

Annual Review 2016

Safe | Personal | Effective



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01.

Welcome

01. Welcome

Our community can be confident in coming here for their treatment and care.

Welcome to our annual look back at what has been another eventful year for the Trust. We have continued on our journey of improvement and, following a partial CQC inspection in October 2015, both Royal Blackburn and Burnley General Hospitals were officially rated as 'good' in May 2016.

This rating has been achieved thanks to the tremendous work and dedication of our staff, who consistently strive to deliver the Trust's vision – being widely recognised for providing Safe, Personal and Effective care for all our patients – often in challenging circumstances and under immense pressure.

This review looks at our highlights over the past year and demonstrates why the organisation is such a source of pride to all our staff and how our community can be confident in coming here for their treatment and care.



Eileen Fairhurst

Professor Eileen Fairhurst Chairman



K.P. McGee

Kevin McGee Chief Executive

02.

Our Trust



02. Our Trust

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



We offer care across five hospital sites, and various community sites, using state-of-the-art facilities



Last year we saw over 121,000 inpatient admissions; 580,000 outpatient attendances and 185,500 A&E attendances



We employ 6,893 whole-time-equivalent (WTE) members of staff, some of whom are internationally renowned and have won awards for their achievements

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

695

beds at the Royal
Blackburn Hospital

72

Community inpatient
beds at Pendle
Community Hospital

32

community inpatient
beds at Clitheroe
Community Hospital

18

community inpatient
beds at Accrington
Victoria Community
Hospital

223

beds at
Burnley General
Hospital

03.

Strategic Framework



03. Strategic Framework

The Strategic Framework paints a comprehensive picture of the Trust's overall strategy. It details how individual and team efforts can be connected to achieve the best outcomes and includes our key objectives and priorities.

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

Our Values

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

Our Operating Principles

- Quality is our organising principle. We strive to improve quality and increase value.
- Clinical leadership influences all of 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 Improvement Priorities

- Reducing mortality
- Avoiding unnecessary admissions
- Enhancing communications and engagement
- Delivering reliable care
- Timeliness of care

04.

Safety and Quality



04. Safety and Quality

The Trust is committed to continually improving the quality of care given to local people, as we strive to achieve our organisational aim ‘to be widely recognised for providing safe, personal and effective care’.

We monitor safety and quality through our corporate and clinical governance structure, reporting to the Board via the Quality Committee. The Quality Committee is informed by the Patient Safety and Risk Assurance Committee, Clinical Effectiveness Committee, Serious Incidents Requiring Investigation Panel, Health and Safety Committee, Infection Control Committee, Internal Safeguarding Board and Patient Experience Committee. Divisional Directors, or their agreed deputies, attend and report at these committees. Reporting in Divisions replicates this corporate structure to ensure consistent reporting from ‘floor to Board’.

We have a robust process in place to identify and agree key quality priorities. Those requiring quality improvement are consolidated into our Quality Improvement Plan (QIP) and monitored for progress. These include the harm reduction programme, clinical effectiveness and reliability and patient experience.

Our Quality Improvement methodology is the “7 Steps to Safe, Personal and Effective Care.” This is based on the Model for Improvement and also incorporates “Lean” and other tools. We have a small and developing quality improvement team of facilitators as part of the Quality and Safety Unit, linking with the Quality Committee structure. A staff development programme in quality improvement skills is in place and through our membership of Advancing Quality Alliance (AQuA). Professionals in training are supported to develop and participate in quality improvement projects, and support for projects is agreed at the Quality Improvement Triage group.

Dr Damian Riley is Executive Medical Director and the lead for clinical quality.

The lead commissioner is East Lancashire Clinical Commissioning Group (CCG), accounting for approximately two thirds of activity undertaken by the Trust; Blackburn with Darwen CCG accounts for the major proportion of the remaining activity.

We have good relationships with our CCGs and communication with them has been further strengthened during 2015/16. Monthly Quality Review Meetings, chaired by the Commissioning Support Unit (CSU), are held with Quality Leads from all organisations. The meetings focus on clinical effectiveness, risk and safety, quality improvement and the patient and family experience. Communication is enhanced by weekly teleconferences between the lead CCG and the Trust.

