit risk by investing only in line with the Monitor compliant Treasury Management Policy.

29.2 Financial liabilities by category

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP			
Obligations under Private Finance Initiative contracts (31 March 2013)	12,343	0	12,343
NHS Trade and other payables excluding non financial assets (at 31 March 2013)	660	0	660
Non-NHS Trade and other payables excluding non financial assets (at 31 March 2013)	22,334	0	22,334
Other financial liabilities (31 March 2013)	0	0	0
Provisions under contract (at 31 March 2013)	0	5,539	5,539
Total at 31 March 2013	**35,337**	**5,539**	**40,876**
Obligations under Private Finance Initiative contracts (31 Mar 2012)	12,557	0	12,557
NHS Trade and other payables excluding non financial assets (31 March 2012)	642	0	642
Non-NHS Trade and other payables excluding non financial assets (31 March 2012)	24,635	0	24,635
Other financial liabilities (31 Mar 2012)	0	0	0
Provisions under contract (at 31 Mar 2012)	0	7,443	7,443
Total at 31 March 2012	**37,834**	**7,443**	**45,277**

Financial Liabilities risk split by category	Market Risk	Credit Risk	Liquidity Risk
NHS creditors	Low	Low	Low
Other creditors	Low	Low	Low
Accruals	Low	Low	Low
Capital creditors	Low	Low	Low
Provisions under contract	Low	Low	Low

Overall risk is low, as the Trust limits foreign currency transactions, thus limiting market risk.

All major contractors are credit checked prior to the awarding of the contract, thus limiting credit risk.

The Trust mitigates the liquidity risk via 12 month forward cash planning.

29.3 Fair values of financial assets at 31 March 2013

The fair value of the Trust's financial assets was the same as the book value as at 31 March 2013 (and 31 March 2012).

29.4 Fair values of financial liabilities at 31 March 2013

	Book Value £000	Fair value £000
Non current trade and other payables excluding non financial liabilities	0	0
Provisions under contract	798	798
PFI Scheme Borrowing	12,141	12,141
Total	**12,939**	**12,939**

30.1 On-Statement of Financial Position pension schemes.

The Trust has no on Statement of Financial Position Pension Scheme transactions.

30.2 Off-Statement of Financial Position pension schemes.

See Note 1.3 for details of the accounting treatment of the NHS Pension Scheme.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation the FReM requires that 'the period between formal valuations shall be four years, with approximate assessments in intervening years.' An outline of these follows:

a) Accounting Valuation
A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as at 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual Pensions Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ended 31 March 2004. Consequently, a formal valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

The NHS pension scheme is subject to a full valuation every four years by the Government Actuary. The latest published valuation relates to the period 1 April 1999 to 31 March 2004 which was published in December 2007 and is available on the Pensions Agency website http://www.nhspa.gov.uk/nhspa_site/foi/foi1/Scheme_Valuation_Report/NHSPS_Valuation_report.pdf

The notional deficit of the scheme was £3.3 billion as per the latest scheme valuation by the Government Actuary for the period 1 April 1999 to 31 March 2004. The conclusion of the valuation was that the scheme continues to operate on a sound financial basis. Employer contribution rates are reviewed every four years following the scheme valuation, on advice from

the actuary. At the last valuation, it was recommended that employer contribution rates should continue at 14% of pensionable pay. From 1 April 2008, employees' contributions has been on a tiered scale from 5% to 8.5% of their pensionable pay.

c) Scheme provisions
The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a 'final salary' scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as 'pension commutation'.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

31 Losses and Special Payments

There were 120 (2011/12: 130) cases of losses and special payments totalling £23k (£10k) approved during 2012/13. Losses and special payments are calculated on a cash (rather than accruals) basis. There were no cases where the net payment exceeded £100,000.

32 Discontinued operations

There were no discontinued operations in 2012/13.

33 Corporation Tax

Corporation Tax is not due as the Trust is below the de minimis threshold.

34 Accounting standards that have been issued but have not yet been adopted

The following standards and interpretations have been adopted or amended by the European Union but are not required to be followed until 2013/14 or 2014/15. None of them are expected to impact upon the Trust's financial statements.

- IFRS 9 Financial Instruments: Financial Assets/ Financial Liabilities
- IFRS 10 Consolidated Financial Statements
- IFRS 11 Joint Arrangements
- IFRS 12 Disclosure of Interests in Other Entities
- IFRS 13 Fair Value Measurement
- IAS 12 Income Taxes Amendment
- IAS 1 Presentation of Financial Statements, on other Comprehensive Income
- IAS 27 Separate Financial Statements
- IAS 28 Associates and Joint Ventures
- IAS 19 (Revised 2011) Employee Benefits
- IAS 32 Financial Instruments: Presentation - amendment
- IFRS 7 Financial Instruments: Disclosures - amendment

35 Other Financial Assets and Other Financial Liabilities

The Trust did not hold any 'Other Financial Assets' nor 'Other Financial Liabilities' during 2011/12 nor 2012/13.

36 Key Areas of Judgement & Estimation Uncertainty

The following have been identified as key areas of judgement and estimation uncertainty:-

- review of operating leases to determine whether the significant risks and rewards of ownership of the leased assets have transferred. To mitigate the risk of incorrect conclusions an external advisor's opinion was obtained;

- allocation of lifes to acquired plant and equipment (excluding buildings for which a valuer's opinion is obtained) to calculate the depreciation charge. This is estimated based on the lives of similar assets and knowledge of the procurer.

- income generated from partially completed spells and non contract income. These are estimated assuming that patterns of provision of service are consistent from year to year.

- various accruals and provisions relating to employee expenses are estimated by rigorously applying the NHS employment contracts' terms and conditions.

37 Segmented Operations

The Trust operates in one segment, that of the provision of healthcare.

Appendix 1 Quality Account/Report

What is a Quality Account? 152

About Our Trust 153

1. A Statement on Quality from the Chief Executive 155

2. Report on Priorities for Improvement in 2012/13 158

3. Priorities for Improvement in 2013/14 166

4. Statements related to the Quality of Services Provided 170

5. A Review of Quality Performance 179

6. Statement of Directors' 197

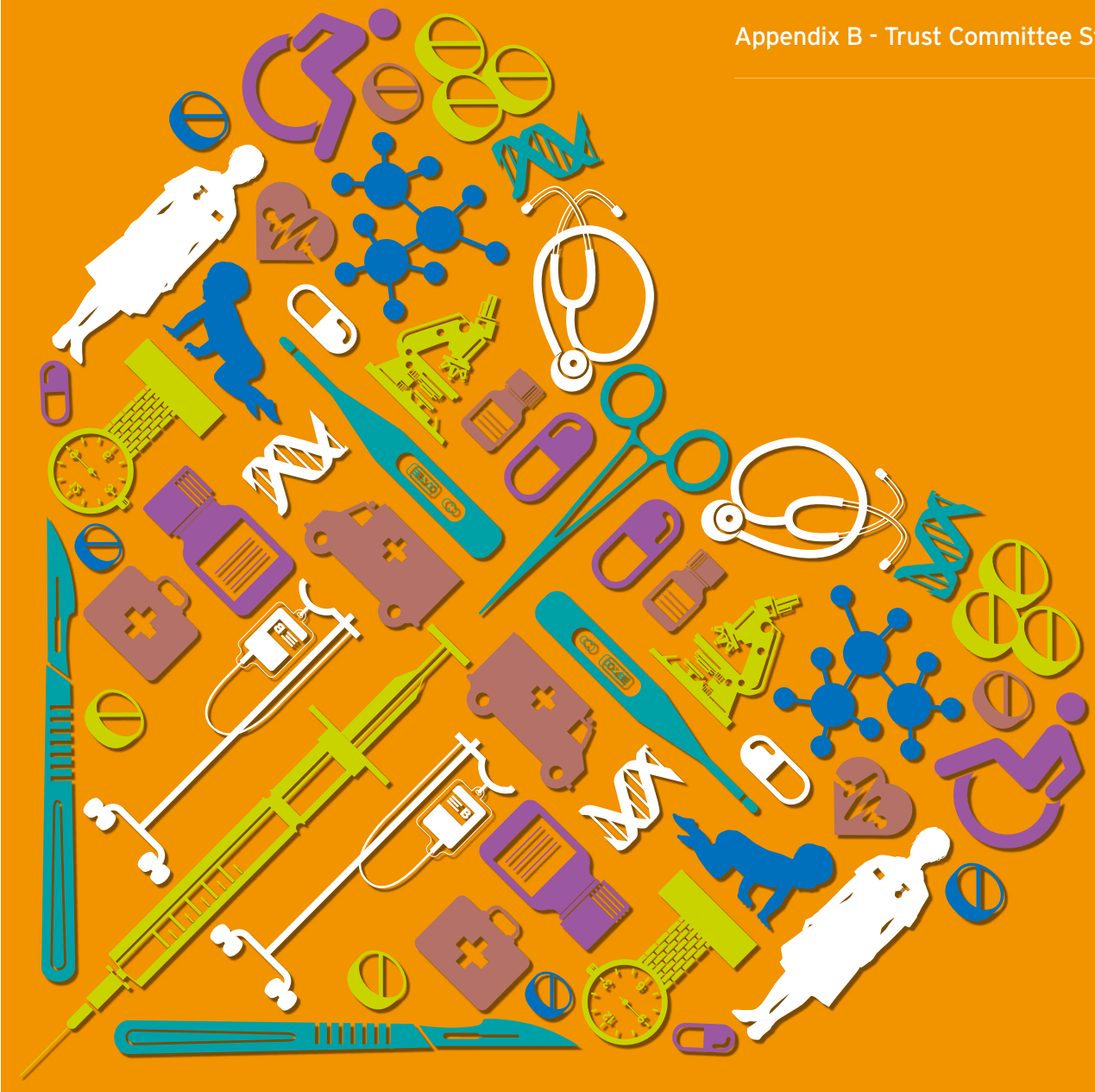
7. Comments from stakeholders 198

8. Independent Auditor's Assurance Report 202

9. Glossary of Terms 204

Appendix A - Local Clinical Audits 206

Appendix B - Trust Committee Structure 221



What is a Quality Account?

All providers of NHS services in England have a statutory duty to produce an **annual Quality Account**. This is a report that informs the public about the quality of the services that we deliver. They are published annually and are available to the public.

Quality Accounts aim to increase public accountability and drive quality improvement. They do this by requiring organisations to review their performance over the previous year, publish their performance and identify areas for improvement. Quality accounts will also inform you about how they will make those improvements and how they will be measured.

A review of our quality of services for 2012/13 is included in this account alongside our priorities for quality improvement in 2013/14. This report summarises how we did against the quality priorities and goals that we set in 2012/13. It also tells you those we have agreed for 2013/14 and how we intend to achieve them.

How is the 'quality' of the services provided defined?

We have measured the quality of the services we provide by looking at:

- patient safety,
- the effectiveness of treatments that patients receive,
- how patients experience the care they receive.

About our Quality Account

This report is divided into six sections. The first section contains a statement on quality from the Chief Executive and sets out our corporate objectives for 2013/14.

The second section looks at our performance in 2012/13 against the priorities that we set for patient safety, clinical effectiveness and patient experience.

The third section sets out our quality priorities and goals for 2013/14 for the same categories and explains how we intend to meet them and how we will monitor and report our progress.

The fourth section includes statements related to the quality of services that we have provided and this includes Care Quality Commission registration information, data quality, information about clinical audits that we have undertaken and our research work.

The fifth section is a review of our quality performance and includes performance against national priorities and local indicators. It also provides examples of how we have improved services for patients.

The sixth section of the report includes a statement of Directors' responsibility in respect of the quality report.

The seventh section contains comments from our external stakeholders.

Some of the information in the quality account is mandatory; however most is decided by our staff and Foundation Trust Governors.

About Our Trust

The Luton and Dunstable Hospital NHS Foundation Trust is a medium size general hospital with approximately 641 inpatient beds. The hospital provides a comprehensive range of general medical and surgical services, including Emergency Department (ED) and maternity services for the people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 70,000 admitted patients, over 300,000 outpatients and ED attendees and we delivered over 5,100 babies.

We serve a diverse population most of which are the 210,000 people in Luton. Luton is an ethnically diverse town, with approximately 41% of the population from non-white British communities. Within this group there are significant Pakistani, Bangladeshi, Indian and African Caribbean communities. (Reference: Annual Public Health Report 2012/13). We celebrate the diversity of our population and are committed to ensuring that issues of Equality and Diversity have a high profile.

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

All inpatient services and most outpatient services are provided on the Luton and Dunstable Hospital site. The Trust provides community Musculo-Skeletal services (MSK) at three locations across the catchment area and Chronic Obstructive Pulmonary Disease (COPD) and Diabetes services for South Bedfordshire.

The Trust has a strong and robust clinical management culture; all clinical services are managed by Divisional Directors, supported by Clinical Directors, General Managers and Senior Nurses.

Division	Specialties	
Medicine	Emergency Department Acute Medicine Ambulatory Care Elderly Medicine Limb Fitting Stroke Service General Medicine Respiratory Medicine Diabetes and Endocrinology Gastroenterology	Cardiology Dermatology Heptology Neurology Neurophysiology Orthotics Genito Urinary Medicine Rheumatology Obesity
Surgery	General Surgery – Colorectal – Upper Gastrointestinal – Vascular – Bariatric Surgery Urology Paediatric Surgery Trauma and Orthopaedic	Plastic Surgery ENT Cancer Services Medical Oncology Ophthalmology Oral and Maxillofacial Surgery Anaesthetics Pain Management
Women's and Children's	Obstetrics Community Midwifery Early Pregnancy General Gynaecology Gynae-oncology	Paediatrics Fertility Neonatal Intensive Care Unit Uro-gynaecology Ambulatory Gynaecology

Division	Specialties	
Diagnostics, Therapeutics & Outpatients	Pathology Services - Blood Sciences - Cellular Pathology - Microbiology - Phlebotomy Haematology Care Pharmacy Physiotherapy and Occupational Therapy	Imaging Musculoskeletal Services Dietetics Speech and Language Therapy Clinical Psychology Outpatients Breast Screening

During 2012/13 Divisional Directors, General Managers and Executive Directors met weekly in the Executive Board. Twice a month the Board reviewed the operational activities and discussed the strategic issues. The other Executive meetings were dedicated to the Clinical Operational Board and Seminars.

1. A Statement on Quality from the Chief Executive

Improving clinical outcome, patient safety and patient experience is at the heart of the Vision and Aims we agreed in 2010/2011 for the Luton and Dunstable Hospital NHS Foundation Trust. In order to embed this vision into clinical practice and service delivery, clinical outcome, patient safety and patient experience continue to be key corporate objectives for 2013/2014. This Quality Account details how we will deliver and monitor our progress.

Our Vision and Aims

Vision Statement

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

Aims

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

Values

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

In the coming year, we will build on the work that we did during 2012/13 enabling us to further improve clinical outcome, patient safety and patient experience:

- Throughout the year we consistently delivered against all national quality and performance targets.
- Following a comprehensive Care Quality Commission (CQC) Review of Compliance undertaken over two days during 2012, it was confirmed that we are now meeting all CQC Essential Standards of Quality and Safety.
- In September we opened a Patient Experience Call Centre facilitating our ambition to gain timely feedback from patients on their care and experience.
- We continue to work as part of the University College London Partners exploring new and better ways of improving clinical outcome.
- By delivering a number of strategic and service developments, we were able to enhance the care that we provide for all our patients.

Our greatest focus in the coming year will be in tackling the quality challenges that we have yet to progress. Our key corporate objectives for the year relate to clinical outcome, patient safety and patient experience. All of our corporate objectives are detailed below. Top of our agenda during 2013/14 will be our commitment to ensuring that we have the appropriate level of clinical expertise available in a timely manner, to deliver safe and effective care 24/7.

Our Division of Medicine will continue to lead our work in improving our average length of stay, ensuring in particular, that older people remain in hospital only when it is clinically appropriate.

Last year, whilst we had a major focus on improving hospital mortality, we were disappointed that we were not able to make greater improvements with regards to fractured neck of femur. Our Division of Surgery will therefore continue to drive this work with support from across the organisation.

In recent years, our Women's and Children's Division has led the organisations work towards 24/7 Consultant Care. This year, as well as further developing their own specialist services, they will share with clinicians across the organisation their experiences in implementing new medical models.

As we learn from the Report of Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) we plan to revolutionise how we learn from our complaints and find new ways of improving how our clinical staff communicate with our patients.

Finally, I have made a personal commitment to work with our patients, their families and stakeholders across Luton to re-design 'end of life' pathways/care in order that we can ensure that every patient receives high quality co-ordinated care at the end of their life.

To the best of my knowledge, the information in this report is accurate.

Pauline Philip
Chief Executive
22nd May 2013

Corporate Objectives 2013/14

Objective 1:
Deliver Excellent Clinical Outcomes

- Improve performance by reducing average length of stay for older people
- Improve performance on overall hospital mortality across fractured neck of femur and all specialties
- Reduce avoidable emergency re-admissions
- Fully participate in national and local clinical audits

Objective 2:
Improve Patient Safety

- Ensure that we have the appropriate level of clinical expertise available to deliver safe and effective care 24/7
- Ongoing development of Safety Thermometer, exceeding performance year on year
- Continue to reduce HCAI rates year on year
- Increase compliance with hand hygiene year on year
- Extend electronic nursing observations to include fluid management, weight and device management

Objective 3:
Improve Patient Experience

- Revolutionise how we handle complaints
- Continue to implement the Outpatient Transformational programme
- Improve patient experience by establishing a framework to take forward the key messages from the listening events and the recommendations from the Francis report
- Improve the quality of professional communication with all patients and carers.
- Work with patients, their families and stakeholders in Luton to redesign end of life care
- Establish an off site facility for ophthalmology, plastics and dermatology
- Deliver additional clinical and diagnostic services during evenings and weekends
- Improve communication by rolling out the 'Perfect Day'
- Formally explore alternative ways to deliver non-clinical support services in order to improve quality and contain cost.

Objective 4:
Deliver National Quality & Performance Targets

- Deliver sustained compliance of all CQC outcome measures
- Deliver nationally mandated waiting times for 18 Weeks, Cancer and A&E including A&E Indicators
- Sustainability culture established across the organisation
- Achieve 40% of the Trust's Carbon Management Plan Target
- Deliver CQUIN targets year on year

Objective 5:
Progress Clinical & Strategic Developments

- Clinical Strategy agreed and implemented
- Agree detailed business cases for phases as laid out in Masterplan
- Deliver masterplan enabling schemes and early phases
- Care can safely and efficiently take place, without need to request a paper record
- To improve the ability of decision makers at all levels of the organisation to use information in order to improve service delivery, design, quality, efficiency and safety
- To increase levels of safety, efficiency, and flexibility delivered by transformational technology
- Work jointly with LA, CCGs and other key stakeholders

Objective 6:
Develop all Staff to Maximise Their Potential

- Extend education and training performance management to all staff groups through the Divisional structure to go beyond regulator and training commissioner requirements to measurably enhance patient experience and safety globally through a radical development programme
- Develop and deliver joint accredited academic programmes with our partner Universities
- Continue to increase the number of staff appraisals to 80%
- Increase mandatory training compliance
- Maintain clinical leadership development
- Establish a culture where all staff feel able to sign up to our values and have knowledge of the Trusts Quality Priorities and staff fully aware of the Trust's vision, values and objectives

Objective 7:
Optimise our Financial position

- Deliver our Financial Plan 2013/14
- Finalise forward capital investment plans and agreed balance between borrowing and cash financing
- Develop service line management as the key tool to drive financial efficiency and increase clinical engagement
- Increase productivity – Improved Theatre Productivity, improved outpatient productivity and establish ambulatory care model to reduce avoidable admissions and costs.

2. Report on Priorities for Improvement in 2012/13

Last year we identified three quality priorities, the following report describes what we did and what we achieved as a consequence. All of these priorities continue to be relevant and will be further developed during this year.

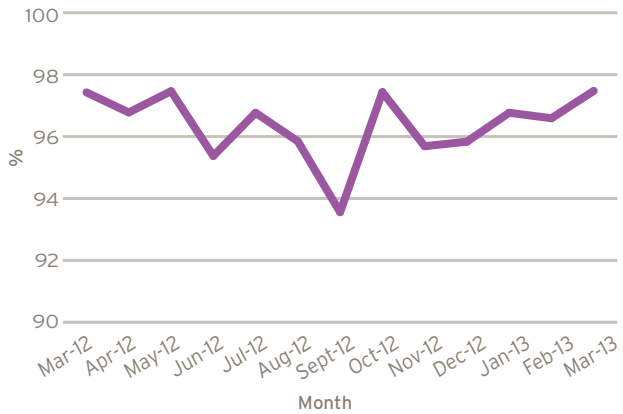
Priority 1: Patient Safety

Delivering the Safety Thermometer programme

During 2011/12 the Trust were a pilot site for Safety Express, and in 2012/13 the Harm Free Care programme was rolled out using the Safety Thermometer to all wards. Monthly information is collected about the proportion of patients treated who receive health care without experiencing any of the 4 harms (pressure ulcers, falls, Urinary Tract Infections associated with urinary catheters (CA-UTI) and venous thromboembolisms (VTE). The measurement includes harm that may have occurred prior to admission to the hospital.

The graph indicates the percentage of harm free care within 2012/13. This data demonstrates a high level of harm free care that occurred whilst an in-patient and does not include harms that occurred prior to admission to hospital.

% Harm Free Care in Hospital



Our safety thermometer targeted four key areas:

1) **Continue with the implementation of care bundles to support the elimination of all avoidable hospital acquired grade 2, 3 and 4 pressure ulcers by the end of 2012.**

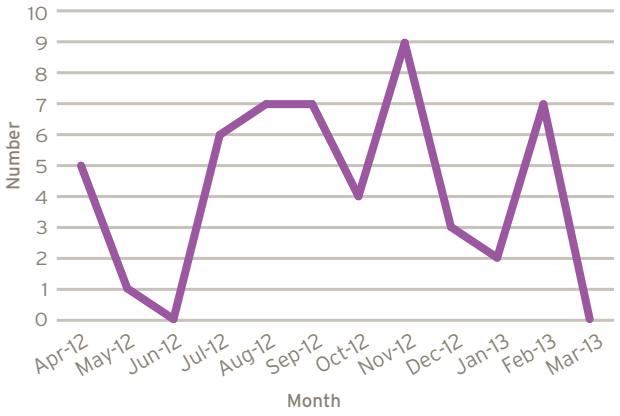
What did we do?

