



Annual Review 2017

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Welcome

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Welcome to the Annual Review 2016/17 of East Lancashire Hospitals NHS Trust

While increasing demand on our services and financial pressures have undoubtedly had an impact on our Trust during 2016/17, we are very proud of what our teams have achieved over the past 12 months. Delivering excellent patient care has remained at the centre of everything we do across our hospital and community services.

In December 2016, our two main hospitals gained 'teaching' status and were renamed the Royal Blackburn Teaching Hospital and Burnley General Teaching Hospital. This decision shows the importance we place on the education and training of our highly skilled and dedicated doctors, nurses and other healthcare staff.

The following month, following a 'well-led' review by the Care Quality Commission (CQC) on 20 and 21 September 2016, our overall rating was uplifted from 'requires improvement' to 'good'.

CQC inspectors noted many highlights during their visit, including:

- Staff were caring, kind and respectful to patients and involved them in their own care
- Staff were proud of the work they did and both they and patients told inspectors they felt well engaged with and their views were valued
- Cleanliness and hygiene are of a high standard throughout the Trust

- The Trust has clear vision, objectives, values and improvement priorities using a bottom up process with all staff engaged
- The Emergency Department/ Urgent Care Centre had introduced a number of innovations that had improved patient care, experience and outcomes. It is now the second best provider in the region for treatment of patients with neutropenic sepsis
- The Trust had achieved better than the England average for the 18 week referral to treatment target
- Nurse staffing had improved across all areas

A full bereavement service is available across the Trust which has been well received by families with work underway with local religious leaders to improve its use by BME groups.

Our financial performance has been particularly good due to outstanding work by our divisions and services. This, together with sound performance in other areas, has meant we have retained our position in segment 2 of the Single Oversight Framework; one of the few large acute Trusts to do so. We are therefore delighted to say that East Lancashire Hospitals NHS Trust remains in pretty good shape.



Eileen Fairhurst

Professor Eileen Fairhurst
Chairman



K.P. McGee

Kevin McGee
Chief Executive

Our Winners



Compassionate Care
Louise Bardon,
Bereavement Support
Midwife



Leadership Award
Deborah Sullivan,
Assistant Director of
Nursing



The ELLIE Award
Kiddrow Lane District
Nurses



Rising Star
Ana Batista, Pharmacist



**Non-Clinical Team of
the Year**
Cancer Tracking Team



**Consort Best Managed
Environment**
Acute Medical Unit A



Employee of the Year
Eileen Whitehead,
In-Service Training
Midwifery Practitioner



**Clinical Worker of the
Year**
Emma Dodd, Critical
Care Pharmacist



Role Model of the Year
Michelle Turner, Ward
Manager C18



Unsung Hero
Aimee Wilson,
Clinical Flow



Non-Clinical Worker of the Year
Ross Dawson, MDT
Co-ordinator



Quality, Innovation and Research Award
Falls Response Service



Clinical Team of the Year
Pharmacy



Outstanding Achievement
Alistair Gray, Clinical
Lead Pharmacist



Volunteer of the Year
Carol James, Macmillan
Information Volunteer

Our Trust

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Our Trust

East Lancashire Hospitals NHS Trust was established in 2003 and is an integrated Health Care Provider located in Lancashire in the heart of the North West of England. We provide high quality healthcare services primarily to the residents of East Lancashire and Blackburn with Darwen, which have a combined population in the region of 530,000.

- We employ nearly 8,000 staff, some of whom are internationally renowned and have won awards for their work and achievements.
- We treat over 600,000 patients a year from the most serious of emergencies to planned operations and procedures.
- We offer care across five hospital sites, and various community sites, using state-of-the-art facilities.

We have a total of 996 beds:

631

beds at the Royal
Blackburn Hospital

241

beds at Burnley
General Hospital

33

community inpatient
beds at Clitheroe
Community Hospital

19

community inpatient
beds at Accrington
Victoria Community
Hospital

72

community
inpatient beds at
Pendle Community
Hospital

We provide a full range of acute hospital and adult community services. We are a specialist centre for hepatobiliary, head and neck, vascular and urological cancer services, in addition to providing specialist cardiology services and a network provider of Level 3 Neonatal Intensive Care.

Our Staff

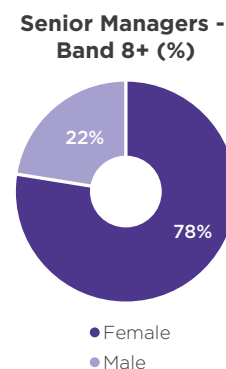
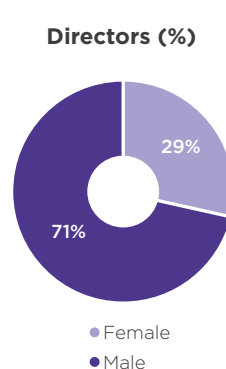
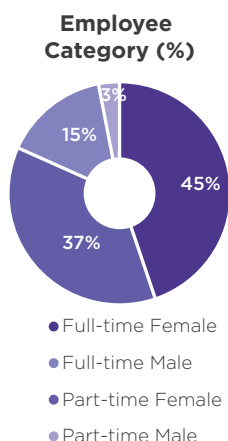
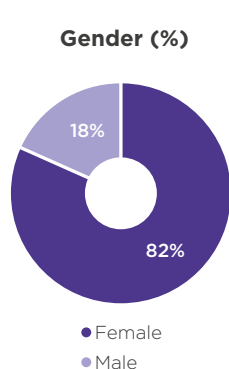
More employees

The Trust is a major local employer with more than 7,500 staff on our payroll. During the course of the year, we again worked hard to recruit and retain staff and now employ 110 WTE staff more than we did at the end of 2014/15.

The recruitment issues facing the NHS remain a difficult challenge but a challenge that we tackle with some success. Our recruitment of doctors, nurses and allied health professionals continues uninterrupted and we recently refreshed our ongoing medical recruitment campaign, 'Care to Make A Difference' (www.caretomakeadifference.nhs.uk).

We are fully committed to eliminating gender inequality and continuously monitor the gender profile of our workforce. The current profile is typical of other NHS organisations:

Staff Group	% Female	% Male
Additional Professional Scientific & Technical	2.14%	0.70%
Additional Clinical Services	15.75%	2.09%
Administrative and Clerical	18.22%	3.34%
Allied Health Professionals	6.11%	1.58%
Estates and Ancillary	5.32%	3.69%
Healthcare Scientists	1.26%	0.59%
Medical and Dental	2.74%	4.38%
Nursing and Midwifery Registered	30.06%	1.92%
Students	0.10%	0.00%
Grand Total	81.71%	18.29%



Higher Sickness

The Trust continues to work hard to improve the health & wellbeing of its staff and to minimise absence due to sickness. Unfortunately we experienced a slight deterioration in sickness absence rates when compared with the previous 12 months. This mirrors a regional and national trend.

Staff sickness absence	2016-17 Days	
Total days lost	76,025	
Total staff years	6,926	2015-16
Average working days lost	11.0	Days

Excellent Staff Engagement

The 2016 National Staff Survey demonstrated that ELHT achieved its best ever ranking for staff engagement.

The results showed that for the second year in a row, staff ratings have improved which has helped us maintain our position in **the top 20 per cent of hospital Trust's** for staff satisfaction and engagement.

The results show that as an organisation we continue to improve the support we provide for our most important asset, our staff. The results are also excellent news for patients - high levels of employee engagement and satisfaction directly and indirectly influence the quality of patient care and customer satisfaction in our hospitals and clinics.

Likewise our quarterly Staff Friends and Family Test scores continue to improve and at Quarter four 82% of respondents recommended ELHT as a place for care/treatment and 75% recommended the Trust as a good place to work.

It is a testimony that so many staff would recommend the Trust as a place for care/treatment and as a good place to work and these are ELHTs highest scores since the implementation of the Staff Friends and Family Test.



