

Luton and Dunstable University Hospital NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Luton and Dunstable University Hospital NHS Foundation Trust provides secondary care services for a population of around 400,000 people within the local catchment area covering Luton, South Bedfordshire and parts of Hertfordshire and Buckinghamshire. The hospital is situated between Luton and Dunstable and was opened in 1939. The hospital became a foundation trust in 2006.

Luton and Dunstable University Hospital NHS Foundation Trust has one main hospital, Luton and Dunstable Hospital which is a medium sized acute hospital. The trust also has an Orthopaedic Centre which is close to the hospital and was opened in November 2015 and offers orthopaedic outpatient appointments, x-rays and physiotherapy. The Arndale House which is an outpatient facility in Luton town centre opened in June 2018 and offers a variety of outpatient services including phlebotomy and dermatology services. The Cobham Clinic, a private surgical service which is also located at the hospital. The Cobham Clinic has 13 beds.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good   

What this trust does

There are approximately 742 beds of which 82 are maternity and 18 are critical care beds and high dependency beds with 18 contingency beds over 27 wards. The trust has 12 operating theatres, as well as a laser and plastics unit and oral surgery treatment unit, providing elective (planned) and emergency surgical facilities for general surgery, trauma and orthopaedics, vascular, breast, urology, oral maxillofacial and plastic surgery. The trust holds around 442,000 outpatient attendances annually across most specialities, such as trauma and orthopaedics, cardiology, dermatology, diabetes, and obstetrics

As of April 2018, the trust employed 4,197(headcount) staff, (3,772.37 Whole Time Equivalent or WTE), including 571 WTE medical and dental and 1,274.11 WTE nursing and midwifery staff.

Patient numbers

Trust activity (February 2017 to January 2018):

- 104,837 A&E attendances (increase of 4% compared to the same time 2016/17)
- 86,676 inpatient admissions (increase of 2% compared to the same time 2016/17)
- 442,113 outpatient attendances (increase of 1% compared to the same time 2016/17)
- 4,750 deliveries (decrease of 5% compared to the same time 2016/17)
- 1,248 deaths (increase of 1% compared to the same time 2016/17)

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We inspected the following acute health services as part of our continual checks on the safety and quality of healthcare provision:

- Medical care.
- Critical care.
- Surgery.
- Children and young people.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed: Is this organisation well-led?

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

What we found

Our overall rating of acute health services stayed the same. We took into account the current ratings of services not inspected this time. We rated services as good because:

- We rated safe as requires improvement, effective and caring as good and responsive and well-led as outstanding.
- We rated two of the trust's services as outstanding and six as good.

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe as requires improvement and effective, caring, responsive and well-led as good.
- We rated two of the trust's services as outstanding and six as good overall, we considered the current ratings of the four services not inspected this time.
- We rated well-led for the trust overall as good.
- During this inspection, we did not inspect urgent and emergency services, maternity, end of life care and outpatients' services. The ratings we published following the previous inspections are part of the overall rating awarded to the trust this time.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

Summary of findings

- Medical care, surgery and critical care services were rated as requires improvement. Not all services had enough staff with the right qualifications, skills and training. Not all staff had attended mandatory training and not all staff complied with infection control practices and medicines management was not always managed safely.
- Not all patients had pre-operative assessments prior to surgery, which was not in line with national guidance, although the trust had plans to implement a pre-operative assessment hub in September 2018, which was planned to improve the process.
- Not all patient records were kept in locked trolleys to maintain confidentiality.
- Staff did not always assess, monitor and record patient's safety to ensure they were supported to stay safe. We found inconsistencies in 15 of the 29 records regarding the recording of the malnutrition universal screening tool (MUST) within 24 hours in accordance with trust guidance. In response to our concerns the trust informed us a re-audit of the MUST was due August 2018.
- We found ligature points in the discharge seating area within Ward 1 (emergency admission unit) which were brought to the attention of the trust. During the revisit on 20 August 2018 we saw action was being undertaken to address this.
- Children and young people's services was rated as good.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Medical care, surgery, critical care and children and young people services were rated as good. The services provided care and treatment based on national guidance and had evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- The services managed patients' pain effectively and provided or offered pain relief regularly.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery and as appropriate for individuals.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care and were able to refer to specialists for support when necessary.
- The services monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Data collected was within the expected limits.

However:

- Patients at the trust had a higher than expected risk of readmission for elective admissions compared to the England average. We saw action plans were in place to address this.
- The proportion of patients with a hip fracture having surgery on the day of or day after admission was 63%, which failed to meet the national standard of 85%. The trust had action plans in place to review the management of patients with a hip fracture.
- There were inconsistencies in recording of pain scores in paediatrics.
- In the CQC Children's and Young People's Survey 2016 the service performed worse than other trusts for three of six questions relating to effectiveness.

Summary of findings

- There had not been any improvement in attendance at conflict resolution training identified as a concern in the January 2016 inspection, this meant that staff may not have the necessary skills to deal with patients who displayed challenging behaviour.
-

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- All services were rated good for caring.
- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Staff involved patients, parents and those close to them in decisions about their care and treatment.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- Medical care, surgery, critical care and children and young people services were rated as good.
- The trust planned and provided services in a way that met the needs of local people.
- Services were planned to consider the individual needs of patients. Adjustments were made for patients living with a physical disability. The hospital had disabled access across all areas of the medical services.
- The services treated concerns and complaints seriously, investigated them and learned lessons from the results. Lessons learned from complaints were shared with all staff members effectively.
- Patients could access the service when required and there was minimal waiting time for patients to receive their procedure. The referral to treatment time (RTT) for admitted pathways for medical care was consistently better than the England average for all specialities. The average length of stay was just above the England average and trust target of six days.

There were good discharge processes in place after there were opportunities identified in the discharge internal audit of January 2018 resulting in a daily patient tracker report showing the status of the patient's journey to include length of stay and progress.