- Nurses continue to undertake essential care rounding in all wards delivering a number of interventions but with a particular focus on pressure care.
- The Trust participated in the regional Pressure Ulcer Collaborative within NHS Midlands and East and have implemented the SSKIN Bundle within the hospital. Wards 17 and 23 were pilot wards for the Collaborative within the hospital and this involved implementing a number of initiatives to raise awareness of tissue damage and intervention that were put in place to help avoid tissue damage. The roll out to all clinical areas will commence in May 2013.
- Mandatory training on pressure damage prevention continued.
- The root cause analysis tool used to investigate all pressure ulcers to improve the opportunity for learning and preventing future incidents was enhanced.
- Meetings are held with the ward teams and the Chief Nurse to review the RCA and scrutinise care to determine if pressure ulcers that develop are avoidable or unavoidable.
- Performance data has been made more accessible and relevant to clinical areas and matrons.
- Intensive support to areas with a higher incidence to support quality improvements has been implemented. This has resulted in an improved performance.

How did we perform?

- The number of avoidable grade 3 and 4 pressures ulcers that developed within 2012/13 was 51. It is not possible to compare this with 2011/12 as the criteria to determine whether a pressure ulcer was avoidable or unavoidable.

Number of Avoidable Grade 3 and 4 Pressure Ulcers in 2012/13



- The majority of wards have been avoidable pressure ulcer free for at least 100 days. This is celebrated and recognition given to areas where this has been achieved.

2) **Implementation of the falls care bundle in all wards leading to an overall reduction in the incidence of falls resulting in moderate or severe harm or death, by at least 25%.**

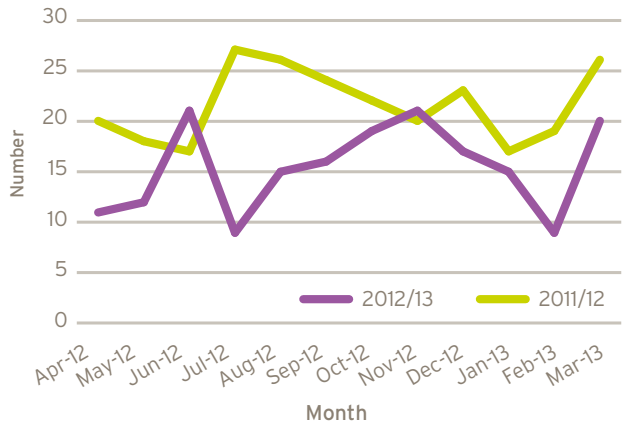
What did we do?

- A phased implementation of the falls care bundle within the hospital has continued.
- Bed and chair sensors have been introduced to alert staff to patient moving who have been identified as a high risk of falling
- A trial of hip protectors for high risk patients on the Frail Elderly Unit has been undertaken.
- A business case has been agreed to purchase 20 low rise beds for patients that are at high risk of falling.

How did we perform?

- There has been a 28.6% reduction in falls that have resulted in moderate or severe harm or death as a result of patients falling whilst in hospital.

Number of falls resulting in moderate or severe harm or death



3) **Implementation of best practice guidelines for insertion of urinary catheters**

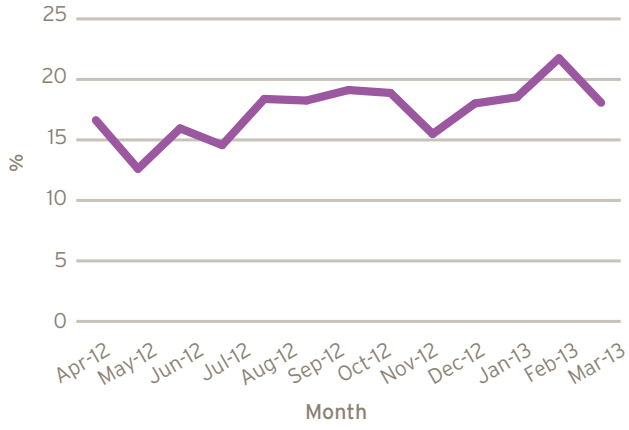
What did we do?

- The Hospital guideline for urinary catheterisation was updated and approved by the Clinical Guidelines Committee in June 2012.
- There is an extensive training programme within the hospital on urinary catheterisation.
- An audit programme was commenced to monitor compliance with the guideline.
- The Trust has invested in bladder scanners to improve assessment of patients prior to urinary catheterisation in order to avoid unnecessary catheterisation

How did we perform?

- The Safety Thermometer (ST) data demonstrates the number of patients during the monitoring period each month that had a urinary catheter in place. The national average within Safety Thermometer (during 2012/13) is that 12 – 16% of patients have a urinary catheter in place. The data within the ST for this hospital indicates that the range of prevalence is 12.6% - 20.3% (median 18.1%). This suggests a higher incidence of use of catheters when compared with the national average.
- Local audit has been undertaken and established that only a third of patients had a bladder scan performed prior to urinary catheterisation.
- Half of the patients had had a formal review undertaken of the need for the catheter to remain in place.
- The local audit also determined that 29% of pat.ients with a catheter in place were prescribed antibiotics for a urinary tract infection

% Patients with a Catheter



4) **Venous Thromboembolism (VTE) – ensuring 95% compliance with VTE risk assessment and prophylaxis for all patients by the end of 2012.**

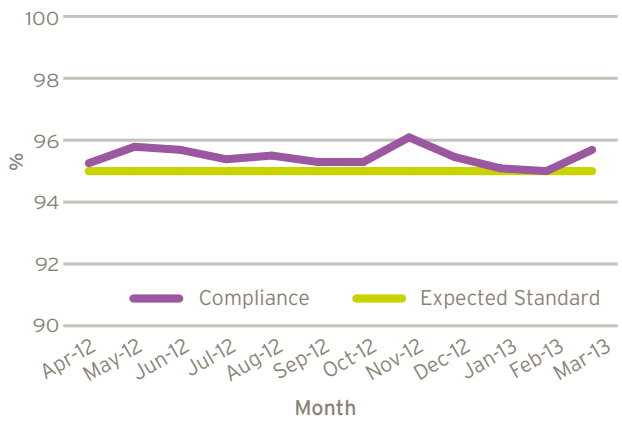
What did we do?

The focus on the completion of VTE risk assessment has continued to identify patients at risk and enable appropriate treatment to be provided

How did we perform?

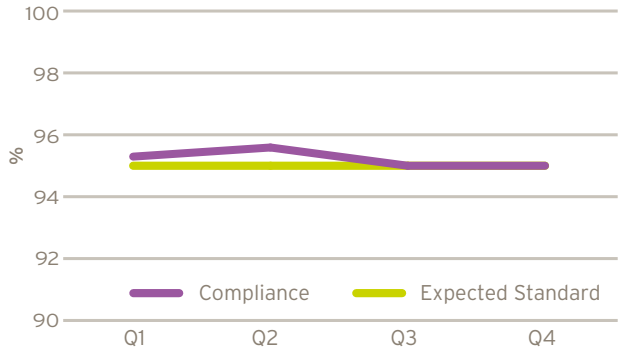
- The compliance with undertaking the VTE risk assessment exceeded the minimum standard of 95% each month in 2012/13.

VTE Risk Assessment Compliance 2012/13



- Quarterly monitoring was undertaken ensuring that appropriate prophylaxis was given to all patients assessed to be at high risk of developing a VTE and in each quarter the Trust exceeded 95% compliance

VTE Prophylaxis Compliance 2012/13



Priority 2: Patient Experience

To improve patient experience

This priority targeted seven key areas:

1) **To provide additional information to patients with their appointment letter about what to expect during their outpatient appointment.**

What did we do?

- Information within outpatient correspondence is now included explaining what patients should expect when attending their appointment, including:
  - detailing the checking in process;
  - car parking;
  - tests, checks and examinations that may be performed when attending outpatients;
  - information relating to consent;
  - GP correspondence and follow-up appointments; and
  - questions patients may wish to ask during their appointment with the clinician.

- A new service, currently being established, has been invested in that will enable patients to receive additional specialist information relating to their medical condition or procedure to be undertaken where this is clinically appropriate.

How did we perform?

- As from Q2 2012/13, all first outpatient appointment invitation letters have included this additional information
- Patients have reported a high level of satisfaction with the verbal information they have been provided about their medications issued to them following their appointment.

Performance measure	Achieved	Under achieved	Nov 12	Dec 12	Jan 13	Feb 13	March 13
% of patients given verbal information on medicines (outpatients at L&D dispensary)		> 75%	72%	71%	63%	89%	90%
% of patients who know what to expect prior to attending	> 85%	< 75%	76%	73%	71%	68%	72%
% of staff treating / examining patients who introduced themselves	> 85%	< 75%	76%	76%	79%	76%	89%
% waiting > 30 minutes	< 15%	≠ 15%	29%	35%	56%	33%	35%
% welcomed at reception and privacy	> 85%	< 75%	86%	85%	58%	86%	83%
% Confidence / trust in the doctor	> 85%	< 75%	86%	88%	71%	80%	95%
% Confidence / trust in the Nurse	> 85%	< 75%	85%	88%	67%	81%	96%
% Rating service (good to excellent)	> 85%	< 75%	90%	89%	85%	97%	90%

2) To offer extended outpatient clinic opening times to include evenings or weekends

What did we do?

- Clinicians have been surveyed to obtain their feedback on weekend and evening opening times.
- Work with HR/medical workforce to progress out of hours working in to new consultants' contracts has been undertaken.

How did we perform?

- Some speciality areas are now providing regular weekend clinics e.g. Transient Ischaemic Attack (TIA) or 'mini stroke' clinics, and others on a Saturday morning
- Evening and weekend clinics are currently being provided on an ad hoc basis in order to support compliance with performance targets

The table below demonstrates the number of additional capacity clinics provided in 12/13. It is acknowledged that only a small proportion of these are provided out of hours (evenings and weekends), however the Trust is also keen to ensure capacity is utilised as efficiently as possible during weekdays when clinicians, staff and supporting services are more readily available.

The Trust is committed to expanding clinic provision alongside expansion of 7 day support services and is currently consulting with Clinical Divisions about what services are needed out of hours to support both inpatient and outpatient activity affordably and sustainably.

	No. of additional temporary Clinics	Percentage of clinics in session
Evening	74	9%
Weekday AM	347	43%
Weekday PM	342	43%
Sat AM	16	2%
Sat PM	19	2%

3) Ensure clinics start on time and improve clinic efficiency

What did we do?

- Between June 2013 and October 2013 outpatient clinics were monitored in order to identify where clinics were starting later than their scheduled start time. This intelligence enabled the identification of bottle-necks and regular late starts.
- A regular cause for delays in start time concerned medical commitments outside outpatients (ward rounds) and conflicting meetings with clinic start times.
- At the same time the process also identified delays outside the control of the OP department such as delays due to traffic, IT system downtime, and unavailability of junior medical staff from clinics.
- The results will feed into work currently underway to review and improve medical productivity by identifying and then freeing up medical staff from competing priorities.
- A clinic capacity calculator was developed as a tool to assist in planning clinic templates and appointment scheduling.
- Key performance metrics were developed to demonstrate performance and drive improved efficiency.
- Close working alongside the Trust's medical

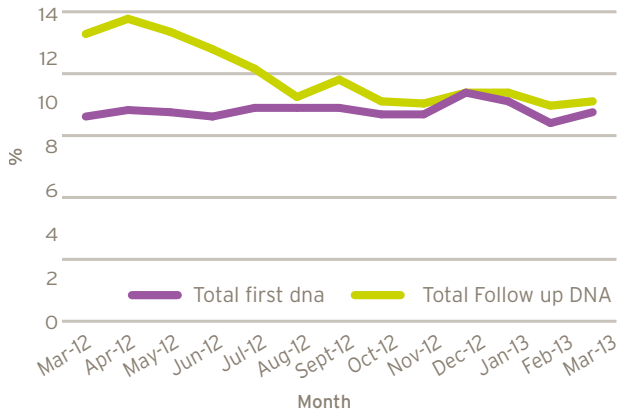
productivity programme is in place to improve outpatient clinic efficiency.

- GP and patient access to all Outpatient clinics via Choose and Book is facilitated.
- Advice and Guidance throughout the Trust to assist GPs in gaining access to specialist advice prior to referral was introduced.
- Clinic start times against a 30 minute standard are being measured and provide management information to improve timeliness of clinic commencement.
- Ensuring patients are better informed and made aware of any delays whilst in clinic.

How did we perform?

- Appointments not attended (DNA) rates have reduced over the course of the last year and are anticipated to fall further this year with the introduction of interactive appointment communications. This will reduce wasted appointments, enhance clinical productivity and improve patient access.

Trust overall DNA rate



- The analysis of clinic start times in April 2013 demonstrates 77% of Outpatient clinics started within 15 minutes of the scheduled start time. Data is being provided to Divisions by clinician to facilitate improvement where needed.

4) Reduce the number of clinics cancelled at short notice

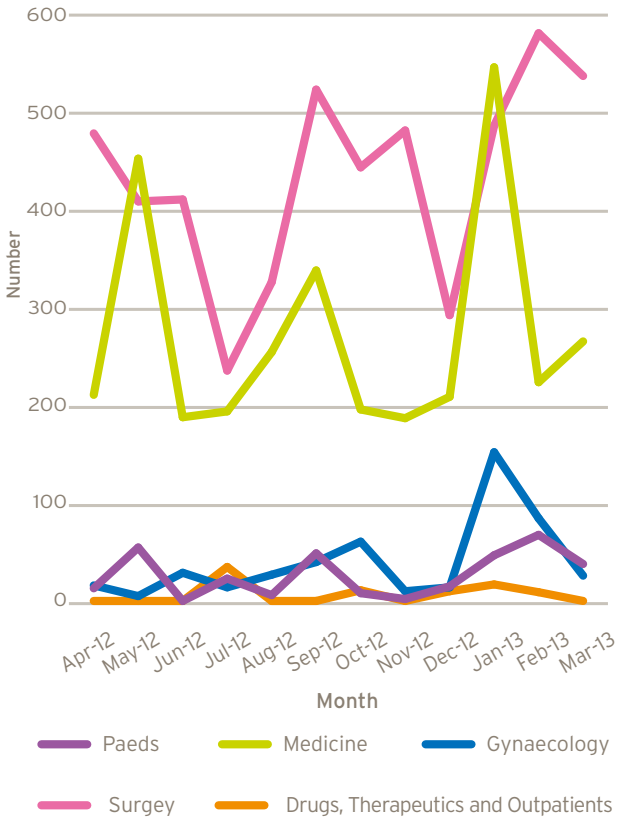
What did we do?

- Detailed information relating to the number of patients whose appointments have been cancelled by the hospital at short notice is provided to Divisional managers each month. Progress is being made, but needs to be sustained.
- Working in tandem with the medical productivity programme is in place to minimise short notice clinic cancellations to improve patient experience, efficiency and productivity.

How did we perform?

- Progress is variable on short notice cancellations and close working with the medical productivity programme and Divisional management is needed to drive this down.

Patients impacted by cancellations at short notice



- Alternative Outpatient booking systems, such as partial booking in pilot service areas will be trialled during the course of 13/14 to help improve the patient experience and reduce hospital initiated cancellations.

- The proportion of rescheduled appointments

compared to the total monthly volume of Outpatient appointments is 4%.

5) Commence a programme of outpatient refurbishment

What did we do?

- survey of Outpatient accommodation was undertaken to prioritise a programme of refurbishment.

How did we perform?

- Zone C outpatient waiting area has been comprehensively refurbished and air conditioning installed to each of the consulting rooms.
- A programme to upgrade the consulting rooms has commenced this year.
- Patient feedback has been very positive, with comments received from patients on how the department is now much lighter, brighter and more

6) Provide additional training to staff and support improved team working

What did we do?

- Outpatient clerical staff were provided with the opportunity to participate in an NVQ programme in customer care.
- Work with nursing and admin staff across Outpatient specialties is being undertaken to develop an Outpatient customer service commitment.

How did we perform?

- 85% of clerical staff have participated in the NVQ training programme.

7) Provide support, information and opportunity for patients to take responsibility for their health and management of long term conditions

What did we do?

- More community based clinics have been established for patients with long term conditions.
- Alternative support mechanisms are being made available to patients, including telephone clinics.
- A wider range of literature is being made available to patients in pre-appointment correspondence.
- An ambulatory care unit has been established to provide support and treatment to patients with a range of conditions to avoid hospital admission.

How did we perform?

- The Trust is proactively seeking to provide more outpatient facilities in the community to improve access and provide care and management of long term conditions closer to home.

Priority 3: Clinical Outcomes

To improve clinical outcome

Early in 2012/13 an overall improvement plan for improving clinical outcome for patients with fractured neck of femur was developed. The plan included the four key priority areas:

This priority targeted four key areas:

1) Establish a dedicated and ring-fenced unit for patients with a fractured neck of femur and other fragility fractures requiring hospitalisation.

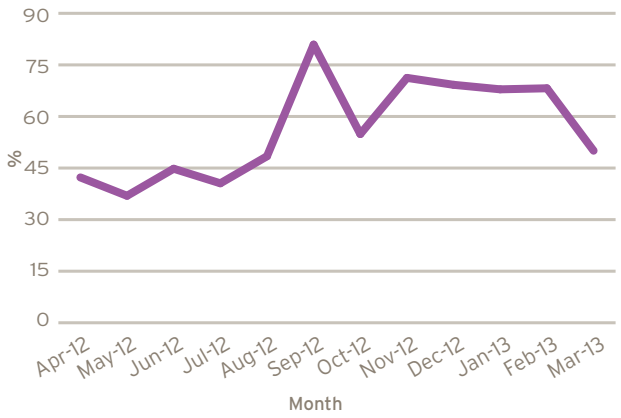
What did we do?

- A fractured neck of femur ward was established during 2012/13 and endeavours to cohort patients within this ward; this has been increasing through the year despite significant bed pressures during difficult periods.
- A second Consultant Orthogeriatrician was appointed, junior staff allocated to the Orthogeriatric service and a formal re-organisation of Orthogeriatric consultant cover to the fractured neck of femur ward completed. A monthly multi-disciplinary team meeting to review all fractured neck of femur cases that result in death is also being established.
- The number of nurses working on the fractured neck of femur ward has been increased.
- Significant progress has been made in achieving best practice over the past year that also strengthens the financial position.
- The fractured neck of femur integrated care pathway documentation has been completely re-written. This is for multidisciplinary use and is commenced on diagnosis of the fractured neck of femur whilst in the accident ad emergency department.
- Meetings were held with high performing trusts within England to explore their management of fractured neck of femurs and endeavour to apply learning.
- An external review of the management of patients with fractured neck of femur by the British Orthopaedic Association was invited. This was undertaken in January 2013 and an improvement plan has been developed.

How did we perform?

- An improvement in the percentage of patients admitted with a fractured neck of femur admitted directly to ward 23 as been achieved. The data includes patients who could not be admitted to the fractured neck of femur ward for clinical reasons, e.g. ITU etc.

Fractured Neck of Femur Admissions 2012/13 - percentage admitted directly to ward 23



- The Trust met the criteria for the repair of fractured neck of femur Best Practice Tariff for 65% of the patients seen in the year 2012/13. This represents a significant improvement as the Trust did not achieve Best Practice Tariff for this procedure in 2011/12.

2) The Orthopaedic and Anaesthetic Directorates should review the findings of the mortality review at a joint Clinical Governance Rolling Half Day session, following which both specialties should be asked to produce action plans to address the key issues raised.

What did we do?

- In March 2013 the data from the National Hip Fracture Database report did confirm that the Trust is an outlier in terms of mortality rate for fractured neck of femur that was identified as part of annual planning in March 2012. Teleconference consultations have been undertaken with two high-performing organisations during the year to better understand how the Trust might improve systems, and commissioned a multi-disciplinary external review of the fractured neck of femur service from the British Orthopaedic Association.
- Fluid optimisation techniques have been introduced for patients with a fractured neck of femur. This is a technique used during the operation for those patients that have a general anaesthetic.

How did we perform?

- Following the outcome of the formal review in January 2013, the improvement plan has been updated.

3) A multi-disciplinary group will be convened under the direction of the Divisional Director for Surgery, to review on a monthly basis, the data from Dr Foster, the National Hip Fracture database, any deaths that have occurred within 30 days of surgery for a fractured neck of femur, and to formulate and co-ordinate any appropriate audits deemed necessary by the group.

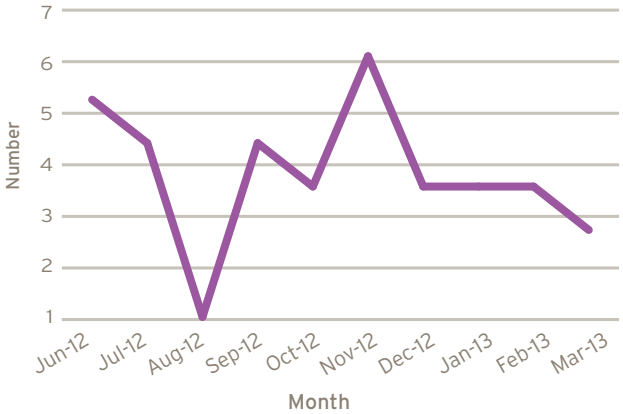
What did we do?

- A monthly multi-disciplinary team meeting has been introduced to review all fractured neck of femur cases that result in death.
- The case note review is undertaken by a Consultant Orthogeriatrician of every patient that dies following surgery to repair a fractured neck of femur
- There is daily communication distributed widely within the hospital of information about patients with a fractured hip, including location of patients, numbers of patients awaiting surgery, number of patients that had been operated on within 36hrs of admission and number of deaths within 30 days of admission

How did we perform?

- Significant improvements in peri operative and post-operative care have been delivered, which have seen the mortality rate for repair of fractured neck of femurs decrease from a peak of 197.4 in September 2012 to 154.0 at the end of March 2013.
- The number of actual patients that died following repair of fractured neck of femur between June 2012 to March 2013, known as crude mortality, was 33.