Our Performance

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Our Performance

East Lancashire Hospitals NHS Trust (ELHT) provides hospital and community health services for people mostly living in Burnley, Hyndburn, Pendle, Ribble Valley, Rossendale and Blackburn with Darwen.

With an annual budget of £468 million, we aim to deliver high quality, high value care and contribute to a health gain for a population of 530,000 people and employ around 7,500 staff.

We offer care across five hospital sites, and various community locations, using state-of-the-art facilities. In addition, our patients are also offered a range of specialist hospital services which are provided predominantly in Manchester and Liverpool.

Our absolute focus on patients as part of our vision “to be widely recognised for providing safe, personal and effective care” has been demonstrated by the Trust being rated ‘Good’ following a Care Quality Commission inspection in September 2016.

The Chief Inspector has gone on record to praise our staff as caring, compassionate and respectful. They are wholeheartedly committed to the success of the organisation and are passionate about the services we provide. The Trust Board fundamentally believes we have both the infrastructure and the people to provide high quality safe, personal and sustainable services to the local population.

Throughout 2016/17 (and hopefully beyond) our performance has continued its upward path, with recent improvement in the four-hour treatment target measured in the Emergency Department.

Despite increasing demand for our services, we have successfully delivered cost savings over the past five years totalling in the region of £85 million.

All healthcare providers across the country are set a range of quality and performance targets by the Government, commissioners and regulators.

Find out more about ELHT and our services visit:

www.elht.nhs.uk

Facebook: East Lancashire Hospitals

Twitter: @EastLancsHosp

2016/2017 was a challenging year for all providers due to increasing patient numbers, financial challenges, the increasing frailty of patients and service disruption due to industrial action. Generally though, our performance was one of improvement, with many indicators being better than last year and comparing very favourably with our local and national peers.

Particular highlights this year have included:

- the opening of the elective treatment centre at Burnley General Teaching Hospital
- within expected tolerances for mortality rates
- all national cancer targets continue to be met
- one of the lowest levels of complaints in the country
- high response rate and positive scores for the “Friends and Family Test”
- rated “Good” for being ‘open and honest’ with our public and patients
- Referral to Treatment time for our patients continues to achieve the target
- highest staff ‘flu vaccination rate in the country
- very low infection rates from MRSA and C.Difficile
- our Falls Response Service prevented 2,000+ patients from having to be transported to A&E falling a fall at home
- first robotic surgery for head/neck and colorectal cancer patients in the North West
- chosen as just one of five 28-day Faster Diagnosis Pilot trusts
- largest increase in new research studies of any Trust outside Greater London (41 per cent)
- continued compliance with safeguarding training for working with children and adults
- voted one of the best places to work in the NHS
- multiple award wins for the innovative Refer-to-Pharmacy scheme
- impressive reductions in the number of harms as a result of inpatient falls and pressure ulcers.

You can read about these and many more successes in the [Our Quality](#) and [Our Highlights](#) pages.

Our key challenges in the year related to a number of key performance targets.

Accident and Emergency

The national target is that 95% of all patients are seen and treated or discharged within four hours of their arrival on the emergency or urgent care pathway. Factors affecting performance include discharges from wards, high number of attendances (particularly of acutely ill patients), increasing numbers of frail elderly patients, very sick patients requiring intensive support and people not using other services in the community appropriately, such as GP services and pharmacies.

A combination of these factors meant that the Trust experienced significant difficulties in meeting the required target in the last year.

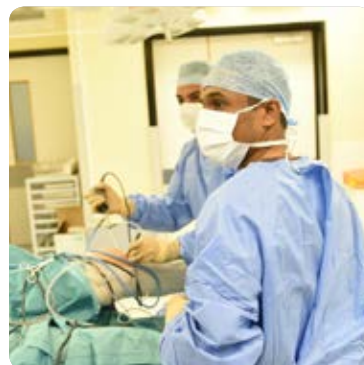
Overall, performance against the Accident and Emergency four-hour standard remained below the 95% target at 83.5%. However, this performance compares favourably with the overall national performance for all NHS acute providers and peer organisations (87.6%).

	Target	2014/15	2015/16	2016/17
Percentage of patients treated in four hours or less	95%	94.5%	92.5%	83.5%
Number of patients (non-elective)		64,763	64,126	61,945

Referral to Treatment (18 weeks)

The Trust continued to meet the ongoing pathway target set by the Trust Development Authority to ensure that no less than 92% of patients on an ongoing pathway, at any time, are waiting less than 18 weeks.

	Target	2014/15	2015/16	2016/17
Percentage of patients on an ongoing pathway under 18 weeks	92%	96.6%	96.7%	93.49%



Cancer

There are a number of targets relating to people who either have cancer or are suspected of having cancer and requiring treatment. Referrals for suspected cancer must be seen within 14 days and patients who are undergoing investigation and subsequent treatment following a diagnosis of cancer should receive their treatment within 62 days of their referral.

	Target	2014/15	2015/16	2016/17
Patients seen in two weeks or less of an urgent GP referral for suspected cancer	93%	96.3%	96.5%	95.8%*
Patients seen in two weeks or less of an urgent referral for breast symptoms where cancer is not initially suspected	93%	96.1%	95.5%	96.6%*
Patients receiving treatment within 31 days of a decision to treat	96%	98.2%	99.1%	98.8%*
Patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	94%	95.1%	98.3%	97.4%*
Patients receiving subsequent treatment for cancer within 31 days where treatment is an anti-cancer drug regime	98%	100%	99.8%	99.9%*
Patients receiving treatment for cancer within 62 days of an urgent GP referral for suspected cancer	85%	86%	88.0%	85.9%*
Patients receiving treatment for cancer within 62 days of referral from an NHS Cancer Screening Service	90%	95.9%	97.9%	97.4%*

*up to Feb 17

Stroke

The National Institute for Health and Care Excellence (NICE) stroke quality standard provides a description of what a high quality stroke service should look like. We continue to perform well in most areas of the “gold standard” but experienced difficulties in meeting the required target that patients attending our services with the signs and symptoms of stroke are admitted to our specialist stroke beds within four hours of arrival.

	Target	2014/15	2015/16	2016/17
Percentage of stroke patients spending > 90% of their stay on a stroke unit	80%	80.18%	81.35%	85.6%*
Percentage of stroke patients admitted to a stroke unit within four hours	90%	55.79%	52.44%	50.2%*
Percentage of patients with TIA at higher risk of stroke seen and treated within 24 hours	60%	62.87%	63.27%	48.49%*

*up to Nov 16 SSNAP

Infection prevention and control

Reducing avoidable healthcare associated infections is a key part of our harms reduction strategy. Everyone has a part to play in infection prevention and control and we have an Infection Control Team dedicated to support the on-going education and training of all staff to ensure we maintain the highest possible standards of cleanliness and reduce the incidence of infections.

