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Prof Eileen Fairhurst
Chairman



Quality

Improvement

Mr James Birrell
Interim Chief
Executive





Welcome

Welcome to this look back on what has been a rather eventful and difficult year. We were placed in 'special measures' following a review of some hospitals by Sir Bruce Keogh. This was devastating, but the Trust has not only survived, it has come out the other side all the stronger for the experience.

Being in 'special measures' led to a total focus on quality, safety and improvement. Thanks to the tremendous efforts of all our colleagues - from the Board to the ward and everywhere in between - we are now back on track.

We clarified our vision to be **widely recognised for providing Safe, Personal and Effective care** and this became our rallying call for getting out of special measures, something we achieved in July 2014.

Throughout the year, often in the most challenging of circumstances, our services and staff committed themselves to improving quality and safety and reclaiming the confidence of our stakeholders, especially our patients.

We think we've done that and this Annual Review offers an insight into how.

Eileen Fairhurst *James Birrell*

Prof Eileen Fairhurst
Chairman

Mr James Birrell
Interim Chief Executive



The best possible care in the most appropriate locations



Our Trust

East Lancashire Hospitals NHS Trust was established in 2003 and is a large, integrated healthcare organisation providing acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen; and community healthcare services for the population of East Lancashire. We provide services to some of the most socially deprived areas of England. We aim to deliver high quality, **Safe, Personal and Effective** care and contribute to a health gain for our community. Located in Lancashire in the heart of the North West of England, with Bolton and Manchester to the South, Preston to the West and the Pennines to the East, we have a combined population of approximately 530,000.

We have a total of 1,079 beds, 25 theatres, two cardiac catheterisation labs, seven endoscopy rooms and five hospital sites at the Royal Blackburn Hospital (RBH), Burnley General Hospital (BGH), Pendle Community Hospital (PCH), Clitheroe Hospital (CLI) and the Accrington Victoria Hospital (AVH).

The nearest NHS acute hospitals are the Royal Preston Hospital (10 miles), the Royal Bolton Hospital (14 miles), Fairfield General Hospital (13 miles) and Airedale General Hospital (16 miles). Locally there are five independent sector healthcare providers and six NHS providers within a 25-mile radius which offer a range of acute and community-based services.

Approximately 94% of the Trust's services are commissioned by NHS East Lancashire Clinical Commissioning Group, Blackburn with Darwen Clinical Commissioning Group and NHS England. The Trust continues to engage with our Commissioners and local authorities to redesign pathways for care and work across organisational boundaries to deliver the best possible care in the most appropriate locations for the people of East Lancashire.

Our Purpose – vision and values

During 2013/14 we refreshed and simplified our vision, values and organisational objectives. These were then promoted across the Trust, to staff, patients and our community. They are now well known and clearly understood, particularly amongst our staff. 'Safe, Personal and Effective' has become the Trust's 'brand' and is proving to be a popular and realistic aspiration for all that we do.



Our Vision

To be widely recognised for providing safe, personal and effective care



Our Objectives

Put safety and quality at the heart of everything we do

Invest in and develop our workforce

Work with key stakeholders to develop effective partnerships

Encourage innovation and pathway reform, and deliver best practice

Become a successful Foundation Trust



Our Operating Principles

Quality is our organising principle

We strive to improve quality and increase value

Clinical leadership influences all our thinking

Everything is delivered by and through our clinical divisions

Support departments support patient care

We deliver what we say we will deliver

Compliance with standards and targets is a must, this helps secure our independence and influence

We understand the world we live in, deal with its difficulties and celebrate our successes



Our Values

- Put patients first
- Respect the individual
- Act with integrity
- Serve the community
- Promote positive change



Our Improvement Priorities

Reducing mortality

Avoiding unnecessary admissions

Enhancing communications and engagement

Delivering reliable care

Timeliness of care

Our Purpose – Quality

In response to the Keogh Review the Trust recognised the need for a clear approach to quality and quality improvement. We revised our Quality Strategy to focus on the delivery of **Safe, Personal and Effective** care to all our population, reflecting the Berwick and Francis Reports which emphasised the need for all healthcare organisations to place safety and quality above all other aims.

Our Quality Strategy is overseen by the Trust Board. Sub-committees of the Board check the implementation of this strategy and hold clinical and non-clinical service leads to account for their role in delivering **Safe, Personal and Effective** services that reflect the needs of patients and demonstrate positive outcomes.

- Providing **Safe** care means taking action to reduce harm to patients in our care and protecting the most vulnerable. It means caring for patients in a safe and clean environment using the right equipment.
- Providing care that is **Personal** means ensuring that the services we provide are person-centred and that people are treated as individuals with dignity, in privacy and with compassion, at the right time and in the right place for them.
- Providing **Effective** care means providing care based upon the best evidence and that produces the best outcomes for patients. It means fostering a culture of constant improvement by routinely evaluating the quality and effectiveness of our services. It means ensuring that our workforce receives the right education and training in preparation for the delivery of competent and skilful intervention.



We revised our Quality Strategy



Safety and quality are at the heart of everything we do



Safety and quality are at the heart of everything we do and we are committed to providing harm free care. During 2013/14 we achieved our goal to increase the number of patients who are harm free; we eliminated mixed sex accommodation; and we reduced re-admission rates.

The Trust was the highest research recruiting acute Trust in the Cumbria and Lancashire Comprehensive Local Research Network for the fifth year running, with 1608 of our patients taking part in an approved research project.