Number of deaths within 30 days of admission following repair of fractured neck of femur



4) **New strategies to reduce the average length of stay would be explored of these patients in secondary care, and enable earlier, appropriate discharges to community-based rehabilitation facilities for suitable patients. Discussions about the development of a Fracture Liaison Service will be initiated, aiming to reduce the incidence of fractured neck of femur in the population we serve by 10% in three years.**

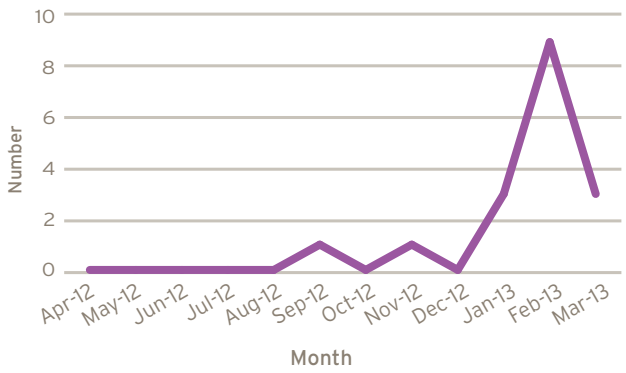
What did we do?

- A Hospital At Home (H@H) service has been introduced which enables some patients that have suffered a hip fracture to return home sooner with the support of the Hospital At Home team.
- Commissioners have agreed that they will commit to negotiations to establish a Fracture Liaison Service in quarter three of 2013-14.
- Screening using a nationally recognised risk assessment tool will be commenced for all patients over the age of 65 that attend the A&E department that present with falls and wrist fracture or fractured vertebral body. These patients may be at risk of future falls and subsequent fractured neck of femur.

How did we perform?

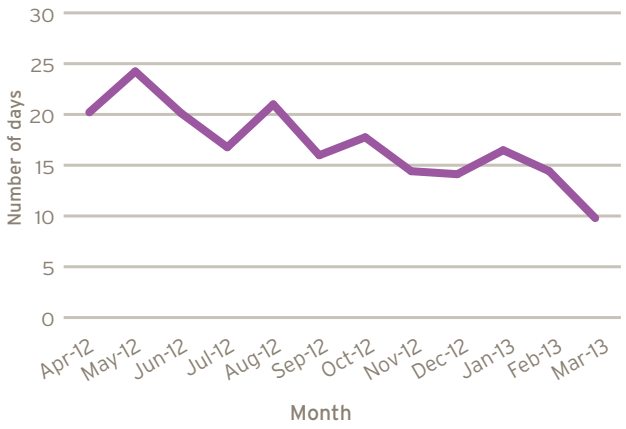
- There has been an increase in the number of patients that have had repair of fractured neck of femur that were discharged with the use of the H@H service in quarter 4.

Number of fractured neck of femur patients discharged with the Home at Hospital service



- There has been a significant reduction in the length of stay of patients admitted with a fractured neck of femur. In May 2012 the average length of stay was 24.4 days and in March 2013 it had significantly reduced to 9.7 days.

Fractured Neck of Femur Admissions 2012/13 - Average Length of Stay



3. Priorities for Improvement in 2013/14

We have two key priorities each for patient safety, patient experience and clinical outcome. Our remaining priorities are detailed in the annual plan.

Priority 1: Patient Safety

Key Patient Safety Priority 1

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

Why is this a priority?

There continues to be an increase in emergency demand nationally; therefore the optimum level of medical expertise is needed to provide safe and timely medical care.

During 2012/13 a new medical model will be implemented in medicine and further increase in the number of consultants. This new model will increase the availability of a consultant led service and provide stronger senior decision making and support for junior medical staff. The impact of this work will lead to a reduction in unnecessary and avoidable admissions and a reduced length of stay.

What will we do?

- We will implement a new medical model in medicine and further increase in the number of consultants
- We will commence a programme of work to establish changing requirements on junior medical staff on duty within medical specialties.

How will improvement be measured and reported?

Overall performance and assurance is reviewed by Clinical Outcome, Safety and Quality committee and subsequently reported to the Board on a monthly basis.

Success Criteria

- Reduction in unnecessary and avoidable admissions
- Reduced length of stay for all patients
- Improve clinical outcome

Key Patient Safety Priority 2

- Ongoing development of Safety Thermometer, exceeding performance year on year

Why is this a priority?

The NHS Safety Thermometer gives nurses a template to check basic levels of care, identify where things are going wrong and take action. It is used by frontline healthcare workers to measure and track the proportion of patients in their care with pressure ulcers, urinary tract infections, VTE and falls.

Implementation of the Safety Thermometer in 2012/13 focussed on data collection, staff training and establishing an accurate baseline. This has provided a snapshot of harm from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE. The Trust has consistently delivered 95% harm free care against these four harms. The safety thermometer objectives for 2013/14 will be to:

- Eliminate all avoidable hospital acquired grade 2, 3 and 4 pressure ulcers.
- Continued roll out of the falls care bundle in all wards leading to an overall reduction in the incidence of falls resulting in moderate or severe harm or death, by at least 10%.
- Reduction in the use of urinary catheters and improved compliance with best practice guidelines.

What will we do?

- We will continue our implementation of the care bundles and other interventions described in last years report.
- Continue with infection prevention and control programme of investment and increase isolation capacity within the hospital.

How will improvement be measured and reported?

- To measure these objectives we will collect, collate and report on the data set that has been nationally prescribed in the 'Safety Thermometer' programme. This thermometer aims to provide a snapshot of harm occurring on a particular day in the Trust (prevalence), based on the four common harm areas described above. These data are used to drive improvement at local level, as they indicate the number of patients that are receiving 'harm free care' at a given moment, as well as being submitted to the NHS Information Centre as part of the national programme. Data are reviewed monthly as part of our nursing quality assurance framework and actions to prevent future harm discussed, and are also reported to our Clinical Operational Board. Overall performance and assurance is reviewed by Clinical Outcome, Safety and Quality committee and subsequently reported to the Board on a monthly basis.

Success Criteria

- Improve clinical outcome
- 50% reduction in the prevalence of hospital acquired, avoidable grade 2 and 3 pressure ulcers
- 10% reduction in the proportion of patients with harm from a fall
- 3% reduction in the proportion of patients with a urinary catheter
- 95% (minimum) patients to have had a VTE risk assessment on admission

Priority 2: Patient Experience

Key Patient Experience Priority 1

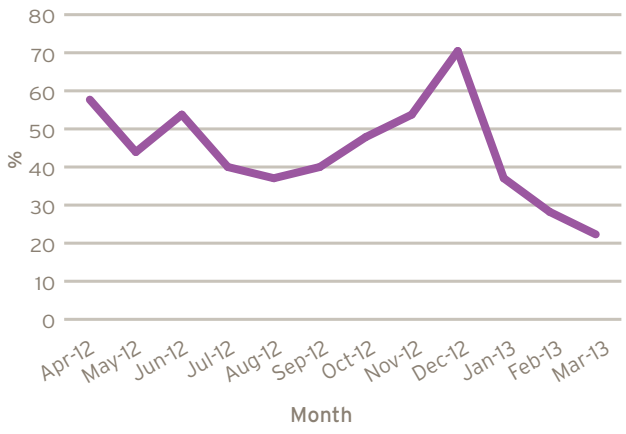
- To revolutionise how we handle complaints.

Why is this a priority?

The fundamental purpose of the hospital is to deliver excellent patient experience and clinical excellence by constantly improving clinical outcome. Patient experience is of significant importance and the core values set out the determination of the organisation to put patients first and ensure that every patient has the highest quality experience.

During 2012/13 it was recognised that there are improvements needed in the process to ensure that complaints received from patients are managed and responded to in a more acceptable timeframe. Complaints are a valuable and vital source of patient feedback which allow the identification of areas of improvement that are needed. During the last year the Trust recognised that whilst the quality of responses to complaints was good, response times needed to be improved.

Percentage of complaints responded to in the timescale agreed with the patients



What will we do?

- Improve the timeliness of response to complaints.
- Improve learning from complaints.
- Commence a programme of using complaints and other metrics to establish an 'early warning' mechanism.

How will improvement be measured and reported?

The hospital will capture and monitor compliance times for each division. The hospital will report compliance with complaint response times within the quality report that is submitted to the Trust Board of Directors. Satisfaction with the timeliness and quality of the response will be sought from complainants. Triangulation of intelligence and trends within complaints and other quality information will be measured and reported within the trust committee structure. Communication skills training will be monitored and reported to the COSQ and where there is feedback about staff or departments; this will be incorporated into appraisals to deliver recognition of good practice or demand improvements in the event of poor feedback.

Success Criteria

- Further increase in the quality of complaint responses as evidenced through
- Complainants' feedback and Ombudsman's review of responses
- Improvement in the timeliness of complaint responses without decreasing the quality of the response
- Increase in the use of local resolution meetings wherever appropriate
- Summary of learning from complaints published to the Trust website as recommended by the Francis Report

Key Patient Experience Priority 2

- Continue to implement the Outpatient Transformational programme

Why is this a priority?

The Outpatient Transformation programme will continue to build on its successes throughout 21013/14. During 2013 the foundations were established in terms the importance of delivering a high quality experience for patients with almost all outpatient staff completing their via the Customer Care NVQ qualifications. A number of outpatient facilities were also improved and a range of processes and systems were improved. However, there is still a lot to be done to totally transform the outpatient experience and the remit of the group will remain to improve the overall experience for patients.

A key focus for 2013/14 will be the need to align consultant availability to clinic capacity more effectively in order to minimise short notice cancellations and also to redesign the overall appointment pathway to reduce the time between an appointment being made and the actual appointment date. The longer this time, the greater the chance of cancellation by the hospital or for the patient to forget their appointment and then fail to attend.

What will we do?

- Developing an operational sub-committee to the Transformation Board.
- Developing outpatient customer service training programme
- The achievement of a 2% reduction in the 'Did Not Attend' rates
- Reducing the number of patients experiencing hospital initiated clinic cancellations
- Reducing delays in clinics

How will improvement be measured and reported?

Progress from the Outpatient Transformation Board will be monitored and reported to the COSQ and the Board.

Success Criteria

- Be amongst the most improved Trusts in the National Outpatient Experience
- Survey in the East of England
- Achieve further 2% reduction of those that Do Not Attend (DNA) their appointment rates
- Expanded specialty specific pre-appointment patient information
- Achieve fit for purpose Outpatient facilities
- Reduce number of patients experiencing hospital initiated clinic cancellations
- Reduced delays in clinics and provide better intra-clinic patient communications
- Faster Outpatient call centre response times
- Alignment of Outpatient productivity to medical productivity to drive efficiency and transformation

Priority 3: Clinical Outcomes

Key Clinical Outcome Priority 1

- To improve performance by reducing average length of stay for older people

Why is this a priority?

The 2012 Hospital Guide produced by Dr Foster includes 13 measures of efficiency for each Trust. An area in which the hospital did not perform well on was the length of stay for elderly patients, indicating that this is longer when compared to trusts in England. It is recognised that that staying in hospital for longer than clinically necessary can put patients at risk and frequently leads to increased dependence for older patients.

What will we do?

- Expand the pilot of the Frail Elderly Unit based on guidance within the 'Quality Care for Older People with Urgent & Emergency Care Needs (Silver Book)'.
- Commission an external expert review to be undertaken within the Department of Medicine for the Elderly. This will be a full review of the way in which we deliver DME services and ensuring that this is fit for the future. This will include the interface between primary and secondary care.

How will improvement be measured and reported?

A balanced scorecard of metrics will be developed around the older persons pathway.

The scorecards will be updated monthly and distributed within the hospital. The scorecard will be reviewed by the Clinical Operational Board and the Clinical Outcome, Safety and Quality sub-committee and reported monthly to the Board.

Success Criteria

- Reduction in the average length of stay for elderly patients from 12.4 to 11.0
- Reduction in the number of elderly patients placed in less appropriate wards
- Reduction in the number of patients medically fit for discharge but still in hospital

Key Clinical Outcome Priority 2

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

Why is this a priority

The Trust HSMR for the calendar year 2012 was 97.2 compared to 94.6 for 2011. Whilst the HSMR continues to be excellent for some patient groups such as myocardial infarction (heart attack), and whilst there has been an improvement of HSMR for fractured neck of femur, it is recognised that there remain further improvements to be made.

In March 2013 the data from the National Hip Fracture Database report did confirm the Trust as an outlier in

terms of mortality rate for fractured neck of femur. Mortality rate for repair of fractured neck of femurs decreased from a peak of 197.4 in September 2012 to 154.0 at the end of March 2013. Therefore a continued commitment to reduce the mortality rate amongst this group of patients remains a priority for the hospital in 2013/14.

What will we do?

An improvement plan is in place for care of patients with a fractured neck of femur following an invited external expert review which is expected to have an impact; these actions are set out in the following objectives.

- Implement the use of fluid optimisation techniques for use with patients that have a general anaesthetic during the repair of the hip fracture.
- We will commence osteoporosis screening using a nationally recognised risk assessment tool for all patients over the age of 65 that attend the A&E department that present with falls and wrist fracture or fractured vertebral body. These patients may be at risk of future falls and subsequent fractured neck of femur.
- We will continue to undertake a case notes review of all patients that have died following hip fracture repair.
- We will develop a pathway for patients with a fractured neck of femur that do not get admitted via the A&E department with the fracture.
- A multi-disciplinary group will continue under the direction of the Divisional Director for Surgery, to review on a monthly basis, the data from Dr Foster, the National Hip Fracture database, any deaths that have occurred within 30 days of surgery for a fractured neck of femur, and to formulate and co-ordinate any appropriate audits deemed necessary by the group.
- Through our Consultant Orthogeriatrician, and our Elderly Care Physician with a particular interest in fractured neck of femur and a role which spans primary and secondary care, and discussion with the Clinical Commissioning Groups, we will continue to explore new strategies to help to reduce the average length of stay of these patients in secondary care, and enable earlier, appropriate discharges to community-based rehabilitation facilities for suitable patients.
- We will initiate discussions about the development of a Fracture Liaison Service, aiming to reduce the incidence of fractured neck of femur in the population we serve by 10% in three years.

How will improvement be measured and reported?

A balanced scorecard of metrics that has been developed around the fractured neck of femur care pathway will continue to report on key indicators reflective of patient safety and clinical outcomes.

The scorecard will be updated monthly and distributed within the hospital. The scorecard will be reviewed by the Clinical Operational Board and the Clinical Outcome, Safety and Quality sub-committee and reported monthly to the Board.

Success Criteria

- Significant reduction in fractured neck of femur HSMR
- Improve number of patients for which best practice tariff to 90% is achieved

Responding to the Francis Report

Following the publication of the Francis report, the Trust set out its plan to brief and engage staff on the findings of the report. The approach taken was to hold a number of Trust wide listening events, the purpose of which was to engage and listen to as many staff as possible, identify key risks and early warning signs that the organisation face and agree and prioritise actions. The key message and aim was to create a common patient safety culture across the Trust where 'patients not numbers come first'.

In addition to the internal Trust projects, work is underway with University College of London Partners (UCLP) to accelerate improvement in light of the Francis report. Led by the Chief Nurses and Medical Directors across UCLP, a small number of carefully chosen initiatives have been prioritised;

- Understanding and measuring what matters to patients (developing a ward health check)
- Understanding what matters to patients (developing the UCLP Promise)
- Understanding and acting on what matters to staff
- Developing ward sister training and accreditation

This work can be accelerated and done more effectively by working in partnership, by sharing local work where helpful to peers in other organisations.

The Trust is committed to ensuring a consistent culture of compassionate care and following on from the listening and engaging events, the DH response and the UCLP programme, the Trust has identified many areas of action to consider. The Trust's next step is to complete a plan as to how to take the outcomes of these forward. It is essential that we build on the engagement and enthusiasm of our staff whilst also ensuring we respond to the DH recommendations as appropriate. To achieve this, the next stage will involve representation of staff from across the Trust.

4. Statements related to the Quality of Services Provided

4.1 Review of Services

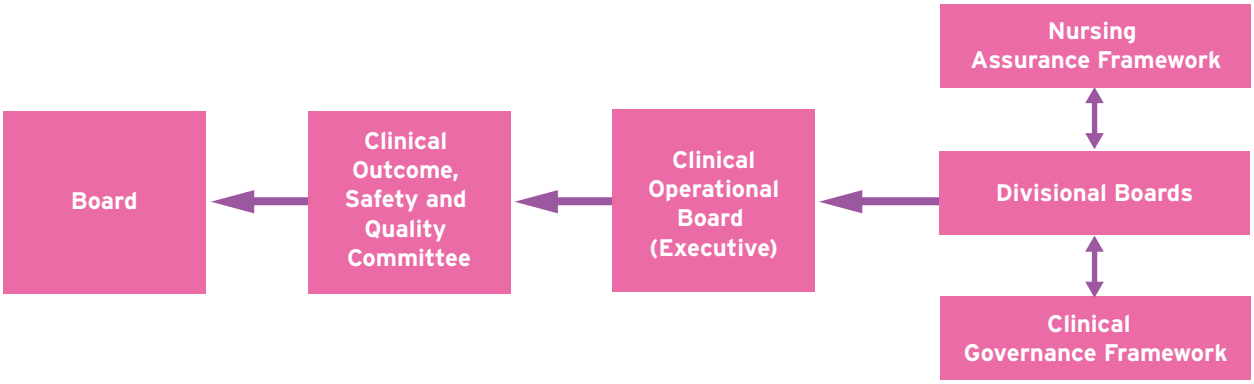
During 2012/13 the Luton and Dunstable Hospital NHS Foundation Trust provided and/or sub-contracted 47 clinical services. We have reviewed all of the data available to us on the quality of care in all of these NHS services as part of our internal and external management and assurance processes. The Board of Directors considers monthly performance reports including progress against national quality and performance targets. The Board also receives reports from the Clinical Outcome, Safety and Quality sub committee. Quality is managed by the Divisional Boards and the Clinical Operational Board providing assurance to the Clinical Outcome, Safety and Quality Committee.

These reports include domains of patient safety, patient experience and clinical outcome. During 2012/13 the Executive Board commissioned a number of external experts and external reviews to support its work and to ensure the Trust was aware of best practice nationally and internationally. The reviews included:

- Fractured neck of femur;
- Services for the elderly;
- Colorectal surgery;
- Colposcopy;
- Clinical sustainability;
- Hospital development financial strategy; and
- Whole system financial modelling

In addition, the Board receives monthly reports relating to safeguarding, complaints and serious incidents.

Quality Assurance Monitoring



The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by the Luton and Dunstable Hospital NHS Foundation Trust for 2012/13.

4.2 Participation in Clinical Audits and National Confidential Enquiries

During 2012/13, 37 national clinical audits and 5 National Confidential Enquiries covered NHS services that Luton and Dunstable Hospital NHS Foundation Trust provides.

During the period the Trust was eligible to participate in thirty seven of the 51 national clinical audits that met the Quality Accounts inclusion criteria

The Trust participated in thirty-four (92%) of the eligible national audits

Details are provided within the tables below.

Audits 2012-2013	Organiser	Eligible	Participated	Target Cohort	Audit returns
Peri and Neo-natal					
Perinatal Mortality	MBRRACE – UK (Oxford)	✓	✓	Ongoing	Ongoing
Neonatal Intensive and Special Care	RCPCH	✓	✓	Ongoing	Ongoing
Children					
Paediatric Pneumonia	BTS	✓	✓	Nov. 2012 – March 2013 33 cases	All

Audits 2012-2013	Organiser	Eligible	Participated	Target Cohort	Audit returns
Paediatric Asthma	BTS	✓	✓	Nov. 2012 -Jan. 2013 19 cases of 30 eligible	N = 19 (63 %)
Childhood Epilepsy 12 (Early Adopter)	RCPCH	✓	✓	40 cases submitted	All
Paediatric Intensive Care	PICANet	✗	✗	N/A	N/A
Paediatric Cardiac Surgery	NICOR CHD Audit	✗	✗	N/A	N/A
Paediatric Diabetes	RCPCH/NPDA	✓	✓	July - Sept 2012 131 cases submitted	All
Paediatric Fever	CEM	✓	✓	Aug. 2012 - Nov. 2012 50 cases submitted	All
Acute Care					
Emergency Use of Oxygen	BTS	✓	✓	Aug. 2012 - Nov. 2012 11 cases submitted	All
Adult Community Acquired Pneumonia	BTS	✓	✓	Dec. 2012 - May 2013	In progress
Adult Non Invasive Ventilation	BTS	✓	✓	Feb. 2013 - May 2013	In progress
Adult Critical Care	ICNARC	✓	✓	Ongoing	Ongoing
Cardiac Arrest	NCAA	✓	✓	Ongoing	Ongoing
Fractured Neck of Femur	CEM	✓	✓	Aug. 2012 - Nov. 2012 50 cases submitted	100%
Renal Colic	CEM	✓	✓	Aug. 2012 - Nov. 2012 50 cases submitted	100%
Long Term Conditions					
In-patient Diabetes (Adult)	Diabetes UK / NHS IC	✓	✓	Sept. 2012 94 cases Submitted	100%
Pain Database	British Pain Society and Dr. Foster	✓	✓	Ongoing	Ongoing
IBD	RCP	✓	✓	Round 4 - Jan. - Dec. 2013	In progress
National Audit of Dementia	RCPsych	✓	✓	June - Oct. 2012 Submitted 40 cases	100%
Adult Asthma	BTS	✓	✗	Sept. - Dec. 2012	N/A
Bronchiectasis	BTS	✓	✗	Oct. 2012 - Jan. 2013	N/A
Renal Registry	UKRR	Via Lister Hospital	✗	N/A	N/A
Asthma Deaths	NRAD	✓	✓	Ongoing	Ongoing
Elective Procedures					
Joint Replacement (Hip, Knee)	NJR	✓	✓	Ongoing	Ongoing
Elective Surgery PROMS	NHS Information Centre	✓	✓	Ongoing	Ongoing
Cardiovascular Disease					
Coronary Angioplasty	NICOR	✗	✗	N/A	N/A
Peripheral Vascular Surgery	VSGBI Database	✗	✗	N/A	N/A