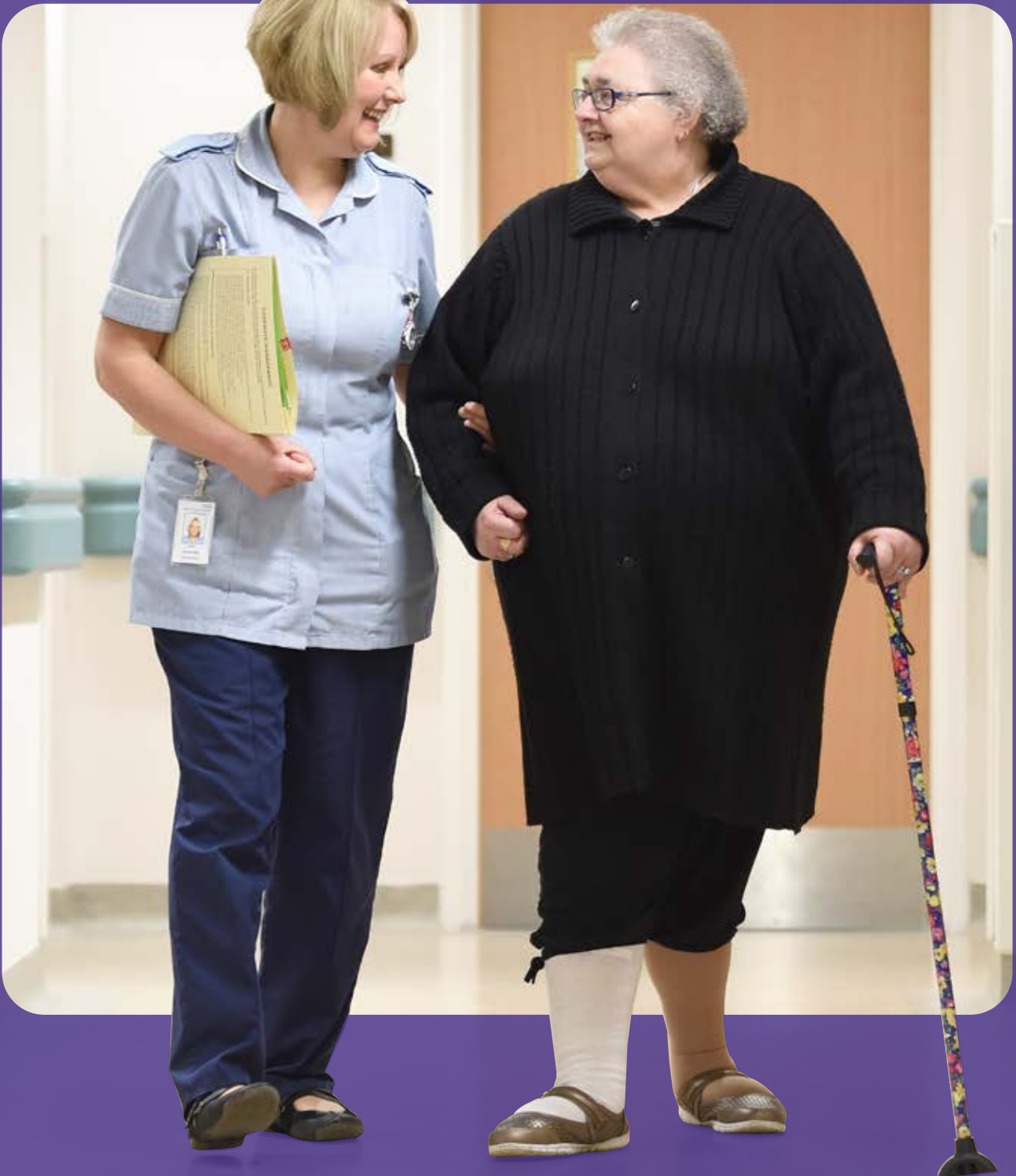
	Target	2014/15	2015/16	2016/17
Methicillin-resistant Staphylococcus aureus (MRSA)	0	1	1	1
Clostridium Difficile infections	28	32	29	28

Cancelled elective procedures

We recognise it is extremely difficult for patients with planned operations to have their procedures cancelled. When this occurs we aim to rearrange the operation within the following 28 days. Between April 2016 and March 2017, 15 patients with an elective admission date that had been cancelled by the hospital were not provided with another admission date within the 28-day standard. A full root cause analysis took place to understand the reasons for the delay and ensure we share the learning across the Trust.

Our Quality

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Our Quality

The following pages contain extracts from the Trust's sixth annual Quality Report and the information provides an overview of the quality of the services we provided to our patients during 2016/17, and to outline our priorities and plans for the forthcoming year.

We want patients, carers and visitors to feel confident in the quality of services we provide and these pages set out how we have performed against key quality measures last year. However, these words only give a snapshot of the work we are doing, and there are many other initiatives and pieces of work continuously taking place in our hospitals and out in the community to improve care and safety for our patients.

Our key quality challenges for next year focus on continuing to provide excellent service whilst developing longer-term strategies to ensure we are able to provide sustainable, high quality services into the future in the face of considerable external challenge. Rising demand coupled with an ageing population, a reduction in funding in real terms and ever-rising quality standards mean we have to look at different ways of working if we are to secure a positive future for our hospital and community services.

David A Tansley

Associate Director, Quality and Safety



Best Practice: Clinical Audit

“East Lancashire NHS Breast Screening Service has a comprehensive audit schedule in place which engages both clinical and clerical staff. Audits that have been undertaken are shared regularly across the Trust and nationally via conference presentations and posters. Audits of particular note are the evaluation of resources to improve uptake, evaluation of the quality of surgical specimen images and enhancement of the patient experience. The service is part of the North West Mammography Research Hub based at the University of Salford and has collaborated and independently produced a number of Screening Quality Assurance visit report NHS Breast Screening Programme research projects which have changed radiographic practice both nationally and locally. This is commendable practice”.

Public Health England, Quality Assurance report

Best Practice: Falls Collaborative

Harm caused to patients due to falls was becoming an increasingly significant problem. To tackle this, ELHT conducted a Break-Through Series (BTS) collaborative aimed at reducing harm to our most vulnerable patients - the frail and elderly. The aim of the collaborative was to reduce the number of inpatient falls by 15% on pilot wards by August 2016.

During the period of testing and adapting different ideas that could help reduce inpatient falls, the 5 pilot wards involved have gone above and beyond achieving their aim of reducing inpatient falls achieving:

- 36% reduction for all inpatient falls and
- No patients had moderate or above harm caused to them due to a fall

Best Practice: Pressure Ulcer Collaborative

The Pressure Ulcer Collaborative (PUC) began in April 2014. Teams from across ward areas and the community nursing teams were invited to work together with the aim of:

- Reducing grade 2 hospital and community acquired pressure ulcers by 15%
- Eliminating grade 3 and 4 hospital and community acquired pressure ulcers

At its culmination, the collaborative had achieved:

- Total elimination of grade 2 hospital acquired pressure ulcers in PUC ward areas
- Total elimination of acquired grade 3 and 4 pressure ulcers in all pilot areas
- The development of a specific Care Home support and training package by the district nursing teams of Accrington and Clayton, Kiddrow Lane and St Peter's Centre areas to develop relationships of care with care home staff and managers.
- 'Time for Turn' resource highlighting the time for turning individuals at risk of Pressure Ulcers.

Quality Achievements

Sign Up to Safety

Sign up to Safety is a national patient safety campaign announced by the Secretary of State for Health and launched in June 2014. Its mission is to strengthen patient safety in the NHS and make it the safest healthcare system in the world.

The Trust signed up to the campaign at its inception and the following tables show the progress that has been made so far and the Trust's plan for its future implementation.

Aim

To reduce the number of inpatient falls by 15% by 1st Sep 16

To improve the recognition and response to the acutely deteriorating patient with an aim to decrease unexpected cardiac arrests by 50% as at the end of Dec 17

To improve the recognition and timely management of sepsis in the emergency department and acute admissions unit

To reduce avoidable surgical related harm incident by 50% by end of Dec 17

To reduce stillbirth rate by 31 Dec 15

Key Achievements to 31 Mar 17

36% reduction in falls
Falls incident rates continue to be used to track improvement
Change package after pilot commenced Oct 16

PROGRESS?