- The critical care service took account of patients' individual needs. There were a variety of service provisions on both units, which assisted patients' needs to be addressed. Patients were reviewed a minimum of twice daily and a daily plan was completed by consultants during ward rounds. This process ensured that patients' treatments were individualised and timely.
- The trust's neonatal critical care bed occupancy rate was higher than the England average in the period May 2017 to April 2018. Data in the last three months showed the trust had been below the 80% trust target.

However:

- Waiting times from referral to treatment were longer than the England average in four specialities from May 2017 to April 2018. As of April 2018, RTT data was improving, the trust was 4% below the national average. Overall the Trust is in the top quartile for 18 weeks.,
- Complaints were not always managed in a timely manner within the surgical division.

Summary of findings

- The high dependency unit and intensive therapy units were limited in functionality by the estate. This included the provision of washing facilities for patients.
- There were a high number of out of hour's transfers between ITU and HDU and from HDU to main wards.

Are services well-led?

Our rating of well-led for the core services stayed the same. We rated it as outstanding. The rating for well led for the trust was rated as good because:

- Medical care, surgery, critical care and children and young people services were rated as good.
- Leaders at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders were visible and demonstrated commitment.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The services engaged well with staff and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The services had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and unexpected.
- Governance arrangements were proactively reviewed and reflected best practice.
- Children's services had a strategy and supporting objectives and plans were innovative while remaining achievable. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- The trust has a stable executive board. Leaders had the experience, capacity, capability and integrity to identify the challenges and took actions to address these. Leaders at every level were visible and approachable.
- The vision, values and strategy had been developed through a structured planning process in collaboration with people who use the service, staff and external partners.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.

However:

- While the investigation into serious incidents and findings were clear and patients/their relatives were asked about their involvement, there was a lack of documentation on any support provided by the trust to patients and their relatives.
- In two of the complaints investigations reviewed, there were potential missed opportunities for actions to be taken and for lessons to be learnt
- We found areas of concern that were highlighted in our January 2016 inspection within medical care and had not improved. For example, safeguarding adult's and children's training, infection control and conflict resolution training.
- Frequent staff moves and perceived lack of support affected job satisfaction within ITU. Frequent moves had been raised as a concern during ward meetings, and were being addressed by ward managers.

Summary of findings

- Whilst the service was committed to improving services by learning from when things go well and when they go wrong, there were limited opportunities reported for innovation within ITU.
- Respiratory patients on HDU were audited through the respiratory medicine team and not through ICNARC.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in children and young person's at Luton and Dunstable Hospital.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 20 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

A pathway had been developed between the oncology service and a local children's hospice to enable children and young people who became medically unstable while resident at the hospice and require immediate transfer to the hospital for on-going care and treatment. The pathway had been developed as the trust would not always be aware of these children as they may not be resident in the Luton area.

In children's gastroenterology there were puppets specifically designed for children with altered body image called Gastronauts. The puppets aimed to bring physical comfort, understanding and psychological wellbeing to children and were designed individually to represent a child's own body. There were teaching puppets for the team to use which met a child's personal requirements. For example, gender, design and type of stoma. Each puppet came with a certificate of ownership and a passport and the child could be part of an online community.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

Summary of findings

- The trust MUST monitor medical staff compliance with the infection control practices across the medical service.
- The trust MUST ensure all staff attend mandatory training
- The trust MUST ensure staff attend children's safeguarding level three training.

Action the trust SHOULD take to improve:

We told the trust that it should take action to comply with minor breaches that did not justify regulatory action to avoid breaching a legal requirement in future or to improve services:

- The trust should ensure that medical staff in children's services are compliant with their mandatory training requirements.
- The trust should monitor medical staff compliance with the infection control practices across all services.
- The trust should ensure that pain scores are undertaken consistently on paediatric wards.
- The trust should ensure there are robust systems and process to manage fridge temperatures when they exceed accepted guidance levels.
- The trust should review the storage of medicines to ensure they are kept at the correct temperature and are disposed of to prevent further use once expired.
- The trust should ensure complaint response times continue to be monitored to ensure the trust's 35-day target is met.
- The trust should keep all patient records secure to maintain confidentiality.
- The trust should ensure all patient whose condition is deteriorated is clearly documented and escalated as required.
- The trust should review the length of time each patient is kept nil by mouth prior to surgery to ensure this meets national guidelines.
- The trust should continue with plans to improve performance with the national referral to treatment targets.
- The trust should consider that all ligature points are assessed in the discharge seating area.
- The trust should consider that there are processes in place to assess, monitor and record patient's safety regarding the malnutrition universal screening tool.
- The trust should monitor staffs understanding and responsibilities under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).
- The trust should monitor processes for the review of hypoglycaemia (low sugar) boxes.
- The trust should ensure that staffing numbers are maintained with a supernumerary nurse in charge.
- The trust should ensure that the ITU consultant is available at all times in line with guidance.
- The trust should ensure that the Intensive Care National Audit Research Centre data is collected in line with recommendations for all level two and three patients.
- The trust should consider how washing and toileting facilities could be improved to ensure patient needs are met.
- The trust should review the out of hour patient move process to ensure that it is reflective of service needs.
- The trust should consider the impact of staff moves to ensure that nurse patient ratios are maintained.

Summary of findings

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

- The trust has a stable executive board. Leaders had the experience, capacity, capability and integrity to identify the challenges and took actions to address these. Leaders at every level were visible and approachable.
- The vision, values and strategy had been developed through a structured planning process in collaboration with people who use the service, staff and external partners.
- The executive team and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- Safeguarding adults and children at risk was given sufficient priority within the trust. There were clear systems, processes and practices in place to safeguard children and adults from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements. The trust had comprehensive, well written safeguarding policies and pathways in place, which were accessible to staff via the trust's intranet.
- The trust collected, analysed, managed and used information well to support its activities using secure electronic systems with security safeguards. Staff received helpful data on a daily basis which supported them to adjust and improve performance. The information used in reporting performance and delivering quality of care was accurate, valid and reliable.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations.
- There was a strong focus on learning and improvement throughout the organisation. The trust was committed to improving patient care, experience and outcomes. There was participation in audits and research, and learning from deaths and serious incidents was shared.