Audits 2012-2013	Organiser	Eligible	Participated	Target Cohort	Audit returns
Carotid Interventions	RCP / Vascular Society	✗	✗	N/A	N/A
CABG and Valvular Surgery	Adult Cardiac Surgery	✗	✗	N/A	N/A
Acute Myocardial Infarction and ACS	MINAP	✓	✓	Ongoing	Ongoing
Heart Failure Audit	National Institute for Cardiovascular Outcomes (NICOR)	✓	✓	Ongoing	Ongoing
Pulmonary Hypertension	NHS IC	✗	✗	N/A	N/A
Acute Stroke (SINAP)	RCP	✓	✓	Ongoing	Ongoing
Cardiac Arrhythmia Implantable Devices	NICOR	✓	✓	Ongoing	Ongoing
Cardiothoracic Transplant	RCS	✗	✗	N/A	N/A
Vascular Surgery	VSO	✗	✗	N/A	N/A
Cancer					
Lung Cancer	NHS IC	✓	✓	Ongoing	Ongoing
Bowel Cancer	NHS IC	✓	✓	Ongoing	Ongoing
Head and Neck Cancer DAHNO	NHS IC	✓	✓	Ongoing	Ongoing
Oesophago-gastric Cancer National O-G cancer Audit	RCS	✓	✓	Ongoing	Ongoing
Trauma					
National Hip Fracture	BOA	✓	✓	Ongoing	Ongoing
Severe Trauma	TARN	✓	✓	Ongoing	Ongoing
Mental Health					
Prescribing in Mental health	RCPsych	✗	✗	N/A	N/A
National Audit of Schizophrenia	RCPsych	✗	✗	N/A	N/A
NHS Transplant					
Audit of Blood Sampling and Labelling	NHS Blood and Transplant	✓	✗	**Abandoned with approval from NBT**	April 2012
Potential Donor	NHS Blood and Transplant	✓	✓	Ongoing	Ongoing
Audit of Use of Anti-D	NHS Blood and Transplant	✓	✓	Planned March 2013	Ongoing
Renal Transplant	NHS Blood and Transplant	✗	✗	N/A	N/A
Renal Registry	UK Renal Registry	✗	✗	Via Lister Hosp.	N/A
Health Promotion					
Health Promotion in Hospitals	nhphaudit.org	✗	✗	N/A	N/A

Other National and Regional Audits

During the report period, the Trust also participated within three time-limited national/regional audit projects

Audit	Organiser	Target Cohort	Returns
Thrombosis Venous Thromboembolism Annual Survey (FOI Request)	All Parliamentary Thrombosis Group	Organisational and Performance questionnaire	Annual (submission usually Sept/October
National Anticoagulation Clinical Reporting System	DAWN Benchmarking	All system entries	Twice annually July 2012 Jan 2013
Rare Disorders of Pregnancy	UK Obstetric Surveillance System (UKOSS)	Case submissions by UKOSS criteria	Continuous

Submissions to national cancer data sets:

Cancer National database / Registries	Organisation	Data submissions
British Association of Surgical Oncologists (BASO): Screen detected breast cancers	BASO	All screen detected breast cancers Submitted via Regional QA Centre Dec. 2012
Cancer National Databases: - Upper GI - Head and Neck - Colorectal - Lung	AUGIS DAHNO NBOCAP LUCADA	Ongoing - limited Ongoing - regular Ongoing - limited Ongoing - regular
Cancer Registry (East of England): - Upper GI - Pancreatic - Urology - Haematology - Skin - Lung - Gynaecology - Head and Neck - Colorectal - Breast	Eastern Cancer Registry and information Centre (ECRIC)	Ongoing. All cases discussed at Cancer MDT meetings. Submissions within 25 working days from month end. Process is currently being developed from new Infoflex system
Open Exeter: a) Month of First Treatment b) Month of Subsequent Treatment - - Upper GI - - Pancreatic - - Urology - - Haematology - - Skin - - Lung - - Gynaecology - - Head and Neck - - Colorectal - - Breast	NHS Connecting for Health	Monthly: Within 25 working days of the month end.

Cancer National database / Registries	Organisation	Data submissions
Open Exeter: Referrals via NHS Screening Services: - Breast - Gynaecology - Colorectal	NHS Connecting for Health	Monthly: Within 25 working days of the month end.
Open Exeter: Two week Wait Referrals: - Upper GI - Pancreatic - Urology - Haematology - Skin - Lung - Gynaecology - Head and Neck - Colorectal - Breast	NHS Connecting for Health	Monthly: Within 25 working days of the month end.
Open Exeter: Breast Symptomatic 2 week wait Referrals:	NHS Connecting for Health	Monthly: Within 25 working days of the month end.
Open Exeter: Rare Cancer Referrals treated within 31 days of receipt of referral: - Haematology - Children's Cancers - Testicular	NHS Connecting for Health	Monthly: Within 25 working days of the month end
Open Exeter: Routine referrals which are upgraded by clinician & treated within 62 days: - Upper GI - Pancreatic - Urology - Haematology - Skin - Lung - Gynaecology - Head and Neck - Colorectal - Breast	NHS Connecting for Health	Ongoing

Local Clinical Audits

In addition to the national and regional clinical audits and data bases reported within table 1-3, a total of twenty nine local clinical audits were completed during the reporting period which were project managed by the Trust's Clinical Audit Department (Appendix A).

4.3 National Confidential Enquiries

	Topic/Area	Database/Organiser	% return*	Participated
1	Cardiac Arrest Procedures	NCEPOD	100%	Yes
2	Alcohol Related Liver Disease	NCEPOD	(1/3) 33%	Yes
3	Subarachnoid Haemorrhage	NCEPOD	(3/4) 75%	Yes
4	Bariatric Study	NCEPOD	(7/8) 83%	Yes
5	Maternal, Still births and Neo-natal deaths	CEMACH	100%	Yes

* The number of cases submitted to each enquiry as a percentage of the number of registered cases required by the terms of that enquiry

4.4 Participation in Clinical Research

The number of patients receiving NHS services provided by Luton & Dunstable University Hospital in 2012/2013 and who were recruited during that period to participate in research approved by a Research Ethics Committee was 606. This research can be broken down into 144 research studies (113 Portfolio and 31 Non-Portfolio).

Participation in clinical research demonstrates the Luton & Dunstable University Hospital's commitment to improve the quality of care we offer and to make a contribution to wider health improvement. Our clinical staff keep up-to-date with the latest treatment possibilities and active participation in research leads to improved patient outcomes. The Trust is compliant with the National Institute for Health Research (NIHR) Research Support Services Framework with a Trust adopted Research and Development Operational Capability Statement (RDOCS).

4.5 Goals agreed with Commissioners of Services - Commissioning for Quality and Innovation

A proportion of Luton and Dunstable Hospital income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the Luton and Dunstable Hospital NHS Foundation Trust and NHS Luton as lead commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Commissioning for Quality and Innovation (CQUIN) is a payment framework which allows commissioners to agree payments to hospitals based on agreed improvement work. Through discussions with our commissioners we agreed a number of improvement goals for 2012/13.

Goals and Indicators

Goal no.	Description of goal	Quality Domain(s)	Indicator name	Indicator weighting
1	To ensure that providers have real time systems in place to monitor patient experience.	Patient Experience	Patient Revolution	20%
2	Collection of data on patient harm using the NHS Safety Thermometer harm measurement instrument (developed as part of the QIPP Safe Care national work stream) to survey all relevant patients in all relevant NHS providers in England on a monthly basis	Patient Safety	NHS Safety Thermometer	25%
3	National goal to reduce avoidable death, disability and chronic ill health from Venous Thromboembolism (VTE).	Patient Safety	VTE	11.25%

Goal no.	Description of goal	Quality Domain(s)	Indicator name	Indicator weighting
4	National goal to improve responsiveness to the personal needs of patients.	Patient Experience	Personalisation	2.5%
5	Reduce the amount of time that patients wait to be physically admitted to an actual Critical Care area (ITU,HDU, combined unit, or appropriate L3 or L2 facility (Intensive Care Society 2009 Levels of Care).	Clinical Effectiveness	Critical Care Network	30%
6	Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting	Patient Safety and Clinical Effectiveness	Dementia Screening Question	6.25%
			Dementia Risk Assessment	
			Specialist Referral	
7	Improving care for adults with learning disability	Innovation	10% improvement from LD Organisational audit	5%

All the CQUINs were achieved with minor exceptions in quarter 1 related to goal number 1 patient experience.

The Trust monetary total for the associated CQUIN payment in 2012/13 was £4,461,155.

4.6 Care Quality Commission Registration

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

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

The Luton and Dunstable NHS Foundation Trust is fully registered with the Care Quality Commission (CQC) and its current registration is **Registration Without Conditions**.

No enforcement action has been taken against the Trust during the reporting period April 1st 2012 and 31st March 2013. The CQC assessed the Trust on the 18th June 2012 and assessed compliance against ten essential standards. Based on their comprehensive assessment undertaken over two days, the CQC were satisfied that the Trust was meeting all 10 of the essential standards of quality and safety that were assessed (Outcome 02 - Consent to care and treatment; Outcome 04 - Care and welfare of people who use services; Outcome 06 - Cooperating with other providers; Outcome 07 - Safeguarding people who use services from abuse; Outcome 08 - Cleanliness and infection control; Outcome 09 - Management of medicines; Outcome 13 – Staffing; Outcome 16 - Assessing and monitoring the quality of service provision; Outcome 20 - Notification of other incidents; Outcome 21 – Records).

The CQC undertook a review as part of a targeted inspection programme to services that provide the regulated activity of terminations of pregnancy. The focus of their visit on the 21st March 2012 was to assess the use of the forms that are used to certify the grounds under which a termination of pregnancy may lawfully take place. The CQC published their findings in June 2012 and the Trust was judged to be fully compliant.

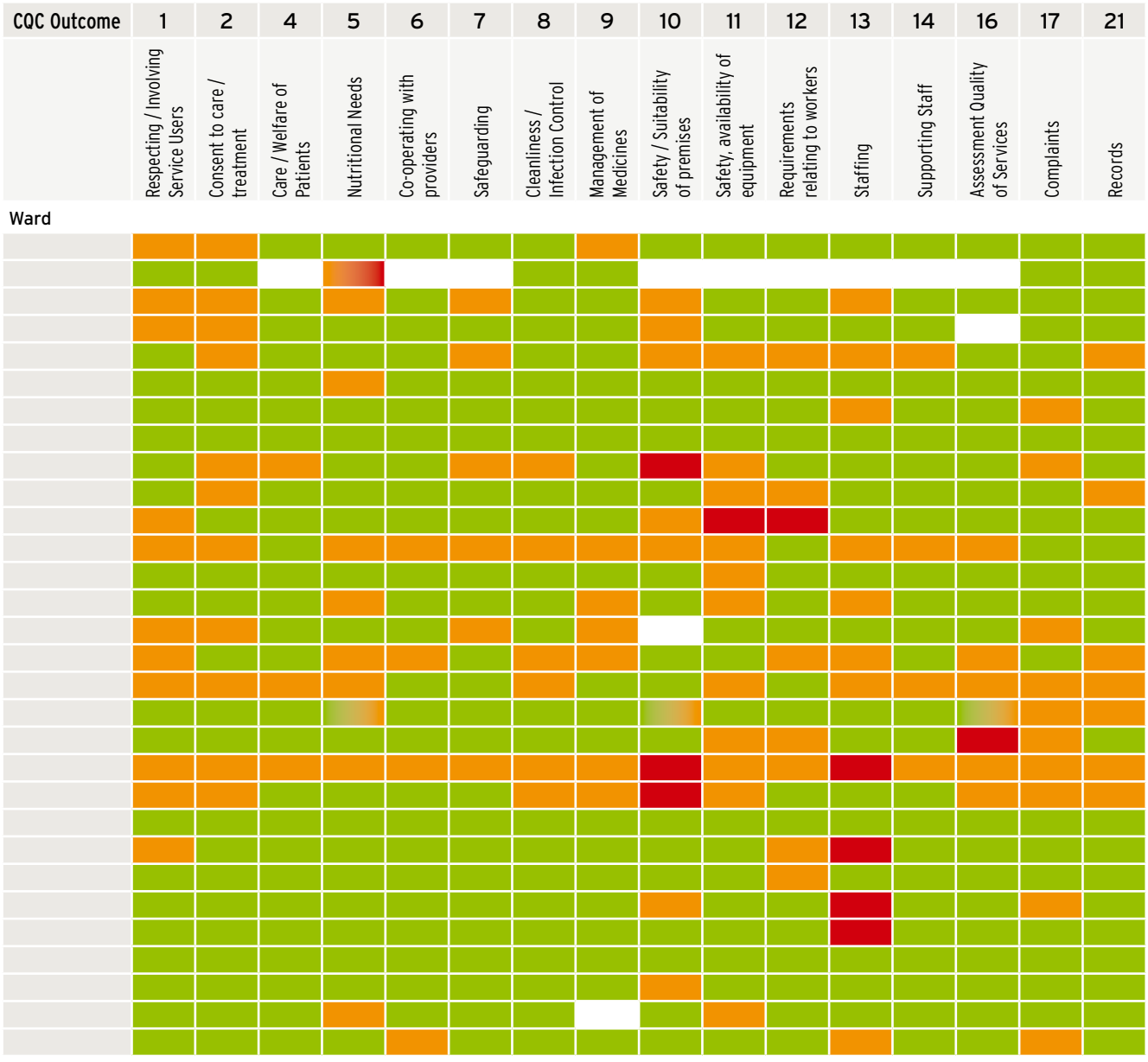
The Luton and Dunstable NHS Foundation Trust has not participated in special reviews or investigations by the CQC during the reporting period.

The Trust developed an internal process to support staff in their ongoing work to deliver care standards (as outlined by the CQC); it is called the Nursing and Midwifery Assurance Framework. The report above relates to self assessment for month 1 of the cycle of the Framework (April). External peer review assessment for March took place covering 8 wards with positive (green)

findings in most wards for most outcomes. Assessors recommended clarity about the use of staff to interpret and improvements to knowledge of MCA/DOLS. they found some evidence of poor documentation in some areas. To address ambers or reds, discussions take place at the monthly quality monitoring meetings with the Chief Nurse, corporate team and Matrons and Sisters.

Improvement plans have been developed and are being monitored through the ward quality meetings, however issues outside of the remit of the ward sisters are being escalated directly to the applicable departments.

The self assessment tool is completed on a quarterly basis and reviewed by the Trust Executive and the Clinical Outcomes, Safety and Quality committee monthly. It is also discussed at the Board of Directors. An example of the self assessment tool is shown below.



The assessment process is further enhanced by Executive and Non-Executive Directors participating in our 3 x 3 initiative. The 3 x 3 initiative requires them to spend 3 hours every 3 months in a clinical setting working with staff to review their performance against CQC standards.

We maintained NHS Litigation Authority Risk Management Standards Level 2 for the Trust and achieved Clinical Negligence Scheme for Trust's Standards for Maternity services at level 1 in October 2012.

4.7 Statements on Relevance of Data Quality and Action to Improve Data Quality

The accuracy and completeness of the data we use to support the delivery of high quality care is of the utmost importance to the Trust.

During 2012/13 we have taken the following actions to improve data quality:

- Continued our extensive programme of data quality checks and initiatives involving staff and managers at all levels
- Used the data warehouse established February 2011 to provide timely alerts and increase the visibility of any data and data quality problems.
- Continued to work with Commissioners to monitor and improve data quality in key areas.

NHS Code and General Medical Practice Code Validity

Luton and Dunstable Hospital NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data that included the patient's valid NHS number was:

- 99.2% for admitted patient care; 99.6% for out patient care and 95.7% for A&E care.

The percentage of records in the published data which included the patient's valid General Medical Practice was:

- 100% for admitted patient care; 100% for out patient care and 100% for A&E care

Clinical coding error rate

The Luton and Dunstable Hospital NHS Foundation Trust was subject to a Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

The error rates reported for diagnosis and treatment coding (clinical coding) were 8.1% against a national average of 9.1%.

Information Governance toolkit attainment levels

The Luton and Dunstable Hospital NHS Foundation Trust Information Governance Assessment report overall score for 2012/13 was 73% and was graded as Achieved – met at least level 2 on all standards. This is satisfactory (green).

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provides an overall measure of the quality of data systems, standards and processes within an organisation.

5. A Review of Quality Performance

5.1 Progress 2012/13

A review of clinical indicators of quality

The table below shows progress in the patient safety, patient experience and clinical effectiveness indicators selected by our stakeholders. These indicators were selected in 2009/10 through a survey and the most popular indicators were selected. For 2010/11 to 2012/13 we have continued to follow the selected data sets and any amendments have been described below the table.

Performance Indicator	Type of Indicator and Source of data	2010* or 2010/11	2011* or 2011/12	2012* or 2012/13	National Average	What does this mean?
Number of hospital acquired MRSA Bacteraemia cases (n)	Patient Safety Trust Board Reports (DH criteria)	1	2	2	N/A	We exceeded the threshold of 1 case that we had been set for the year
Hospital Standardised Mortality Ratio* (n)	Patient Safety Dr Foster / Trust Board Report	97.4*	94.6*	97.2*	100	Lower than 100 is positive.
Number of hospital acquired C.Difficile cases (n)	Patient Safety Trust Board Reports	36	34	17	N/A	Good performance with a significant reduction since last year
Incidence of avoidable hospital acquired grade 3 or 4 pressure ulcers	Patient Safety Trust Board Report	N/A	N/A	51**	N/A	The data represents the number of avoidable pressure ulcers. The Trust's strategy is to reduce all avoidable pressure ulcers by 50%
Number of Central line infections < 30 days (Adults)	Patient Safety Trust Internal Report	2	0	4	N/A	There has been an increase in incidence compared to last year
Cardiac arrest rate per 1000 discharges	Patient Safety Trust Board Report	1.63	1.5	1.8	N/A	An increase when compared to last year
Average LOS (excluding healthy babies)	Clinical Effectiveness Trust Patient Administration Information Systems	3.9 days	4.2 days	3.7 days	N/A	We have seen a slight improvement on length of stay
Rate of falls per 1000 bed days	Clinical Effectiveness Trust Board Report	6	5.92	5.5	N/A	A further reduction n 2012/13 noted

Performance Indicator	Type of Indicator and Source of data	2010* or 2010/11	2011* or 2011/12	2012* or 2012/13	National Average	What does this mean?
% of stroke patients spending 90% of their inpatient stay on the stroke unit (n)	Clinical Effectiveness	81.3%	77.7%	78.3&	Target of 80%	An increase when compared to last year
Rate of fractured neck of femur to theatre in 24hrs (n)	Clinical Effectiveness Dr Foster	69%*	70%	83.6%	N/A	An improving picture is noted
In-hospital mortality (HSMR) for acute myocardial infarction (heart attack) (n)	Clinical Effectiveness Dr Foster	58.7*	66.5* showing green on Dr Foster systems	52.5*	100	This remains an excellent result – a lower number reflects less deaths than expected
In-hospital mortality (HSMR) for Acute Cerebrovascular Accident (stroke) (n)	Clinical Effectiveness Dr Foster	93.7*	78.7*	87.7*	100	The Stroke service performs well with an HSMR consistently less than 100
Readmission rates*: Knee Replacements Trauma and Orthopaedics (n)	Clinical Effectiveness Dr Foster	5.3%	5.5%	11.4%	N/A	The data is a concern and this will be investigated and confirmed.
% Caesarean Section rates	Patient Experience Obstetric dashboard	24.7%	26.5%	25.5%	Trust goal <23%	This is proving difficult to reduce however we have pathways in place to promote vaginal delivery whenever possible
% patients who would rate the service as excellent, very good or good (out-patients)	Patient Experience National out patients survey response to question 48	N/A	89	N/A	N/A	National survey not undertaken in 2012 (biennial)
Patients who felt that they were treated with respect and dignity***	Patient Experience National in patient survey response to question 75	8.9	8.7	8.7	Range 8.2 - 9.7	Same performance as previous year

Performance Indicator	Type of Indicator and Source of data	2010* or 2010/11	2011* or 2011/12	2012* or 2012/13	National Average	What does this mean?
Complaints rate per 1000 discharges (in patients)	Patient Experience Complaints database and Dr Foster number of spells for the year	3.2	3.56	3.62	N/A	This result indicates an increase in the rate of complaints however, we have encouraged patients to speak up
% patients disturbed at night by staff (n)	Patient Experience CQC Patient Survey	7.9*	7.8*	8.0*	Range 7.0 – 9.2	Similar compared to last year
Venous thromboemolism risk assessment	Patient Experience Commissioning for Quality National Goal since 2011	Achieved >90%	Achieved >95% by Q4	Achieved >95% all year	N/A	Sustained and improved performance above 2012/13 CQUIN target of >95%

(n) Denotes that this is data governed by standard national definitions

* Denotes calendar year

** The pressure ulcer metrics have changed for the last 3 years so the data is not comparable year on year. The figure in the 2010/11 quality account was for all pressure ulcers. The figure in the 2011/12 quality account represents all hospital acquired grades 3 and 4 pressure ulcers. Therefore these data have been removed. The 2012/13 data represents all avoidable hospital acquired grade 3 and 4 pressure ulcers. The judgement about the avoidable/unavoidable classification is undertaken using root cause analysis, based on national criteria and all decisions are validated by the commissioners.

*** Patients who felt that they were treated with respect and dignity is now reported in place of % patients who would rate the service as excellent, very good or good (in-patients). This is no longer asked within the national annual in-patient survey.

Stroke

In 2012/13 we struggled to meet the stroke target of ensuring that 90% of patients spending 80% of their time on a stroke ward due to bed pressures. However, this position greatly improved towards the end of the year and we will be looking to maintain this as we develop its services to act as the hyper acute hub.

5.2 Major quality improvement achievements within 2012/13

Hand Hygiene Campaign

To ensure true compliance with hand cleansing at the right times, every time during patient contact on an ongoing basis, a hand hygiene campaign was launched in January 2013 by the CEO, *'Hand Hygiene in Partnership'*. A Trust-wide hand hygiene assessment has been undertaken by the Infection Control Team and an action plan created and background work undertaken. This features a three-pronged approach;

1. The development of public facing messages to explain to patients and our community our commitment to ensuring clean hands when caring for patients, through the use of a virtual assistant hologram unit which will be introduced in 2013 and can be used at various entrance points in the hospital;

2. The introduction of a new and novel electronic hand hygiene compliance monitoring system, one of the first sites in the UK to use this, alongside staff perception and knowledge surveys to drive targeted improvement action plans, refreshed education and training and awareness raising going forward; and

3. The introduction of a process whereby patients are actively given permission by staff to ask if they have cleaned their hands before touching them (this is the hospital recommended Moment 1 for hand hygiene; before touching a patient) and to address how this partnership working can enhance patient confidence and make them feel genuinely listened to. All of this

is in support of national recommendations for hygiene standards and based on the Chief Medical Officer for England citing hand hygiene as contributing to infection prevention success, while many infection issues continue to exist, including antimicrobial resistance.