Acute Kidney Injury data available on a monthly basis
Following new NICE guidance for sepsis involving all charts and bundles across the Trust
Work started to monitor bundle compliance tool for sepsis and actual care delivered based upon NICE guidance

PROGRESS AT 31 MARCH 2017

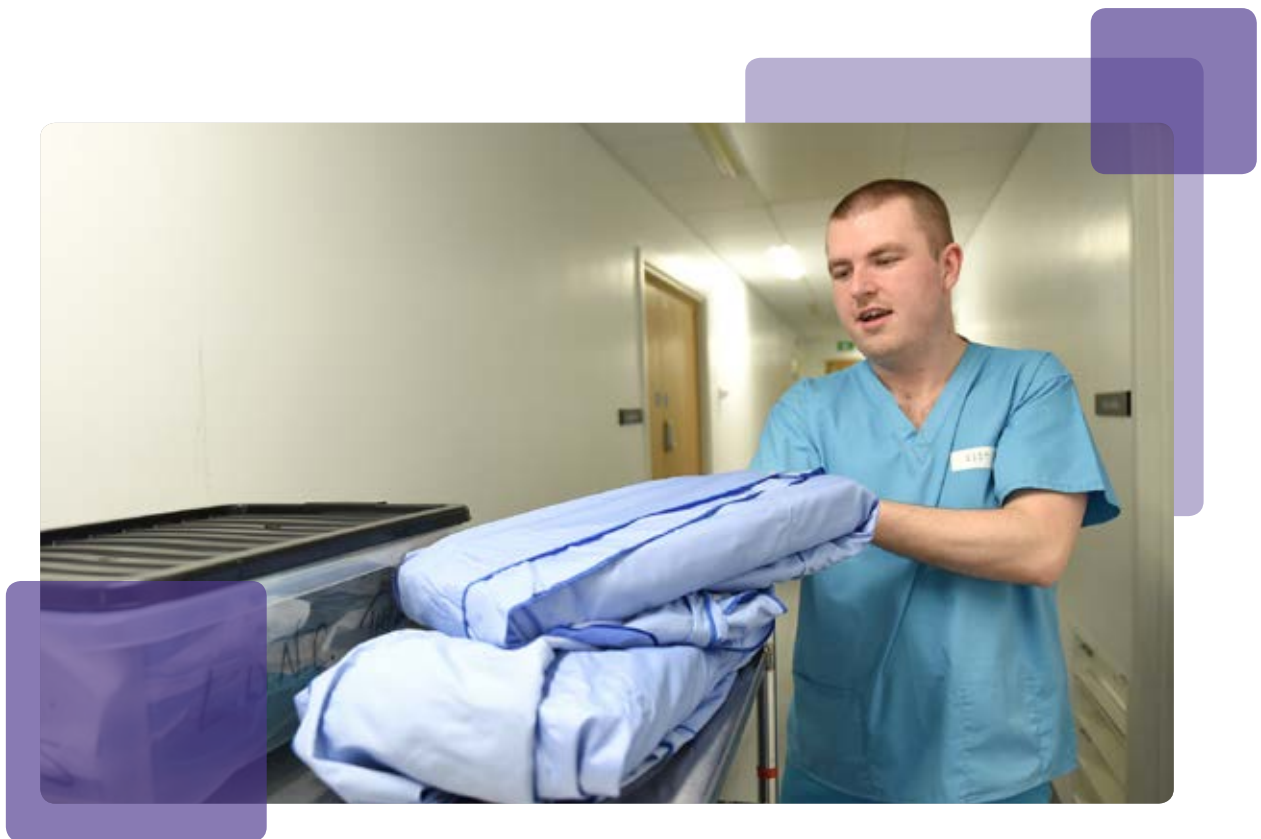
To date there has been a 53% reduction in avoidable stillbirths between 2012 and 2015

Summary Hospital Level Mortality Indicator (SHMI)

SHMI Outcomes	As at 30 Sep 16
ELHT NHS Trust SHMI Value	1.05
ELHT NHS SHMI Banding	As Expected
National SHMI	1.00
Best performing Trust SHMI	0.69
Worst performing Trust SHMI	1.17

Percentage of Patient Deaths with Palliative Care Coding

ELHT percentage of deaths with palliative care coding	26.5%
National percentage of deaths with palliative care coding	29.7%
Trust with highest percentage of deaths with palliative care coding	54.8%
Trust with lowest percentage of deaths with palliative care coding	0.6%



Patient Recorded Outcome Measures

Groin Hernia Surgery	2012/13	2013/14	2014/15	2015/16	2016/17
ELHT	54.6%	48.6%	56.3%	55.2%	58.5%
National Average	50.2%	50.5%	50.7%	50.9%	51.7%

Hip Replacement Surgery	2012/13	2013/14	2014/15	2015/16	2016/17
ELHT	48.6%	87.4%	94.0%	92.0%	100.0%
National Average	57.2%	89.4%	89.5%	89.6%	90.4%

Knee Replacement Surgery	2012/13	2013/14	2014/15	2015/16	2016/17
ELHT	89.5%	78.6%	84.5%	85.3%	87.5%
National Average	87.5%	81.4%	81.0%	81.6%	82.4%

Varicose Vein Surgery	2012/13	2013/14	2014/15	2015/16	2016/17
ELHT	79.4%	59.1%	49.1%	56.3%	58.3%
National Average	78.8%	51.9%	52.0%	52.6%	51.5%

*Provisional data

Readmissions within 28 Days of Discharge

All Ages	2013/14	2014/15	2015/16	2016/17
Readmission Rate	8.40%	8.74%	8.79%	8.48%
Age Band	2013-14	2014-15	2015-16	2016-17
0-15	11.15%	11.22%	12.06%	11.36%
16+	7.80%	8.19%	8.05%	7.86%

We have used Dr Foster data which provides national benchmarking from the National Hospital Episodes Statistics data. Figures shown are as at 25 Apr 17.

Responsiveness To Personal Needs of Patients

As part of the Inpatient Survey 2016, ELHT commissioned The Picker Institute to send 1,250 questionnaires, of which 437 were returned completed, giving a response rate of 36%. The responses highlighted many positive aspects of the patient experience:

- Overall: 81% rated care 7+ out of 10.
- Overall: treated with respect and dignity 79%.
- Doctors: always had confidence and trust 77%.
- Hospital: room or ward was very/fairly clean 97%.
- Hospital: toilets and bathrooms were very/fairly clean 94%.
- Care: always enough privacy when being examined or treated 90%

Friends and Family Test Results in the Emergency Department

The following table sets out the percentage of Inpatients and Emergency Department attenders who would recommend the service and how these compare with other Trusts nationally for the period April 2016 to March 2017

	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
Inpatient % recommend												
ELHT	99%	98%	99%	99%	98%	98%	99%	98%	98%	98%	98%	97%
Nat. Ave.	99%	96%	96%	96%	95%	95%	95%	95%	95%	96%	Not Available	Not Available
A&E % recommend												
ELHT	80%	76%	76%	75%	74%	76%	77%	76%	76%	76%	82%	80%
Nat. Ave.	86%	85%	86%	85%	87%	86%	86%	86%	86%	87%	Not Available	Not Available
Combined inpatient and A&E recommend												
ELHT	91%	89%	90%	89%	88%	89%	89%	89%	90%	89%	92%	90%
Nat. Ave.	Not Available											

Venous Thromboembolism Assessments

The table below sets out the Trust's VTE risk assessment performance compared with the national average and the best and worst performing Trusts:

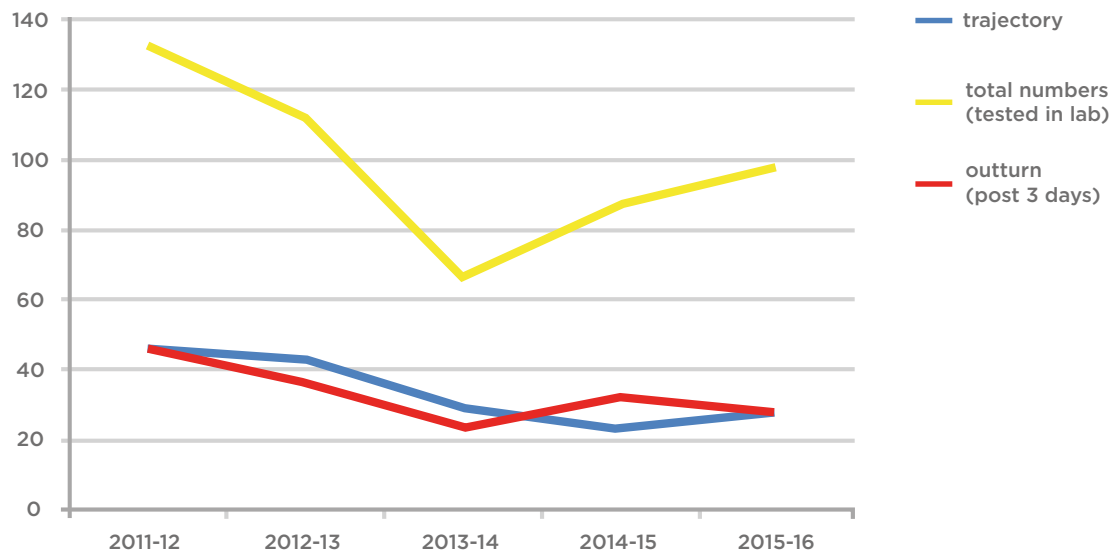
VTE assessments (2016-17) Data submitted from Trust to NHS UNIFY system Data access available at : www.england.nhs.uk/statistics		Quarter 1	Quarter 2	Quarter 3	Quarter 4
ELHT	Number of VTE assessed admissions*	29,123	29,758	29,171	Awaiting Info
	Total admissions	29,403	30,131	29,827	
	% of admitted patients risk assessed for VTE(rounded to nearest decimal)	99.05%	98.7%	97.8%	
National	Number of VTE assessed admissions	3,541,365	3,542,103	3,528,825	
	Total admissions	3,699,507	3,708,745	3,689,505	
	% of admitted patients risk assessed for VTE (rounded to nearest decimal)	95.7%	95.1%	95.64%	
Best Performing Trust	(The Trusts reporting 100% all have small numbers of admissions)	3 NHS Trusts at 100%	3 NHS Trusts at 100%	5 NHS Trusts at 100%	
Worst Performing Trust		80.6 %	77.8%	76.4 %	

*Includes agreed exemption cohort of patients in this category

Clostridium Difficile Rates

The data provided by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C. Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

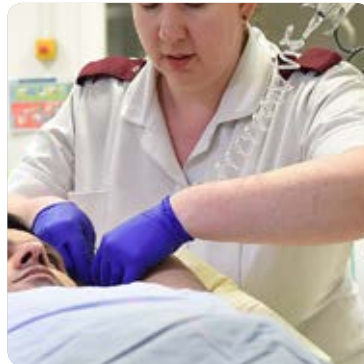
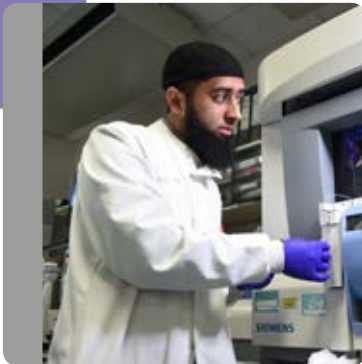
Clostridium difficile toxin positive results 2011/12 – 2016/17 (draft figures only until May 17)



	CDI cases per 100,000 bed days (for year to Nov 13)	CDI cases per 100,000 bed days (for year to Nov 14)	CDI cases per 100,000 bed days (for year to Nov 15)	CDI cases per 100,000 bed days (for year to Nov 16)
National rate (Acute Trusts)	14.9	13.1	15.52	May 17
ELHT rate	8.0	9.6	9.94	9.4
Best performing Trust nationally	2.4	3.6	3.32	May 17
Worst performing Trust nationally	37.5	43.8	39.99	May 17

Patient Safety Incidents

Patient safety incidents per 100 admissions	Oct 2013 to Mar 2014	April 2014 to Sept 2014	Oct 2014 to Mar 2015	April 2015 to Sept 2015	Oct 2015 to March 2016	April 2016 to Sept 2016
ELHT number reported	8015	8190	7563	6732	6579	7010
ELHT reporting rate	52.8	55.7	48.2	44.18	42.05	44.9
Cluster average number	4493	4196	5458	4647	4818	4995
Cluster average reporting rate	33.2	35.9	31.2	39	39.6	40.7
Patient safety incidents resulting in severe harm	Oct 2013 to Mar 2014	April 2014 to Sept 2014	Oct 2014 to Mar 2015	April 2015 to Sept 2015	Oct 2015 to March 2016	April 2016 to Sept 2016
ELHT number reported	35	29	28	18	16	13
ELHT % of incidents	0.4	0.4	0.4	0.3	0.2	0.2
Cluster average number	20	15.5	17.3	15	13.7	13.4
Cluster average reporting rate	0.5	0.9	0.4	0.4	0.3	0.3



Patient safety incidents resulting in death	Oct 2013 to Mar 2014	April 2014 to Sept 2014	Oct 2014 to Mar 2015	April 2015 to Sept 2015	Oct 2015 to March 2016	April 2016 to Sept 2016
ELHT number reported	5	3	6	8	8	6
ELHT % of incidents	0.1	0	0.1	0.1	0.1	0.1
Cluster average number	5.7	4.9	5.2	5	5.7	5
Cluster average reporting rate	0.1	0.2	0.1	0.1	0.1	0.1

Information Quality and Records Management

The Trust's score for Information Quality and Records Management (2016-17) assessed using the Information Governance Toolkit is 74%. The overall score achieved for 2015-16 was 71%, showing an achievement of at least level 2 across the board and level 3 in some areas. The intention for 2016-17 is to improve on this score which reflects the steady improvement for Information Governance within ELHT.