The escalation process for incidents, risks and events of concern has been revised and improved to ensure timely and appropriate communication to all relevant parties. Evidence is collated from divisions and presented to one of the bi-monthly subcommittees of the Quality Committee and then to the Trust Board.

After these meetings, validated reports and data are shared with CCGs and CSU to provide assurance and to support health economy decision making.

Reports include:



Complaints



Health Care Associated Infections (HCAI)



Exception reports against key performance standards.

During 2015/16, a Quality Scorecard has been further developed to facilitate monitoring against a range of quality indicators.



05.

Our Performance



05. Our Performance

Our performance during the year has been generally good with most targets being exceeded.

Accident and Emergency four-hour standard

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

We have experienced significant difficulties in meeting the required target owing to a combination of these factors. Performance against the four-hour standard remains under the 95% target at 92.5%, but this compares well with other NHS acute providers and peer organisations, and is higher than the overall national performance for the year (91.9%).

To improve the process for admitting patients through the Emergency Department, we have established a 'Flow Team' consisting of a senior doctor, senior nurse and a senior manager. Their task is to focus solely on ensuring efficient movement of patients through our system, so that people are admitted as soon as they should be, and discharged as soon as they are medically fit and ready to go home.

	Target	2013/14	2014/15	2015/16
Percentage of patients treated <four hours	95%	93.5%	94.5%	92.5%
Number of patients (non-elective)		63,966	64,763	64,126

Referral to Treatment (18 weeks)

Nintey five percent 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 performs well, but continues to experience issues in some directorates in ensuring that this is the case for every patient. We face a number of challenges, including clinical demand and staff workload, but do actively engage with patients at the beginning of their care pathway to ensure they are aware of their rights regarding treatment and their responsibility to play an active part in their care.

We have also introduced a new reporting and tracking system for all patients who are on a referral to treatment (RTT) pathway. This allows services to identify those who may require additional input to ensure that they receive and can attend a timely appointment, thus meeting the RTT standard.

We met the target set by the Trust Development Authority to ensure that at least 92% of patients on an ongoing pathway at any time are waiting less than 18 weeks. Numbers treated (either via an admitted or non-admitted pathway) are monitored, but no longer subject to contractual targets. However, since August 2015, we have struggled to ensure that 90% of patients on an admitted pathway are treated within 18 weeks.

	Target	2013/14	2014/15	2015/16
Percentage of patients treated within 18 weeks on an admitted pathway	90%	91.8%	91.3%	87.5%
Percentage of patients treated within 18 weeks on a non-admitted pathway	95%	98.86%	98.4%	98.4%
Percentage of patients on an ongoing pathway under 18 weeks	92%	96.26%	96.6%	96.7%



Cancer

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

At times such as summer holidays or Christmas, patients may choose to delay their appointments. So we are working to ensure that we offer people appointments as early as possible following referral, so we can reappoint them within the required time should they wish. We try to ensure the efficient organisation of tests, outpatient appointments and multi-disciplinary team meetings to discuss the care plan for our patients with cancer to avoid undue delays in their care.

The national cancer data relating to our surgeons has indicated that there are no issues with their performance when compared with the rest of the country. The National Cancer Survey identified where improvements could be made and we have developed and deployed action plans to ensure we continue to improve the quality and timeliness of the care we provide.

	Target	2013/14	2014/15	2015/16	
Percentage of patients seen <two weeks of an urgent GP referral for suspected cancer	93%	96%	96.3%	96.5%	**up to Feb 16
Percentage of patients seen <two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	93%	96%	96.1%	95.5%	**up to Feb 16
Percentage of patients receiving treatment within 31 days of a decision to treat	96%	97.3%	98.2%	99.1%	**up to Feb 16
Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	94%	98.5%	95.1%	98.3%	**up to Feb 16
Percentage of patients receiving subsequent treatment for cancer within 31 days where treatment is an anti-cancer drug regime	98%	99.5%	100%	99.8%	**up to Feb 16
Percentage of patients receiving treatment for cancer within 62 days of an urgent GP referral for suspected cancer	85%	85.57%	86%	88.0%	**up to Feb 16
Percentage of patients receiving treatment for cancer within 62 days of referral from an NHS cancer screening service	90%	96.76%	95.9%	97.9%	**up to Feb 16

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 severe disability or death.

