



## Annual Review 2014-15

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# Welcome

Welcome to this look back on yet another eventful year for the Trust. This year certainly started well with the announcement that we were being released from special measures in July 2014. From here the Trust has continued to go from strength to strength and remains fully focussed on our vision of providing Safe, Personal and Effective Care for our patients.

Throughout these past 12 months we have consistently striven to uphold our vision and values



**Kevin McGee** - Chief Executive

throughout challenging circumstances, such as times of extreme demand on services. We are so proud of the fantastic amount of dedication and commitment shown by all the staff at the Trust.

This Annual Review showcases examples of why East Lancashire Hospitals NHS Trust is an amazing place to work and to come to for treatment and care.



**Eileen Fairhurst** - Chairman



## Our Trust

East Lancashire Hospitals NHS Trust was established in 2003 and is an integrated healthcare provider, located in Lancashire. We are based 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, forming a natural boundary with Yorkshire.

We provide high quality healthcare services, primarily to the residents of East Lancashire and Blackburn with Darwen, a combined population of about 530,000. The areas we serve include some of the most socially-deprived neighbourhoods in England.

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 including:

- a total of 1079 beds
- 25 theatres
- two cardiac catheterisation labs
- seven endoscopy rooms

We provide a full range of acute hospital and adult community services. We are a specialist centre for Hepatobiliary, Head and Neck and Urological cancer services. In addition we provide specialist Cardiology services and are a network provider of Level 3 Neonatal Intensive Care.

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 continually works with our commissioners and local authorities to deliver the safest, most efficient ways of caring for our patients and families.

# Our Vision and Values

Our vision is to be widely recognised for providing Safe, Personal and Effective care.

We will do this by achieving our objectives to:

- 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
- become a successful Foundation Trust

Our objectives are underpinned by our values.

We have committed in all our activities and interactions to:

- put patients first
- respect the individual
- act with integrity
- serve the community; and
- promote positive change.

In achieving these objectives our staff observe the following operating principles:

- we strive to improve quality and increase value
- clinical leadership influences all our thinking
- everything is delivered by and through our clinical divisions
- the aim of all departments, whether dealing directly with patients or not, is to 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 staff are committed to continually improve the quality of the services we deliver to meet the needs of our local population. Our improvement priorities were to:

- reduce mortality
- avoid unnecessary admissions
- enhance communication and engagement
- deliver reliable care
- ensure timeliness of care

These objectives, values, operating principles and improvement priorities guide all our strategic and operational plans.



**Our vision is to be widely  
recognised for providing  
Safe, Personal and  
Effective care**



## Safety and Quality

Our determination is to deliver Safe, Personal and Effective care. We have made a number of commitments in our Quality Strategy including to:

- Safe – reduce the episodes of harm experienced by our patients by 500 per annum
- Personal – have 75% of patients recommending us to their friends and family
- Effective – ensure that patients get the right care at the right time to save an additional 150 lives per year.

We are part of the Health Foundation's "Making Safety Visible" learning collaborative across the North West of England, which will support us in delivering these pledges into the future.

During 2014-15, the Trust has embarked on a comprehensive review of falls prevention to reduce harm from falls. Metrics to monitor this reduction are under development following the completion of a range of "tests of change" which have initially been trialled on wards.

The Trust had recorded one attributable MRSA infection this year and continues to further improve compliance with hand hygiene, antimicrobial prescribing and aseptic non-touch techniques.

The Trust is within the top 10 Trusts nationally for the percentage of patients risk-assessed for venous thromboembolism (VTE). Systems and processes are in place to risk-assess all appropriate using the National VTE assessment tool on admission. This now involves both adult inpatient admissions and day cases. The Trust monitors quarterly VTE performance figures using an electronic system with real time capture of data on admission. Each of the Trust's Divisions participates in a rolling programme of clinical audit to ensure effective compliance with VTE assessment. VTE performance has consistently been above 97.5% since July 2014.

We also pledged to reduce our mortality rates, measured by SHMI and HSMR to within the expected range; the equivalent of saving an additional 150 lives per year.

We have achieved this by ensuring all deaths are reviewed to ensure any lessons for improvement

can be acted upon and more specifically, ensuring patients at risk of clinical deterioration are identified early and appropriate interventions are made, use of our 'early warning score' system as well as improving the reliability of care delivered using care bundles and adoption of Advancing Quality measures.

We have worked hard to ensure we have adequate numbers of staff on duty who are appropriately trained and supervised to deliver the care required. This includes all staff; Medical (and Doctors in training), Nursing and Allied Health Professionals. Nurse staffing levels are monitored on a daily basis through safe staffing teleconferences co-ordinated by the Chief Nurse. To ensure that we learn from safety incidents we continue to encourage staff to report incidents and to remain in the top quartile of Trust's reporting to NRLS.