However:

- While the investigation into serious incidents and findings were clear and patients/their relatives were asked about their involvement, there was a lack of documentation on any support provided by the trust to patients and their relatives.
- In two of the complaints investigations reviewed, there were potential missed opportunities for actions to be taken and for lessons to be learnt.

Summary of findings

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RC9/Reports

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← 2018	Good →← 2018	Good →← 2018	Outstanding →← 2018	Good 2018	Good →← 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Luton and Dunstable Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Medical care (including older people's care)	Requires improvement →← 2018	Good ↑ 2018	Good →← 2018	Good →← 2018	Good →← 2018	Good ↑ 2018
Surgery	Requires improvement ↓ 2018	Good →← 2018	Good →← 2018	Good →← 2018	Good →← 2018	Good →← 2018
Critical care	Requires improvement →← 2018	Good →← 2018	Good →← 2018	Good →← 2018	Good ↑ 2018	Good ↑ 2018
Maternity	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Services for children and young people	Good →← 2018	Good ↓ 2018	Good →← 2018	Good →← 2018	Outstanding →← 2018	Good ↓ 2018
End of life care	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Outpatients	Good Jun 2016	N/A	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Overall*	Requires improvement →← 2018	Good →← 2018	Good →← 2018	Outstanding →← 2018	Outstanding →← 2018	Good →← 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Luton and Dunstable Hospital

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Key facts and figures

Luton and Dunstable Hospital is the main site for the provision of acute health services for the Luton and Dunstable NHS Foundation Trust. It provides services for adults and children and young people including urgent and emergency care 24 hours a day, seven days a week.

There are 27 wards/departments providing 742 acute inpatient beds. The number of staff employed by the hospital as of April 2018 was 4,197. The hospital services are commissioned by Luton Clinical Commissioning Group and Bedfordshire Clinical Commissioning Group

The urgent and emergency care department saw 105,177 attendances, 27,993 of these were children between March 2017 to February 2018. There were 442,519 Outpatient attendances and 4,750 babies delivered at the maternity department at Luton and Dunstable Hospital between March 2017 and February 2018. Within the children and young person's services the hospital had 13,886 admissions from March 2017 to February 2018.

Medical admissions within the trust from March 2017 to February 2018 were 38,881. Emergency admissions accounted for 21,864 (56%), 250 (1%) were elective, and the remaining 16,767 (43%) were day case.

The trust had 31,640 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 9,549 (30%), 17,941 (57%) were day case, and the remaining 4,150 (13%) were elective.

During this inspection, we spoke with 56 patients and their relatives, 197 staff, attended multi-disciplinary meetings, handovers and checked 105 healthcare records.

We carried out an unannounced inspection from 7 to 9 August 2018.

Summary of services at Luton and Dunstable Hospital

Good  ➔ ↵

At this inspection, we inspected medical care, surgery, critical care, and children and young people services. We did not inspect urgent and emergency care, maternity, end of life care or outpatients at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

Our rating of services stayed the same. We rated it as good because:

Summary of findings

- Our rating for safe remained requires improvement overall. Not all services had enough staff with the right qualifications, skills and training. Not all staff had attended mandatory training and not all staff complied with infection control practices and medicines management was not always managed safely.
- Our rating for effective remained good overall. Not all guidance was up to date. The services provided care and treatment based on national guidance and had evidence of its effectiveness. Patients at the trust had a higher than expected risk of readmission for elective admissions compared to the England average. We saw action plans were in place to address this.
- Our rating for caring remained good overall. All services were rated good for caring. Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- Our rating for responsive remained outstanding overall. The trust planned and provided services in a way that met the needs of local people. Services were planned to consider the individual needs of patients. Adjustments were made for patients living with a physical disability. The hospital had disabled access across all areas of the medical services. Waiting times from referral to treatment were longer than the England average in four specialities from May 2017 to April 2018. As of April 2018, RTT data was improving, the trust was 4% below the national average overall.
- Our rating for well led remained outstanding overall. Leaders at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders were visible and demonstrated commitment.

Medical care (including older people's care)

Good 

Key facts and figures

Luton and Dunstable University Hospital NHS Trust provides care services for a population of around 400,000 people within the local catchment area covering Luton, South Bedfordshire and parts of Hertfordshire and Buckinghamshire. Luton and Dunstable University Hospital NHS Foundation Trust has one main hospital, Luton and Dunstable Hospital. Medical care services provided by Luton and Dunstable University Hospital included cardiology, gastroenterology, respiratory medicine and stroke services.

As part of its plans to meet future growth in demand, the trust was changing its model for medical services from an age-related service to a need based service. Under this plan, patients regardless of presentation route would be assessed and admitted under the clinical team to the area best suited to meet their needs and expected length of stay. The needs based care model included a seven-day consultant cover for all specialities.

We inspected the hospital from 7 to 9 August and on 20 August 2018. As part of the inspection we visited the following areas:

- Ward 3 (medical short stay)
- Ward 6 (coronary care unit)
- Ward 10 (respiratory medicine)
- Ward 11 (gastroenterology)
- Ward 12 (endocrinology and diabetes)
- Ward 14 and 15 (geriatric medicine)
- Ward 16 (cardiology)
- Ward 17 (stroke medicine)
- Ward 18 (infectious diseases)
- Ward 19A (frailty unit)
- Ward 19B (rehabilitation)
- Catheterisation laboratory
- Endoscopy suite
- Emergency assessment units (Wards 1 and 4)

The trust had 38,881 medical admissions from March 2017 to February 2018. Emergency admissions accounted for 21,864 (56%), 250 (1%) were elective, and the remaining 16,767 (43%) were day case.

Admission for the top three medical specialities were:

- General medicine: 15,792
- Geriatric medicine: 6,462
- Gastroenterology: 5,194

Medical care (including older people's care)

During the inspection, we spoke with 59 staff of various grades, including ward managers, nurses, therapists, consultants, healthcare assistants, student nurses, housekeepers and administration staff. We spoke with 17 patients and their families, observed care and treatment and looked at 54 patient records of which; 29 were medical records, 10 prescription charts and 15 records referencing mental health and Deprivation of Liberty Safeguards decisions. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in January 2016. At that inspection, the medicine service was rated as requires improvement overall, including safe and effective. It was rated good for caring, responsive and well-led. During this inspection we looked at the changes the medical service had made to address our concerns.

Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service monitored the effectiveness of care and treatment and consistently used the findings to improve them.
- Staff provided patients with enough food and drink to meet their needs and improve their health.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- The service monitored the effectiveness of care and treatment and consistently used the findings to improve performance. Some of the processes in place were variable and we saw action plans in place to manage these across the service for example; the stroke and diabetic service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff did not always understand their roles and responsibilities under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff cared for patients with compassion.
- Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. Patients could access the service when they needed it.
- Staff involved patients and those close to them in decisions about their care.
- The referral to treatment time (RTT) for admitted pathways for medical care was consistently better than the England average for all specialities. The average length of stay was just above the England average and trust target of six days.
- There were good discharge processes in place after concerns raised in the discharge audit of January 2018 resulting in a daily patient tracker report showing the status of the patient's journey to include length of stay and progress.

Medical care (including older people's care)

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had an embedded systematic approach to continually monitor the quality of its services.
- Continuous improvement and learning from when things go wrong was evident across the service.

However:

- There had not been any improvement in attendance at conflict resolution training identified as a concern in the January 2016 inspection, this meant that staff may not have the necessary skills to deal with patients who displayed challenging behaviour.
- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it with attendance at some life support, fire safety and infection control courses being particularly low.
- The service generally controlled infection risk well. However, not all staff followed the trust's infection control guidance or comply with being "arms bare below the elbow" which meant there was a risk of patients not being kept safe from the spread of infection. Medical staff infection control training was at 62% and the trust must ensure staff are trained in infection control.
- Staff did not always assess the risks to patients and monitor their safety to ensure they were supported to stay safe. We found inconsistencies in the completion of the malnutrition universal screening tool.
- Staff kept appropriate records of patients care and treatment. However, not all records were kept in locked trolleys to maintain confidentiality.
- We found ligature points in the discharge seating area within Ward 1 (emergency admission unit) which were brought to the attention of the trust. During the revisit on 20 August 2018 we saw action was being undertaken to address this.
- The service prescribed, gave, and recorded medicines well. Patients received the right medication at the right dose at the right time. However, we found inconsistencies in the escalation of clinical room and fridge temperatures when this exceeded accepted guidance levels. The checking of hypoglycaemia (low sugar) boxes were not routinely monitored.
- Most staff understand their roles and responsibilities under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, we found inconsistencies in the completion of patient records who were under the MCA or DoLS.

Is the service safe?

Requires improvement  ➔ ↙

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it with attendance at some life support, fire safety and infection control courses being particularly low.
- The service mostly controlled infection risks well. However, not all nursing and medical staff used appropriate control measures to prevent the spread of infection. We observed both nursing and medical staff not adhering to the trust policy of being "arms bare below the elbow."

Medical care (including older people's care)

- Staff did not always assess, monitor and record patient's safety to ensure they were supported to stay safe. We found inconsistencies in 15 of the 29 records regarding the recording of the malnutrition universal screening tool (MUST) within 24 hours in accordance with trust guidance. In response to our concerns the trust informed us a re-audit of the MUST was due August 2018.
- We found ligature points in the discharge seating area within Ward 1 (emergency admission unit) which were brought to the attention of the trust. During the revisit on 20 August 2018 we saw action was being undertaken to address this.
- Staff kept appropriate records of patients care and treatment. However, not all records were kept in locked trolleys to maintain confidentiality.
- The service prescribed, gave, and recorded medicines well. Patients received the right medication at the right dose at the right time. However, we found that the monitoring of hypoglycaemia (low sugar) boxes were not routinely monitored. This was consistent with the trust audit completed in March 2018 which meant that we could not be assured that processes had been embedded into the service. We also found inconsistencies in the monitoring and escalation of fridge and room temperatures exceeding the recommended ranges.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff completed safeguarding training but the percentage of medical and nursing staff completing training did not always meet the trust target of 80%.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- The service had enough staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers assessed staff compliance with guidance and identified areas for improvement.
- Staff gave patients enough food and drinks to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service made sure staff were competent for their roles. Most staff had been appraised to review staff's work performance and held supervision meetings with them, when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly.

Medical care (including older people's care)

- The service monitored the effectiveness of care and treatment and consistently used the findings to improve performance. Outcomes for patients were variable and we saw action plans in place to manage variances across the service for example; the stroke and diabetic service all aspects of their role There had not been an improvement
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards seven-day services.

However:

- There had not been any improvement in attendance at conflict resolution training identified as a concern in the January 2016 inspection, this meant that staff may not have the necessary skills to deal with patients who displayed challenging behaviour.
- Most staff understand their roles and responsibilities under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, we found inconsistencies in the completion of patient records who were under the MCA or DoLS.

Is the service caring?

Good  ➔ ➕

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. From May 2017 to April 2018 the friends and family test (FFT) response rate for medical care at the trust was 24% which was on par with the England average of 25%.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff recognised when patients and those close to them needed additional support to enable them to be involved in their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Nursing staff showed an awareness of the impact that a patient's care, treatment or condition could have on their well-being and those close to them

Is the service responsive?

Good  ➔ ➕

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Services were planned to consider the individual needs of patients. Adjustments were made for patients living with a physical disability. The hospital had disabled access across all areas of the medical services.
- Patients could access the service when required and there was minimal waiting time for patients to receive their procedure. The referral to treatment time (RTT) for admitted pathways for medical care was consistently better than the England average for all specialities. The average length of stay was just above the England average and trust target of six days.

Medical care (including older people's care)

- There were good discharge processes in place after concerns raised in the discharge audit of January 2018 resulting in a daily patient tracker report showing the status of the patient's journey to include length of stay and progress.

Is the service well-led?

Good  ➔ ➕

Our rating of well-led stayed the same. We rated it as good because:

- The service had managers at most levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action developed with the involvement of staff.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service collected, analysed, managed and used most information well to support its activities. There were clear and robust service performance measures in place, which were monitored at monthly governance meetings.
- The service engaged well with patients and staff to improve services by learning from when things go well and when they go wrong promoting training, research and innovation.