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 experience difficulties in meeting the required target that patients attending our services with the signs and symptoms of stroke are admitted to our specialist stroke beds within four hours of arrival. This reflects the pressures seen across the country from the increasing demands for non-elective services and the availability of beds.

	Target	2013/14	2014/15	2015/16
Percentage of stroke patients spending more than 90% of their stay on a stroke unit	80%	84.17%	80.18%	81.35%
Percentage of stroke patients admitted to a stroke unit within four hours	90%	50.46%	55.79%	52.44%
Percentage of patients with TIA at higher risk of stroke seen and treated within 24 hours	60%	94.79%	62.87%	63.27%

Infection prevention and control

By reducing infections we can save lives and reduce unnecessary pain and suffering. Everyone has a part to play and we have a team dedicated to supporting education and training of all staff to ensure we maintain the highest possible standards of cleanliness and reduce the incidence of infections.

The Trust had a target of a maximum of 28 cases of Clostridium difficile (C.difficile) for 2015/16. Unfortunately there were 29 cases across the course of the year. There was only one case of MRSA.

There are more common infections, such as urinary tract, respiratory tract and surgical site infections which also require equal vigilance. Robust infection control practice is a priority, reinforced through mandatory staff training and regular audits of infection prevention and control measures.

There are strict hand-hygiene protocols across our sites and detailed monitoring at a directorate and divisional level, with the introduction of divisional performance dashboards. Our dedicated infection control meeting is attended by very senior clinicians in each Division to reinforce the Trust's commitment to delivering safe care at every patient interaction.

	Target	2013/14	2014/15	2015/16
MRSA	0	4	1	1
Clostridium difficile infections	28	24	32	29

Falls

Following the appointment of a specialist Falls Link Nurse at the beginning of 2015, we set up a multi-disciplinary Falls Collaborative with targets to reduce the number of inpatient falls by 15% and more specifically, reduce the number of inpatient falls with harm by 20%, both by August 2016.

The Falls Collaborative piloted a number of initiatives on certain wards to help achieve its targets. These included an updated 'slips, trips and falls' policy; new bed rails policy and risk assessment documentation; communication aids; bed and chair sensors; slipper socks and bay tagging.

There was also improved communication with patient and carers on falls prevention with a new range of patient information leaflets.

Results from the five pilot wards saw a reduction in all falls of 36%, 64 fewer falls between November 2015 and May 2016.

Owing to the work of the Falls Collaborative and the Falls Link Nurse, patients on all wards saw a 19% drop in falls compared with two years previously, a reduction of 243 inpatient falls. In addition, falls causing moderate patient harm reduced by 31% in the same six-month period.

Pressure ulcers

To reduce the risk and number of pressure sores acquired, we established the Pressure Ulcer Collaborative in April 2015. A multi-disciplinary team from our wards, departments and community nursing service was set up to tackle the painful issue of pressure ulcers.

The Collaborative far exceeded its target, achieving an 80% reduction in Grade 2 pressure ulcers. Work continues towards reaching the next target – no Grade 3 or 4 pressure ulcers.

The Collaborative's work has led to a number of improvements for patients including the provision of new high-quality mattresses; a Pressure Ulcer Link Nurse on every ward/department; 'Time to Turn' red warning triangles next to patient beds and joint education events for nursing and residential home staff in partnership with our local clinical commissioning groups.



Our People



06. Our People

We greatly value employee engagement which has resulted in the Trust scoring highly in the annual staff survey and being ranked as a top NHS employer.

Our Board has been led by Chairman Professor Eileen Fairhurst since the beginning of 2014. She is supported in her role by the Chief Executive, Kevin McGee, and a team of Executive and Non-Executive Directors.

2015-16 has seen a period of real stability for the Board, with the final remaining interim post appointed to, ensuring secure and consistent leadership for the Trust. Christine Hughes was appointed as the Director of Communications and Engagement in April 2016, following two years carrying out the role on an interim basis.