We have introduced a Serious Incidents Requiring Investigation (SIRI) Panel to review and disseminate learning from incidents that cause harm to our patients, including pressure ulcers, and continue to monitor and report the outcomes both at our Patient Safety and Governance Committee and to the Trust Board.

During 2014/2015 we reviewed our priorities on the quality of palliative care. As a result of this work we have identified five main areas to ensure that our patients and their families receive the best end-of-life care possible.

The five main areas are as follows:

- Recognise
- Communicate
- Involve
- Support
- Plan and Do

The five priorities mean care is focused on the dying person's wishes and needs rather than processes. This will make sure the person's voice, and the voices of their family, are heard at all times.

# Our Performance

All healthcare providers across the country are set a range of quality and performance targets by the Government, commissioners and regulators. We believe we can achieve these targets by efficiently providing Safe, Personal and Effective care. Our key challenges this year have been in relation 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 arriving in the Emergency or Urgent Care department. 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 who actually need to see a GP or pharmacist rather than visit A&E.

During the course of the year the Trust experienced significant difficulties in meeting the required target due to a combination of these factors.

As part of a review of how we deliver Safe, Personal and Effective care to all patients at all times, the Trust has paid particular attention to ‘patient flow’ (how efficiently and effectively patients are treated) throughout the whole hospital. This will help us to improve services to improve the services delivered in our Urgent Care Centres and Emergency Department.

Overall, performance for the year 2014/15 against the Accident and Emergency four-hour standard remains just under the 95% target at 94.54%. However, this performance compares well with other NHS acute providers and similar organisations.

	2010/11	2011/12	2012/13	2013/14	2014/15
Percentage of patients treated in under 4 hours	97.8	96.4	95.37	93.52	94.54
Number of patients (unplanned or emergency)	60528	61884	64759	63966	64763

### Referral to treatment (18 weeks)

Ninety five per cent of all patients referred to a consultant-led service should be seen and treated within 18 weeks. If we cannot meet this target, patients have the right to go elsewhere for their treatment. Overall the Trust meets this target but has challenges in some directorates in ensuring that this is the case for every patient.

These Include:

- clinical demand
- staff workload and recruitment; and
- patients choosing to delay treatment or failing to attend appointments

We have introduced a text reminder service to ensure patients remember their appointments or have the chance to reschedule in time for us to offer the appointment to someone else.

We have also introduced a pilot e-booking system which we will be phasing in during 2015/16 to continue to improve our performance in this important area. The Trust continued to meet the target set by the Trust Development Authority to reduce the number of patients waiting over 18 weeks. We have maintained required standard for the complete financial year 2014/15 at 91.3 per cent.

	Target	2010/11	2011/12	2012/13	2013/14	2014/15
Percentage of patients treated within 18 weeks on an admitted pathway	90%	92%	92%	93%	91.8%	91.3%
Percentage of patients treated within 18 weeks on a non-admitted pathway	95%	99%	99%	99%	98.86%	98.4%
Percentage of patients on an ongoing pathway under 18 weeks	92%	96%	95%	96%	96.26%	96.6%



**Our performance against the Accident & Emergency four hour standard compares well with other acute providers**



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

## Cancer

There are a number of targets that relate to people who are either suspected as having cancer or have been diagnosed with cancer and require treatment. Patients referred for suspected cancer must be seen within 14 days. People who are undergoing investigation and treatment following a diagnosis of cancer should receive their treatment within 62 days of their referral. At times such as summer holidays or Christmas, patients may choose to delay their appointments which can pose a challenge so we are working to ensure that we offer people appointments as early as possible following referral so we can still offer an appointment within the time limit should they wish to delay. We are working to ensure that the streamlining and efficient scheduling of tests, outpatient appointments and multi-disciplinary team meetings to discuss the care plan for cancer patients eliminate undue delays in their care.

The national cancer data in relation to our surgeons shows that there are no issues relating to their performance when compared with the rest of the country. Our performance in the national cancer survey indicates that there are areas of care we could improve upon; in response we have developed and deployed action plans to ensure we can continue to improve the quality and timeliness of the care we provide.

	Target	2010/11	2011/12	2012/13	2013/14	2014/15
Percentage of patients seen <2 weeks of an urgent GP referral for suspected cancer	93%	96%	95%	95%	96%	96.3%
Percentage of patients seen <2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected	93%	96%	96%	95%	96%	96.1%
Percentage of patients receiving first definitive treatment within 31 days of a decision to treat	96%	98%	98%	98%	97.3%	98.2%
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	94%	98%	97%	97%	98.5%	95.1%
Percentage of patients receiving subsequent treatment for cancer within 31-days where treatment is an Anti-Cancer Drug Regime	98%	99%	99%	99%	99.5%	100%
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	85%	89%	87%	87%	85.57%	86%
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	90%	99%	93%	98%	96.76%	95.9%

Stroke

Stroke is a growing issue across the UK; yet it is a preventable and treatable disease and is no longer perceived simply as a consequence of ageing that inevitably results in death or severe disability.