However:

- We found areas of concern that were highlighted in our January 2016 inspection and had not improved. For example, safeguarding adult's and children's training, infection control and conflict resolution training.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Good   

Key facts and figures

Luton and Dunstable University Hospital NHS Foundation Trust has 116 surgical inpatient beds located across four wards. The trust has 12 operating theatres in two separate areas.

All patients admitted were treated under the direct care of a consultant. A senior house officer supported surgical care 24 hours a day, seven days a week. Patients are cared for and supported by registered nurses, health care assistants and allied health professionals such as physiotherapists and pharmacists.

We inspected the hospital from 7 to 9 and 20 August 2018. As part of the inspection we visited the following areas:

- Surgery arrivals and pre-assessment clinic
- Short stay surgical unit
- Day surgery theatres and main theatres
- Recovery area
- Ward 20 (Head and Neck Unit), Ear, nose and throat (ENT)
- Ward 21 (Surgical Assessment Unit), General surgery
- Ward 22 General surgery
- Ward 23 Trauma and orthopaedics
- The Cobham Clinic, a private surgical ward which also takes some NHS patients

Surgical services provided at the trust include, breast surgery, ear, nose and throat (ENT), general surgery, ophthalmology, oral and maxillofacial surgery (OMFS), orthopaedics, trauma care and urology.

The trust also had an Orthopaedic Centre located a short distance away from the main hospital. The centre provided a range of musculoskeletal healthcare, including orthopaedic medicine and surgery. We did not inspect this centre.

Luton and Dunstable University Hospital is the regional centre for head and neck cancer surgery, bariatric surgery and the hub of the local OMFS network. The urology department provides a Holmium Laser Enucleation of the Prostate service.

The trust has been commissioned to establish a restorative dentistry service and was in the process of establishing this service.

Several services were provided by specialist surgeons from other hospitals such as the vascular service and the plastics service. The ENT service shared an out of hours on call rota with another local hospital.

The trust had 31,640 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 9,549 admissions (30%), 17,941 (57%) were day case, and the remaining 4,150 (13%) were elective.

During the inspection we spoke with 65 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, healthcare assistants, and housekeepers. We spoke with 14 patients and their families, observed care and treatment and looked at 39 patient's medical records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

Surgery

The service was last inspected in January 2016. At that inspection, it was rated as good overall, including safe, responsive, effective, caring and well led.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff assessed risks to patients and monitored their safety, so they were supported to stay safe. Assessments were in place to alert staff when a patient's condition deteriorated.
- Staff kept appropriate records of patients' care and treatment.
- The service prescribed, gave, and recorded most medicines well. Patients generally received the right medication at the right dose at the right time.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance and evidence of this effectiveness. They assessed staff compliance with guidance and identified areas for improvement.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- The service monitored the effectiveness of care and treatment and consistently used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- Staff received an annual appraisal which they told us was constructive and provided a formal opportunity to review their progress and identify further training needs.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery and as appropriate for individuals.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service understood the different requirements of the local people it served by ensuring that it actioned the needs of local people through the planning, design and delivery of services.

Surgery

- Services were planned to take into account the individual needs of patients
- Patients could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisation to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.
- Compliance rates for level three safeguarding training was below the trust target.
- Not all patient records were kept in locked trolleys to maintain confidentiality.
- Waiting times from referral to treatment were longer than the England average

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it with attendance at some life support courses being particularly low.
- Compliance rates for level three children's safeguarding training was below the trust target.
- Not all patients had pre-operative assessments prior to surgery, which was not in line with national guidance. Although the trust had plans to implement a pre-operative assessment hub in September 2018, which was planned to improve the process.
- Not all patient records were kept in locked trolleys to maintain confidentiality.

Surgery

- Medicines were not always stored appropriately.
- Although staff assessed risks to patients and monitored their safety, so they were supported to stay safe and assessments were in place to alert staff when a patient's condition deteriorated, this was only clearly documented in 64% of cases.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Although there was a high number of vacancies for nursing staff the service ensured for each shift there were enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service had enough medical staff with the right qualification, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment most of the time.
- Following extensive redesign, a new model for pre-operative assessment was being introduced in September 2018 in recognition of improvement that could be made in this aspect of the service'
- Staff kept appropriate records of patients' care and treatment.
- The service prescribed, gave, and recorded most medicines well. Patients generally received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Lessons were learnt when things went wrong.

Is the service effective?

Good  ➔ ➕

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of this effectiveness. They assessed staff compliance with guidance and identified areas for improvement.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly. Pain was risk assessed and recorded using the National Early Warning Score (NEWS) scale and we saw these were completed.
- The service monitored the effectiveness of care and treatment and consistently used the findings to improve them. The trust participated in nation audits for example the National Emergency Laparotomy Audit and Patient Reported Outcome Measures and generally performed similar or better than the England average.

Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- Staff received an annual appraisal which they told us was constructive and provided a formal opportunity to review their progress and identify further training needs.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards seven-day services
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery and as appropriate for individuals.
- Staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA)1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- Patients at the trust had a higher than expected risk of readmission for elective admissions compared to the England average. We saw action plans were in place to address this.
- The proportion of patients with a hip fracture having surgery on the day of or day after admission was 63%, which failed to meet the national standard of 85%. The trust had action plans in place to review the management of patients with a hip fracture.

Is the service caring?

Good  ➔ ↵

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good  ➔ ↵

Our rating of responsive stayed the same. We rated it as good because:

- The service understood the different requirements of the local people it served by ensuring that it actioned the needs of local people through the planning, design and delivery of services.
- Services were planned to take into account the individual needs of patients.
- Cancer waiting times targets were largely met, with performance at 85%-92% against a target of 93%.