The Board will be further strengthened by another non-executive director and two associate non-executive directors being appointed.

Director of Finance Jonathan Wood has been seconded to Leeds Teaching Hospitals NHS Trust, and Michelle Brown is now acting Director of Finance.

The Trust is a major local employer with a workforce of over 7,700 people. During the course of the year the Trust has continued to work hard to recruit and retain staff, particularly frontline nursing and medical staff.

There are 39 more qualified nurses employed at the Trust than in 2014/15, adding to the 200 recruited in the previous year (2015/16). Additionally, we have filled a further 500 clinical vacancies and have 198 nurses due to start with us in 2016/17. We also now report our safe staffing levels on all wards.

We have over 600 apprentices working with us, including modern apprentices, which underlines our investment in the local workforce. We also offer apprenticeship qualifications to our existing staff, with a number completing apprenticeships in a variety of subjects including business administration, customer service and medical administration and management.

Our Board



**Professor
Eileen
Fairhurst**
Chairman



**Kevin
McGee**
Chief Executive



**Gillian
Simpson**
Director of
Operations



**Jonathan
Wood**
Director of
Finance &
Performance



**Christine
Pearson**
Director of
Nursing



Dr Damian Riley
Executive Medical
Director



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



Christine Hughes
Director of
Communications
& Engagement
(non-voting)



**Michelle
Brown**
Acting
Director of
Finance



**Peter
Rowe**
Non-
Executive
Director



**Elizabeth
Sedgely**
Non-
Executive
Director



Martin Hodgson
Director
of Service
Development
(non-voting)



**Richard
Slater**
Non-
Executive
Director



**David
Wharfe**
Non-
Executive
Director



**Stephen
Barnes**
Non-
Executive
Director

This work saw us win the 'Large Business of the Year' award at Blackburn College and Nelson & Colne College.

Our 'Care to Make a Difference' recruitment campaign for doctors and nurses has continued, with a push to recruit to key vacancies across the Trust and ensure our student nurses choose to stay with us once qualified. This has been supported by a rise in the number of apprentices recruited to work in supporting areas across the organisation. We have also run a number of medical and non-medical careers days aimed at local schools and colleges to promote the Trust as a key local employer with a range of roles.

As well as ensuring that we have the right number of staff, we also greatly value employee engagement. This has resulted in the Trust scoring highly in the annual staff survey and being ranked as a top NHS employer. Our overall Organisational Development Strategy contains the Employee Engagement Strategy and a focussed staff engagement team is in place.

Staff engagement activities, including reinforcing our vision and values, 'Big Conversations', listening events, patient safety visits, Executive Team 'Back to the Floor', staff focus groups and driving the "You Said, We Did" message form the mainstay of our engagement plan.

We aim 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 the quarterly Staff Friends and Family Test with all staff to enable them to feedback regularly, and in confidence, on their experience of working for the Trust on.





07. Our Services

Our services are provided through 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 encapsulated in our Performance Accountability Framework. Clinical divisions are led by a clinician, manager and a senior nurse or allied health professional (AHP).

Our Corporate Services support the delivery of the divisional strategies and business plan. This includes specialist human resources and financial and governance advisors. 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, including 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 patient facilities, centralised outpatients department, operating theatres, an Urgent Care Centre and Emergency Department – the busiest in the north west of England.

Burnley General Hospital also provides a full range of hospital services and is the site which specialises in planned (elective) treatment. Further work is under way at the

Burnley site on the re-development and expansion of the Surgical Day Unit to create a new East Lancashire Elective Centre.

This will include a patient-centred infusion suite and additional endoscopy room. Further development will see a new-build ophthalmology and outpatients department and chemotherapy unit in a re-designed breast care and cancer department. This underlines our commitment to providing better facilities and overall patient experience for the Burnley site.

Our three community hospital sites in Accrington, Pendle and Clitheroe provide inpatient, outpatient and rehabilitation services, with consultants and specialty services using the facilities to run outpatient clinics and offer outpatient care closer to home for our patients. The Trust also provides community services including district nursing and health visiting in patients' homes.