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 perform well in most areas of the “gold standard” but have continued to experience difficulties in meeting the 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. We have 15 dedicated beds in the Stroke Unit for acute stroke patients and have improved early liaison between clinical staff in the Emergency Department and the Stroke Unit to provide appropriate care for stroke patients. We have recruited a specialist Stroke Nurse who has a key role in the education of colleagues, patients and carers.

	Target	2010/11	2011/12	2012/13	2013/14	2014/15
Percentage of stroke patients spending > 90% of their stay on a stroke unit	80%	75.3%	87.4%	83.7%	84.17%	80.18%
Percentage stroke patients admitted to a stroke unit within four hours	90%			46.15%	50.46%	55.79%
Percentage of patients with TIA at higher risk of stroke seen and treated within 24 hours	60%	32.2%	72.6%	93.14%	94.79%	62.87%

Infection Prevention and Control

The Trust is committed to the delivery of safe care at every patient interaction. By preventing and controlling infection, we can save lives and reduce unnecessary pain and suffering. Everyone has a part to play in infection prevention and control and we have a specialist team to support education and training of all staff to maintain the highest possible standards of cleanliness and reduce the incidence of infections. Robust infection practice is a priority reinforced through mandatory staff training and regular audits of infection prevention and control measures.

The Trust aimed to have no more than 23 cases of Clostridium Difficile for 2014/15. However, there were 32 cases across the course of the year. There was only one case of MRSA which is a continuing improvement Although nationally the focus is on MRSA and Clostridium Difficile there are more common infections such as urinary tract, respiratory tract and surgical site infections which require equal vigilance.

We have continued to reinforce the need for strict hand hygiene protocols across our sites and have introduced detailed monitoring at a directorate and divisional level with the introduction of divisional performance dashboards. Our dedicated infection control meeting is also attended by very senior clinicians from each division.

	2010/11	2011/12	2012/13	2013/14	2014/15
MRSA	8	6	3	4	1
Clostridium Difficile infections	65	45	36	24	32

Delayed transfers of care

Delayed transfers of care occur when a patient who is medically fit to be released from hospital is unable to do so. We continue to work with our partners across health and social care to ensure that patients return home when they are fit to do so and also that beds remain available for those who need our care.

The table below shows our performance during the particularly difficult winter months. We introduced daily meetings with all health and social care partners to ensure appropriate packages of care were put in place for some of our most vulnerable patients as soon as possible. Delayed transfers of care have also been a key focus for the ‘mini inspections’ that have taken place throughout the year.

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Number of patients delayed in month	181	169	137	248	232	130	115
Number of patients delayed on last Thursday of month	67	52	34	83	34	25	30
Total days lost in month	1687	1657	1320	1402	1655	1051	1034
% of occupied bed days	8.36%	6.37%	4.11%	9.92%	3.96%	2.98%	3.56%
Average daily bed days lost	56	53	44	45	53	38	33
Average general and acute occupied beds	800	815	825	837	859	840	843





**Quality is our organising principle. We strive to improve quality and increase value**

**Mortality**

One of our key improvement priorities for the year was to reduce our mortality rates. We pledged to reduce our Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR) to within the expected range, the equivalent of saving an additional 150 lives per year.

All deaths are reviewed to ensure any lessons for improvement can be acted upon and more specifically to ensure that patients at risk of clinical deterioration are identified early and appropriate interventions are made. We are in the process of rolling out an electronic Early Warning Score to assist our staff in reacting quickly to these patients as well as improving the reliability of care delivered using standardised care bundles and the adoption of Advancing Quality measures.

In the latest quarterly Summary Hospital-level Mortality Indicator (SHMI) figures published by the Health and Social Care Information Centre (HSCIC) in January 2015, the Trust is reported in the band 2 category, 'as expected' with 1.10.

Our weekday mortality has fallen from 109.7 at the end of 2013/14 to 99.18 in 2014/15 with weekend mortality rates falling from 106.09 to 94.16 over the same period.

**Financial Performance**

The Trust has continued to perform well against key financial targets and has again met its external financing and capital resourcing limits and our internal target for the Better Payment Practice Code (BPPC). The Trust continues to prepare its accounts on a going concern basis taking into account the best estimates of future activity and cash flows.

Income from the provision of goods and services for the purpose of the National Health Service was more than that generated from other sources. The impact that other income has had on the provision of goods and services has been negligible.