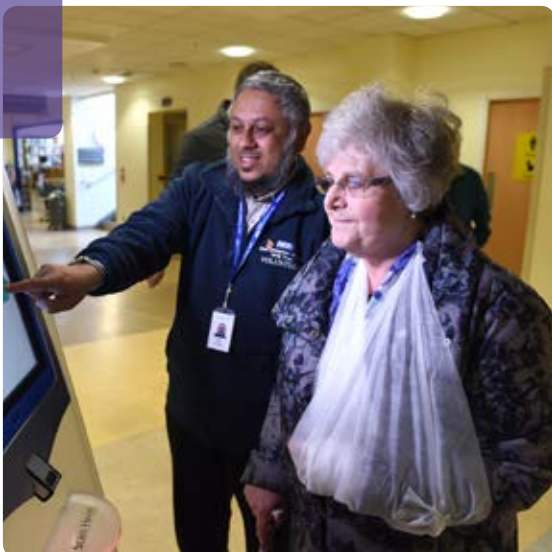
Complaints Management

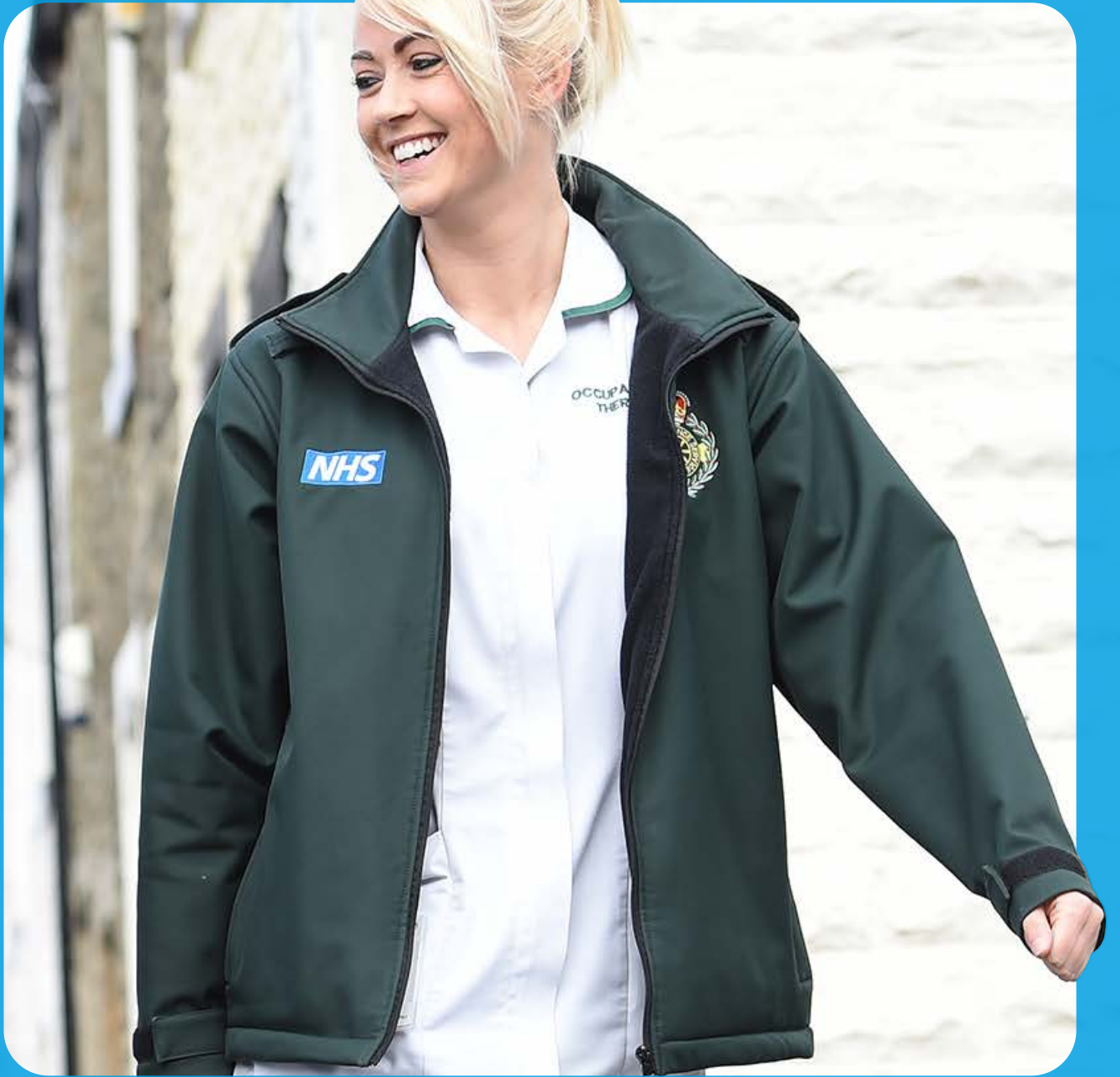
The Customer Relations Team deals with concerns raised formally and informally, ensuring that individual concerns are addressed effectively and lessons are learnt from the issues raised.

During 2016-17, 1095 PALS enquiries were received from a variety of sources. The team reports key performance indicators to Executive and Divisional leads to closely monitor concerns raised and to ensure a timely response is provided. The Trust received 391 formal complaints during this period. Complainants are contacted as soon as possible following raising their concerns.

Priorities for Quality Improvement 2017-18

Subject	Quality Aim	How achievement will be measured	How achievement will be monitored
Discharge - support for safe discharge to continuing care	Implementation of a Trust-wide approach to improve the safety and experience to patients	Quality Improvement Collaborative	Report to the Patient Safety & Risk Assurance Committee
Safe Transfer of Care - between providers	Implementation of a Trust-wide approach to improve the safety and experience to patients	Quality Improvement Collaborative	Report to the Patient Safety & Risk Assurance Committee
Deteriorating Patient - continuing work from last year	Implementation of a Trust-wide approach to improve the recognition of and response to the deteriorating patient	Use of the Mortality/ Cardiac Arrest/ Deteriorating Patient score card	Monthly Deteriorating Patient Steering Group reports to Patient Safety & Risk Assurance Committee





Our Performance

Safe | Personal | Effective

LIFEPAK

Our Highlights

Trust rated 'GOOD' following CQC inspection

Following a 'well-led review' inspection by the Care Quality Commission (CQC), we received the excellent news that the Trust's overall rating was being upgraded to 'Good'. The latest CQC review is a true reflection of the hard work of our committed and dedicated staff.

The CQC inspected our services, rating them on being safe, effective, caring, responsive and well-led. The inspection report listed numerous highlights:

- Staff were caring, kind and respectful to patients and involved them in their own care;
- Staff were proud of the work they did and they felt that their views were valued;
- The Trust had clear vision, objectives, values and improvement priorities;
- The Emergency Department/Urgent Care Centre had introduced a number of innovations that had improved patient care, experience and outcomes;
- The Trust was higher than average for the 18 week referral-to-treatment target;
- Nurse staffing had improved across all areas.



We achieved our best ever ranking for staff engagement, according to results of the national NHS Staff Survey.

More than 3,500 staff completed the survey and the results demonstrate that, for the second year in a row, ratings have improved. The Trust has maintained its position in the top 20% of hospital trusts for staff satisfaction and engagement.

East Lancashire Hospitals scored significantly above the national average, with the following points being identified:

- Staff believe the care of patients is the Trust's top priority;
- Staff would recommend the Trust as a place to work or receive treatment;
- Staff feel the Trust acts on concerns and feedback raised by patients and families;
- Staff are satisfied with the resources and level of support available;
- Fewer staff have to work extra hours.
- Staff also agreed that they would be happy for a friend or relative to use the Trust's services.
- The survey did highlight two areas for improvement. Feedback shows that the Trust ranked below average for staff receiving job performance appraisals and for the number of staff who believe the Trust provides equal opportunities for career progression.

Complaints Management

- ELHT has been chosen by NHS England to lead a national pilot scheme to speed up the diagnosis of cancer.
- In partnership with NHS East Lancashire Clinical Commissioning Group and NHS Blackburn with Darwen Clinical Commissioning Group, our Cancer Services team is now testing ways to speed up the diagnosis pathway, initially for patients referred with suspected lung and upper GI (oesophageal and gastric) cancers.
- The East Lancashire 28-day Cancer Pilot is a direct result of recommendations by the Independent Cancer Taskforce that from 2020, all patients will wait no longer than 28 days after a GP referral for suspected cancer to hear if they do, or do not, have cancer.





Landmark Robotic Cancer Surgery

ELHT surgeons performed the 100th prostatectomy (removal of the prostate gland) operation, using robotic-assisted surgery, at the Royal Blackburn Teaching Hospital.

Consultant Urological Surgeon Mr Mohammed Masaarane successfully operated on a 56-year-old patient from Preston, using the hospital's da Vinci® Robot, to remove a cancerous prostate gland.

Affectionately known as 'Leo' by theatre staff, the £1.6 million robot delivers more precise cancer removal resulting in less pain; a shorter recovery period and hospital stay, as the surgery is far less invasive; less requirement for radiotherapy; improved long term outcomes for continence, and a faster return to normal, daily life.



ELHT&ME charity launched

We have changed the way charitable funds are collected by launching our very own charity – ELHT&Me – to encourage the public to get involved and raise funds for key equipment that will benefit patients and staff.

The name 'ELHT&Me' was suggested by Finance Officer, Fiona Hughes, and chosen as it reflected the fact that the Trust is central to the community and to individuals, either as a provider of care and treatment, a place to work, or as a supporter of local businesses.

The Trust previously had more than 20 different charitable funds supporting individual wards and services. These are now streamlined into the single ELHT&Me fund, with donors able to stipulate how they would like their monies to be spent or which area they would like to support.



£100,000 chemotherapy unit appeal

A joint appeal with Rosemere Cancer Foundation, to raise £100,000 towards a new, world class chemotherapy unit at Burnley General Teaching Hospital, was achieved in less than 10 months.

The appeal received such a show of public support from the local community - including businesses, Burnley Football Club, schools, service organisations, scout and other groups plus lots of individuals - that the plans were re-drawn to make the facility bigger and better than first planned.

For breast cancer patients, this chemotherapy unit will mean that screening, consultations and chemotherapy can all take place within the same area - currently, to access these services, patients have to visit two different parts of the hospital.