Communications and Engagement

The past year has seen an increased push in proactive communications and engagement with our patients, public and stakeholders. We have plenty of good news and innovative work going on across the Trust and we have a plan in place to ensure people both inside and outside the organisation know what we do well and can share in our successes.

We have increased our digital presence significantly and currently have 3,915 people who 'like' our Facebook page and 3,016 followers on Twitter where we communicate all the news from the Trust.

We also have a comprehensive website which receives around 26,000 visits a month and our stories feature regularly on local radio and television news. We reach over 70,000 people when our stories are covered in the local print media.

Engaging with our local community and stakeholders in what we do is a key priority and we run a programme of stakeholder forum events where we meet and talk to people who have an interest and stake in the Trust. We are also in regular contact with our stakeholder network of over 100 individuals and third sector organisations and will continue to build on this in the future.



facebook.com/EastLancashireHospitals



[@EastLancsHosp](https://twitter.com/EastLancsHosp)

08.

Our Highlights of 2015/16



08. Our Highlights of 2015/16

Trust named in top 100 'Best Places to Work'

We featured in the top 100 *Health Service Journal* and *Nursing Times* 'Best Places to Work' – an annual celebration of the UK's elite public sector healthcare employers. We were also one of only 42 selected acute trusts recognised as leading the way as a 'best place to work'.

This accolade was awarded following the results of our annual staff survey. This is compiled into reports about trusts that are also made public by the NHS and the Picker Institute.

The Best Companies Group was able to use this information to analyse the organisations, determine who was in the top 100, and to create benchmark reports used by HSJ. Our data was categorised into seven different areas to determine how good we were in each.

The core focus areas:



Leadership and planning



Corporate culture and communications



Role satisfaction



Relationship with supervisor



Training and development



Work environment



Employee engagement and employee satisfaction



in association with



Award-winning, safe medicines management

We were shortlisted at the National Patient Safety Awards 2015 in the category of 'Improving Safety in Medicines Management'. Consent to access the electronic system is obtained from patients the moment they arrive on the ward, and our Medical Assessment Unit (MAU) team of doctors, nurses and pharmacists now have immediate access to up-to-date patients' GP records. This, along with the MAU pharmacy team support, means we now reconcile medications for almost 1,700 patients a month within 24 hours of admission to hospital. This work was also recognised nationally with an award at the Faculty of Medical Leadership and Management in February 2015.

International recognition for Integrated Eye Service

We have worked closely with the local clinical commissioning groups and community optometrists to design and deliver an Integrated Eye Service to patients. This offers a streamlined electronic process with a dedicated telephone line to an expert ophthalmology trained nurse and immediate access to a doctor's opinion or guidance, if needed. Triage will be completed within two hours and same day patient contact. The Trust has been invited to showcase this work to other health experts at the International Forum on Quality and Safety in Healthcare in Gothenburg, Sweden.

Strength in Chaplaincy Services

The Trust's Chaplaincy Department goes from strength to strength with a number of new chaplains from different faiths having joined Chaplain Manager, Reverend Andrew Horsfall, this year, including a permanent Imam for the organisation, Fazal Hassan.

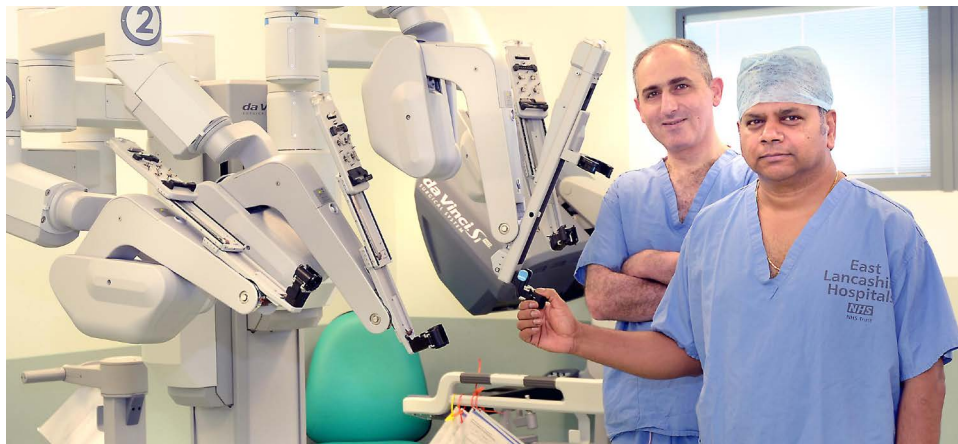
The new chaplains have played a key role in strengthening the links the Trust has with local communities and faith groups. They work with pastoral care volunteers and staff to ensure all patients, regardless of their beliefs, have access to spiritual care, advocacy and befriending during their hospital stay.