Patient Experience Call Centre

In August 2012 we set up the patient experience call centre so that we could phone patients within 48 hours of leaving hospital to ask them about their experience of our care and services. Clinical and non-clinical staff are encouraged and supported to participate in making these calls so that they can hear feedback from patients first hand. The Centre has been a success and provides wards, divisions and departments with clear and comprehensive feedback to inform action planning about what works well and what needs to be improved. For example patients helped us to identify gaps in post operative patient information and to understand the circumstances in which they find they receive conflicting information. We are already seeing improvements directly related to the feedback obtained.

In January 2013 the Trust received a National Patient Experience Award (PENNA) for excellence in collecting and using patient feedback. Judges commented that our Patient Experience Call Centre was the first of its kind and they commended the work. We believe that it is important that we speak to as many patients as possible after their discharge from hospital so they have opportunity to give feedback and to ask any questions they might have thought of after going home. We will continue to develop the patient experience centre over the coming year.

Wardware

We are continuing to collaborate with Kings College Hospital to design and implement an electronic clinical observation system called Wardware. This system is used when the clinical staff undertake vital sign observations such as blood pressure, temperature and heart rate amongst others and then enter the results into an electronic hand held device instead of on a paper observations chart. The observations are then uploaded to the system, and a weighted scoring system is applied to patient's vital signs. The system will then calculate a score depending on the severity of illness of the patient, thus the sickest patients will trigger the highest score. The highest risk patients are differentiated from the medium and low risk patients to enable prioritisation of the patients in most need of urgent care. The Wardware system also provides guidance to the clinical staff undertaking the observations about who they should contact and when to repeat the observation based on the condition of the patient. The observations recorded within the Wardware system are transmitted via wireless technology and can be viewed by senior clinical staff on any computer in the Trust. Thus it is also possible to obtain an overview of all the patient's observations completed in the system at ward view or trust wide and identify those that are the sickest.

One of the main benefits of using this system is that it is possible for the nurse in charge, the critical care outreach team and doctors to identify the patients giving cause for concern, allow them to prioritise their workload, and make decisions based on accurate and live information, without requiring the nurse who has done the observations to inform them of their concerns. This has the capacity to facilitate quicker 'rescue' of deteriorating patients.

A year long pilot of an electronic observation system demonstrated a significant reduction in length of stay and a reduction in mortality on the ward where the pilot was carried out and provided the evidence base for Trust-wide roll out of the system.

So far the system is in use as the primary form of recording observations, on three of the medical wards, and the roll out plan for the system to the remaining medical wards will be April to August 2013. The system also has further capability to capture and improve fluid balance monitoring which will result in improved accuracy. A devices module is also available and will improve compliance with best practice guidance for in-dwelling devices such as urinary catheters and IV cannulas.

It is envisaged that the implementation of this product will have a significant impact on delivering quality care to patients as it can facilitate more timely intervention helps prevent avoidable harm, prevent cardiac arrests and reduce avoidable deaths. It is anticipated that a pilot of the new modules will commence in April 2013.

Perfect Day Project

At the Luton and Dunstable University Hospital we believe it is important to put the nurse at the bedside. Nurses have been trained to provide expert care and management but over the years the role has become cluttered with nurses taking on other responsibilities which take them away from the bedside. In November 2012 the Trust initiated an innovative and groundbreaking project to design a sustainable model of nursing care that meets the needs of patients, staff and regulators.

The model is built around the need to put the nurse back at the bedside and reduce unnecessary paperwork. In order to make this happen we reorganised the daily workload of the whole ward team to allow nurses to focus on essential nursing care with support staff taking on some of the activities that took nurses away from the bedside. It has been tested using a series of "Perfect Days" followed by a "Perfect Week" pilot in February 2013. To help us understand what a "perfect experience" looks and feels like for our L&D patients and what stops our staff from having a "perfect day work experience" we engaged a wide range of patients and staff through a series of focus groups.

The model has been well received by staff and patients and we are confident this is the way forward in improving essential nursing care as well as improving patient and staff experience.

Success measures have been agreed and are currently being monitored. Further work is being undertaken to understand the financial and HR implications of the model before a final proposal for roll out is presented

The project group is made of a range of ward based staff with a wider staff and patient representative group being consulted through focus groups.

Frail Elderly Unit

An increasing number of older people are attending emergency departments and accessing urgent health and social care services. Older people are admitted to hospital more frequently, have longer length of stay and occupy more bed days in acute hospitals compared to other patient groups. At the Luton and Dunstable Hospital we have launched a pilot project to improve the care and treatment of our frail elderly patients.
Frail elderly patients attending the Accident and Emergency Department (A&E) or the Emergency Assessment Unit (EAU) at the L&D are often transferred to an inpatient ward before they are reviewed by a Geriatrician. The most recent guide produced by the Royal College of Physicians makes clear recommendations for the care of the Frail Elderly accessing hospital care. It recommends a Comprehensive Geriatric Assessment (CGA) take place within 24hrs of admission. This is defined as 'a interdisciplinary diagnostic process to determine the medical, psychological, and functional capabilities of a frail older person in order to develop a coordinated and integrated plan for treatment and long-term follow-up'.
The pilot project is led by two of our Consultant Geriatricians and senior staff from our multidisciplinary teams looking at a small cohort of frail elderly patients.

The project seeks to identify the patients when they come through the front door and following a comprehensive assessment a decision is made about discharge and appropriate support services are mobilised so that whenever possible patient are able to go home without unnecessary delay. Key success measures have been agreed and once we have evaluated the data we hope to role this out to all our frail elderly patients.

Opening of the Cardiac Unit

A new Cardiac Centre opened to patients in June 2012, benefitting over 800 patients a year who can now have specialist treatment closer to home. The £5.5 million Cardiac Centre was officially opened by His Royal Highness, The Duke of Edinburgh on the 19 February 2013 and serves a population of over 350,000 people in an area with a high incidence of coronary heart disease. Local demand is high and thousands of people with heart complaints are cared for at Luton and Dunstable University Hospital by a team of Cardiac specialists.
In an imaginative redevelopment at the heart of the main hospital building which was opened in 1939 by Her Majesty Queen Mary, the new Cardiac Centre offers a range of specialist investigations and treatment, including Coronary angiography, cardioversion, echo-cardiography and cardiology clinics. Specialist staff at the Cardiac Centre aim to be able to provide other coronary interventions including stenting within 2013/14.

Around one third of all preventable deaths in Luton and the surrounding area are due to Cardiac problems and prior to the unit opening, people had to travel to other specialist centres for investigations which can be very stressful for patients and their families. Now such investigations and treatment will be delivered locally.

Local people have donated over £41,000 in the last year to the hospital's Cardiac Centre charity appeal to pay for enhancements and additional medical equipment including an echocardiogram (ECHO) machine.

Learning Disabilities (LD)

The Trust has made significant improvements in care for patients with a learning disability. The Learning Disability Action Plan, incorporating the East of England NHS Learning Disability QIPP: 'Improving Acute Hospital Patient Pathways for Adults with a Learning Disability and Adults with Autism' has been progressed through the LD Task Group.

The LD Nurses have developed guidance for Carers of Patients who have a Learning Disability and a number of easy read leaflets and information has also been developed for complaints, discharge and patient

feedback. This work is complimented by the LD Patient Experience coffee mornings that are held quarterly, facilitated by the LD Nurses and attended by the Chief Nurse, Deputy Chief Nurse and Safeguarding Lead Nurse. The coffee morning is an opportunity for LD patients to share their experiences and feed into the Trust Patient Experience Group in a non threatening, supportive environment and representatives of POWhER and MENCAP to share the experiences of their service users and clients who are unable to communicate their experiences personally.

Improvements in care of LD patients include a daily email alert from the Trust's patient information system to Matrons, LD Nurses and Corporate Nursing Team with details of all registered LD patient admission/discharges over the previous 7 days. Matrons then visit all learning disability patients within 24 hours of admission with ongoing daily feedback from ward managers to allow any reasonable adjustments to be made as necessary. Ward staff can also refer LD patients to the LD Nurses via Extramed, an electronic data management system used in the Trust.

A weekly email alert is also sent to the LD Nurses informing them of all planned outpatient activity for LD registered patients in the forthcoming 2 weeks. This allows the LD nurses to contact any patients who are not already being supported in advance of their appointments to offer them support. LD Nurses send easy read post discharge questionnaires to all LD patients and responses are collated and forwarded to the Patient Experience Lead/PALS quarterly

A number of LD Patient Pathways, as per the LD East of England QIPP recommendations, are in place in Pre-Assessment, Accident & Emergency, X-Ray/Imaging, Outpatients, and Medicine & GUM to guide and support staff in providing the best care for patients with an LD.

Human Factors

The aim of the Human Factors (HF) project is to improve teamwork and communication within and across disciplines, in order to enhance patient safety and the experience of both staff and patients. Following on from successful work in the maternity department a Human Factors (HF) project was designed for the department of emergency medicine.

The strategy initially involved training, combined with follow up coaching in HF skills and implementation of HF interventions in the workplace. We are evaluating our work through the use of a validated patient safety survey and through evaluation of the individual interventions we develop.

Our achievements in 2012/13 are training, implementation of HF interventions in the workplace and development of leaders. The training plans are below:

- To start the project in May 2012 we ran a four hour immersion event for a critical number of staff from all disciplines and grades to introduce the concepts of safety through teamwork skills;
- To support the delivery of monthly training days in HF and crisis resource management through simulation we trained a group of multi-disciplinary trainers in the skill of de-briefing; and
- Since July 2012 we have delivered a team training day every month for 10 members of staff from the areas of EAU and ED. The training days have covered in greater depth the inherent fallibilities of the human, aspects affecting individual human and team performance and how to improve safety through improved leadership and teamwork behaviours. Using high fidelity simulation we have provided experiential learning for training in the use of teamwork behaviours.

By using an HF expert working alongside clinical and nursing leaders in the workplace we have made progress on the following interventions:

- Board Rounds in ED; and
- Reliable ward round.

Leaders from nursing, clinical and general management backgrounds are self reporting enhanced cognisance of the importance of HF and changes to their own leadership behaviours.

Plans for 2013/2014 include further training and coaching, and further implementation of HF interventions within the general wards

5.3 Friends and Family Test

During 2012/13, we introduced the Friends and Family test to patients that had been in-patients within the adult wards. The question that is asked is:

"How likely are you to recommend our ward to friends and family if they needed similar care or treatment?"

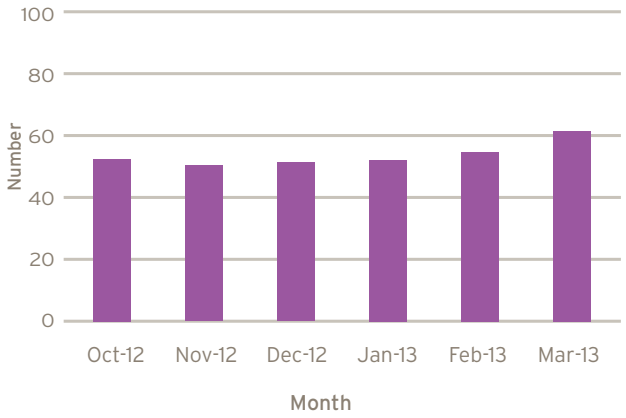
The Friends and Family test is a simple comparable test which, when combined with follow up questions, provides us with a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations.

We offer a variety of ways in which we seek feedback

from patients and these include postcards that can be filled out and left in the hospital. Patients can also go onto the hospital website to complete a survey. The patient experience call centre contacts patients within 48 hours of leaving hospital to ask them about their experience of our care and services and this includes the Friends and Family test. This successful innovation was recognised nationally and was a winner in the National Patient Experience Award (PENNA) for excellence in collecting and using patient feedback.

We started to collect this information from patients during August 2012 and we have seen gradual and consistent improvements in the score.

Friend and Family Score



5.4 National Inpatient Survey 2012

As a Trust we continually seek to improve the patient experience and see evidence in the results below of progress in the right direction.

Our composite score for patient experience comes from the results of answers to five particular questions within the national in-patient survey. The hospitals 2012 score is 67.5 and this is an improvement from 64.0 and 65.6 in 2011 and 2010 respectively.

Results of the national in-patient survey 2012

Category	2010	2011	2013	Trust year on year comparison	Comparison other NHS hospitals
The emergency / A&E department, answered by emergency patients only	7.3	7.1	8.4	Increased	The same
Waiting lists and planned admission, answered by those referred to hospital	6.7	6.3	9.0	Increased	The same
Waiting to get to a bed on a ward	7.3	6.6	7.0	Increased	The same
The hospital and ward	8	7.8	8.1	Increased	The same
Doctors	8.4	7.9	8.2	Increased	The same
Nurses	8.3	7.9	8.1	Increased	The same
Care and treatment	7.3	7.1	7.5	Increased	The same
Operations and procedures, answered by patients who had an operation or procedure	8.1	8.3	8.	Increased	The same
	6.5	6.8	6.8	Same	The same
	8.3	Increased	The same	Reduced	The same
Leaving hospital	6.8	6.8	7.0	Increased	The same
Overall views and experiences	6.5	6.0	5.5	Reduced	The same

Note all scores out of 10

A patient experience improvement plan has been developed and this will enable the hospital Patient Experience Group to gain assurance of the improvements put in place.

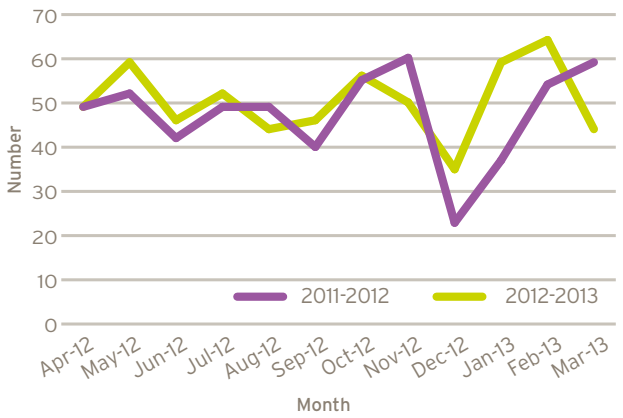
5.5 Other Surveys

One of our local LINks (Luton) conducted an independent survey of 500 patients during July with 276 responding. Luton LINk reported finding high levels of satisfaction with an overall score of 8.2 out of 10 which was the same as in 2011. Findings in relation to food were similar to the previous year with patients reporting that they were receiving help with feeding when needed but were sometimes dissatisfied with temperature, taste or amount of food. They found no significant discrepancies between the quality of care for planned and emergency admissions or between ethnicity, gender and disability but noted that some patients would appreciate more assistance when English is not their first language.

5.6 Complaints

During 2012/13 we had a continual drive to encourage patients to "speak up" and tell us about their concerns; we have therefore seen a rise in the total number of complaints received. In 2011/12 we received 565 complaints and 2012/13 we received 604 complaints.

Complaints per Month



Complaints by subject and in comparison to last year:

	2011 - 2012	2012-2013
Administration	39	24
Appointments	39	82
Attitude	112	85
Communication	79	55
Confidentiality	8	7
Discharge Arrangements	33	47
Facilities	68	29
Lost Property	10	18
Medical Care	237	311
Nursing Care	104	112
Staffing Levels	0	2
Waiting List	31	5
Waiting Time	35	17

(The number of subjects is greater than the number of complaints received as some complaints include more than one issue).

During 2012/13 we have seen a reduction in the number of complaints relating to Administration, Attitude, Communication, Confidentiality, Facilities, Waiting Lists and Waiting Times.

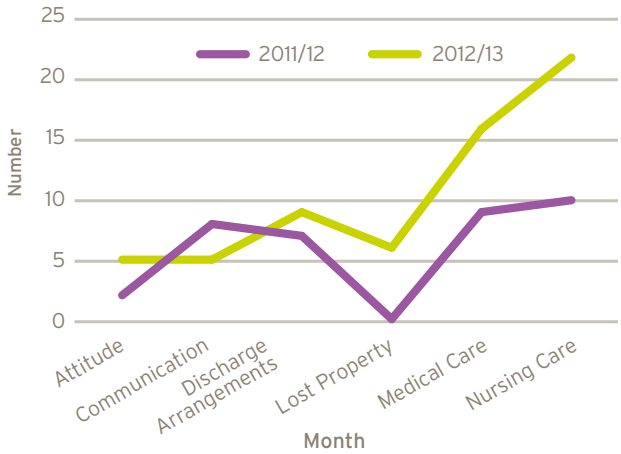
Complaints related to patients who have a learning disability

There have been 3 complaints in 2011/12 and 2013 related to the care of patients with a learning disability. The use of the Learning Disability care pathway is embedded in practice to support individual patients' needs whilst they undergo investigations and procedures. Effective use of this is overseen and monitored by the Learning Disability Liaison Nurse.

Complaints about the Care of the Older Person

Whilst there has been an increase in the number of complaints from DME patients or their families in 2012/13, this remains a low number. Practice within DME is that the consultants and ward sisters meet with patients and relatives to address questions or concerns and commit to resolving them at the time. We believe that the low complaint numbers are a result of this active process.

Themes of Complaints received within the Division of Medicine for the Elderly



5.7 Performance against Key National Priorities 2012/13

		2010/11	2011/12	2012/13	Target 12/13
Target 1: Clostridium Difficile	To achieve contracted level of no more than 31 cases per annum (hospital acquired)	36	34	17	31
Target 2: MRSA	To achieve contracted level of no more than 1 cases per annum	1	2	2	1
Target 3: Cancer	Maximum waiting time of 31 days from decision to treat to treatment start for all cancers	98.6%	98.3%	99.6%	96%
Target 4: Cancer	Maximum waiting time of 62 days from all referrals to treatment for all cancers	88.5%	87.5%	90.3%	85%
Target 5: Cancer	Maximum waiting time of 2 weeks from urgent GP referrals to first outpatient appointment	97.4%	96.7%	95.6%	***93%***
Target 6: Cancer	Maximum waiting time of 31 days for second or subsequent treatment				
	Surgery	N/A	98%	98.9%	94%
	Anti-cancer Drugs	N/A	98.2%	99.8%	98%
Target 7: Patient Waiting Times	Referral to treatment -percentage treatment within 18 weeks - admitted *	N/A	NA	Target achieved in all 12 months of the year	90%
Target 8: Patient Waiting Times	Referral to treatment -percentage treatment within 18 weeks - non admitted **	N/A	NA	Target achieved in all 12 months of the year	95%
Target 9: Patient Waiting Times	Referral to treatment -percentage patients waiting so far within 18 weeks - incomplete pathways ***	NA	NA	Target achieved in all 12 months of the year	92%
Target 10: Accident & Emergency	Maximum waiting time of 4 hours in A & E from arrival to admission	98.2%	96.6%	98.5%	95%
Target 11: Learning Disability	Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Achieved	Achieved	Achieved

* Patient waiting times - Referral to treatment waiting times admitted 95th percentile is no longer a national target. Now replaced with Referral to treatment -percentage treatment within 18 weeks - admitted

** The new target for referral to treatment -percentage treatment within 18 weeks - non admitted – has been added

*** The new target for referral to treatment -percentage patients waiting so far within 18 weeks - incomplete pathways – has been added

Stroke

In 2012/13 we struggled to meet the stroke target of ensuring that 90% of patients spending 80% of their time on a stroke ward due to bed pressures. However, this position greatly improved towards the end of the year and we will be looking to maintain this as we develop its services to act as the hyper acute hub.

5.8 Performance against Core Indicators 2012/13

Indicator: Summary hospital-level mortality indicator ("SHMI")

SHMI is a hospital-level indicator which measures whether mortality associated with a stay in hospital was in line with expectations. SHMI is the ratio of observed deaths in a Trust over a period of time, divided by the expected number given the characteristics of patients treated by the Trust. SHMI is not an absolute measure of quality, however, it is a useful indicator to help Trusts understand mortality rates across every service provided during the reporting period. The L&D is a provider of level 3 Neo-natal care that cares for the most premature babies and it is acknowledged that SHMI does not adequately risk adjust for a level 3 NICU provided in a District General Hospital. Other benchmarking data is used to provide assurance on performance and data is also subject to ongoing review.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)	Banding
Value and banding of the SHMI indicator	Published Jul 12 Jul 11 – Jun 12	108.32	100	69.01	124.73	*2*
	Published Oct12 Apr 11 – Mar 12	105.28	100	71.02	124.75	*2*
	Published Jan 13 (Jul 11 – Jun 12)	102.47	100	71.08	125.59	*2*
The percentage of patient deaths with palliative care coded at either diagnosis or speciality level *(The palliative care indicator is a contextual indicator*	Published Jul 12 Jul 11 – Jun 12	15.7%	17.2%	0%	41.7%	*N/A*
	Published Oct12 Apr 11 – Mar 12	16.0%	17.9%	0%	44.2%	*N/A*
	Published Jan 13 (Jul 11 – Jun 12)	14.6%	18.4%	0.3%	***46.3%***	*N/A*

The Luton and Dunstable University Hospital considers that this data is as described for the following reason:

- This is based upon clinical coding and the Trust is audited annually

The Luton and Dunstable University Hospital intends to take the following actions to improve this score, and so the quality of its services, by:

- Improving mortality rates, including HSMR remains one of the Trust quality priorities for 2012/13.

Indicator: Readmission rates

The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Patients aged 0 – 14 years	2010/11	13.28%	10.15%	14.34%	0.0%
	2011/12	Not Avail*	Not Avail*	Not Avail*	Not Avail*
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*
Patients aged 15 years and over	2010/11	10.13%	11.42%	15.33%	0.0%
	2011/12	Not Avail*	Not Avail*	Not Avail*	Not Avail*
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons:

- This is based upon clinical coding and the Trust is audited annually

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons:
- This is based upon clinical coding and the Trust is audited annually.
- The hospital participated in a 2 day system wide audit with GP's, consultants and other clinical staff to review hospital readmissions and establish causes of the readmissions.
- The Trust does not routinely gather data on 28 day readmission rates

The Luton and Dunstable University Hospital has taken the following actions to improve this percentage, and so the quality of its services, by:
- It is recognised that due to the types of paediatric inpatient services provided, this results in repeated attendances and requirement for readmissions
- We will continue to work with our commissioners to prevent unnecessary readmissions to hospital through admission avoidance services available for patients to access. These include the Short Stay Medical Unit (SSMU), development of an Ambulatory care Unit, the Acute Rapid Access Service (ARAS) for respiratory patients, the Navigation Team and the expansion of the Hospital at Home service.