Surgery

- Over the two-year period from 2016 to 2018, the percentage of last-minute surgical cancellations at the trust where the patient was not treated within 28 days was consistently lower (better than) than the England average.
- From March 2017 to February 2018 the average length of stay for elective surgical patients was 2.7 days, which was shorter than the England average of 3.9 days.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Waiting times from referral to treatment were longer than the England average in four specialities from May 2017 to April 2018. As of April 2018, RTT data was improving, the trust was 4% below the national average overall.
- Complaints were not always managed in a timely manner, the service was reviewing the process.

Is the service well-led?

Good  ➔ ➕

Our rating of well-led stayed the same. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders were visible and demonstrated commitment.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff understood and demonstrated the trust's vision and values.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Both theatre staff and nursing staff on surgical wards reported a good culture
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which good standards in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Each clinical group had a risk register which was reviewed at monthly surgical clinical risk and governance meetings
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisation to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting innovation.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Good 

Key facts and figures

Luton and Dunstable University Hospital had 42 critical care beds as of May 2018. There were 17 open adult critical care beds split between the intensive therapy unit (ITU) and the high dependency unit (HDU):

- The ITU had six open beds for level three patients as of May 2018. There was an additional bed, which could be used in the event of excess demand. As of March 2018, there were 35.0 whole time equivalent (WTE) registered nursing staff and one member of additional clinical services staff. The ITU received approximately 350 patients from April to 2016 to March 2017.
- The HDU, including the respiratory HDU, had nine open beds for level two patients and two level one beds as of May 2018. As of March 2018, there were 33.8 WTE registered nursing staff and 1.8 WTE additional clinical services staff. The HDU received approximately 600 patients per year from April 2016 to March 2017.

Level two beds are for patients who need higher level of care and more detailed observation than that provided on a general ward. These patients usually have a single failing organ or require post-operative care. Level three beds (in ITU) are for patients who require advanced respiratory support, or complex support for multi-organ failure.

As of May 2018, there were 19 open neonatal critical care cots. These services are covered in the children and young people section of this report.

The critical care service also provides a critical care outreach (CCO) team, which supports patients at risk of clinical deterioration on the wards of the hospital. As of March 2018, this service employed 6.7 WTE registered nursing staff.

As of March 2018, the trust employed eight intensivist medical staff in adult critical care.

(Source: *Acute Routine Provider Information Request (RPIR) Context acute tab; NHS England*)

During our inspection, we spoke with 28 members of staff, which included consultants, doctors, different grades of nursing staff, allied health professionals, care support workers and staff in supportive roles. We also spoke with six patients and their visiting relatives and friends.

We checked the clinical environment, observed ward rounds, nursing and medical handovers and reviewed patients' health records.

The service was rated as requires improvement following our January 2016, with a rating of good for effective, caring and responsive and requires improvement for safe and well-led.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The clinical environment, premises and equipment were well maintained and adapted where possible to meet the needs of the patient.
- Staff understood their roles and responsibilities and worked collaboratively to protect patients from abuse.
- There were appropriate systems and processes in place to ensure that patients were kept safe through continual monitoring. The service planned for emergencies and ensured that all staff knew their roles and responsibilities.
- Staff ensured that patient's records accurately reflected treatment plans and assessments.

Critical care

- The service managed patient safety incidents well recognising types of incidents and learnt from investigations.
- The service monitored the effectiveness of the care and treatment provided against national standards and guidance. Using audit data to compare to peers and identify areas for improvement. Staff were made aware of findings and involved with learning.
- Patients were provided with enough food and drink to meet their needs and improve their health.
- Staff were supported to develop their skills and knowledge through competencies and appraisals.
- The service ensured that individuals needs were met when planning and implementing care and treatment.
- Patients were able to access the service when they needed to. Referrals were timely and ITU and HDU teams were responsive to the needs of patients.
- The service managed complaints effectively, considering concerns raised and ensuring that staff learnt from concerns raised.
- Critical Care leaders were visible and offered support and advice where necessary. Nurses in charge of units were good role models.
- There was a positive culture across both ITU and HDU. Staff felt supported and valued and there was a sense of common purpose based on shared values. Teams worked collaboratively.
- Although governance was managed across two divisions, there was a systematic approach to identifying risks and quality of care. Trends were monitored by clinical and governance teams and actions taken to address any areas of concern.
- The service engaged and collaborated with partner organisations effectively using peer reviews and networks to improve practice locally.

However:

- Medical staff's mandatory training compliance was below the trust target of 80%.
- Medical staff did not always wash their hands before or after the point of care.
- The supernumerary nurse on HDU and ITU were used to ensure that nurse patient ratios were maintained. This was against national guidance.
- The ITU consultants had additional responsibility for the paediatric emergency bleep, which meant that they were not always available to immediately attend ITU when called. This was against national guidance.
- High ambient temperatures at the time of inspection meant that some medicines were not always kept at the correct temperatures.
- There were a number of out of hour transfers between ITU and HDU and HDU and main wards. These were not always in response to clinical activity.
- The HDU and ITU did not provide adequate washing facilities for male and female patients due to restrictions of the clinical environment.
- Staff moves and perceived lack of support affected job satisfaction within ITU.

Critical care

Is the service safe?

Requires improvement ➔ ➕

Our rating of safe stayed the same. We rated it as requires improvement because:

- Whilst the service provided mandatory training in key skills to all staff, not all staff had completed all the mandatory training required. Medical staff compliance was substantially below the trust target.
- Medical staff did not always wash their hands before or after the point of care and audits in HDU showed poor compliance with hand hygiene for medical staff.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from potential harm. Staffing numbers were sometimes maintained at the expense of the supernumerary nurse in charge, or through the movement of staff across HDU and ITU.
- Whilst the service had enough medical staff with the right qualification, skills, training and experience to keep people safe from avoidable harm and abuse. Consultants were available for advice and assistance, although we saw one occasion and were told of two recent previous occasions where the ITU consultant was not immediately available due to clinical demands outside ITU. High ambient temperatures at the time of inspection meant that some medicines were not always kept at the correct temperatures.
- .