	2010/11	2011/12	2012/13	2013/14	2014/15
Capital Absorption Rate met	✓	✓	✓	✓	✓
External Financing Limit met	✓	✓	✓	✓	✓
Capital Resource Limit met	✓	✓	✓	✓	✓
Better Payment Practice Code met	✓	✓	✗	✓	✗

# Our People

Our Board is led by Chairman Professor Eileen Fairhurst who started her role at the Trust at the beginning of 2014. The Chairman of the Board is supported by the Chief Executive and a small team of Executive and Non-Executive Directors.

Previously, some of the Executive posts were carried out by interim staff but to provide stability, permanent appointments have now been made. The arrival of Chief Executive Kevin McGee in the autumn of 2014 ensures secure and consistent leadership for the Trust. Former Divisional General Manager, Gillian Simpson took up the role of Director of Operations and Kevin Moynes became permanent in the role of Director of Human Resources during October 2014. Dr Damian Riley was appointed as Medical Director in July 2015. The Trust has also appointed two new Non-Executive Directors, Stephen Barnes and Richard Slater.

The role of the Board is to provide 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



**Kevin McGee**  
Chief Executive



**Dr Damian Riley**  
Executive Medical Director



**Gillian Simpson**  
Director of Operations



**Jonathan Wood**  
Director of Finance & Performance



**Christine Pearson**  
Chief Nurse



**Kevin Moynes**  
Director of Human Resources (non-voting)



**Martin Hodgson**  
Director of Service Development (non-voting)



**Peter Rowe**  
Non-Executive Director



**Elizabeth Sedgely**  
Non-Executive Director



**David Wharfe**  
Non-Executive Director



**Stephen Barnes**  
Non-Executive Director



**Richard Slater**  
Non-Executive Director

The Trust is a major local employer. The whole time equivalent (WTE) workforce is 6,783. We recognise that our on-going success is due to the hard work, dedication and commitment of all our staff and volunteers. During the course of the year the Trust has worked hard to recruit and retain staff, particularly front-line nursing and medical staff. There are 38 more qualified nurses employed in 2014/15 adding to the 118 recruited in the previous year. In addition we have recruited to a further 13 clinical vacancies and have approximately 115 nurses due to start employment in the early part of 2015/16. We have continued to report our safe staffing levels across our wards during the course of the year.

Recognising that to provide consistent high standards of Safe, Personal and Effective care, we have to rely on additional staffing at times of peak demand. The Trust has worked hard to improve our bank staff arrangements to reduce reliance in the future on agency staff. This ensures that our own trained staff who are familiar with our systems, processes and high standards of care and who wish to work additional shifts for personal reasons have the opportunity to care for our patients before the Trust has to call on agency nurses.

As well as ensuring that we have the appropriate workforce numbers, the Trust has worked hard to recognise the importance of employee engagement. Our overall Organisational Development Strategy and a focussed staff engagement team is in place. Staff engagement activities, including reinforcing our values and behaviours, "Big Conversations", listening events, patient safety visits, Executive Team "back to the floor", staff focus groups and driving the "You Said, We Did" message are the mainstay of our engagement plan. We are working hard to ensure that staff engagement opportunities reach the whole workforce, regardless of profession, locality or working pattern.

In addition to the information and data from the national NHS Staff Survey, we conduct focussed "Vital Signs Surveys" among our staff to enable them to confidentially feedback their experience of working for the Trust on a regular basis. We then monitor the actions that have been taken in response to improve the staff experience.

**We recognise that our ongoing success is due to the hard work, dedication and commitment of all our staff and volunteers**

# 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, and a network provider of level 3 Neonatal Intensive Care.

Our services are provided through our four divisions – Integrated Care Group, Surgery and Anaesthetics Services, Diagnostic and Clinical Support and Family Care supported by the corporate departments.

There is a strong focus on performance management within the Trust which is encapsulated in our Performance Accountability Framework. Our Clinical Divisions are headed by a lead clinician (Divisional Director), lead manager (Divisional General Manager) and a senior Nurse or Allied Health Professional lead.

Leads from our corporate services support delivery of the divisional strategies and business plan. These include specialist human resources, financial and governance advisers. Performance reporting and improvement plans are a key feature of Trust Board and senior management discussions.

The Royal Blackburn Hospital provides a full range of hospital services. These include general and specialist medical and surgical services along with diagnostic and support services such as MRI and CT scans. In addition to the modern facilities within the hospital, the building includes state-of-the-art in-patient facilities, centralised out-patients department, new operating theatres, an Urgent Care Centre and the Emergency Department.

Burnley General Hospital provides a full range of hospital services. These include general and specialist medical and surgical services as well as diagnostic and support services such as MRI and CT scans. It is the East Lancashire Hospitals NHS Trust's site which specialises in planned (elective) treatment.

The hospital includes a new purpose-built Urgent Care Centre for the treatment of minor injuries and illnesses. It does not include an Emergency Department or supporting facilities such as out-of-hours intensive care. These services are provided from the Royal Blackburn Hospital.