First robotic surgery performed in Lancashire

The first robotic prostatectomy (removal of the prostate gland) using the Da Vinci robot commissioned by the Urology directorate took place on 1st June 2015 at the Royal Blackburn Hospital. The team, led by Clinical Director Mr Shahid Islam and Consultant Urological Surgeons Mr Mohan Pillai and Mr Mohammed Masaarane, are now carrying out two surgeries a week with patients from East Lancashire and outside the area. This makes us the first Trust in Lancashire to offer robotic-assisted urological surgery.

The robot brings with it huge clinical benefits for patients, as it allows the surgeon to remove the prostate gland with a high degree of precision. This more precise cancer removal results in less pain, a shorter recovery period and hospital stay, as the surgery is far less invasive; less requirement for radiotherapy; improved long-term outcomes for continence and potency and a quicker return to normal activities.



Nursing Times 'Rising Star' nomination

Sarah Williams, a staff nurse in the Emergency Department at the Royal Blackburn Hospital, was shortlisted for the Rising Star award at the Nursing Times Awards 2015. Sarah, who qualified as a nurse in March 2014, was secretly nominated for the award by one of her patients, William Woodcock, who was under her care for a number of days when he was on the Medical Assessment Unit where she worked before joining the Emergency Department in April 2015.

William's submission praised Sarah for her care and her "smile and friendly manner" adding that "although she was relatively newly-qualified, the depth of her knowledge was staggering and she put me and my family at ease by explaining everything that was happening. I honestly wouldn't be alive if it wasn't for the care and attention she showed to me and when I moved to a different ward she came up a week later to see how I was getting on."



Success at National Butterfly Awards

Rachel Thorpe, midwife at Burnley General Hospital, was awarded the 'Birth Professional of the Year' award at the national 'Butterfly Awards' which celebrate survivors and champions of baby loss. Rachel was nominated by Joanne Edwards; they met in 2013 when she delivered Joanne's baby Luke who was stillborn as a result of the rare chromosome disorder Trisomy 13. Joanne and husband Mark went on to set up the charity 'Friends of Serenity', raising funds to help other families who have lost babies. The charity won awards for 'Best Cherished Keepsake' for the memory boxes and miscarriage keepsakes for parents and families that they provide; and 'Best Charity Support Organisation' for their support and fundraising in enabling the Trust to open a second Butterfly Serenity Suite.

Best Practice Award for Integrated MSK, Pain and Rheumatology Service

Our Integrated MSK, Pain & Rheumatology Service – a new service model that includes a single point of access for all MSK, Orthopaedic, Pain & Rheumatology referrals – was awarded a prestigious Best Practice Award from British Society for Rheumatology.

The service topped the category of 'Service Configuration and Pathways' for a successful piece of work in close partnership with East Lancashire and Blackburn with Darwen Clinical Commissioning Groups.



Royal College of Surgeons Accolade

Orthopaedic surgeon Professor Robin Paton was awarded the highly-prestigious King James IV Professorship from the Royal College of Surgeons of Edinburgh. The award, which is given to only one surgeon each year, was made in recognition of Professor Paton's outstanding contributions to clinical practice and research.



Critical Care Network Award

Our multi-disciplinary team of doctors, nurses and pharmacy staff on the Critical Care Unit, led by Critical Care consultants Dr Justin Roberts and Dr Paul Dean, received the Sarah Brookfield Award from the Lancashire and South Cumbria Critical Care Network in recognition of their successful research to improve the effectiveness of sepsis medication.