1-to-1 care: better care for vulnerable patients

Following a four month trial on wards at Royal Blackburn and Burnley General teaching hospitals, the Trust led a national directive to improve the quality and experience of 1-to-1 care for vulnerable patients.

A number of hospital patients have psychological needs and require round the clock care. 1-to-1 care supports staff in getting to know the person as well as the patient – their likes/dislikes, how they behave at home and other personal information to help provide more personal, effective care.

1-to-1 care also means that we can involve carers and family members, who know the patient better than anyone else, in the care of their loved one so that they can be a reassuring presence at the patient's bedside.



Teaching status for Blackburn and Burnley Hospitals

In 2016, we officially changed the name of our two largest hospitals to reflect the importance we place on the education and training of doctors, nurses and other healthcare staff.

The hospitals are now known as The Royal Blackburn Teaching Hospital and Burnley General Teaching Hospital.

The Trust has a well-established reputation for undergraduate and postgraduate clinical education, placements and training. Teaching hospital status is an important step towards achieving 'University' status in the future; it will also help attract and retain high-quality clinical staff to provide the best care to our patients.



East Lancashire Elective Centre welcomes first patients

Phase 1 of the new £1 million East Lancashire Elective Centre at Burnley General Teaching Hospital, featuring an additional 14 beds for short stay surgery and a purpose-built procedure room, opened on schedule in October 2016.

This substantial investment in facilities on our Burnley site means the Trust has extra capacity to perform more operations and provide better treatment for patients.

A significant number of patients who need endoscopy, minor surgery and day case procedures will now benefit from larger, purpose-built diagnostic and treatment facilities in the new East Lancashire Elective Centre.



Refer-to-Pharmacy awards bonanza

When patients are discharged, they are referred to their community pharmacist for further medication. This used to be a lengthy process until Alistair Gray, Clinical Services Lead Pharmacist, pioneered the electronic Refer-to-Pharmacy scheme.

Alistair understood that referrals between hospitals and community pharmacies would be more effective, both in terms of time and cost, if they could be made electronically. He worked with software developers who were able to produce an electronic solution, Refer-to-Pharmacy.

Refer-to-Pharmacy has gained recognition across the world, and Alistair and the team have already won several accolades, including the award for 'Best Evaluation or Monitoring Tool' at the Building Better Healthcare Awards.

Continued improvements in National Inpatient Survey

The Trust continues to improve with 81 per cent of inpatients rating their care 'Good' or 'Outstanding' in the latest NHS Inpatient Survey.

The results revealed ELHT was rated highly in a number of areas, including:

- 97 per cent of patients said their hospital room or ward was clean;
- 95 per cent said toilets and bathrooms were clean;
- 83 per cent say they were treated with respect and dignity;
- 79 per cent had confidence and trust in hospital staff.

Patients also rated the Trust significantly better than the national average for single sex sleeping areas and bathing facilities, noise at night from other patients, the cleanliness of ward toilets, and discharge planning with other health and/or social services.

52 per cent reduction in complaints

There are occasions where issues arise which require a more detailed investigation or explanation. However, the good news is that the Trust has made excellent progress in how it handles and learns from complaints for the benefit of future patients.

The number of formal complaints in 2016/17 was 393, a slight (although expected) increase following the previous two years which had seen a 52 per cent reduction in overall complaints.



Double ‘Baby Friendly’ Accreditation for Infant Feeders

Our Infant Feeding Team celebrated a double success by achieving the prestigious UNICEF Baby Friendly Accreditation not once, but twice.

Twenty years ago, just 27 per cent of mums in East Lancashire breastfed but today that figure is up to 76 per cent, meaning more than three out of four local mums start to breastfeed.

One of just a handful of NHS Trusts to be approved by UNICEF (United Nations Children’s Fund), the Specialist Infant Feeding Team helped both Blackburn with Darwen Children’s Centres, and the area’s Health Visitor service, to gain UNICEF Baby Friendly status.

‘Centre of Excellence’ for Urogynaecology

ELHT became the first NHS Trust in Lancashire to become a recognised ‘Centre of Excellence’ for urogynaecology.

Accreditation by the British Society of Urogynaecology means that the East Lancashire service, based at Burnley General Teaching Hospital, meets the highest UK standards for urogynaecology set by the National Institute of Clinical Excellence, the British Society of Urogynaecology, and the Royal College of Obstetricians and Gynaecologists.

Rakehead Neuro Rehab investment

Some of East Lancashire’s most seriously injured patients now benefit from a specially-adapted apartment at Burnley General Teaching Hospital’s Rakehead Centre.

The stylish, one-bed apartment, featuring a spacious living area, bathroom, bedroom and specially-modified kitchen with adjustable worktops and retractable cupboard shelving, was built thanks to a £40,000 investment.

This welcome addition allows specialist neuro rehab staff to work closely with patients and their families, in order to help patients rehabilitate and adapt to independent living, before returning to their home environment, following a serious accident or stroke.



Safer parking at Royal Blackburn

Royal Blackburn Teaching Hospital, which has one of the largest hospital car parks in the North West, was awarded the Safer Parking Park Mark® Award from the British Parking Association (BPA).

BPA inspectors, who awarded the Park Mark® to the Hospital for the 9th year in succession, praised the hospital for the very low levels of crime and the user-friendly car park design. Car parking facilities also received praise for good levels of lighting, good signage, well-marked circulation routes and parking bays, and the provision of 84 designated Blue Badge spaces.

Bereavement care pioneer named 'Nurse of the Year'

Bereavement Care Lead Nurse Erin Bolton, who works with families during the most difficult times in their lives, was named 2017 'Nurse of the Year' by the British Journal of Nursing (BJN).

Among Erin's numerous bereavement initiatives at East Lancashire Hospitals has been the introduction of care plans for dying persons and the introduction of 'Comfort Packs' of toiletries, used by family members and friends who choose to stay in hospital to support a patient reaching the end of life.

Trust first to offer green traffic light food products

ELHT became the first NHS Trust, and the first organisation worldwide, to stock low sugar, high fibre 'Boka Bars' which contain a quarter of the recommended daily allowance of fibre and contain fewer than 100 calories.

Boka Bars are on sale in the restaurants and vending machines at all five Trust hospitals where they are sited at checkouts as a healthy choice, impulse buy.





Wards safer as hip fractures reduced

Nursing staff are keeping their promise to provide safe, personal and effective care with no hip fractures being recorded on any ward in the last quarter of 2016.

A recent report published by the Nuffield Trust found the number of hip fractures (Fractured Neck of Femur) in England has increased by more than 15% due to the increase in the numbers of geriatric patients.

However, at East Lancashire, zero hip fractures were recorded between September and November 2016 on inpatient wards at our five hospitals. Previously, an average of three patients a month suffered hip fracture after falling on a hospital ward.



ELHT rises up national research league table

Almost 1,500 ELHT patients received the most advanced care in the NHS last year, after participating in pioneering research studies run by the Trust's staff.

ELHT performed extremely well in the national annual league table for clinical research, with 1,487 patients taking part in 79 studies during 2015/16, according to the annual Research Activity League Table published by the National Institute of Health Research.

The number of new studies in the Trust increased by 41% from the previous year and was the largest increase by an acute hospital Trust outside London and South East England.

Inpatient Falls Reduced

In 2015, we set up the Falls Collaborative, which was trialled on five wards (C5, C10, C14, B20 and B22) and resulted in a dramatic reduction in patient falls which has since been introduced on all inpatient wards.

The number of patients taking a slip, trip or fall on the pilot wards reduced by 36 per cent – in real terms, there were 64 fewer falls between November 2015 and May 2016.

Even more impressive is the fact that on these wards, there was not a single fall that resulted in moderate or above patient harm during the entire six month period.



Stroke patients sitting comfortably, thanks to donations

Stroke patients at Royal Blackburn and Pendle Community hospitals now benefit thanks to generous donations totalling £13,600 from several Blackburn community organisations.