The site includes the £32 million Lancashire Women and Newborn Centre, housing the centralised consultant-led maternity unit, a Level 3 Neonatal Intensive Care unit, a midwife-led birth centre and a purpose built gynaecology unit.

The "Phase 5" development, a £33 million investment in new treatment areas, includes inpatient and outpatient facilities.

Pendle Community Hospital in Nelson provides inpatient intermediate care and medical beds. The hospital comprises three wards, each accommodating up to 24 patients. The hospital provides medical and nursing care for people with long-term conditions and a rehabilitation service for people following illness or injury.

Accrington Victoria Hospital is a community hospital providing inpatient services and a Minor Injuries Unit for the local population. The hospital also has access to dedicated specialist services together with a range of outpatient services. Many consultants and specialties use this busy facility which allows local people to be seen by a more convenient, local service.

The new state-of-the-art £7.8 million Clitheroe Community Hospital gives the residents of Clitheroe and surrounding areas a hospital fit for the 21st century. The new building has a 32-bedded inpatient ward on the first floor and outpatient clinics and other services on the ground floor, including a restaurant for visitors. The Inpatient and Rehabilitation Day Unit service is available for people 16 years old or over who meet the criteria for admission. The outpatient facility will see patients of any age as requested by the consultants.

Our outpatient services are also provided at a range of local community settings enabling patients to access care closer to their home wherever appropriate.

The Trust also provides community services such as district nursing and health visiting in patients' homes.

## We provide a full range of acute hospital and community services



# Our Highlights of 2014/2015

## First Birthday of Burnley Urgent Care Centre

Staff at Burnley Urgent Care Centre celebrated its first birthday on Wednesday 28th January after a successful year treating just over 50,000 patients.

Burnley Urgent Care Centre sees between 120-150 patients a day and treats a whole range of injuries and illnesses. The unit is open 24/7 with a doctor always present, a high number of senior nursing staff and a consultant available from 9am-5pm Monday to Friday. Despite the large numbers that come through the doors, the Unit has consistently achieved the four-hour target over the past year, never dipping below 95%.



## Queens Nurse Award

A community nurse at East Lancashire Hospitals NHS Trust has been awarded the prestigious title of Queen's Nurse by community nursing charity, The Queen's Nursing Institute (QNI).

Marcia Haworth, who is the Trust's lead for the District Nursing Teams and Integrated Respiratory Service based at St Peter's Centre in Burnley was awarded the title which indicates a commitment to high standards of patient care, learning and leadership. Nurses who hold the title benefit from developmental workshops, bursaries, networking opportunities and a shared professional identity.

Marcia lives in Burnley and has worked across East Lancashire for 32 years. She qualified as a registered nurse in 1985 and was awarded the Silver Medal for recognition of high-quality patient care and academic ability.

## Tree of Remembrance

Over the Christmas period the Bereavement Care Service at East Lancashire Hospitals NHS Trust invited visitors, staff and patients to leave a personal message remembering loved ones on a special Memorial Tree at the Royal Blackburn Hospital.

Christmas is the time of year when thoughts often turn to loved ones who have died. In partnership with Consort Healthcare, the hospital erected the Memorial Tree close to the lifts on Level 1 and invited people to leave a message remembering friends and family members who have passed away.



## Palliative Priorities

New guidance for healthcare staff caring for dying people has been introduced throughout the Trust.

It is based on the five Priorities for Care and places emphasis on the needs and wishes of the dying person and those close to them.

The Trust's approach is based on national guidelines and is considered best practice when caring for someone in the last days and hours of their life.

The five Priorities for Care of the Dying Person – Recognise, Communicate, Involve, Support, Plan & Do – are being shared with East Lancashire and Blackburn with Darwen GPs, hospices, care homes and community nursing staff.

## Birthing Centre helps cut caesarean sections

The Birthing Centre on Park Lee Road, Blackburn, offers mums a calm, personal alternative to the traditional maternity ward. It boasts birthing pools, beautiful grounds and unlimited access for visitors. Birth preparation classes, hypnotherapy advice and even baby yoga classes are offered. It is proving to be a big hit with prospective parents.

"The number of caesarean sections being performed is a huge challenge for everyone", revealed Team Leader and Supervisor of Midwives, Caroline Broom. "Not all women need a team of doctors and at the Birth Centre women are encouraged to progress through birth at their own pace, surrounded by experienced midwives in a relaxed and peaceful environment."

One of the keys to the Centre's success is that would-be mums are designated a midwife at their antenatal appointment who follows them throughout pregnancy and may even be present at the birth of the baby. The Birth Centre offers a "one stop shop" approach with all the appropriate checks, examinations and even vaccinations being done in one place.