Launch of one-to-one partnership in care

We have taken part in a national quality improvement project to improve the quality and experience for vulnerable patients by working with their families and carers to provide one-to-one 'partnership' care. Following a successful trial, best practice has been rolled out across the Trust. Of 16 NHS Trusts involved in the project, we are ranked as one of the most successful in involving families and carers in the hospital care and supervised observation of their loved ones.



District Nursing Team reduce pressure ulcers in residential care

The Burnley and Hyndburn District Nursing team set up a project to work jointly with a number of residential homes for older people in their local areas (chosen because of the high prevalence of pressure ulcers or safeguarding concerns) to reduce pressure ulcers amongst residents. A survey of care home staff found that they often didn't know what pressure ulcer information to give to residents and families and hadn't had training on pressure ulcer prevention but were keen for more information and support.

The district nurses used this knowledge to put in place a number of changes:

- developed pressure ulcer prevention booklets aimed specifically at care home staff and shared learning resources with care home managers
- a named district nurse allocated to each care home
- dressing packs issued to allow care home staff to temporarily replace soiled or displaced dressings until a district nurse visit
- a warning system to be used when a resident requires a reposition change



Investment in ultrasound technology

We have invested over £250,000 in six new ultrasound scanners which produce high-resolution images, giving patients and hospital staff greater confidence in diagnosis. The new technology is based in the antenatal departments on both main hospital sites, the X-ray department at Burnley General Hospital and the vascular laboratory at the Royal Blackburn Hospital.

The new ultrasound equipment has the benefit of Elastography/Acoustic Radiation Force Impulse (ARFI), particularly useful for the imaging of liver lesions.



Appointment of Staff Guardian

In September 2015, we became the third NHS Trust in the country to appoint to the influential Staff Guardian position, an initiative subsequently followed by 20 other NHS Trusts.

Lynne Barton has held several senior management posts during her 22 years with the Trust, in a career for the NHS that spans over 40 years. Her role as Staff Guardian involves responding to and supporting staff across the organisation who raise concerns and ensuring they feel able to speak out safely.



First Bereavement Support Midwife

Louise Bardon was appointed in August 2015 as our first dedicated Bereavement Support Midwife.

Louise takes a strategic role ensuring that families benefit from the care being delivered. She acts as a link between the midwives on the ward and families and signposts to external organisations. She also works with and supports families who provide the department with charitable donations, including memory boxes and cold cots and uses their experiences to help improve the service provided to families who have suffered a stillbirth or pregnancy loss.

Midwife-led Sonography Service aims to cut stillbirth rate

A new midwife-led Sonography Service which aims to quickly detect foetal growth restriction and reduce stillbirths was launched in February 2016.

The service is run by midwife Julie Dimbleby whose role is to scan mums-to-be referred by community midwives following growth concerns when their baby is measured at antenatal appointments. Julie spent a year completing a course at Birmingham University in 'Third Trimester Foetal Surveillance' and carrying out hours of clinical practice within the department - all fitted round her regular working role. The result is that women no longer have to wait for a departmental ultrasound scan appointment, which can cause additional stress and anxiety, and are seen within 72 hours; with 35 slots available each week, this is often much sooner. Julie can then identify any growth-restricted babies and, with the consultant team, put a management plan in place for a safe delivery immediately.



Success of Falls Response Service

Following a successful year-long pilot in 2015, our Falls Response Service became a permanent service in January 2016. The service involves an occupational therapist (OT) working alongside a paramedic responding to emergency calls from patients in the community who have fallen. The service runs from Monday to Friday with plans to extend this to become a seven-day service until 10pm each night. This service allows patients who often have a long wait for an ambulance to be seen and triaged by the OT and paramedic partnership far more quickly, with 78% of all patients now remaining in their own home after the intervention.



Significant Improvement in the NHS Inpatient Survey

Our results improved significantly in the national NHS Inpatient Survey (published in May 2015). The survey, carried out by the Picker Institute on behalf of the Trust, asked respondents 60 questions relating to the patient journey and gave them the opportunity to rate their overall experience. The results showed a significant improvement in a number of areas, including cleanliness of hospital toilets; availability of hand wash gels; presence of nurses on duty; communication on what to expect following surgery; being treated with respect and dignity; and the overall experience of their stay in hospital.