*The most recent available data on The Information Centre for Health and Social Care is 2010/11

Indicator: Patient Reported Outcome Measures (PROMs) scores

PROMs measure a patient's health-related quality of life from the patient's perspective using a questionnaire completed by patients before and after four particular surgical procedures. These questionnaires are important as they capture the extent of the patient's improvement following surgery.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Groin hernia surgery	2010/11	0.110	0.085	0.156	-0.020
	2011/12	Not Avail*	Not Avail*	Not Avail*	Not Avail*
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*
Varicose vein surgery	2010/11	Not avail**	0.091	0.155	-0.007
	2011/12	Not Avail*	Not Avail*	Not Avail*	Not Avail*
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*
Hip replacement surgery	2010/11	0.405	0.405	0.503	0.264
	2011/12	Not Avail*	Not Avail*	Not Avail*	Not Avail*
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*
Knee replacement surgery	2010/11	0.325	0.299	0.407	0.176
	2011/12	Not Avail*	Not Avail*	Not Avail*	Not Avail*
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons
- Results are monitored by the Clinical Audit and Effectiveness Group
- Results are monitored and reviewed within the surgical divisions

The Luton and Dunstable University Hospital has taken the following actions to improve this score, and so the quality of its services, by:
- Reviewing these results in both high level committees and within the surgical division
- Emphasising the importance of submission of good returns and the satisfactory outcome scores achieved in multidisciplinary staff meetings
- This is reported to the Clinical Operational Board by the divisional director with areas of performance highlighted where required

*The most recent available data on The Information Centre for Health and Social Care is 2010/11

** Score not available due to low returns

Indicator: Responsiveness to the personal needs of patients during the reporting period

This measure is taken from the National Inpatient Survey and is scored based on the response to five key questions:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Responsiveness to the personal needs of patients.	2010/11	65.6	67.3	82.6	56.7
	2011/12	64.0	67.4	85.0	56.5
	2012/13	67.5	Not Avail*	Not Avail*	Not Avail*

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons

- The source of the data is the National In-Patient Survey.

The Luton and Dunstable University Hospital intends to take the following actions to improve this score, and so the quality of its services, by:

- We will be introducing an Electronic Prescribing system and this will improve timeliness of available medications for patients to take home and will allow more time for nurses and pharmacists to explain medications to patients and their families.
- The hospital will be implementing the Perfect Day structure to wards and this will result in more nurses based at the bedside and improve experience of patients an their families.

*Data not available on The Information Centre for Health and Social Care

Indicator: Staff recommendation

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Percentage of staff who would recommend the Trust as a provider of care to family and friends.	2010/11	57%	66%	95%	38%
	2011/12	57%	65%	96%	33%
	2012/13	61.5%	63.3%	94.2%	35.3%

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons

- The source of the data is the National Staff Survey.

The Luton and Dunstable University Hospital has taken the following actions to improve this score, and so the quality of its services, by:

- The hospital runs with a clinically led, operating structure
- launching a programme to support identification of cultural strengths and weaknesses and organisational values
- The Chairman and Non-Executive Directors have a programme of 3 x 3 clinical visits [3 hours every three months] and the experiences of each visit is reported to the Clinical Outcomes, Safety and Quality Committee
- The ward buddy system has been launched in which all Executive Directors are linked to a buddy ward and undertake visits during which they talk to the staff and patients every month.

Indicator: Risk assessment for venous thromboembolism (VTE)

The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Percentage of patients who were admitted to hospital and who were risk assessed for VTE.	2010/11 – Q4	90.3%	80.8%	100%	11.1%
	2011/12 - Q4	96.1%	92.5%	100%	69.8%
	2012/13 – Q4	95.3%+	Not Avail*	Not Avail*	Not Avail*

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons

- There is a robust process for capturing the evidence of completion

The Luton and Dunstable University Hospital has taken the following actions to improve this score, and so the quality of its services, by:

- The hospital has and will continue to ensure that all clinical staff are aware of the importance of timely VTE risk assessment of patients. This is undertaken at induction and through clinical bedside teaching.
- There is daily clinical review and for any patient that have not been risk assessed, there is a follow up action to ensure that this is undertaken; this has resulted in achieving 95% and above compliance throughout 2012/13.
- We have audited compliance with use of appropriate prophylaxis and this has been 95% and above throughout 2012/13
- We will undertake root cause analysis on all patients that develop a VTE.

*Data not available on The Information Centre for Health and Social Care

+Local Data

Indicator: Clostridium difficile infection rate

The rate for 100,000 bed days of cases of *Clostridium difficile* infection reported within the Trust amongst patients aged 2 or over during the reporting period.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Rate for 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over.	2010/11	20.0	29.6	71.8	0
	2011/12	19.4	21.8	51.6	0
	2012/13	8.38+	Not Avail*	Not Avail*	Not Avail*

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons

- The accuracy of the data is checked thoroughly prior to submission. The data is also cross checked with laboratory data, and an external audit team supplied by KPMG has recently checked the accuracy of the Infection Control data and the data checked was correct with one transposition error that did not affect the score.

The Luton and Dunstable University Hospital has taken the following actions to improve this score, and so the quality of its services, by:

- maintaining C.difficile high on the training agenda for all healthcare staff
- rigorously investigating all cases of C.difficile through the RCA mechanism and actioning all learning points identified
- assessing all patients suspected of C.difficile infection when alerted
- uncompromisingly isolating suspected cases of C.difficile when first identified
- attending the CCG Infection Control Network with its potential for shared learning
- monitoring high standards of environmental cleaning (including equipment) and exploring other mechanisms of reducing C.difficile contamination further
- An excellent improvement in performance during 2012/13 is noted with 17 cases of C.difficile in 2012/13

*Data not available on The Information Centre for Health and Social Care

+ Local Data

Indicator: Patient safety incident rate

The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that results in severe harm or death.

	Reporting period	L&D Score	National Average	Highest score (best)	Lowest score (worst)
Total number and rate of patient safety incidents (per 100 admissions)	2010/11	7.51	5.67	1.61	29.71
	2011/12	8.56	6.13	0.94	21.71
	2012/13	9.3+	6.7+	Not Avail*	Not Avail*
Total number and rate of patient safety incidents resulting in severe harm or death (per 100 admissions)	2010/11	0.03	0.05	0.50	0
	2011/12	0.03	0.05	0.50	0
	2012/13	Not Avail*	Not Avail*	Not Avail*	Not Avail*

The Luton and Dunstable University Hospital considers that this data is as described for the following reasons

- The hospital reports incident data and level of harm monthly to the National Reporting and Learning System
- 47 Serious incidents were reported in 2012/13.
- 70 avoidable and unavoidable grade 3 and 4 pressure ulcers were reported through the serious incident process during 2012/13.
- One never event was reported.

The Luton and Dunstable University Hospital has taken the following actions to improve this score, and so the quality of its services, by:

- The hospital has a low level of serious harm or death, however strives to continue to improve this through improved falls prevention, pressure ulcer avoidance mechanisms and improved learning from serious incidents.
- The hospital is a high reporting organisation and this demonstrates a culture of patient safety and openness. The hospital continues to ensure that patient safety is a quality priority and will continue to drive improvements through the Safety Thermometer.

*Data not available on The Information Centre for Health and Social Care

+ local data relating to March 2013 National Reporting Learning System Report for data 1st April 2012 – 30 September 2012

5.9 Embedding Quality – Workforce factors

Our 3,400 staff continue to be our most valuable asset when it comes to delivering a high quality, safe and efficient service to the patients we serve. Therefore, we must continue the drive to ensure that we have the right staffing levels, together with ensuring that we have a skilled, motivated and appropriately rewarded workforce. We understand that in order to achieve this it is necessary for us to invest in our staff and during 2012/13 one of our key corporate objectives focussed on developing staff to maximise their potential.

The ninth National Staff survey was undertaken between September and December 2012. All Trusts are required to participate in the survey using a random sample of staff and the data gleaned is used by the CQC for benchmark reports across all NHS Acute Trusts. The feedback from our staff is that when it comes to staff engagement we are above average, with a score of 3.77 (on a scale of 1-5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged), when compared with Trusts of a similar type.

5.9.1 Providing staff with rewarding jobs

Recruitment

All new staff receive an induction to the Trust to ensure their health, wellbeing, information and knowledge-base adheres to the standard required for an organisation delivering healthcare services to the community. Our standards for both induction and statutory training comply with the requirements laid down by the NHS Litigation Authority.

During 2012/13 we recruited 105 qualified nurses and 81 HCAs. This recruitment activity has driven down established nursing vacancies to more manageable levels and more in line with natural turnover. As a result of this recruitment we are starting to see a reduction in the

use and cost of agency workers which in turn leads to improving the continuity of care delivered to patients.

Staff Education Performance

The new University Hospital status is now embedded in the hospital, and has extended medical student training to new areas. This has enhanced the development of training skills in junior doctors, and we continue to work with UCLH to further develop the programme.

The delivery of Postgraduate Education has been formally assessed by the Deanery Performance and Quality Review (February 2013) with a successful outcome, supporting the high standards of training, the educational leadership and the Trust Board's support through the Division of Medical Education and Research. Most important is the feedback given by the trainees to the Dean that they would recommend the Trust to colleagues as a place for training which reflects the enthusiasm and training expertise of the trainers.

Pre-Registration Education for Nurses and Midwives

We continue to provide placements for pre-registration students and undergo a yearly qualitative and quantitative assessment through the Performance and Quality Assurance Framework, monitored quarterly against an action plan to ensure continuous improvement.

Appraisal and Personal Development Plans

The current appraisal system has been in place for the last two years and is seen as a valuable developmental tool for staff as well an effective way of reviewing individual performance. The new system continues to be externally audited and we now aim to further strengthen the links between performance and incremental progression in line with national amendments to Agenda for Change agreed from April 2013.

Personal and Continuous Professional Development and Training

All staff are able to access education and training in The Centre of Multi-Professional Education and Training (COMET), which has a lecture theatre, seminar rooms, clinical device training rooms, a room with computers and library facilities. In addition, we run training in other venues around the hospital, as required, and sometimes hire external premises for seminars and team development events.

We ask all service managers to contribute to a training needs analysis annually which then feeds into our bid for regional funds for Continuing Professional Development. This also complements discussions at appraisal when individual personal development plans should be produced with each member of staff. Towards the end of each calendar year, we publish a comprehensive training brochure which covers a wide range of programmes include statutory training, health and safety, clinical skills, leadership and management development, communication skills and IT training.

We work closely with clinical leads to ensure that updates in knowledge and skills are incorporated into the education and training that we offer. We consider that it is our role to support improvements in patient care through the development of staff competency.

In recognition of the national move towards a more blended approach to learning providing increased flexibility that does not always require staff to attend classroom-based training, we have access to an excellent resource for leadership and management development through the Ashridge Business School. All staff can access the Virtual Ashridge website through the Intranet where there is a comprehensive range of materials in a variety of formats including ground-breaking research in the field of leadership.

To ensure that registered staff continue to update their knowledge and skills, 157 staff have attended higher education modules at three universities contracted to deliver courses through the Local Education and Training Board. In addition, 32 staff have attended a number of specialised courses linked to their professional development for the benefit of patients.

We continue to focus on providing staff with the opportunity to complete the European Computer Driving Licence (ECDL) with 9 completions at Level 1 and 7 completions at Level 2. There have been 32 new entrants indicating the continuing importance of supporting staff to develop their computer competencies.

We have substantially increased the interest in and uptake of qualifications for Bands 1 – 4 with 122 learners enrolled to an Apprenticeship in the last year. In addition to Team Leading, Business Administration and Customer Service, we have Health Care Assistants enrolled on a specialist healthcare qualification and catering staff starting a Hospitality Apprenticeship. The provision of Apprenticeships benefits staff that may not have been given educational opportunities previously.

We are also pleased to be engaged in a ground-breaking

programme called 'Apprenticeship Steps' offering a group of adults with learning disabilities the opportunity to develop their work-based skills in partnership with Luton Borough Council. Following an intensive skills development programme, the participants will undertake a placement for 6 hours a week in the Trust.

Clinical Leaders Programme

We have gone through a period of change in clinical leadership over the last 12 months with the roles and structure having changed. There have been a number of new appointments. We have committed to provide high quality learning and development opportunities to support these roles.

In doing so a programme has been agreed which includes skills workshops, knowledge seminars and expert speaker, all covering a wide range of themes.

The programme will be delivered by a mixture of external and internal facilitators

Staff Health and Well Being

We offer a full range of Occupational Health and Wellbeing services which contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing ill-health, absence and accidents.

During 2012/13 the Trust has introduced a number of initiatives to promote opportunities for staff to adopt a healthier lifestyle either onsite or by promoting external facilities that are conducive to good health.

The Occupational Health and Wellbeing service has focussed on providing information on health promotion topics and activities, by acting as a signpost for staff to obtain information and advice on a variety of health and fitness related initiatives. This has been achieved through the continued development of a health and wellbeing section on the staff intranet, various electronic communications, newsletters, and awareness raising events.

'Lunch and learn' sessions continue to be popular as they give employees the opportunity to look at various topics that are conducive to good health. This year the topics covered areas such as Yoga, Skin Camouflage, Kettlecise and Nutrition and the dangers of shisha.

Particular highlights from this year include:

- Between October and December 2012 we vaccinated 52.9% of our frontline staff against flu, which was slightly higher than the year previous and higher than the National average uptake amongst NHS acute trusts. We were amongst the top 10 out of 40 NHS providers within the East of England.
- 12 NHS Trusts took part in the East of England Pedometer challenge 2012, with a total of 111 teams taking part. Our very own 'Catering Crawlers' came overall fifth, with 3 other L/D teams featuring in the top 20.

- Following on from information gleaned from the 2011 staff survey and subsequent feedback sessions the Trust chose to employ the services of an Employee Assistance Programme (EAP), to compliment existing support arrangements for staff within the Trust. The EAP offers all Luton and Dunstable staff access to an independent, free and confidential telephone advice service, staffed by highly experienced counsellors who can provide practical and emotional support with work or personal issues. Advice is available on debt, legal, family and more general issues, and staff can call as often as they like and talk for as long as is needed. The service is available 24 hours a day, 365 days of the year.

5.9.2 Sickness Absence

The Trust recognises the impact of high levels of absence, both on quality of patient care, patient safety and the health and wellbeing of staff. To support proactive management of sickness absence across the Trust, investment was made at the beginning of 2013 to provide a particular focus on this issue and two senior Project Leads were appointed to facilitate this.

The aims of this project are:

- To develop a better understanding of the financial impact of sickness absence across the Trust.
- To develop a coaching approach to the management of sickness absence.
- To increase/improve the support and guidance available to managers.
- Shift attitudes and organisational culture around the management of sickness absence.

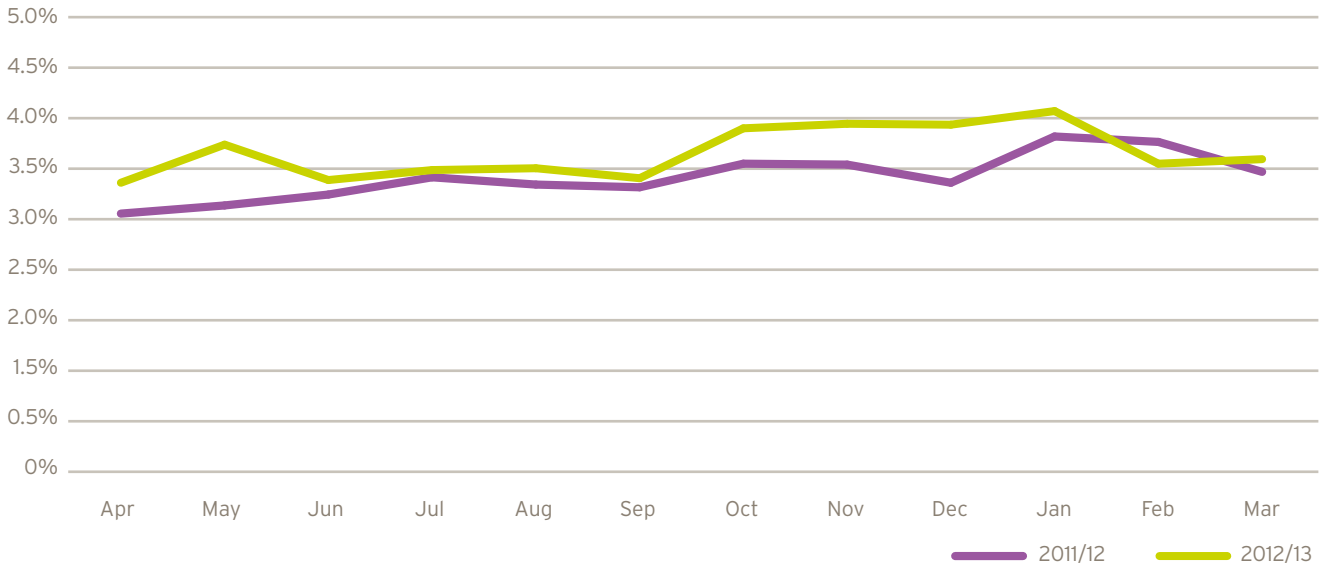
It is anticipated that this project will result in a reduction in a reduction in the number of staff with high rates of sickness absence.

Also, during 2012/13 the Trust has been implementing a new integrated, real-time web based absence management system across the Trust.

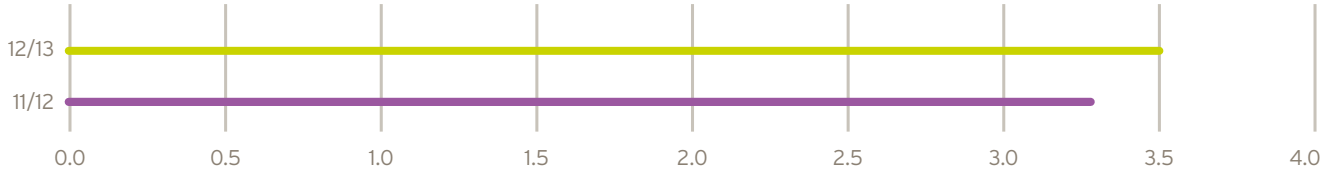
Some of the benefits of this system are:

- Improved absence visibility for managers and employees.
- A single point of entry for all absence data.
- Near real time reporting.
- Reduced cost of absence through improved visibility and controls.
- Integration with ESR.

Actual Sickness Absence 11/12 vs 12/13



Full Year Sickness Absence 11/12 vs 12/13



5.9.3 Staff Engagement and Consultation

The Trust prides itself in having a healthy and productive relationship with its staff and this is reflected in the staff engagement scores in the Staff Opinion Survey. Partnership working is demonstrated in many varied ways:

Staff Involvement Group

This group focus on developing a culture of staff involvement, open communication and partnership working with factors that have a real impact on staff such as reward and recognition, security, health and wellbeing. The membership of the group is diverse and active in taking forward themes from the staff opinion survey and 'testing the ground' with staff initiatives to improve the patient experience.

Staff Recognition

The L&D Staff Thank you day, held in July, was an opportunity to thank all staff for their hard work and commitment. Hundreds of staff attended the event, which was held in a marquee setting where a wonderful lunch and tea were served courtesy of the Trust's catering team.

This was followed by an impressive evening of dinner and awards where special recognition was given to those members of staff who had been nominated by managers and staff alike and who had made a real difference in their work at the Trust. Awardees came from across many staff groups and were recognised for going the extra mile to achieve extraordinary results and deliver high standards. The event included a series of videos highlighting some of the special developments and achievements in the previous two years.

In addition, as a thank you to staff and volunteers for all their hard work, the Trust provided a free Christmas lunch. This was very well attended and the Chief Executive used this opportunity to give her personal thanks and that of the Board of Directors.

5.10 Improving the Quality of our Environment

The Trust continues to acknowledge the scale of change necessary to transform the quality of the patient environment at the hospital and has embarked on a programme to deliver a major re-development of the hospital site. The programme of redevelopment is multi-faceted and has already begun with:

- **Outpatients** – We have begun to upgrade the main outpatient areas including new décor, furnishing and new sanitary facilities.
- **Endoscopy** – We have recently completed the first phase of a 2 phase scheme to both expand the Endoscopy Unit but also to upgrade and refurbish patient changing and recovery areas, thereby significantly improving dignity issues. The second phase will also seek to address ventilation issues in endoscopy rooms which will enhance infection prevention and control measures for patients and staff.
- **Theatres** – W have recently completed a significant refurbishment of the main theatre complex. This not only ensures the area is technically fit for purpose, but has significantly improved the environment for patients undergoing surgery and has improved the environment for staff.
- **Car parking** – We expanded the number of spaces in excess of 100 and whilst the new facility has expanded the number of spaces for staff initially, it will enable the number of spaces for patients and visitors in car parks closer to the hospital to increase, thereby improving patient experience.

During 2012/13 the hospital has been participating in the new monitoring programme PLACE (Patient Led Assessments of the Care Environment). This new system for assessing the quality of the hospital environment has come into effect since April 2013. Like PEAT inspections, patient representatives and Governors are included in the inspection teams.

5.11 Quality and Business Strategy

The Trust's quality and business strategies are aligned. The Trust has a commitment to quality and patient-centred services and the belief that higher quality services are ultimately less costly and generate more income underlines the approach taken to the commercial activities of the organisation. This means that the challenge of achieving the cost efficiency savings inherent in the national tariff is not delivered through reducing the quality or patient experience but by driving forward initiatives which will ensure that both corporate objectives are delivered. This includes investing in electronic solutions such as e-prescribing to reduce drug errors; investing in infrastructure to ensure carbon efficiency; developing our electronic document management to reduce costs and increase clinical effectiveness; and looking to reduce the length of stay in hospital

5.12 Review of Quality Performance - how the Trust identifies local improvement priorities

The hospital agreed the Corporate Objectives for 2012 – 2015, and these include the quality objectives for three years. The Trust Governors were engaged with the development and agreement of these objectives at the end of 2011/12.