We achieved a 50% response rate in the national patient survey, where the average (amongst the 76 Trusts who commissioned the Picker Institute to facilitate the survey) was 46%.

As a further measure of patient satisfaction, the Department of Health introduced the Friends and Family Test to establish whether patients of acute services would be happy to recommend those services to their friends or family. All in-patients, emergency department attenders and maternity service users are asked 'How likely are you to recommend our service to your friends and family if they needed similar care or treatment?' In March 2014,

ELHT reported a response rate of 60% compared with a national average of 34.8% and a minimum standard of 15% for in-patients. The resulting net promoter scores for both in-patients, and maternity service users are consistently equal to or above national averages.

We have had much more difficulty achieving this in the emergency department, so launched an SMS text service in an effort to persuade more people to complete the test. This has had a marked effect on both response rates and the net promoter score for the emergency department and we are confident of a much improved performance in 2014/15.

All newly appointed health care assistants attend a specialised induction programme designed to promote a customer service approach to their role and expected behaviours. We launched the 'Care to make a difference' recruitment programme to attract Band 5 nurses to the Trust and the 'Year to Care' project gives six aspiring nurses a year's practical experience in advance of starting their university nurse training.

Our Performance

The Government sets quality and performance targets for all health care providers, targets which we aim to achieve by providing **Safe, Personal and Effective** care.

Below is an overview of some of these key targets and how well the Trust has done in achieving them.

Waiting times in A&E

The national target is that 95% of all patients are seen and treated or sent home within 4 hours of arriving in A&E. Our performance is in the table below.

Factors which can affect achievement of this target include a sudden peak in numbers of patients arriving, particularly very ill people; a growing number of frail older people who need greater levels of care; and difficulties discharging patients.

Last year, a combination of these factors meant that we did not always meet the 95% target.

	2009/10	2010/11	2011/12	2012/13	2013/14
% Patients treated <4 hours	95	97.8	96.4	95.37	93.52
Number of patients (non elective)	59591	60528	61884	64759	63966

With close monitoring and some specific initiatives we are now seeing systematic improvements. For example,

- we re-designed the Emergency Department to provide a better environment for both patients and staff
- recruited more doctors and nurses
- improved our triage system, with both consultant and GP input, to ensure that the most urgent cases are dealt with first
- ensured that diagnostics (such as scans) and a medical review are carried out as early as possible

- we have opened a medical ambulatory care unit, led by a consultant, for patients who do not need admitting to hospital. This clinic sees patients from 10am to 5pm five days a week. We estimate the service has reduced admissions by approximately 20 per day.

Referral to treatment (18 weeks)

This target requires 95% of all patients referred to a hospital consultant be seen and treated within 18 weeks.

The table below shows that overall the Trust meets this target. Some departments have more difficulty in ensuring that this is the case for every patient. Delays can occur because of demand in particular clinical specialties, staffing and staff workload. Sometimes, patients choose to delay their treatment, or they do not turn up for their appointment.

To ensure delays in certain departments or clinical specialties are minimised we are improving the way we communicate with patients from the moment they are referred, to make sure that they know about their rights to treatment and their responsibility to take an active part in their care.

	Target	2009/10	2010/11	2011/12	2012/13	2013/14
% Patients treated within 18 weeks on an admitted pathway	90	94	92	92	93	91.8
% Patients treated within 18 weeks on a non-admitted pathway	95	99	99	99	99	98.6
% Patients on an ongoing pathway under 18 weeks	92	96	96	95	96	96.2

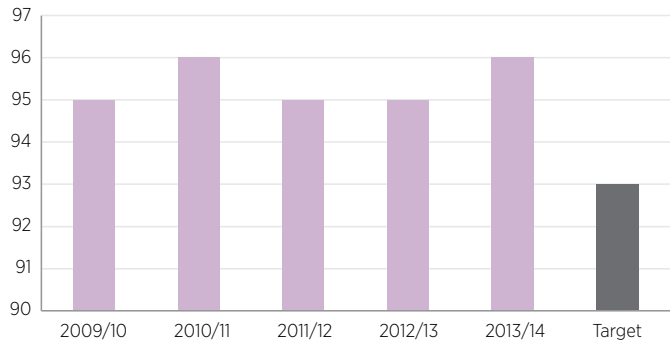
Cancer targets

The Trust has a good track record on cancer and meets or exceeds all targets. The two main targets are:

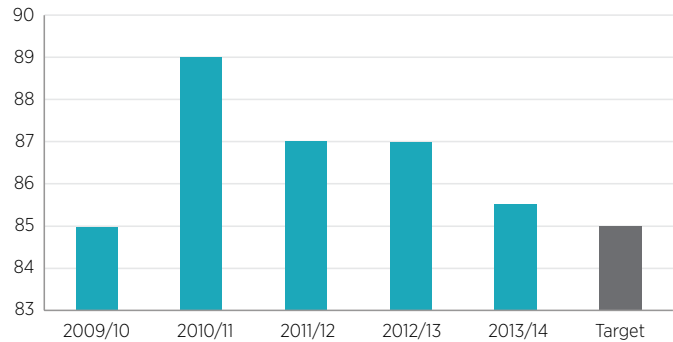
- If a GP or other health professional refers a patient with suspected cancer, 93% should be seen within 14 days
- If a patient is diagnosed with cancer, 85% should begin their treatment within 62 days of their referral.