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Patient's notes reflected recent referrals and documented actions taken locally to support patients through this process.
- The service had suitable premises and equipment and looked after them well. Environments were adapted to suit the needs of the service, and staff ensured that equipment was maintained and stored appropriately to ensure it was easily located.
- The service controlled infection risk well. Nursing staff generally kept themselves, equipment and the premises clean.
- The service prescribed, gave and recorded medicines well. Medicines were stored securely and patients received the right medicine at the right dose at the right time.
- The service planned for emergencies and staff understood their roles if one should happen. Patients admitted to ITU were monitored closely to enable safe management and identification of deterioration.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Patient's records were stored securely in paper-based files in drawers at the bedside or at the nurse's station.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Critical care

Is the service effective?

Good  ➔ ➕

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and had evidence of its effectiveness. Managers checked to make sure staff followed guidance and tracked performance to identify areas for improvement.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patient's pain was well managed.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Data collected was within the expected limits.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Standardised competencies were used to monitor progress and practice development nurses worked collaboratively to ensure standards across both units.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care and were able to refer to specialists for support when necessary.
- The service provided a 24 hour, seven days a week service with admission to both ITU and HDU available following referral. There was a dedicated senior doctor available for both units with out of hours and weekend on call.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. There was a trust policy to ensure that staff were meeting their responsibilities under the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

However:

- Consultants were available for advice and assistance, although we saw and were told of two recent occasions when the consultant was not immediately available due to clinical demands elsewhere.

Is the service caring?

Good  ➔ ➕

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. It was clear that staff working across both units appreciated the anxiety of patients and their relatives when they were admitted to critical care services.

Critical care

- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with patients and their relatives sensitively to ensure that they understood their care, treatment and condition. Where possible, patients were involved with their care and decisions taken and we saw that plans were inclusive of patient's wishes.

Is the service responsive?

Good  

Our rating of responsive stayed the same. We rated it as good because:

- The service took account of patients' individual needs. There were a variety of service provisions on both units, which assisted patients' needs to be addressed. Patients were reviewed a minimum of twice daily and a daily plan was completed by consultants during ward rounds. This process ensured that patients' treatments were individualised and timely.
- Patients could access the service when they needed it.
- The service planned and provided services in a way that met the needs of local people.
- The waiting times for treatment and arrangements to admit, treat and discharge patients were largely in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff were aware of complaints made and what actions had been taken in response.

However:

- The high dependency unit and intensive therapy units were limited in functionality by the estate. This included the provision of washing facilities for patients on HDU.
- There were a high number of out of hour's transfers between HDU and main wards.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Critical care leaders were visible and maintained regular contact with staff within each area, offering support and advice where necessary. Nurses in charge of units were good role models.
- Service leads had a clear vision for what they wanted to achieve.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff on HDU reported a positive culture that promoted the development of staff and the service and although we heard some negative comments about the support of staff on ITU, the team worked collaboratively in a positive manner.
- Governance for ITU and respiratory patients fell under two divisions, although the surgical division and medical division used the same processes to manage governance within their teams. This meant that there was systematic approach to continually improving the quality of its services for all patients.

Critical care

- The service engaged well with staff and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff were generally engaged.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There was a robust risk assessment system in place locally with a process of escalation onto the corporate risk register. The local risk register was reviewed and updated monthly and new risks added regularly.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service collected performance related data from clinical audits and the Intensive Care National Audit Research Centre (ICNARC). This was used to inform decisions about how the service was performing and used to benchmark against peers.

However:

- It was not clear if the service vision was developed with involvement from staff, patients, and key groups representing the local community. There was limited feedback collected.
- Frequent staff moves and perceived lack of support affected job satisfaction within ITU. Frequent moves had been raised as a concern during ward meetings, and were being addressed by ward managers.
- Respiratory patients on HDU were audited through the respiratory medicine team and not through ICNARC.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Services for children and young people

Good 

Key facts and figures

Luton and Dunstable University Hospital provided a wide range of children's services which included inpatients, day care services, outpatients, a paediatric assessment unit (PAU) and a separate children's emergency department with a waiting area. The children's outpatient department was a separate outpatient facility managed by children's services. The hospital had 54 inpatient paediatric beds on separate wards which were not purpose built but had been developed to meet the needs of infants, children and young people. There was a 'virtual' paediatric high dependency unit (HDU) of four beds and a level 1 POSCU (children's oncology service) on the paediatric wards.

The service provided care for newborn babies requiring treatment in the neonatal unit which was a level 3 unit and was part of the East of England Neonatal Operational Delivery Network. Care was provided via 37 cots of which 11 were intensive care, eight were high dependency and 18 were special care with facilities for parents to stay with their baby in hospital.

Care for children and young people was provided 24 hours a day, seven days week for children and young people up to the age of 18 years. Children's services were supported by a school, a seven day a week play specialist service, specialist support staff including dieticians, physiotherapists, speech and language therapists (SALT) and community nursing staff. A team of paediatric and neonatal consultants, paediatric trainees and specialist children's nurses provided a range of services including, allergy, oncology, diabetes, epilepsy, diabetes, developmental care and asthma.

We carried out our inspection of Luton and Dunstable University Hospital from the 7 to the 9 August 2018. During our inspection we visited clinical areas in the service including paediatric wards, the neonatal unit, PAU, theatre and the children's outpatient department.

During our inspection, we spoke with:

- Seven children and young people who were using the service and 12 relatives.
- The managers of each of the departments or the member of staff in day to day charge of the department.
- 45 other staff members including senior managers, consultant paediatricians and neonatologist, junior doctors, nurses, play specialists, physiotherapists, support staff and administrative staff.

We observed care and treatment and reviewed 12 patient care records and associated documentation and procedures. We also reviewed the trust's performance data and trust policies.

Summary of this service

The service was last inspected in January 2016 when the service was rated as outstanding for effective and well-led and good for safe, caring and responsive.

Our rating of this service went down. We rated it as good because:

- Leaders at all levels of children's services demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders led their service and supported the wider development of services for children across the whole hospital.