The list of clinical indicators which were developed and added to in previous years remain included. People identified those indicators most important to them and also stated the elements of care that they would want the Trust to concentrate on improving.

Amendments to the quality priorities have been considered by staff in management executive based on performance and improvement needs.

Quality is discussed and monitored at quarterly monitoring meetings with our local commissioning Primary Care Trust and agreement of Commissioning for Quality and Innovation goals for the coming year revolve around agreed areas for improvement. There remains a high level of agreement among the various groups of people that have contributed to determining priorities.

6. Statement of Directors'
responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2012 to March 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to March 2013;
- Feedback from the commissioners dated – yet to be received as at 22nd May 2013
- Feedback from Governors dated [17/4/13 and 15/05/2013];
- Feedback from Local Healthwatch organisations -yet to be received as at 22nd May 2013
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated [April 2013];
- The 2012 national patient survey 16/04/2013;
- The 2012 national staff survey 28/02/2013;
- The Head of Internal Audit's annual opinion over the trust's control environment dated as received 15/5/2013 –; and
- CQC quality and risk profiles dated [April 2012 to March 2013].

The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.

The performance information reported in the Quality Report is reliable and accurate;

We have robust processes in place to capture incidents. However there are risks at every Trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other Trusts.

There is also clinical judgement in the classification of an incident as "severe harm" as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change, so the figure reported could change from that shown here due to this review process.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; and

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

22nd May 2013  Chairman

22nd May 2013  Chief Executive

7. Comments from stakeholders

Luton and Dunstable Hospital NHS Foundation Trust Quality Account 2012/13

Comments from Healthwatch Luton
01.05.2013

It is extremely positive to see the new developments and changes that have taken place throughout the previous year and we are pleased to see Luton and Dunstable Hospital University Foundation Trust (L&D) developing new models and structures to ensure that patients are receiving the standard of care that they deserve.

Healthwatch Luton would like to commend the L&D for their groundbreaking and innovative measures including the award winning patient call centre to interview discharged patients and to record ideas for improvements. By taking the initiative around implementing such a well received and pro active service, L&D has evidenced its commitment to putting patients at the forefront of care.

Similarly the introduction of the interactive appointment tools have demonstrably reduced the level of "Did not attend" patients missing appointments. We will continue to monitor this trend with interest in a hope that similar models can be implemented by other service providers. The decision to extend clinic opening times to weekends and evenings is also welcomed and will be monitored with interest.

Whilst there are many positive changes and improvements from the previous year it is disappointing to note that the response to complaints is far below an acceptable standard. This needs drastic and immediate improvement as there have been highlighted issues around communication at the L&D in the past. Healthwatch Luton would like to work closely with L&D to establish a new mechanism and framework to ensure this can be resolved as a matter of urgency.

We appreciate the transparency that L&D has demonstrated by highlighting the number of patients impacted by short notice clinic cancellations. In order to provide greater clarity it would be helpful if more information could be provided as to why these cancellations occurred, for example staff shortages.

It is reassuring to note that reducing avoidable pressure ulcers will continue to be a priority for the following year as there is clear evidence that more work needs to be done in this area. The procedures that have been suggested to address this seem promising and we look forward to receiving regular updates on the progress in this priority area.

A breakdown of complaints data has been provided which is very helpful and provides valuable insight into areas that are concerning patients. It has been mentioned that a total of three complaints have been received from patients with learning disabilities. Whilst it is important that this information is made available, it would greatly assist us if you can also provide statistical data regarding the total number of patients with learning disabilities that have been treated at L&D. This will allow for clear comparative analysis in relation to complaints.

Overall the L&D has had a very positive year. There have been many exciting and new developments including the opening of the highly anticipated cardiac unit. The successful acquisition of University status has also created new opportunities for training and development of staff and it is positive to see that this is being utilised effectively. Healthwatch Luton firmly believes that providing continued development for staff is vital to maintaining a high level of patient care and we are pleased that this is an ethos shared by L&D.

Finally, Healthwatch Luton would like to take this opportunity to thank all staff at L&D for their continued dedication and efforts. We look forward to working closely with the L&D in the coming year and hope that through partnership working we can continue to put patients first.

Healthwatch Central Bedfordshire's Response to the Luton & Dunstable Hospital Trust's Quality Account 2012/13

Firstly, Healthwatch Central Bedfordshire thanks the Trust for the opportunity to comment on the L&D Hospital Trust Quality Account. As Healthwatch countrywide has only been operational since the beginning of April 2013, we will make a response based on legacy information handed to us by Bedfordshire LINk (Covering Central Bedfordshire).

The Quality Account is a well presented and very readable document ; we are particularly pleased to note the inclusion of a glossary of terms used.

Healthwatch Central Bedfordshire is only able to respond in terms of patients experiences and the feedback we have received. We fully endorse the measures the Hospital has used to gauge success in terms of patient experience and its vision:

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

In light of the findings of the Francis Report, it may helpful for the Hospital to include "listening" to the patients, not just "putting them first".

Before the end of the LINk's period in office, we were fortunate to have your Clinical Governance Lead attend the last LINk Health Working Group in March 2013, and members were able to relay both positive feedback as well as where patients felt improvements could be made. The positive comments were in relation to the new patient experience call centre where hospital personnel and governors contact patients 48 hours after discharge from hospital to see if everything is in order. The LINk had recorded a small number of cases where the discharge from hospital process for older patients at the Hospital had not gone well, and, in two cases patients had to be readmitted to Hospital, but we were assured that all was being done to ensure a safe and quality discharge for the patient.

It is reassuring to learn that emphasis will be placed on staff training, and that the Perfect Day Project where nursing staff spend some time at a patients bedside is being given more emphasis and focus. The care and attention received by nursing and auxillary has always been of huge importance to patients when recovering from surgery or illness in hospital.

Ruth Featherstone, Chair, Healthwatch Central Bedfordshire

June 2013

Statement from Luton and Bedfordshire Clinical Commissioning Groups to Luton and Dunstable University Foundation Trust Quality Account 2012 - 2013

Luton and Bedfordshire Clinical Commissioning Groups (CCGs) have received the Quality Account 2012/2013 from Luton & Dunstable University Foundation Trust (L&D). The Quality Account was shared with Luton and Bedfordshire CCGs, and reviewed at the Patient Safety and Quality Committee and at Board level as part of developing our assurance statement.

We have reviewed the information provided within the Quality Account and checked the accuracy of data which was submitted as part of the L&D's contractual obligation. All data provided corresponds with data used as part of the ongoing contract monitoring process.
The L&D is required to rate their performance against national quality indicators within the Quality Account. The L&D has included this data. The rate of patient safety incidents for March 2013 is 6.7 (rate of patient safety incidents per 100 admissions, a high score indicates a good reporting culture) and this is in the highest (best) quartile of similar hospitals and is an improvement on March 2012 which was 6.3, we will continue to monitor progress in 2013/14. Luton and Bedfordshire CCGs have noticed an improvement in the Serious Incident report process and would like to see this continue and embed across all service areas. The L&D reported two Never Events which were both investigated appropriately and action plans, based on the learning from the investigations, were implemented to prevent reoccurrence.

Luton and Bedfordshire CCGs note that the L&D significantly achieved the 2012/13 CQUIN (Commissioning for Quality and Innovation) with the final position still being validated. Significant improvements were made in relation to dementia screening of their patients and onward referral.

Further work is required in 2013/14 to improve patient experience feedback. The L&D increased the number of patients asked to 10%. This is the nationally set minimum number of patients to ask for the net promoter score during 2012/13. However the L&D did not achieve their CQUIN as the positive patient response did not improve. It is recognised that the national inpatient survey identifies areas for improvement which have been included within the quality account and this will be monitored closely via the regular clinical quality review meetings.

The L&D has focused on reducing mortality related to fractured neck of femur and this is evident through the Quality Account. There are early signs that the work is beginning to have an impact and Luton and Bedfordshire CCGs will continue to support by monitoring actions to further improve outcomes for these patients. There has been good clinical engagement and leadership demonstrated and Luton and Bedfordshire CCGs would welcome this approach being replicated in other service areas, such as stroke care. Stroke care has seen some variations in service during 2012/13 and would benefit from a renewed focus on leadership, delivery and outcomes.

The L&D has worked on improving privacy and dignity for patients by ensuring the guidance for eliminating mixed sex accommodation has been carried out. Luton and Bedfordshire CCGs would like to see no breaches for non-clinical reasons now the estate works have been completed and will continue to monitor closely.

We welcome the L&D's commitment to participation in national and local audits and we will continue to support the Trust in ensuring its services use the outcomes of these audits to drive further quality improvements and a reduction in variation in clinical care.

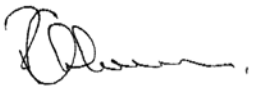
The Trust's overall management of infection prevention and control is good. Unfortunately the L&D has exceeded the ceiling for MRSA bacteraemia, by one case; however it achieved a significant reduction in clostridium difficile infections. Luton and Bedfordshire CCGs hope that the L&D will continue to work collaboratively to reduce the risk of healthcare associated infection.

The quality priorities for 2013/14 are supported by Luton and Bedfordshire CCGs and we look forward to working with the L&D to achieve targets set out within the account.

Luton and Bedfordshire CCGs acknowledge that the L&D has unconditional registration with the CQC (Care Quality Commission).

The recommendations from the Francis Report and ongoing actions will form a key part of Luton and Bedfordshire CCGs assurance monitoring in 2013/14. Luton and Bedfordshire CCGs support the L&D's rationale and indicators for 2013/14 and we look forward to working collaboratively to achieve good quality outcomes for the people of Luton and Bedfordshire.

Carol Hill ,Chief Officer
Luton Clinical Commissioning Group



Paul Hassan, Accountable Officer
Bedfordshire Clinical Commissioning Group

Comments from Luton Scrutiny: Health and Social Care Review Group

The Luton Scrutiny: Health and Social Care Review Group (HSCRG) welcomes the opportunity to comment on the Luton & Dunstable (L&D) Hospital's Quality Account 2012-13 and their priorities for 2013-14.

During the last year, HSCRG has developed working relationships with NHS and adult social care partners. Members are pleased the L&D Hospital is fully committed to engage with the health overview and scrutiny process. A couple of examples of their practical involvements with health scrutiny are provided below.

In March 2013, Trust's representatives, including its Chair took part in the scrutiny of Coroner's Procedure, an end of life issue. As a result of evidence obtained from numerous witnesses, the committee identified problems with the release of bodies for burial caused by delays at various points in the death certification process. It made a number of recommendations for services, including the hospital Trust, to address the problems. The committee was grateful for the positive attitude of the Trust's representatives. Members note with interest and welcome the Trust's focus on re-designing end of life care to improve patients and relatives' experience.

At the time of writing (9th May 2013), a scrutiny Task & Finish Group was reviewing 'discharges from hospital', a topic involving all NHS partners and the Council's adult social care. The hospital's Director of Operations and other senior officers were fully engaged supporting the review, an excellent example of the Trust's willingness to work with the Council's health overview and scrutiny to improve patients' experience.

Members welcome the Trust's focus on measures to reduce length of stay for older people and reducing avoidable emergency re-admissions. They also welcome the introduction of the Patient Experience Call Centre, to obtain timely feedback from patients of their experience of the care and services received. They note the increase in the number of complaints about discharge arrangements from 33 last year to 47 in 2012-13, recognising this may be partly due to active encouragement for patients to speak up.

Members note the improvement the Trust has achieved against most of its 2011-12 priorities and its continued focus on them in the coming year. They are encouraged to see the steady improvement from 53.3% to 62.6% in Friends and Family Score, relating to how likely patients were to recommend the ward to friends and family. They also note the Trust compliance with the Care Quality Commission's quality standards and its continued unconditional registration.

In conclusion, Members of the HSCRG are content with the overall performance of the Trust against its Quality Accounts 2012/13 priorities and endorse its corporate objectives for 2013/14, around clinical outcome, patient safety and patient experience. Members look forward to the Trust continuing to meet the needs of service users in the forthcoming year and beyond, and maintaining its engagement with health overview and scrutiny.

Central Bedfordshire Council's Social Care, Health and Housing Overview and Scrutiny Committee

There is no response from Central Beds Health Overview and Scrutiny Committee to the Quality Account 2012-13.

Comments received from the Trust Stakeholders

Comment	Response
Ensure that the graphs reflect the commentary	Graphs amended
Clarification on the graphs in the Outpatient section	Further commentary added
Additional wording on stroke and learning disabilities	Wording added
Clarification on serious incidents and never events	Added to page 55

8. Independent Auditor's Assurance Report

Independent Auditor's Report to the Council of Governors of Luton and Dunstable Hospital NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Luton and Dunstable Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Luton and Dunstable Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter
The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Clostridium Difficile; and
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors
The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.
Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*,·
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual,* and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2012 to May 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to
- May 2013;
- Feedback from the Commissioners dated May 2013;
- Feedback from local Healthwatch organisations dated May 2013;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2012/13;
- The 2012/13 national patient survey;
- The 2012/13 national staff survey;
- Care Quality Commission quality and risk profiles 2012/13; and
- The 2012/13 Head of Internal Audit's annual opinion over the Trust's control environment.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information:

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Luton and Dunstable Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Luton and Dunstable Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Luton and Dunstable Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - 'Assurance Engagements · other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the N*HS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non mandated indicators which have been determined locally by Luton and Dunstable Hospital NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*,·
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

KPMG LLP

KPMG LLP, Statutory Auditor
Chartered Accountants, London
29 May2013

9. Glossary of Terms

Anticoagulation	A substance that prevents/stops blood from clotting
Arrhythmia	Irregular Heartbeat
Aseptic Technique	Procedure performed under sterile conditions
Cardiac Arrest	Where normal circulation of the blood stops due to the heart not pumping effectively.
Chronic Obstructive Pulmonary Disease (COPD)	A disease of the lungs where the airways become narrowed
Clinical Audit	A quality improvement process that aims to improve patient care and outcomes by reviewing care against defined standards to support the implementation of change
Continence	Ability to control the bladder and/or bowels
Critical Care	The provision of intensive (sometimes as an emergency) treatment and management
Elective	Scheduled in advance (Planned)
Epilepsy	Recurrent disorder characterised by seizures.
Heart Failure	The inability of the heart to provide sufficient blood flow.
Hypercalcaemia	The elevated presence of calcium in the blood, often indicative of the presence of other diseases
HSMR	Hospital Standardised Mortality Rate. The HSMR is an overall quality indicator and measurement tool that compares a hospital's mortality rate with the overall average rate.
INOV8	Inov8 is an Air Disinfection (AD) Unit. The AD Unit supplied by Inov8 is a piece of equipment that is part of the L&D Infection Control Prevention procedures. It is a small unit that offers levels of microbiological air disinfection.
Laparoscopic	Key hole surgery
Learning Disability	A term that includes a range of disorders in which the person has difficulty in learning in a typical manner
Meningococcal	Infection caused by the meningococcus bacterium
Magnetic Resonance Imaging (MRI)	A medical imaging technique that uses a powerful magnetic field and radiofrequency to visualise internal body structures
MUST	Malnutrition Universal Screening Tool is a nutritional assessment that is carried out on inpatients to ensure that they are maintaining their body weight.
Myocardial Infarction	Heart attack when the blood vessels supplying the heart become blocked and heart muscle is damaged.
Myringotomy	A surgical procedure of the eardrum which alleviates pressure caused by the build up of fluid
Neonatal	Newborn – includes the first six weeks after birth
Non Invasive Ventilation (NIV)	The administration of ventilatory support for patients having difficulty in breathing
Orthognathic	Treatment/surgery to correct conditions of the jaw and face
Parkinson's Disease	Degenerative disorder of the central nervous system
Patient First	Patient First is a Luton and Dunstable Hospital Initiative that focuses on team and staff behaviour to improve the patient experience
Perinatal	Period immediately before and after birth
Pleural	Relating to the membrane that enfolds the lungs

Safety Express	Safety Express is a 'call to action' for NHS staff who want to see a safer, more reliable NHS with improved outcomes at significantly lower cost. The care focus is on pressure ulcers, falls, Catheter acquired urinary tract infections, and Venous thromboembolism
Seizure	Fit, convulsion
Sepsis	The presence of micro-organisms or their poisons in the blood stream.
Stroke	Rapid loss of brain function due to disturbance within the brain's blood supply
Syncope	Medical term for fainting and transient loss of consciousness
Transfusion	Describes the process of receiving blood intravenously
Trauma	Physical injury to the body/body part
UTI	Urinary Tract Infection
Venous Thromboembolism (VTE)	A blood clot that forms in the veins

Research – Glossary of terms

Portfolio - studies which are eligible and have been accepted onto the National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio Database. Please see attachment and link:-

Non-Portfolio - studies which do not meet the eligibility criteria to be accepted onto the NIHR CRN Portfolio Database. (note: these are very worthwhile studies but are usually own account, smaller single centre studies, student research etc.

Appendix A - Local Clinical Audits

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Paediatric Emergency Re-admissions to Hospital N = 40 cases (Re-admissions August -November 2011) Links to: CQC: 4, 16 NHSLA: 2.6	Paediatric Medicine	Clinical Audit (Retrospective)	May 2012	Main aims: • Identify key factors which contributed to an emergency re-admission within 7 days & 30 days post primary discharge • Identify potential actions that may help to reduce the number of emergency re-admissions. Audit identified that the majority of patients (70%) self presented to the hospital. In two-thirds of cases, the re-admission was linked to symptoms treated during the primary admissions. Clinical reviews found that 47% of the re-admissions may have been averted and recommendations include improving the advice and information given to patients/carers as part of discharge process.
In-Patient Internal Referrals (Yellow Boards) In Emergency Medicine N = 30 (Prospective referrals March 2012) Links to: Local Policy CQC: 4, 6, 16, 21 NHSLA: 1.8, 2.6, 4.9	Emergency Assessment Unit	Re-audit (Prospective)	May 2012	Main aims: • Re-measure compliance with Trust policy • Measure areas of improvement since 2009 • Identify if there are delays in obtaining review by recipient teams Re-audit has shown high compliance within the same standards. Significant improvement in the recipient documenting the date of their clinical review. Areas for improvement include recording the time of initiating the referral and the time that the recipient completed their review. It is noted that the process for requesting and responding to inter-Consultant referrals will change during 2012-13, as part of the Trust's electronic patient record (EDRMS) project.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Intended In-patient / Day Case Management for Ophthalmology Procedures N = 49 cases (of 55 cases either booked or managed on an In-patient basis). Links to: Dr. Foster RTM Dec10-Nov11 CQC: 4, 16, 21 NHSLA: 2.6, 4.10	Ophthalmology	Re-audit (Retrospective)	May 2012	The procedure group of Cataracts (+/- implant) has continued to flag as an alert within Dr. Foster RTM Day Case reports. Previous audits have identified that the majority of patients are discharged on the day of surgery. Action plans have targeted booking criteria and IPM (PASO system entries. Main aims: • Identify key reasons for booking patients as needing in-patient management • Improve the Trust's Day Case performance within cataract surgeries. Findings have shown that 60% of the cases were booked on the Trust PAS system as intended in-patient management – over half had been recorded as Day Case on the Waiting List form. 28% required in-patient stay after being booked as a Day Case. In terms of accuracy of the discharge date/time on the PAS (IPM) system, there was 90% congruency with the date/times recorded within the patient records. The actual in-patient rate for the period Jan-Dec 2011 has been re-calculated as 28 cases of 2659 elective cases (1.1%), which is better than the national rate. Actions are being taken forward by the Ophthalmology MDT to improve the administrative elements of caseload management.
Annual Audit of Neonatal & Postnatal Admission Records N = 40 records (April 2012) Links to: CQC: 4, 16, 21 NHSLA: 1.8, 2.6 CNST: 5.3, 5.9	Neonatology	Re-audit (Retrospective)	May 2012	Audit is an integral part of the CNST & NHSLA processes to measure completeness & accuracy of admission records. Current findings were compared with previous audit findings & subdivided into NICU results & Post Natal Ward results. NICU results a marked decline in the recording of NHS number, suboptimal recording of gestational age, birth weight & Vitamin K administration. Documentation of genitalia & baby condition at birth remains high. Post natal results show that improvements are needed in documenting baby genitalia, resuscitation details & staff present at delivery. There has been marked improvement in condition at birth since the previous audit. Actions for improvement will be jointly led by Medical & Nursing staff within Obstetrics & Neonatology.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Assessment & Early Management of Patients Admitted with suspected Alcohol Dependence or Misuse N = 16 admissions over 2 month period (Sept-Oct 2011) Links to: NICE Quality Standard NICE Clinical Guideline 100 CQC: 4, 6, 16 NHSLA: 2.6, 2.8, 5.6	Hepatology	Audit (Prospective)	June 2012	A joint Trust & James Kingham Project audit. Main aims: • To improve the assessment & early management of patients with suspected alcohol dependence / misuse • Measure compliance with NICE Quality Standard. Findings have shown good compliance with taking alcohol history during the admission assessment process, prescribing of vitamin supplements & referral to Hepatology. Actions include: improving adequacy of the detoxification prescriptions & access to regular training sessions for staff on assessment & early management of patients admitted with alcohol issues. There is also scope to further improve opportunistic screening & referral to external specialist alcohol services. A local guideline will be available by autumn 2012.
Use of Clopidogrel & Modified Release Dipyridamole for Prevention of Occlusive Vascular events N = 33 cases (April 2012) Links to: NICE TA 210 CQC: 4, 16 NHSLA: 2.6, 2.8	DME (Stroke)	Audit (Prospective)	June 2012	Main aims were: • to measure local compliance against 4 audit criterion derived from NICE TA 210 guidance • identify areas for improved practice 2 audit criteria did not apply to cases captured within the audit sample. There was 100% compliance achieved within the remaining two criteria. The audit did not identify any areas requiring improvement. However, the results have been disseminated to the Clinical Commissioning Group to consider actions within Primary Care toconsider the prescribing of Clopidogrel/Modified release Dipyridamole for patients currently receiving aspirin only.
Management of Hyponatraemia N = 66 cases Links to: CQC: 4, 6, 16, 21 NHSLA: 2.6, 5.6	Gen Medicine	Audit (Retrospective)	June 2012	Main aims: Improve management & patient outcomes for patients presenting to hospital with hyponatraemia. List of 14 local audit measures identified, some of which included sub-criteria. The findings indicate actions to improve within 17 areas relating to clinical assessment, the ordering appropriate investigations & follow-up post discharge. The recommendations have been taken forward within junior doctor training sessions and ICE clinical biochemistry report alerts.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Day Case Surgery in Orthopaedic Arthroscopy procedures N = 40 cases Links to: Dr. Foster RTM8 Clinical Benchmark period Dec 2011-Nov 2011 CQC: 4, 16, 21 NHSLA: 1.8, 2.6, 4.10	Orthopaedics	Re-audit (Retrospective)	June 2012	The Trust continues to alert within Dr. Foster benchmarks within the Arthroscopy procedure group. Previous audit completed in 2011 identified causal factors and areas to improve performance. Main aims: to improve performance in Arthroscopy Day Case benchmarking and re-explore factors that influenced decisions for in-patient management. Findings demonstrated that the majority of cases were identified as suitable for Day Case surgery at the time they were booked by surgeons. Changes are made to the intended management for many patients following pre-operative assessment to support the bed booking process. The audit also identified that a third of patients subsequently planned for in-patient stay, were actually discharged home on the day of surgery & do not fulfil the national day case management criteria. Administrative errors accounted for 13% of cases where there was disparity between actual length of stay and the date of discharge recorded on the Trust PAS system. Actions identified to improve: - pre-operative assessment records for changes to the original planned management - improvements to ward administrative processes