Our performance against these targets can be seen in the graphs below. We know we can do more to improve waiting times in some specialities. Sometimes, patients may wish to delay their appointments or start of treatment so we try to offer appointments as early as possible after referral so that we can offer an alternative appointment within the target time. To help ensure efficiency and timeliness, we regularly review the organisation of tests, outpatient appointments and meetings or all staff involved who will be caring for the patient.

Percentage of patients seen within 2 weeks of an urgent GP referral for suspected cancer



Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer



Infection Prevention and Control

Approximately six out of every 100 patients admitted to UK hospitals will develop a healthcare associated infection, of which 20% are avoidable. By reducing these infections we can save lives and reduce unnecessary pain and suffering. Everyone has a part to play in infection prevention and control and we have dedicated staff to educate and train our workforce, to ensure we maintain the highest possible standards of hygiene and reduce infections.

There were 24 cases of Clostridium Difficile in 2013/14 compared with 45 in 2012/13. Our target for 2014/15 is 23 or fewer. There were four cases of MRSA attributed to the Trust.

Although nationally the focus is on MRSA and C.difficile, there are more common infections such as urinary tract, respiratory tract and surgical site infections which require equal vigilance.

Stroke care

Stroke is increasingly common across the UK - in the North West alone there are 14,600 strokes a year and 150,000 people living with stroke. More than 14,000 patients have been treated in our Stroke Unit since 2007.

If people suffering from a suspected stroke are seen and begin treatment within four hours their chances of survival are much higher and their risk of severe disability much lower. Outcomes are also improved if they are admitted to a specialist stroke unit either directly or as soon as they are diagnosed in the Emergency Department.

These issues are therefore the focus of national targets for NHS stroke services. Since 2009, when these targets were first introduced, ELHT's performance has significantly improved in most of these areas.

The graph below shows that in 2013/14 we again exceeded the target that 80% of patients spend more than 90% of their time on the specialist Stroke Unit.

Patients with symptoms of transient ischaemic attacks (mini-strokes) have an increased risk of having a major stroke and should be seen and treated within 24 hours of experiencing one or more TIAs. Table 2 below shows that since the target was introduced in 2010/2011, the Trust's

performance has been steadily improving and in 2013/14, at 95%, is well over the target of 60% of patients.

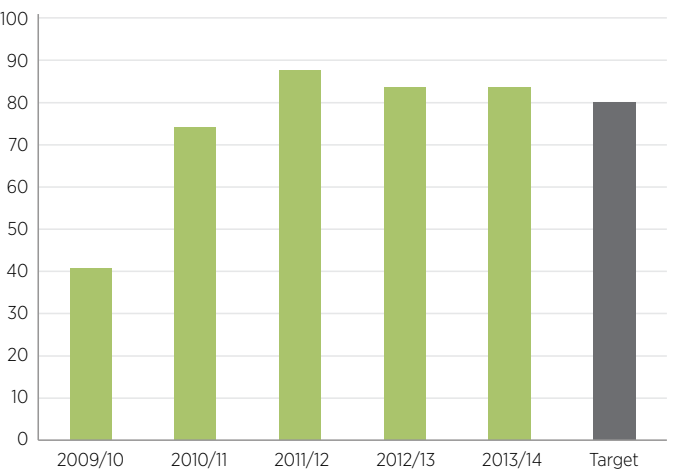
The key area where the Trust needs to improve is to ensure that patients are admitted from A&E to the Stroke Unit within four hours. Although there has been an improvement over the past two years, we still have a way to go to achieve the 90% target.

To address this, improvements planned or introduced include better links between the A&E Department and the Stroke Unit, ring-fencing 15 beds in the Unit for acute stroke patients, and recruiting more specialist doctors and nurses. We are also working with Ambulance Service on developing a protocol to allow patients to be admitted directly to the Stroke Unit if they have a suspected stroke, rather than waiting to be diagnosed in A&E.

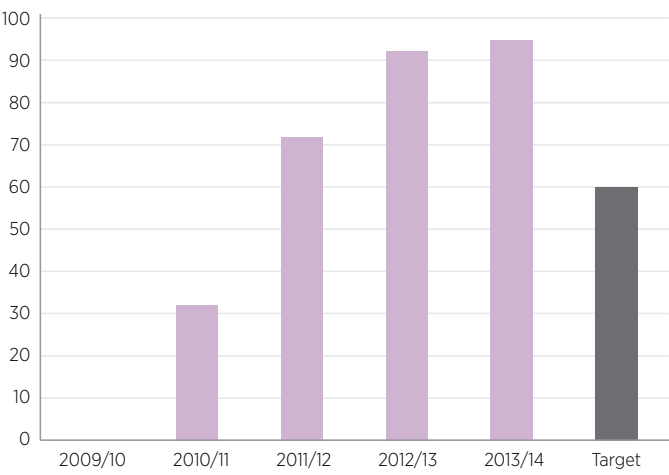
The National Institute for Health and Clinical Excellence (NICE) has set down guidelines for achieving a high-quality stroke service. To see the full set of standards, please visit:

<http://www.nice.org.uk/guidance/QS2/chapter/Introduction-and-overview>

Percentage of stroke patients spending more than 90% of their stay on a stroke unit



Percentage of patients with TIA at higher risk of stroke seen and treated within 24 hours



Financial Duties

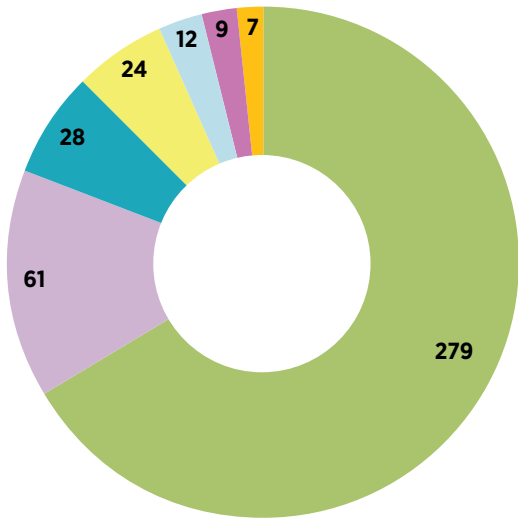
The Trust met all its financial obligations in 2013/14 including the breakeven duty, staying within external finance and capital resource limits and rate of return. Robust financial management resulted in a surplus of £6.6m and 96% of invoices were paid within 30 days.