## Water Babies

Staff at Burnley Birth Centre, based at Burnley General Hospital this year celebrated its 1,000th water birth since the unit opened.

The Birth Centre which is part of the Lancashire Women and Newborn Centre on the Burnley General Hospital site, has proved a big hit with local women as it offers a more personal and "home from home" alternative to the traditional consultant-led unit for women with straightforward pregnancies.

To celebrate this amazing achievement, midwives from the Centre swam a combined 1,000 lengths in the pool at St. Peter's Centre Burnley.

**New Scanners**

A new MRI scanner and a new CT scanner have been installed as part of the Trust's multi-million pound capital investment programme in state-of-the-art radiology equipment.

This advanced MRI scanner equipment boasts a much more comfortable experience for both patients and users as a result of highly advanced computer technology.

The new system is capable of undertaking much more complex examinations in much shorter times, meaning a better experience for patients. The scanner also has a wider bore which means that there is more space between the patient and the scanner, particularly helping put at ease those who may feel slightly claustrophobic during their examination.

Similar investment in radiology equipment on the Burnley General Hospital site has also seen a recent upgrade to the existing MRI scanner, meaning more complex examinations can now be undertaken.



**£1 million Cancer Care Investment**

A partnership of local health organisations has collectively invested £1 million to radically transform cancer care in the area.

The Macmillan Cancer Improvement Partnership in East Lancashire and Blackburn with Darwen has begun pioneering a three-year programme to provide better care and support for cancer patients from the moment of diagnosis to beyond treatment.

Comprising Macmillan Cancer Support, NHS East Lancashire Clinical Commissioning Group (CCG), NHS Blackburn with Darwen Clinical Commissioning Group (CCG), Blackburn with Darwen Borough Council, East Lancashire Hospitals NHS Trust and Lancashire County Council, the partnership aims to embed best practice within all aspects of cancer care across primary, acute and community settings.

**Future Hospitals Programme**

The Trust celebrated being selected as one of four trusts nationwide to be named as a development site for the Royal College of Physicians (RCP) Future Hospitals programme.

The Future Hospitals Commission described how care and the systems and staff that deliver care need to change, given the ageing population and that people are living with multiple conditions. The programme aims to implement the RCP's vision in improving the care of patients by bringing specialist care closer to the patient wherever they are, in hospital or in the community. East Lancashire Hospitals NHS Trust was one of 20 Trusts who applied to become a development site and its project becomes one of four partners with the RCP in implementing and evaluating the Future Hospital in practice.



**Success at research awards**

The Trust confirmed its reputation as a regional centre of excellence for clinical research by receiving four prizes at the Greater Manchester Clinical Research Awards 2014.

The event, held at a Manchester city centre hotel, saw health researchers and teams from hospitals and medical colleges across the North West awarded for their efforts in 13 categories.

The Trust – led by Dr Srikanth Chukkambotla – won the special Collaboration Award for two research teams who worked together to introduce studies to clinical departments and wards that hadn't traditionally participated in research.

**New Community Hospital for Clitheroe**

The Trust took ownership of the new £7.8m Clitheroe Community Hospital facility which has been project managed from the start by NHS Property Services Ltd.

This new development has provided a much needed 32-bed, in-patient facility with all the supporting infrastructure needed for a 21st century hospital. This modern environment is now providing first-class working facilities for staff and a comfortable home-from-home for patients and visitors.



**Vascular treatment in the community**

Patients in Garstang, Pendle and surrounding areas are now able to get quicker diagnosis and treatment for any vascular problems from a specialist clinic in their doorstep run by skilled surgeons from the Trust.

Following a major regional re-organisation of vascular services 18 months ago in Lancashire and Cumbria, East Lancashire Hospitals NHS Trust was designated as a Vascular Centre of Excellence. Since then a good deal of work has been going on to improve pathways and accessibility for patients who require treatment for varicose veins, poor blood supply and circulation problems to the legs and carotid artery surgery relating to strokes.

As part of this work, surgeons from East Lancashire Hospitals NHS Trust have launched a vascular clinic at Garstang Health Centre provided by a consultant and a specialist vascular nurse. The clinic will save patients having to travel to either Blackburn or Burnley hospitals for consultations and diagnosis of their condition.