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Emergency Surgery Pre & Post Commissioning of the Modular Vanguard Unit N = 40 cases (20 cases October 2011 & 20 cases January 2012) CQC: 4, 16 NHSLA: 2.6, 4.10 QIPP	Gen. Surgery	Audit (Retrospective)	June 2012	As part of the Trust's Theatre efficiency work streams, the Trust commissioned a temporary Modular Day Case Surgery Unit in November 2011. This would help to maintain access to dedicated emergency slots within one Theatre within the Central Operating Department. Objective: clinical case reviews for patients requiring emergency surgeries prior to and following the commissioning of the Vanguard Unit: - compare access to emergency Theatre space - identify factors which delayed access to surgery - compare patient outcomes & LoS The audit included a representative sample of emergency cases. Within the constraints of this audit, the conclusion is that the Modular Unit has supported an efficient & effective non-elective surgery service. The audit provided qualitative data which will be used to support quantitative being collected by the Improvement team: - to inform the exit strategy for the Vanguard Unitto inform future arrangements to manage emergency surgery caseload.
Early Recognition & Early Management of Ovarian Cancer N = 28 cases (Jan – December 2010) Links to: NICE CGs 27 & 122 & Quality Standard (2012) CQC: 4, 6, 16 NHSLA: 2.6, 2.8, 5.7	O&G	Audit (Retrospective)	July 2012	Baseline audit to measure compliance with 14 NICE audit criterion. Findings indicated that 50% of the standards were either fully met or achieved high levels of compliance. Four standards achieved compliance < 75%. One of the recommendations is currently not practiced locally (use of Risk Malignancy Index – RMI-1) and it is recommended that the MDT considers including this within case reviews to plan clinical management.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Generic Skills & Knowledge for Assistant Therapy Roles: Phase 1 N = 13 respondents (return rate of 81%) Links to: CQC: 12, 14 NHSLA: 2.6, 3.5 QIPP	Therapies	Staff Survey	July 2012	Assistant roles were introduced within Occupational Therapy & Physiotherapy during 2011, as part of the Department's efficiency programme. Phase 1 (Staff Survey) was undertaken during May 2012, to receive feedback from staff employed as a Generic Therapy Assistant. The purpose of the survey was to receive feedback on the training programme & completion of the competency sign off process. The results will inform future training and supervision for staff employed into these roles. Feedback indicates that attendance to the initial training programme needs to be more carefully monitored. The Generic Skills Checklist which is used by qualified staff to assess completion of all Competencies will be re-launched. In addition, some Assistants identified delays in completing and having their competencies signed off. The Dept will introduce firmer deadlines for these to be completed. Phase 2 is planned during autumn 2013.
End of Life Care (Trust-wide) – Part A N = 58 respondents (return rate of 81%) Links to: CQC: 1,4,16 NHSLA: 2.6, 3.5	Trust wide	Staff Survey	July 2012	The DH strategy for End of Life Care recognises the multiple challenges when caring for patients approaching end of life. PART 1 of the audit included a survey of non-consultant medical staff and registered nurses to obtain feedback to support the training & educational needs of staff involved in end of life care. The survey findings have identified the need to improve training in: -consent & MCA -communicating bad news -launch of the E Learning programme for EoL Care Phase 2 will involve clinical case reviews (planned winter 2012/13)

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Prevention of Early-Onset Group B Streptococcal Disease in the Newborn N = 20 cases (April – June 2011) Links to: CQC: 4, 8, 16 NHSLA: 2.1, 2.6, 5.6	NICU	Audit (Retrospective)	July 2012	Baseline audit to measure compliance with local clinical guidance, including maternal screening practices, the application of intrapartum antibiotic prophylaxis, and the early management of neonates identified as at increased risk of developing early-onset GBS infection. Findings indicated that 13 standards were fully met. Two standards demonstrated moderate compliance and 15 standards achieved compliance <74%. Actions to improve discharge documentation, including information given to parents, community midwives & GPs. Also actions to replace the current triplicate discharge letter with a typed discharge letter.
Re-audit of Venous Thromboprophylaxis in Medicine N = 30 cases (April 2012) Links to: NICE Quality Standard NICE Clinical Guideline 92 CQUIN Goal 2011/2012 CQC: 4, 9, 16, 21 NHSLA: 2.6, 2.8, 5.9	Gen Medicine	Audit (Retrospective)	July 2012	Re-measure compliance with the standards identified in NICE Clinical Guideline 92 for the assessment and prevention of venous thromboembolism. Nine audit criteria identified. Findings indicated 2 standards were fully met. One standard demonstrated high compliance; 2 standards measured moderate compliance and 4 measures achieved compliance <74%. The audit suggests that risk of bleeding is predominantly assessed within 24 hours of admission, with few having risk of bleeding assessed as part of admission clerking. The re-audit shows a fall in compliance with regards to the appropriate prescribing/with-holding of pharmacological thrombo-prophylaxis and is an area for targeted interventions. The current audit indicates compliance in the provision of patient information and advice about VTE & VTE prophylaxis has declined further since the baseline audit and is another area for targeted interventions

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Audit of Chronic Heart Failure N = 38 cases (20 In-patients & 18 Outpatient new referrals) Links to: NICE Quality Standard for HF Nice cg 108 CQC: 4,6,9,16,21 NHSLA: 2.6, 2.8, 5.7, 5.10	Cardiology	Audit (Retrospective for In-patient cases & Prospective for new HF referrals to OPD)	July 2012	The main objective was to measure local compliance with national standards for the diagnosis & management of chronic heart failure (HF). A total of 13 individual audit criteria were identified (within 10 categories). Findings have shown high compliance (>90%) for 5 criteria. There was moderate compliance (76% - 89%) for 1 standard. One of the standards measured local uptake to a cardiac rehabilitation programme – 9% were referred & 6% accepted. Generally, compliance with the audit standards was higher within the out-patient referral group. The findings will be integrated within the local & network discussions on the possible introduction of BNP assessment for in-patients as well as improving referral for specialist review for admitted patients.
Audit of the Use of Rituximab in Rheumatoid Arthritis following failure of TNF Inhibitor N = 18 cases receiving Rituximab treatment Links to: NICE CG 79 & NICE TA 195 CQC: 9, 16 NHSLA: 2.8, 5.10	Rheumatology	Audit (Retrospective)	August 2012	The overall objective was to measure local compliance with NICE TA 195. 7 audit criteria were identified based up NICE recommendations. The audit sample included 2 patients treated as exceptional requests to use Rituximab monotherapy. One further case had Rituximab monotherapy after side effects to Methotrexate. Overall, the audit demonstrated high levels of compliance with national recommendations of the use of Rituximab therapy in this group of patients.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Audit of the Management of Infective Endocarditis N = 8 of 10 coded admissions 2011 Links to: ESC Guidelines & NICE CG 64 CQC: 4, 9, 16 NHSLA: 2.8, 5.7, 5.10	Joint Cardiology & Microbiology	Audit (Retrospective)	August 2012	The background to the audit followed a perceived increase in the number of admissions coded as I.E during 2011. The main aim was to improve the management of I.E in patients presenting at higher risk. A preliminary review of the coding data identified that 4 patients had multiple admissions which included follow-up antibiotic treatments (i.e not a primary presentation). Case reviews for 8 cases showed one coding error, and this case was excluded from the audit sample. Three patients were transferred to a tertiary service as part of their ongoing management. The audit recommends early involvement of the cardiology & microbiology teams to support the diagnostic / investigations process.
Re-audit of Outcomes Following Division of Ankyloglossia for Breastfeeding N = 50 cases (April 2011 – April 2012) Links to: NICE Interventional Procedure 149	Oral & Maxillofacial Surgery	Audit (Retrospective)	August 2012	Baseline audit conducted in 2009 with overall positive outcomes to the tongue-tie divisions performed during this audit period. Re-audit to measure intra-procedural outcomes/ complications; measure local outcomes; identify areas requiring further actions. NICE recommends that division of tongue-tie for breastfeeding should only be performed by registered health professionals who are properly trained. Locally, tongue tie division is undertaken by Consultants, therefore compliant with the NICE recommendation. Current evidence suggests that there are no major safety concerns surrounding this procedure and limited evidence suggests that this procedure can improve breastfeeding. NICE quote success rates of 95% for improved breastfeeding 48 hours after tongue-tie division, and Griffiths (2004) reported success rates of 80% for improved feeding at 24 hours. Locally, the Early Assessment Check is usually carried out a few days post procedure but can be carried out up to a month post procedure in some cases. This repeat survey found that 85% of the mother's reported that feeding was better at the Early Assessment Check. This is comparable to the success rate reported by Griffiths (2004). Actions to continue to pursue training for Int Board Certified Lactation Consultant to perform frenotomy and to identify ways to dividing tongue-ties when Consultant is absent .

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Sedation in Children and Young People Sedation for Diagnostic and Therapeutic Procedures in Children and Young People N = 40 cases (July 2011 – March 2012) Links to: NICE Clinical Guideline 112 CQC: 4, 16 NHSLA: 2.1, 2.6, 2.8, 5.2	Paediatrics	Audit (Retrospective)	August 2012	The overall objective was to measure local compliance with NICE CG 112. 19 audit criteria were identified based upon NICE recommendations. Findings indicated 5 standards were fully met. Eight standards demonstrated high compliance; 7 standards demonstrated moderate compliance and 9 standards achieved compliance <74%. Several actions identified requiring targeted teaching and training for staff involved in the assessment and delivery of sedation in children and young people.
Re-Audit of Post Traumatic Eye Observations (Literature & Local Protocol) N = 39 patients having surgery between January 2012 to July 2012 Links to: CQC Standards: 4, 16 NHSLA Standards: 2.1, 2.6	Oral & Maxillofacial Surgery	Patient Survey	December 2012	A baseline survey looking specifically at patient experience within the Oral and Maxillofacial surgery department was required to identify areas for improving patient experience. Main aims of the survey: • To identify levels of patient satisfaction within the Oral and Maxillofacial Surgery department • To identify specific areas for improving patient experience The survey identified delays with patients seen in clinic; lack of information regarding how to contact the department if necessary; % of staff introducing themselves suboptimal. Actions to minimise any delays for patients seen in clinic; Informing patients if delays are encountered; staff to introduce themselves to patients prior to treatment/consultation; & developing information leaflet for patients including contact details of the department.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Venous Thromboembolism – Re-Audit of NICE CG 92 General Surgery N = 132 cases (May 2012 – July 2012) Links to: NICE Quality Standard NICE Clinical Guideline 92 CQUIN Goal 2011/2012 CQC: 4, 9, 16, 21 NHSLA: 2.6, 2.8, 5.9	General Surgery	Audit (Retrospective)	January 2013	Re-measure compliance with the standards identified in NICE Clinical Guideline 92 for the assessment and prevention of venous thromboembolism. Six audit criteria identified. Findings indicated 1 standard was fully met. Four standards demonstrated high compliance; and 1 measure achieved compliance <74%. There has been a general improvement/high compliance demonstrated against the audit standards Actions to continue regular spot checks of VTE risk assessment completion across all General Surgical wards. Further actions to continue to use ExtraMed ensuring it is updated daily .
Group Hand Therapy Evaluation N = 28 (June – December 2012) Links to: CQC: 1, 4, 13, 16 NHSLA: 2.6	Therapies	Evaluation (Patient Survey)	January 2013	Measure the impact of group therapy sessions on the management of patients. Survey identified: • All patients (100%) found the day/time of group satisfactory • 96% of patients felt group had right number of patients • 93% of patients felt that there were adequate resources to assist with the treatment • All patients considered the activities a useful part of treatment • All patients felt they had progressed since starting the group sessions Actions to increase resources in terms of equipment available .

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Management of Babies Born following Maternal Prolonged Rupture of Membranes N = 42 (May – December 2011) Links to: Local Clinical Guidance CQC: 4, 8, 16 NHSLA: 2.1, 2.6, 5.6	NICU	Audit (Retrospective)	January 2013	Baseline audit to measure compliance with local clinical guidance, including the application of antibiotic prophylaxis, and the management of babies following maternal prolonged rupture of membranes. Findings indicated 20 standards were fully met. Two standards demonstrated moderate compliance and 16 standards achieved compliance <74%. Actions to improve discharge documentation, including information given to parents, community midwives & GPs. Also actions to replace the current triplicate discharge letter with a typed discharge letter.
Pain Management in Hospital Inpatients 2012 Annual Survey and Audit of Medical Records N = Inpatient Survey = 111 Records Audit = 30 Links to: CQC: 1, 4, 9, 16 NHSLA: 2.1, 2.6, 5.10	Anaesthetics	Survey & Audit	January 2013	Annual survey to measure the efficacy of the action plans formulated within previous surveys; & to inform the ongoing development of pain management care for all in-patients at the Trust. Additionally, the medical records audit was required to measure current documentation of pain scores and pain management. Audit identified 86% of patients surveyed reported that they experienced pain during their pain with 41% experiencing unbearable pain. Actions to improve: • On the spot ward checks • Work with poorly achieving wards • Participate in Enhanced Recovery Programme • Delivery of on-line pain education programmes • Continually monitor standards • Develop pain assessment system for cognitively impaired patients / patients unable to communicate

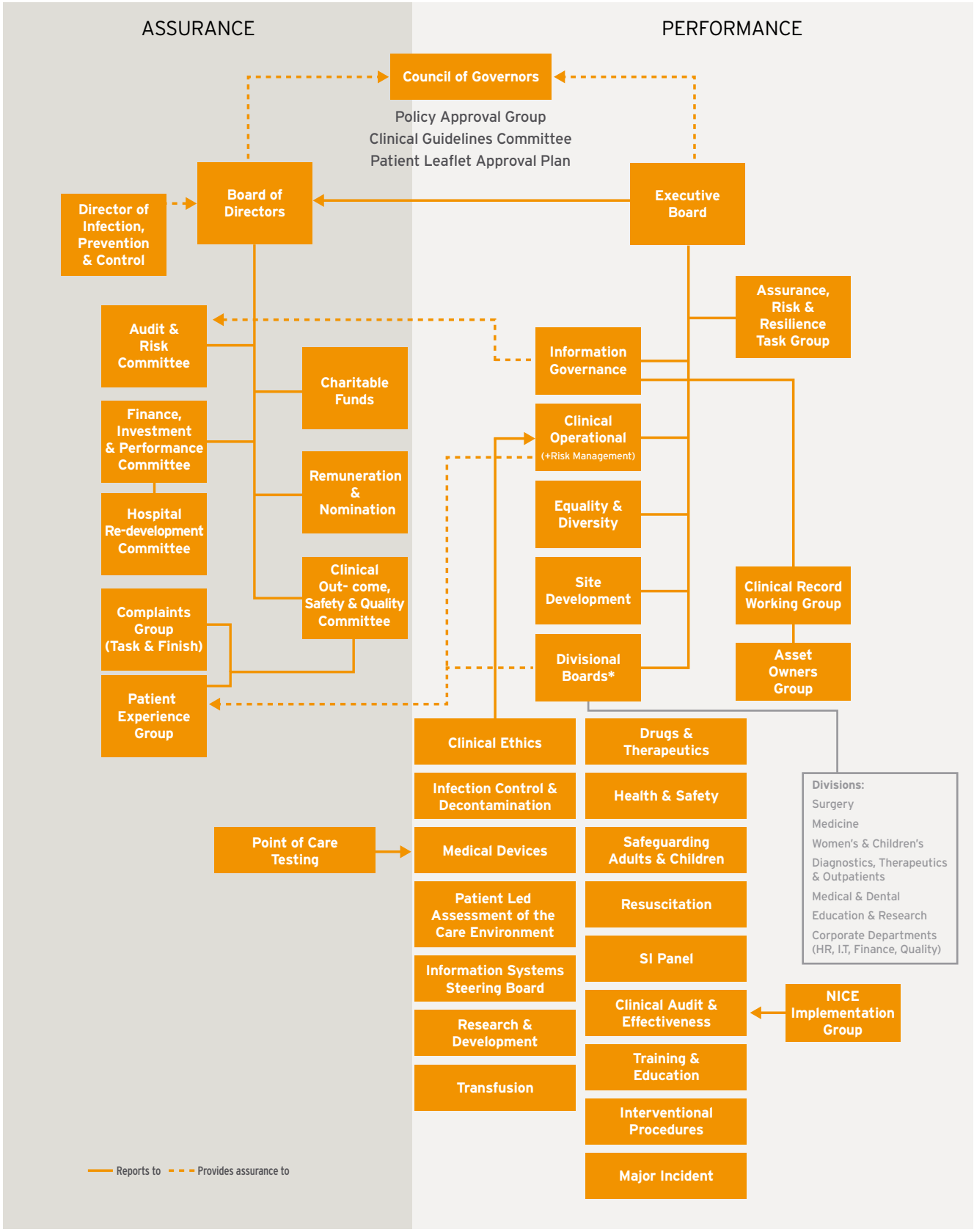
Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Consent (Local & DoH Guidance)	Trust	Patient Survey (July 2012) Staff Survey (August 2012)	February 2013	Patient Survey (55 respondents – 85%) High levels of compliance in having the procedures fully explained & procedural risks. Having essential information to support patient's decisions 98% Staff Survey (45 respondents – 42%) Included range of clinical groups across Trust specialty groups. Recommendations Further improve training opportunities across the Trust – E learning. Review local consent policy (Action complete – policies updated and there is a marked increase in training in relation to safeguarding and Mental Capacity Act)
Trust wide Health Records Audit (NHSLA, RCP & Local Standards) N = 110 records across all sub-specialty groups	Trust	Audit (Retrospective)	February 2013	A Trust wide audit is conducted on an annual basis on behalf of the Clinical Records Working Group. Results are compiled for individual Divisions & for the Trust as a whole. The audit supplements internal audits undertaken by each specialty as part of the internal governance and educational programmes. The results are: -presented at a Grand round session (January 2013) -inform the improvement work streams coordinated by the Clinical Records Working Group -Divisional reports inform areas for action within each sub-specialty area Current trust wide audit results show levels of compliance across 107 standards: Fully met (33%) High compliance (35%) Moderate compliance (17%) Low compliance (15%) The Trust will be implementing its EPR strategy during 2013 and future audits will need to be re-designed to take into account new practices and procedures.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Referral of Patients Presenting with Haematuria N = 38 (April – May 2012) Links to: CQC: 16 NHSLA: 2.6	Urology	Audit (Retrospective)	March 2013	Baseline audit to review management of patients referred with haematuria, including patients referred via 2 week urgent pathway and non-urgent pathway Key findings demonstrated: • The average time from referral to date patient first seen was 11 days for urgent cases and 39.5 days for non-urgent referrals. • • With the exception of 1 case where the date of referral was unknown,all cases referred via the 2 week urgent pathway were seen within 2 weeks. • The average time from referral to flexible cystoscopy for urgent cases was 16 days and 68 days for non-urgent referrals. • The average time from referral to ultrasound scan was 25 days forurgent cases and 43 days for non urgent referrals. • The average time from referral to CT Urogram / IVU for urgent cases was 23 days and 55 days for non urgent referrals. Since reviewing data for this audit all visible haematuria patients have undergone a CT urogram as first line upper tract imaging for 2WW and 'routine' patients. This will continue to avoid unnecessary delays in diagnosis and treatment. All non visible haematuria patients will continue to have USS KUB for upper tract imaging A letter will be sent to all GPs to remind them that ALL visible haematuria patients and patients with non visible haematuria over the age of 50 years should be referred via the 2WW pathway.

Title/Topic	Directorate/ Specialty	Project Type	Completed	Aims, Key Findings, Actions
Chest Pain of Recent Onset Audit Against NICE Clinical Guideline 95 N = 30 (August – December 2012) Links to: NICE Clinical Guideline 95 CQC: 4, 16 NHSLA: 2.1, 2.6, 2.8	Medicine	Audit (Retrospective)	March 2013	Baseline audit to improve the management of patients presenting with chest pain of recent onset. Specifically to measure local compliance with NICE recommendations (Clinical Guideline 95) Twelve audit measures were identified. Findings indicated that 3 standards were fully met. Five standards demonstrated high compliance, one standard demonstrated moderate compliance, and 3 standards achieved compliance <74%. Actions to improve areas of poor compliance in line with NICE recommendations.

Appendix B - Trust Committee Structure

Luton and Dunstable Hospital Governance and committee structure



* Divisional Board meeting include standard agenda items of Risk Management, Risk Registers, Incidents, Complaints and claims and information related to each of the relevant sub-committees of the Clinical Operational Board
Note: A number of task and finish groups report to formal committees and are not represented on this diagram.

Luton & Dunstable Hospital NHS Foundation Trust
Lewsey Road Luton LU4 0DZ
Telephone 0845 127 0 127
www.ldh.nhs.uk