The Trust's income for the year was £420 million, compared with £405m in 2012/13. Most of our income (83%) comes from the local Clinical Commissioning Groups who plan and purchase healthcare on behalf of local people. The chart below shows how this was spent.

We invested £19.3 million in new buildings, improvements and equipment. The value of our total assets at 31st March, 2014 was £338 million.

£420 Million Total Spend

- Salaries & Wages
- Clinical Supplies & Services
- Premises
- Impairments
- Other Supplies & Services
- Capital Charges & Disposals
- Financing & Public Dividend Capital



Sickness Absence

Staff sickness absence rates have been steadily improving, down from 5.07% in 2009 to 3.98% for the 2013/14. This is better than the national average (4.06%) and the North West average (4.60%) and the Trust is ranked 9th out of 29 acute trusts in the North West.

We recognise the costs associated with high levels of absence and the impact it can have on patient care so have implemented a range of initiatives to help reduce sickness absence.

These are part of a comprehensive Health and Wellbeing Strategy which includes Board level support for staff health and wellbeing, staff counselling and support, fast track physio and mental health programmes.

Our People

Our Trust Board is led by Chairman Professor Eileen Fairhurst, who started at the Trust in February, 2014. Eileen is supported on the Board by the Chief Executive, and the other Executive and Non-Executive Directors. Some of these positions are currently filled with interim staff who have provided specific expertise during this difficult year. A permanent Chief Executive has now been appointed who will join the Trust in the Autumn and we have begun moves to make substantive appointments to these other posts. The Board provides strategic leadership to the Trust, ensuring that it is effective, efficient and financially sound. The Executive and Non-Executive Directors share equal responsibility for the Board's decisions and the direction and control of the organisation.



Eileen Fairhurst
Chairman



Jim Birrell
Interim Chief Executive



Paul Fletcher
Non-Executive Director



Martin Hill
Non-Executive Director



Martin Hodgson
Director of Service Development



Kevin Moynes
Interim Director of Human Resources



Christine Pearson
Chief Nurse



Peter Rowe
Non-Executive Director



Mohammed Shazhad Sarwar
Non-Executive Director



Catherine Schram
Chief Medical Officer



Elizabeth Sedgely
Non-Executive Director



Ian Stanley
Interim Medical Director



Nicky O'Connor
Director of Corporate Affairs



David Wharfe
Non-Executive Director



Jonathan Wood
Director of Finance & Performance



Phil Orwin
Interim Director of Operations

Staff

We employ 7,273 people in a variety of clinical, non-clinical, allied professional, managerial, and support roles. The vast majority – around 80% – are from the local area.

Our ongoing success is down to the hard work, dedication and commitment of all our staff and volunteers.

We embarked on a major recruitment campaign – Care to Make a Difference – and between 1 April 2013 and 31 March 2014 we employed an extra 118 nurses and 152 clinical support workers. 70% of our workforce is clinical, with over 30% being nurses and midwives. The Board and senior management make up less than 2%.

Over the course of the year, the Trust has sought to reduce its reliance on agency nurse staffing at times of peak demand. We have developed internal 'bank' arrangements whereby nurses employed by the Trust are offered additional working hours at their convenience. This ensures that our wards are staffed to ensure good continuity of care.

Staff Survey

Invitations to complete the 2013 National Staff survey were sent to 1,747 staff this year, the largest group ever surveyed at the Trust and the response rate was 46%, slightly below the national average. The Trust was in the top 20% for:

- staff feeling able to contribute towards improvements at work
- effective team working
- staff not working extra hours
- staff not suffering work related stress.

The Trust was better than average in:

- staff motivation
- staff satisfaction and staff experiencing bullying or harassment from other staff.

The Trust was worse than average or in the worst 20% of Trusts for:

- staff witnessing potentially harmful errors, near misses or incidents
- staff experiencing harassment, bullying or abuse from patients, relatives or the public
- staff reporting errors, near misses or incidents witnesses
- staff receiving health and safety training in the last 12 months
- staff recommending the Trust as a place to work or receive treatment.

In response to the survey findings, the Trust developed an action plan for Divisions to address the top five concerns highlighted in the responses in their areas.

Staff Engagement

Communicating and engaging with our staff is important, and we have worked hard to change the culture of the organisation to one of openness, transparency and support. The senior management team and members of the Trust Board are more visible and more accessible through a series of initiatives.

For example, 'Conversations with...' where the Chief Executive and another Executive Director attends various sites to talk to and listen to staff; 'Meet the Board' where Executive and Non-Executive Directors attend all sites in a week, at lunch time, to talk to staff about what they are proud of, or any issues or concerns they may have; and the distribution of pictures of Board members, making sure they are placed throughout the Trust so that they are easily identifiable by all staff.