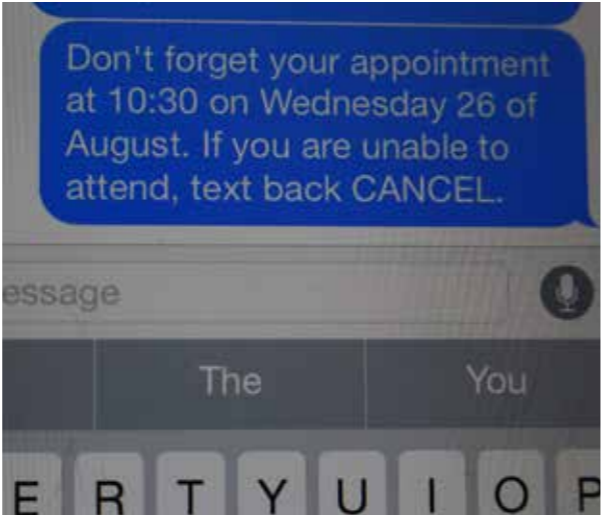
Over the next few months this will expand to include the ability to perform scans for arterial and venous disease, currently only available at Blackburn.

**A service not to be forgotten**

The Trust has introduced a new service to help cut the large number of operations and procedures cancelled by patients on the day of their surgery.

Statistics from April to June 2014 show that approximately 2,400 operations have to be cancelled each year, simply because the patient failed to turn up for their surgery.

To tackle the problem, the service provided by ERS Connect now sees patients receive a reminder phone call a few days before their appointment, with an option to confirm, cancel or rearrange the appointment for surgery.



**New technology**

East Lancashire patients are benefitting from investment in new medical equipment, following the delivery of new top-of-the-range microscope technology now in use in Theatres at the Royal Blackburn Hospital.

One new microscope is now in service for minor Ear, Nose and Throat (ENT) surgery with a second being used for major ENT and specialist Maxillofacial Surgery.

Investing in new microscopes means we are able to continue providing high-quality, effective ENT and Maxillofacial treatment for many years to come.

Both new microscopes offer the Trust's ENT and Maxillofacial surgeons the very latest optical technology including crystal clear image quality and the option to record and view high definition video of the patient.

The new instruments offer much clearer illumination, with synchronised magnification and improved ergonomics, so the surgeon has to spend less time refocusing, which means less interruption.



**Urology Unit opened**

A new prostate scanner which can diagnose cancers within minutes was unveiled at Burnley General Hospital.

The scanner is the showpiece of the Trust's newly opened Urology Investigation Unit at Burnley and will help detect kidney, prostate and testicular cancers. It will also help significantly reduce the amount of time patients have to wait for a diagnosis.



**Back to the Floor in the Laundry**

Chief Executive Kevin McGee rolled up his sleeves and got stuck in when he spent the morning working at the Trust laundry on the Royal Blackburn Hospital site.

Kevin took part in the Trust's "Back to the Floor" programme which enables senior managers to spend time working in different areas, shadowing staff and learning about their work and how their contribution and area enables the Trust to function on a daily basis.

Kevin was guided by Laundry Manager Lynn Fort, who talked him through what the department does on a daily basis and set him to work sorting dried items ready for ironing and packing to go back to the wards.

In an average week at the Trust around 110,000 items are laundered, including some 29,000 sheets, 11,000 towels and 22,000 mops and cleaning cloths from all Trust hospital sites, with soiled linen arriving in the laundry throughout the day.

**Integrated service for musculo-skeletal care**

2014 saw a new co-designed delivery of an integrated musculo-skeletal pathway between primary and secondary care. This means that all referrals now come through a single point of access for Orthopaedics, Rheumatology, Chronic Pain Management and the Pennine Lancashire Integrated Musculoskeletal Service (PLIMS), with protocol-based senior clinical triage, for every single referral, every week day, to ensure the clinical decision delivers the right care, first time, for each patient, without delay.

This integration includes provision of a telephone advice line and email enquiry box, staffed each week day by a specialist MSK practitioner, for access by primary care, other healthcare staff and named patients, to seek expert guidance, advice and opinion in the identification of clinical need. An MSK website has been created to provide information on themes such as MSK physiotherapy exercise and advice. This is for use by GPs and patients, facilitating knowledge and education on self-care, thereby empowering the patient to take steps manage their own condition. This can be accessed at

<http://www.elht.nhs.uk/departments-wards-and-services/MSK-pain-rheum.htm>



# Our Future

The past year has been one focussing on the quality of the services we deliver and this report reflects many of the significant achievements we have made with the support of our staff, patients and partners. We recognise, however, that we can go further in improving services and ensuring we provide increasingly personalised care at a convenient location for our patients. We recognise too that we need to eliminate variability in how care is given in order to progress from a rating of “requires improvement” to “good” across all our services. This must be achieved within ever decreasing resources.

By far the greatest progress we have made in this year is the embedding of the Trust’s vision to be widely recognised for providing Safe, Personal and Effective care. This simple message is widely used by staff and has been better understood over the last year. The vision statement is now used and discussed in an increasing number of day-to-day practices, including all official Trust correspondence, adverts, recruitment activity and development courses.

Progress has been made in ensuring that where possible in relation to key organisational development deliverables, a number of related scorecards and action plans are in place, are produced regularly and are capable of being scrutinised within the Trust’s governance and performance structures.