In the last couple of years, the Trust has totally restructured its stroke service and fundraising has helped to provide first class care from admission following an acute stroke, through to specialist stroke rehabilitation.

Fundraising for eight stroke chairs was the idea of Imam Fazal Hassan from the Trust's Chaplaincy service, who worked in partnership with Masjid-e-Anwaar, Masjeed-e-Sajedeen, Masjid-e-Noorul Islam, Masjid-e-Hidaya and the Al-Imdaad Foundation.



Care Campaign supports maternity staff

ELHT is one of the first Trusts in the country to sign a charter, which improves the health, safety and wellbeing of staff members who work in our busy maternity departments.

The 'Caring For You' campaign, launched by the Royal College of Midwives, aims to further support midwives, student midwives and maternity support workers who are under intense pressure and feel stressed.

The Charter ensures members of staff are hydrated and are taking enough breaks, as well as reinforcing the prevention of bullying in the workplace and having respect for each other which contributes to a positive, working environment.

Keeping patients at home and out of A&E

The Trust, in partnership with North West Ambulance Service NHS Trust, introduced the Falls Response Service to improve the care of people in the community who have fallen.

The newly-formed collaboration sees an Occupational Therapist (OT) and Paramedic travelling to a 'low risk' 999 call in an unmarked vehicle. Once at the scene, following the Paramedic's medical assessment, the OT performs a fall assessment looking at how the person is managing in their home and identifies equipment or services needed for the person to remain at home or considers whether they need to be admitted to hospital.

Introduced as a pilot scheme in 2015, the Falls Response Service has so far kept 2,000+ patients from having to be transported to A&E in Blackburn, following a fall at home.





Recognised for Armed Forces Support

In March we were proud to receive the Bronze Award from the Armed Forces Covenant Employer Recognition Scheme (ERS) to recognise the skill and dedication of Trust staff who either served in the Armed Forces or with the Reserve Forces.

The Bronze Award is given to employers who pledge to support the armed forces, including existing or prospective employees and those who are open to employing reservists; armed forces veterans (including the wounded, injured and sick); cadet instructors, and military spouses/partners.

Far fewer pressure ulcers

The number of pressure ulcers – commonly known as bedsores – developed by patients cared for by ELHT nursing staff has fallen by 200 in just two years.

The reduction, dropping to 32 from 232, continues an impressive downward trend which began when the Trust's Pressure Ulcer Collaborative was established to minimise acquired pressure ulcers.

Innovative ideas helping hospital nurses reduce pressure ulcers is a major investment in very high specification hybrid mattresses, the 'Time to Turn' red warning triangles next to patient beds and the appointment of a Pressure Ulcer Link Nurse on all wards and teams to support training.



New Chemotherapy Unit Opens

Cancer patients now benefit from Royal Blackburn Teaching Hospital's new chemotherapy day unit which opened in March.

The new chemotherapy facility, which relocated from a small unit on the third floor to a larger, expanded area on the top floor of the hospital, provides more treatment and consultation rooms, along with a large reception and waiting area. There is now also a quiet room in the unit, where patients and their families can reflect as well as be given important information in a comfortable setting.



National Flu Fighter Champions

Did you know we're ranked #2 in the country - and the top Acute Trust - for vaccinating staff against flu with a whopping 85.6% vaccinated last winter. This is a fantastic achievement and thank you to everyone who contributed to exceeding the previous year's total of 83.3%.

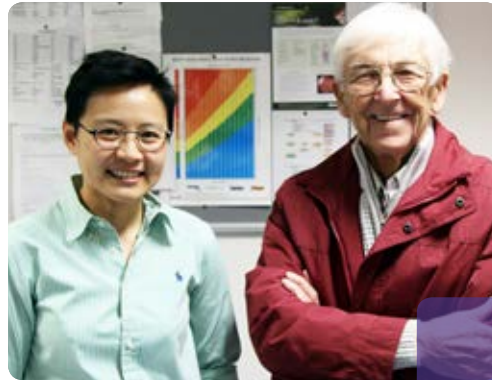
It is not just ELHT staff and patients who benefit from staff being vaccinated, as our Occupational Health Team donated one tetanus vaccination to Africa for every staff flu vaccination, meaning 5,000+ lives will be protected in Africa.



First Head/Neck Cancer Robotic Surgery

Advances in surgical equipment have made it possible to remove tumours in the head and neck (mucosectomy) using robotic technology and minimally invasive techniques.

Consultant Oral and Maxillo-facial Surgeon Ms Naseem Ghazali performed Lancashire's first mucosectomy in January 2017 using the Trust's 'Da Vinci Robot'. The patient, from Burnley, was given an 'all clear' diagnosis just ten days after surgery.



Live surgery showcases Trust teaching

Consultant Orthopaedic Surgeon Mr Makaram Srinivasan organised an international streaming of live orthopaedic surgery from theatres at Burnley General Teaching Hospital.

The live surgery, moderated by Mr Srinivasan and performed by Mr Rajan Mohan & Mr Goyal, was watched by around 1500 delegates from 144 countries at the 10th Global ISKSAA (International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty) summit at the World Congress in New Delhi, India.



Our Future

Safe | Personal | Effective



Our Future

Over the next five years the Trust will see closer integration with providers of health and social care across the whole footprint through the Pennine Lancashire Transformation programme, and across all Lancashire as part of 'Healthier Lancashire' programme. We will seek greater roles in the prevention of illness, in primary care, and in regional specialist work.

Across Pennine Lancashire, we will integrate more closely with providers in the primary, community, voluntary and third sectors and we will undertake co-design work with our commissioners, creating an 'accountable care system'. Our clinicians will increasingly work with their professional colleagues from other providers to form Lancashire-based sustainable networks which will determine the standards of care, governance, and delivery of care pathways.

Our transformation themes will drive us towards a clinically and financially sustainable integrated organisation. These are:

- Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners and agreeing key outcomes for the system
- Increasing primary and community care involvement: new models of care
- Increasing standardisation
- Improving efficiency in elective care
- Changing non-elective pathways
- Reviewing and networking specialist services.

We will achieve greater efficiencies, reducing length of stay for key medical conditions including COPD, reducing theatre times for elective and emergency surgery through increased productivity measures, and reducing our overall bed-base through the introduction of new pathways of care and integrated community care services.

We will continue to improve care in our hospital and community settings, increasing access to all relevant services across all seven days of the week, reducing avoidable mortality and improving patient experience.

Within the Trust, we have been successful in developing and redesigning our Acute Medical Unit with the first phase completed in October 2015. Phase two will see the former Medical Assessment Unit at the Royal Blackburn Hospital fully transformed into an 82 bedded Acute Medical Unit to better co-ordinate the care needs of patients and meet demand.

The philosophy of the Acute Medical Care is to identify patients' needs at an early stage in their treatment and direct them to the correct care pathway. In the first six months, over 15,000 patients passed through the unit with patients experiencing fewer ward moves than before; 45% of patients discharged directly from the Unit and a smaller number of patients being readmitted to hospital within seven days.

Following the designation of the Trust as a major Vascular Interventional Centre for Lancashire and South Cumbria, our Vascular Specialist Centre opened in February 2016. The newly expanded vascular service offers both an emergency and elective service thanks to the resources of highly trained vascular surgeons, interventional radiologists and a full medical and nursing support team. The centre comprises an 18-bedded ward and a one-stop diagnostic service which allows specialist investigations to be performed at the same time as a specialist consultation.

Additionally, the ward sits alongside a refurbished operating theatre which combines x-ray and surgical operating equipment. This ultra-modern facility is known as a "hybrid theatre" and it enables the team at Blackburn to offer the best of open surgical and minimally invasive radiological procedures at the same time.

Both the ward and operating theatre are the result of significant investment by the Trust in the care of vascular patients and give the opportunity to provide state of the art specialist vascular care with additional consultants, nursing and support staff.

This publication is available in other formats and languages on request.

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