We act with integrity

Staff engagement and empowerment are the driving forces for any high-performing organisation. Workplaces can be transformed by changing the way people think, feel and behave at work every day. We embarked on an 'Engage to make a Difference' programme in January 2014 to influence cultural change in the Trust. A number of 'back to the floor' sessions have been held with staff to appreciate what they do in the course of their work and help resolve any issues they may have had. These have been well received by the staff who feel senior management are listening to them and recognising their valued contribution to the organisation and to the patients we serve. This programme will be developed further throughout the year and a major staff engagement programme of 'big conversations' involving all staff groups from across the organisation will be launched in April 2014.

The Trust signed up to the Speak Out Safely initiative, launched by the Nursing Times, to ensure that all staff know they can report any instances where care or treatment has fallen below acceptable standards without risk to their own careers.



The Trust has developed a 'Vital Signs' mini survey that will be conducted quarterly throughout 2014/15 to regularly take the temperature of the organisational culture and rapidly address any issues that arise. We are working to ensure that as many staff as possible can participate in a way that is most effective for them, whether by online responses or text messaging. The Vital Signs survey was developed using NHS Employers' measure of engagement, Friends and Family test and the seven areas of concern from the National Staff Survey. The Vital Signs findings have indicated that the actions we are taking to improve and increase staff engagement are already having a positive effect.



Shadow Council of Governors / Members

Following elections in April 2013 and then a 'by-election' in October 2013, the Trust established a Shadow Council of Governors. Each of the 10,000+ members was eligible to vote for their constituency governor and turnout was a very respectable 25.43%. We now have 29 governors, representing both staff and the public, who are involved in many aspects of the Trust's business. The Governors have undergone a process of development and support to enable them to carry out the important role of ensuring public accountability.

They will now meet quarterly in a more formal setting to increase the interaction between the Shadow Council of Governors and the Trust Board.



We are publicly accountable



We promote
positive
change

Our Services

We provide a full range of acute hospital services and adult community services. We are a specialist centre for Hepatobiliary, Head and Neck and Urological Cancer Services, in addition to being a centre for Cardiology services and a network provider of Level 3 Neonatal Intensive Care.

Our services are provided by four Divisions – Surgery, Diagnostic and Support Services, Integrated Care Group and Family Services.

Surgery and Anaesthetics Division

We provide planned and unplanned operations and care to the local population, from both hospital and community settings. This year, a new model of out-of-hours provision was introduced in response to the need for improved supervision of foundation year trainee doctors. This enables them to work across all specialties and ensures patients receive a consistent quality of care, supported by specialty on-call consultants. To facilitate this, the Surgical Triage Unit was extended to cover all surgical specialties out of hours for non-elective attendances to

be concentrated in a single clinical area for triage and treatment or admission.

Additional staff and development of nurse specialists led to a new, high quality Diabetic Macular Oedema service – the result of NICE guidance approving the use of Ranibizumab injection therapy. This gave this group of patients a new treatment option which has significantly improved outcomes.

The Diabetic Eye Screening service screens 120 patients a day from across East Lancashire. This year, the service underwent an External Quality Assurance visit by the NHS Diabetic Eye Screening National Programme and received a glowing report.

We opened a new Urology Assessment Unit which has enhanced the patient experience by improving privacy and dignity, offering faster appointments and providing one stop clinics and diagnosis. A new scanner aids swifter diagnosis of prostate, kidney and bladder cancers.

Family Care Division

During 2013/14, the Division has been boosted by the appointment of three new Obstetrics and Gynaecological consultants who have added their expertise and interest to the service provided.

In line with best practice, over 30% of births at the Trust now take place away from the Obstetric Unit. The birth centres at Burnley, Blackburn and Rossendale are all thriving with the Blackburn Birth Centre recently celebrating its 3,000th birth. A joint venture with UK Birth Centres has now been established and the Centres have received VIP visits from Dan Poulter MP and UK Birth Centres personnel, showcasing the best practice established in the East Lancashire area.

The Paediatrics team has appointed both an epilepsy and respiratory nurse specialist for children with these chronic conditions. To reduce admissions to Paediatrics, new services were also started, including development of the children's community nursing team.

The Division hosted a successful Paediatric GP education event in November 2013 that was well attended by GPs across the whole patch the Trust serves.

Integrated Care Group

The Integrated Care Group combines the former Medical and Community Divisions. In 2013/14 the division saw approximately 16,500 elective, 31,600 non-elective patients; and 34,100 new outpatients. They completed around 600,000 community contacts, developed a Virtual Ward and enhanced community based Diabetes and Respiratory services to deliver more care closer to the patient's home. The division provides the full pathway of care from emergency services to community care based in people's own homes. Services include:

- acute adult and elderly medical inpatient elective and non-elective hospital based care
- Emergency Department services at Blackburn and Burnley hospitals and Minor Injuries Units at Rossendale and Accrington
- outpatient clinics and procedures including day cases in medical specialities
- community based therapies, including Podiatry and Occupational Therapy

- community nursing services, including District Nursing, Treatment Room and Virtual Ward
- a range of specialist community services such as Diabetes, Medicines Management, Heart Failure and Respiratory integrated with specialities.