The Trust has made significant progress on the Quality Improvement Plan particularly in reducing pressure ulcers, improving mortality, developing bereavement services, improving the complaints process, introducing continuous learning activities, improving communication and enhancing staff engagement and involvement.

Our vision is supported by clear strategic plans including a five-year forward plan, a Quality Strategy, Clinical Strategy, Nursing Strategy, an Organisational Development Strategy and a two-year Workforce Strategy including a recruitment and retention plan.

We want to continue to encourage a participative, listening and open culture. We will do this via:

- Big Conversation listening events
- reviewing our Raising Concerns Policy (including taking part in the Speak Out Safely Campaign)
- giving simple messages to staff such as “if you see something, say something”

Our aim is that staff at all levels of the organisation feel empowered to openly discuss concerns about patient care or the environment in which they are working.

The Trust is developing a more patient-focused culture of caring and compassion by regularly reviewing and learning from our complaints, inviting patient stories at Board meetings, embedding our “share to care” arrangements and responding appropriately to results from national and local inpatient and staff surveys.

We have introduced staffing safety huddles three times a day to ensure that we are able to support those areas where our patients have the highest need, require one-to- one care or if there are unplanned staff shortages. Our tailored education and training programmes have been refined to take into account feedback from patients; areas where there are clusters of adverse feedback from patients or their families are targeted for specific development. We have also worked hard to recognise and reward innovation in patient-centred care through our STAR awards, talent management strategy and internal promotions.

Our leadership strategy has focused on ensuring our senior staff become more visible both internally to staff and patients and externally to our stakeholders. A clinical leadership programme has been developed for ward managers and a recent review of the capacity and capabilities of our Clinical Directors has taken place with greater clarity of their roles to ensure accountability within the organisation. There is a consultant leadership programme focusing on senior medical staff due to apply for a consultant role and a development programme for staff grade and associate specialist doctors. A range of internal leadership development opportunities are available for middle managers and the Trust works closely with the North West Leadership Academy to offer external opportunities.

We have contributed to and joined the Sign Up to Safety campaign and the Making Safety Visible Collaborative as an organisation and our Quality Strategy reflects the aims and pledges made in these programmes. These are also reflected in our Quality Account published alongside this Annual Review.

# The Plans for 2015/16

Our Clinical Strategy described in Our Plans for 2015/16 encapsulates three elements which are shaped by a number of influencing factors as indicated in the diagram below:



**Influencing factors:**

- |                                       |  |
|---------------------------------------|--|
| • Our Vision and Values               | • Commissioning intentions – national, local |
| • Our Quality Strategy                | • Local circumstances                        |
| • National policy drivers             | • Demographics                               |
| • Workforce (including 7 day working) | • Innovation, education and research         |
| • Medical education                   |  |

Our Clinical Strategy considers the key influencing factors for the future success and sustainability of our organisation which must be achieved in the near future. As part of our business planning processes we have identified a range of aspirations to:

- deliver integrated care pathways across acute and community services with a particular emphasis on the emergency/urgent pathway and patients with long term conditions
- significantly redesign some key scheduled care services
- develop our Women and Newborn services, particularly gynaecology
- develop our diagnostic infrastructure, including the future provision of Pathology services.

# Our Workforce Plan

Our workforce plan aims to strike a balance between supply and demand for staff to estimate the future need to try to ensure that appropriately qualified people are available to meet these needs.

Like the rest of the country, the Trust has experienced some difficulties in workforce supply. However, we have a variety of workforce strategies, including international recruitment, to continue to address these issues while working hard to grow talent locally and provide jobs for our local workforce.

The Trust is taking a pro-active approach to the issue of an ageing workforce by ensuring that each Directorate has the right information to enable it to consult staff about their future plans. The Trust has continued to promote flexible retirement and other retention strategies to ensure the number of staff in post supports the delivery of Safe, Personal and Effective care.

2015/16 will see a focus on workforce transformation, since doing more of the same is not an option to deliver sustainable services over the next five years. We are taking a system-wide approach to work with external stakeholders to agree new models of care, new pathways for patients to access services and new competencies for our staff in some non-traditional roles. We will support the development of Assistant and Advanced Practitioners within the services and commission new roles such as Physicians' Associates. The Trust will take a whole workforce approach to our plans ensuring we are able to maximise the talents of volunteers, administration teams and key support services staff in delivering the right care at the right time.



**We hope you enjoyed reading this review of 2014/2015. For further information on the Trust or any of its services you can visit our website [www.elht.nhs.uk](http://www.elht.nhs.uk) or call 01254 732140**

**All the staff at East Lancashire Hospitals NHS Trust would like to thank you for your continued support and we look forward to working together with you to ensure that 2015/2016 is an even better year!**

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

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