Services for children and young people

- Children's services had a strategy and supporting objectives and plans that were innovative while remaining achievable. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff groups and staff were proud to speak up and raise concerns at all levels of the children's service.
- Governance arrangements were proactively reviewed and reflected best practice. The service used a systematic approach to continually improve the quality of its services and safeguarding high standards by creating an environment in which excellence in clinical care would flourish.
- There was a holistic approach to assessing, planning and delivering care and treatment to children and young people in the children's service. The service used safe and innovative approaches based on evidence based techniques to support the delivery of high quality care.
- Staff were proactively supported and encouraged to acquire new skills and use their transferrable skills and share best practice. Children's services recognised that the continuing development of its staff was integral to ensuring high-quality care.
- Children's services were committed to working collaboratively and had found innovative ways to deliver more joined up care. There was a holistic approach to planning young people's transition to adult services which was done at the earliest possible stage.
- Staff cared for patients with compassion and feedback from patients confirmed staff treated them well and with kindness. Parents and carers told us they were very happy with the care and support they received and feedback was overwhelmingly positive throughout the inspection.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had sufficient nursing staff with the right qualifications, skills, training and experience. Suitable measures were in place through the appropriate use of bank and agency staff known to the service who kept people safe from avoidable harm and abuse and provided the right care and treatment.
- The trust's neonatal critical care bed occupancy rate was higher than the England average in the period May 2017 to April 2018. Data in the last three months had shown the trust was below the 80% trust target.

However:

- There were inconsistencies in recording of pain scores in paediatrics.
- Medical staff were not meeting the trust standard of 80% for the mandatory training modules they were eligible for.
- Medical staff were not meeting the 80% target for safeguarding adults training Levels 1 and 2.
- There were high ambient temperatures at the time of inspection which meant that some medicines were not kept at the correct temperatures.

Is the service safe?

Good  ➔ ↙

Services for children and young people

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and most staff were compliant. The trust target of 80% completion was met for the majority of mandatory training courses.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. The trust target of 80% completion was met for the majority of safeguarding training courses.
- Staff prescribed, gave and recorded medicines well. Patient's received the right medication and the right dose at the right time.
- The service had sufficient nursing staff with the right qualifications, skills, training and experience. Suitable measures were in place through the appropriate use of bank and agency staff known to the service which kept people safe from avoidable harm and abuse and provided the right care and treatment.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support where necessary. The service had assessed and was managing proactively the risk of patients with mental health conditions on an acute paediatric ward.
- The service controlled infection risk well. Staff kept themselves, equipment and premises clean and used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe for use.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored. When things went wrong, staff apologised and staff gave patients honest information and suitable support.
- Staff kept detailed records of patient's care and treatment and individual records were managed in a way that kept patients' safe. Records were stored securely in all areas we visited in children's services.
- The service had enough medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However:

- Medical staff achieved 74% compliance against the 80% trust target for mandatory training for the four modules they were eligible for.
- Medical staff achieved 63.4% compliance against the 80% trust target for Levels 1 and 2 safeguarding adults training.
- Medicines on the paediatric wards were stored in the clinic room and medicines fridges were not always kept within their recommended temperature to remain effective. At the time of the inspection paediatric pharmacy staff were informed and the appropriate action was taken.

Is the service effective?

Good 

Our rating of effective went down. We rated it as good because:

- There was a holistic approach to assessing, planning and delivering care and treatment to children and young people in the children's service. The service used safe and innovative approaches based on evidence based techniques to support the delivery of high-quality care.

Services for children and young people

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patient's pain was mainly, managed well through assessment and management of age appropriate pain tools.
- Staff were actively engaged in activities to monitor and improve quality outcomes in children's services and opportunities to participate in benchmarking were actively pursued at all levels of the service. Performance was recognised by credible external bodies. Outcomes for babies, children and young people who used services were variable and actions plans were in place to address service shortfalls.
- Staff were proactively supported and encouraged to acquire new skills and use their transferrable skills and share best practice. Children's services recognised that the continuing development of its staff was integral to ensuring high quality care.
- Children's services were committed to working collaboratively and had found innovative ways to deliver more joined up care. There was a holistic approach to planning young people's transition to adult services which was done at the earliest possible stage.
- Staff were consistent in supporting babies, children and young people to live healthier lives.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- The majority of staff in the nursing and ward based staff group were meeting the trust target of 90% for staff appraisal.

However:

- There were inconsistencies in recording of pain scores in paediatrics.
- In the CQC Children's and Young People's Survey 2016 the service performed worse than other trusts for three of six questions relating to effectiveness.

Is the service caring?

Good  ➔ ↵

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff were able to build relationships very quickly with children, young people, parents and their families.
- Staff involved parents and those close to them in decisions about their treatment and patients were encouraged to be actively involved in their child's care.

Is the service responsive?

Good  ➔ ↵

Services for children and young people

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Children's services worked well with commissioners and other providers to support young people transitioning to adult services.
- The service took account of patients' individual needs.
- Patients were able to access the service when they needed it. Waiting times from referral to treatment arrangements to admit treat and discharge patients were in line with national targets.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- The trust's neonatal critical care bed occupancy rate was higher than the England average in the period May 2017 to April 2018. Data in the last three months showed the trust had been below the 80% trust target.

Is the service well-led?

Outstanding  ➔ ➕

Our rating of well-led stayed the same. We rated it as outstanding because:

- Leaders at all levels of children's services demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders led their service and supported the wider development of services for children across the whole hospital.
- Children's services had a strategy and supporting objectives and plans were innovative while remaining achievable. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff groups and staff were proud to speak up and raise concerns at all levels of the children's service.
- Governance arrangements were proactively reviewed and reflected best practice. The service used a systematic approach to continually improve the quality of its services and safeguarding high standards by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff and the public to plan and manage appropriate services for children and families.
- The service was committed to improving services by learning from when things went well and when things went wrong promoting training, research and innovation.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above

Services for children and young people

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Regulated activity	Regulation
Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Treatment of disease, disorder or injury	

Our inspection team

Bernadette Hanney, CQC Head of Hospital Inspection and Julie Fraser, CQC Inspection Manager led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included six hospital inspectors, one assistant inspector, one mental health inspector, three CQC pharmacy specialists, one executive level specialist advisor, and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.