Division of Diagnostic and Clinical Support (DCS)

The Division of Diagnostic and Clinical Support (DCS) consists of five Directorates delivering the following services:

- Radiology
- Clinical Laboratory Medicine
- Pharmacy
- Therapies, Orthotics and MSK
- Clinical Outpatients and Administration

Key achievements in 2013/14:

Staff made great efforts over this year to support extended working days and seven-day working;

A partnership with the Greater Manchester Radiology Information System Consortium improved patient experience in terms of rapid access to records;

A major internal development programme for East Lancashire Pathology commenced, following an extensive review of alternative service models;

Pharmacy developed a patient medicine adherence leaflet to improve quality by supporting inpatients in their transition to primary care;

The integrated model for Musculoskeletal Services continued to develop, working successfully with commissioners and GPs to develop the Ribblesdale MSK Clinical Pathway;

Outpatient flow improved with the introduction of self check-in systems. The outpatient Patient Partnership Group continued to be productive, and assisted in the 'Did Not Attend' awareness-raising campaign which significantly reduced wasted appointments.



CASENOTE MANAGEMENT

All staff who use this casenote are personally responsible to ensure that it is in accordance with the Trust's Clinical Records Policy (2017/18)

ALL RECORDS MUST:

- Have all allergies, risks, special needs and the existence of other casenotes recorded on the patient's chart, which must be filed in the folder of the casenote.
- Be maintained in good order with all pages filed in the previous order.
- Be written legibly in black ink and be clear and concise.
- Be written at the time when events are first observed.
- Be accurate in each entry up to the date and time of the last entry.
- Be signed - all staff should sign and print their name on the last entry.
- Record the patient's name and casenote number if it is a new casenote.
- Be free of abbreviations, shorthand or cursive signatures.
- Never be placed in a separate folder, unless it is a separate folder for a specific patient, which should be placed in the folder of the patient.

CONFIDENTIALITY AND SECURITY OF CASENOTES

- Never allow unauthorised people to access casenotes.
- Casenotes should never be left unattended, or if left unattended, they should be placed in a secure container.
- Casenotes should be placed in a secure container when not in use.
- Casenotes should be placed in a secure container when not in use.

For further information, please contact the Clinical Records Department, St. James's Hospital, Dublin 8.

Our Highlights of 2013/14

Maternity Services

The Trust's maternity services won a top national award in January 2014 in recognition of their innovative work to improve maternity care, promote normal births and facilitate effective staff engagement. The Royal College of Midwives (RCM) named them 'Maternity Service of the Year' for improving normal birth rates, reducing Caesarean section rates and increasing choice for mothers.

At a visit to the maternity service in November 2013, RCM Director for England praised the Trust's birthing centres. Jacques Gerard described the philosophy and culture as cohesiveness, choice, continuity of care and compassion, and said it was an inspirational visit.

Birth Centres

The Blackburn Birth Centre celebrated its 3,000th birth in March 2013. The Birth Centre is a 'home from home' facility that offer mothers and their family a relaxing and tranquil environment in which to give birth. Mums-to-be are designated a midwife at their antenatal appointment who follows them from pregnancy and may even be present at the birth of the baby. It offers a one-stop-shop approach with all the appropriate checks, examinations and even vaccinations being done in one place. The Trust's Birth Centres are popular with 85% of women who visit them opting to have their babies in that environment. Rossendale Birth Centre based at Rossendale Primary Health Care Centre launched a new Wednesday evening ante-natal clinic to meet rising demand from local women. The clinics give an opportunity to ask questions, create a birth plan and see the birth centre first-hand. Opened in 2011, the Centre has now passed the 150th birth mark.



**We put
patients
first**

Burnley Urgent Care Centre

The brand new Burnley Urgent Care Centre opened to patients in January 2014. The new Centre is for the treatment of illnesses and injuries which are serious and need treating quickly, but are not life-threatening or requiring an attendance at Accident and Emergency. These could include suspected broken bones, minor head injuries, bad cuts and minor burns, for example.

There were 49,485 attendances at the Burnley UCC in 2013/14.

Ward C5/Care For Older People

We opened the doors to our innovative Ward C5 in March and celebrated this pioneering environment for people with dementia in a general hospital. The creative enhancements within the ward and the calming and comfortable environment make it a much improved setting for all patients, but especially those with dementia, their carers and staff. Intelligent lighting, clear and easy signage, bright colours and handrails have all contributed to the much-appreciated refurbishment that provides a mix of single and communal bed areas with easily identifiable wet rooms, bathrooms and toilets. These provide **Safe, Personal and Effective** care and champion the dignity of our elderly patients.

In September, 2013, Ward B8 was recognised for its quality of care for older people with a Quality Mark from the Royal College of Psychiatry.

Star Awards

Dedicated staff were honoured in a special awards ceremony in February, 2014. The annual STAR Awards are the Trust's recognition scheme and 10 winners were rewarded for their commitment to the Trust and its patients, and achievement. More than 200 nominations were received for individuals and teams across the Trust. Award categories included Clinical and Non-clinical Worker of the Year; Rising Star; Leadership Award, and Team of the Year.

Patient Environment

The PLACE (Patient-Led Assessments of Care Environment) assessments took place between January and March 2014 across all five main sites. The Trust was assessed by both external assessors and patient groups on cleanliness (including hand hygiene); condition; appearance and maintenance; privacy, dignity and wellbeing and food. An improvement plan is now in place to address any areas of concern.

Success in support services

The Multidisciplinary OPAT team was launched in 2013, bringing together Microbiologists, Infection Control, Pharmacy and Community Nursing. A pilot study was commissioned for six months to assess the impact of this service whereby patients are discharged home on intravenous antibiotics rather than remaining in hospital. The pilot study was considered very successful with 364 bed days saved and a cost saving of £83,000, with very positive feedback from patients and staff alike.

ELHT Orthotics Service was awarded £139,000 to work with a local engineering company to bring 3D printed orthotics into the NHS. Salford University are also joint partners and will be testing the new products in the lab before trials will take place in ELHT with patients. This project commenced in October 2013 and will run for three years. A pilot project began to investigate the benefit of a ward-based pharmacist on the fast flow medical wards. The measures of success have included the majority of discharge prescriptions being ready for the patient within 15-30 minutes, which has led to beds being available by mid-morning. There is measurable benefit to patient flow and patient discharge experience as well as a benefit to junior medical staff.

Queens Nurses

Two of our nurses were given the prestigious title of Queen's Nurse (QN) by community nursing charity The Queen's Nursing Institute, in August.

Jane Tancock and Barbara Lubomski were rewarded with the title for their outstanding commitment to high standards of care, learning and leadership. Jane, from Nelson, is a Business Manager in the Trust's Community Division and has spent most of her career dedicated to nursing people in their own homes. Barbara, a former 'Nurse of the Year' is a Respiratory Nurse Specialist and has been inspirational in developing respiratory services in East Lancashire.



Stakeholder Engagement

The Trust values all of the people and agencies we work with in the interests of the East Lancashire community. They include our commissioners, NHS partners, local authorities, patient representative groups and GPs.

We also work closely with local political representatives and their on-going support is much appreciated. In addition to the normal business and day-to-day liaison that is part of our relationship with stakeholders, we have launched a specific external stakeholder engagement programme. This includes a regular series of 'listening events' attended by senior representatives of both the stakeholders, and of the Trust. We also produce an external newsletter 'Engage' as well as a publication aimed at our primary care colleagues - 'GP Connect'.

In January 2014 we launched an exciting patient and public engagement campaign called Tell ELLIE (East Lancashire Listens, Involves and Engages) to listen and learn from patient experiences.

Using the ELLIE trailer we have visited every borough within our catchment area. Between January and March we spoke to over 300 people and recorded 120 patient experiences. We acted on the feedback received and let people know what we did. A sample of the issues raised and how we responded includes:

YOU SAID: ELHT does not have a Parkinson's Disease Specialist Nurse.

WE DID: We spoke to commissioners and jointly agreed to fund a specialist nurse for two years (via Parkinson's UK)

YOU SAID: There is some confusion around the Burnley Urgent Care Centre. Who should attend? Signs must be better, it is difficult to find on the site.

WE DID: We produced an explanatory leaflet that was sent to every home in Burnley, Pendle and Rossendale and given out via the ELLIE trailer. We erected more signs displaying the location of the UCC on the Burnley General Hospital Site.



We also have a dedicated Tell ELLIE helpline and website for ease of access for patients and public who are unable to visit the Trailer, together with an informative short film.

Our staff have greatly appreciated the positive feedback they have received via ELLIE, recognising their commitment to patient care as well as their empathy and compassion. We plan to continue a full engagement programme throughout 2014/15 both with the Trailer and by visiting local GP surgeries, primary care centres and harder-to-reach groups. We also plan to undertake some joint projects with stakeholders in the wider community.

Award For HR Manager

A member of the HR Team was recognised with a regional award at the North West HR Developing Professionals conference in July. Lisa Eccles was nominated by Victoria Robinson, Head of Employment Services at the Trust, for her professionalism, integrity and commitment to customer service.

Complaints

We changed our complaints process to ensure we show compassion and empathy when patients or their families raise issues or concerns, and we improved how we listen and respond.

We aim to deal with issues and concerns at 'first point of contact' to manage these issues quickly and locally. We introduced a set of key principles which were adopted across all Divisions to ensure consistency in our approach. A 'bleep' system, with named on-call staff available to respond to issues immediately and prevent patients and families waiting to speak to a member of staff, has proved especially effective. We try to meet with a patient or their family to discuss in person any concerns and, wherever possible, deal with them quickly. If the concern becomes a complaint, it is assigned to a lead officer within the Trust who investigates thoroughly and keeps in regular contact with the complainant.

The number of outstanding complaints – a key aspect of previous poor performance – is now about half the level it was and we now respond more quickly and with greater empathy, compassion and respect for our patients. We have empowered our staff to respond to issues immediately and we believe we are more safe, personal and effective as a result.

Acute Oncology Service

During 2013/14, the Trust continued to develop the acute oncology service. Three locum consultant oncologists were appointed to provide outpatient clinics and an acute ward based oncology service. Along with two acute oncology nurses, the consultants provided an in-patient service for patients admitted with a complication of their cancer treatment. An electronic 'flagging system' was introduced from January 2014 to trigger an alert identifying a cancer patient attending the emergency department to ensure the appropriate pathway of care is quickly initiated. The oncologists also attend cancer MDT (multi-disciplinary team) meetings and are establishing a service to support patients with a cancer of unknown primary. During 2014/15, the Trust will be advertising the locum consultant positions as substantive permanent posts and the Trust's acute oncology implementation team will continue to work to develop this essential service to ensure high-quality care to our cancer patients.



**We put
patients
first**





**A difficult
year, but an
opportunity
to improve**

Our Future

Introduction

The past year has been a difficult one for the Trust. The Keogh Review highlighted variations in the quality of care we provide, from excellent to care below the standard that should be expected. We also needed to improve our governance systems and change our complaints process to be more compassionate.

The board welcomed the findings as an opportunity to improve. The Keogh action plan has been delivered but we must do more. Following the visit by the Chief Inspector of Hospitals in April 2014 and our subsequent release from 'special measures', we developed and are implementing a detailed Quality Improvement Plan. The aim of this is to move us from being rated as 'requires improvement' to 'good' and then 'outstanding'.

In other respects the performance and underlying position of the Trust have generally been good with the exception of our compliance with the 4-hour A&E target. We know we need to improve in this area and have introduced a range of measures to be consistently better in the next year.

The business plans and underlying financial position of the organisation have been externally assessed as good. The Trust has delivered our financial plan for the year. It is within this context that we move into the next two years.

Our Vision

'To be widely recognised for providing safe, personal and effective care'



Our Two-Year Plans

Our primary objective is to 'put safety and quality at the heart of everything we do'. Our Clinical Strategy is to deliver high-quality care that is **Safe, Personal and Effective**, delivered locally, and that is affordable. It has three elements:

- deliver appropriate, safe and effective services in a community setting
- ensure our hospital-based services are of a high quality, of sufficient capacity and are efficient and affordable
- ensure that our population has access to strong, local, specialist services.

Our Aspirations

As part of our business planning processes we have identified a range of aspirations:

- invest in our diagnostic capacity and infrastructure e.g interventional radiology
- the Integrated Care Group will deliver care across the whole patient pathway, between home-centred, intermediate and hospital-based care. Examples include diabetes care and services for the frail elderly
- enhance our provision of community services and make maximum use of our facilities at Accrington Victoria Hospital, Pendle Community Hospital and the new Clitheroe Community Hospital
- prevent unnecessary attendance/admission to hospital with the co-location of GPs with our Urgent Care Centre in Blackburn, the further development of our Ambulatory Care Service and our integrated discharge team/service, employing new technology such as the use of Skype appointments in orthopaedics
- increase our market share in some elective specialties e.g orthopaedics
- undertake more 'complex' surgery e.g vascular surgery as a designated arterial centre, laparoscopic gynaecology and urogynaecology surgery
- roll out of our enhanced recovery programme
- continue to be a main provider of specific specialist services e.g Neonatal Intensive Care Unit (NICU), Head and Neck Cancer Surgery, Hepatobiliary Surgery
- maximise opportunities to provide specialised and complex services through collaboration with other providers, e.g implantable complex devices and MRI scanning in cardiology
- develop community-based service models in dermatology, the musculoskeletal service, pain management, ophthalmology and rheumatology
- deliver appropriate outreach surgical clinics, with associated diagnostics, in a community setting e.g haematuria, orthopaedic and gynaecology clinics
- redesign our workforce to deal with national recruitment issues, the demands of new service models and national policy directives e.g 24/7 working. We will extend our programme of non-medical professionals taking extended roles, such as physician assistants, nurse practitioners, prescribing pharmacists
- develop our approach to medicines optimisation
- play a continued significant role in the Greater Manchester Academic Health Science Network, embracing clinical innovation and utilising the latest medical technology
- improve how we provide medical education, working closely with the Deanery and UCLAN
- improve our Information Technology infrastructure
- exploit opportunities that our excellent estate offers e.g. further development of the Burnley site for elective services; development of a new Ophthalmic Unit.
- become a successful Foundation Trust.

The Board has agreed that we are very much part of the Lancashire health system and we will help to shape and influence the structure of service provision within this geographical area.



**Safety and
quality are at
the heart of
everything
we do**

Our Standards

Quality and Safety

This year we fundamentally changed our approach to quality and safety. A significant amount of work has been undertaken across a whole range of areas, for example;

- an overarching Quality Strategy with specific pledges for 2014/15 e.g to reduce patient harms by 15%
- reducing mortality – improved governance processes, implementing care bundles for specific clinical conditions. We have pledged to save an additional 150 lives in 2014/15
- complaints handling – introducing a new process that is more compassionate, improving response times
- governance processes across a whole range of areas – SUIs, Risk Management
- safe staffing – daily staffing conferences, development of ward scorecards, publishing daily staffing levels
- reducing healthcare-associated infection rates
- demonstrating 'floor to Board' learning and introducing a new accountability framework
- we have introduced weekly 'Share to Care' meetings where clinical staff on wards and departments discuss and learn from patient feedback, incidents and harms
- patient, public and staff engagement through a whole range of initiatives e.g patient safety walkrounds undertaken by the Board and our public engagement campaign 'tell ELLIE'
- compliance with all training requirements.

We know we have more to do, specifically to further develop our governance processes, as we continue to improve as an organisation.



Our Workforce Plan

The Trust is committed to addressing some immediate workforce issues, including clinical safety, supporting the delivery of change and continuing to modernise our workforce.

We will:

- manage supply issues through recruitment and retention strategies, where possible providing jobs locally and expanding our employment markets
- continue to increase staffing levels and recruit 120 more nurses
- reduce our reliance on temporary staff in some areas
- modernise key components of our workforce
- develop leadership and talent management programmes to provide staff with the tools to fulfil their potential
- harness the knowledge and skills volunteers bring to the organisation
- improve staff appraisal schemes
- reduce sickness and absence rates
- reinforce our values through focus groups and listening events.



**We hope you enjoyed this review of
2013/14. For more information on the
Trust or any of its services, please
visit our website www.elht.nhs.uk
or call 01254 732140**

**Thank you for your continued support
for East Lancashire Hospitals NHS Trust**

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Safe | Personal | Effective