The Trust also scored better than the national average when questioned about single-sex bath and shower facilities; noise at night from staff; cleanliness of ward toilets and nurses talking in front of patients.

200th birth at Rossendale Birth Centre

The Rossendale Birth Centre celebrated the 200th birth at the unit on 26th May with a baby boy born to mum Hannah Ward. The Rossendale Birth Centre, which is sited alongside Rossendale Primary Care Centre, has two birth rooms, offers care to women 24 hours a day and supports women during the night on an on-call basis. It continues to be a popular option for women; around one in three of all Rossendale births take place at the unit.

Child patients and families rate us one of the best in CQC Survey

The Trust was rated one of the best in England by children, parents and carers who took part in the first ever Children and Young People's Inpatient Survey conducted by the Care Quality Commission (CQC), with results published in July 2015.

The Trust received a rating of 'better than expected' in communicating with children and parents about their child's hospital stay, keeping parents/carers informed and providing advice about caring for children after discharge. A score of 9.9 out of 10 was also achieved in the rating of safety of younger children aged seven and under. Over 18,000 children and young people who stayed in hospital overnight or were seen as a day patient took part in the survey nationally.



Staff Flu Vaccination Uptake Best in Country

Members of staff showed their commitment to patient safety when 83.5% received the flu vaccination, giving the Trust its highest uptake rate ever and placing it as one of the top acute trusts in the country. This was more than last year's figure of 80.1% and far surpassed the national target of 75%, ensuring the Trust received its additional funding for winter pressures.



Refer-to-Pharmacy initiative launches

‘Refer-to-Pharmacy’, an innovative electronic tool which gives patients a bespoke appointment with their local community pharmacist on discharge from hospital, officially launched in December 2015.

‘Refer-to-Pharmacy’, backed by the Royal Pharmaceutical Society, is the first of its kind in England. Inpatients are visited by a hospital pharmacist or pharmacy technician before discharge and an electronic referral appointment is then set up with the community pharmacist with all their medication information for when they return home. This ensures that they are taking their medicines correctly. The system underlines the Trust’s commitment to closer working between hospital and community pharmacists.



Awards success for Trust Researchers

The Trust affirmed its reputation as a regional centre of clinical research excellence by winning three prizes at the Greater Manchester Clinical Research Awards 2015. Research Quality Manager Hazel Aston and Communications Officer Steve Whittaker won first prize in the Clinical Research Impact award for “combining their efforts to take the Trust communications of research activity.....to a new level.”

Deputy Medical Director and Consultant Obstetrician Mrs Rineke Schram was runner-up in the Lifetime Achievement category for constantly leading high-quality research “which has for nearly 20 years ensured local women and families have been able to take part in research studies.” Research Coordinator Shirley Bibby was also named runner-up in the ‘Research Coordinator of the Year’ category for her success in making us the highest-recruiting NHS Trust for TrialNet, a worldwide Type 1 diabetes research study.



'Good' rating for openness and honesty

We received a 'good' rating for our openness and honesty in the first national 'Learning from Mistakes League' published by the Department of Health in March 2015.

The 'Learning from Mistakes League' ranks 230 NHS Trusts up and down the country against three 'key findings': fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and percentage of staff able to contribute towards improvements at work.

Based on anonymous data gathered from the 2015 NHS Staff Survey and the National Reporting and Learning System, the Trust was considered to have 'good' levels of both openness and transparency. Initiatives to embed a culture of honesty and openness throughout the Trust have seen departments holding regular 'Share to Care' meetings to determine where improvements can be made.



Porter Bereavement Care Champion

Night porter John Jackson, received the title 'Bereavement Care Champion' from colleagues led by Chaplaincy and Bereavement Care Manager Rev. Andrew Horsfall and Bereavement Care Nurse, Erin Bolton, in recognition of this and the compassionate care he provides for patients' families visiting the Royal Blackburn Hospital.

John volunteered to stand up at an event to launch the Trust's Bereavement Care Strategy in October 2015, telling 100 guests why his job means so much to him. "Care for our patients and their families' continues even after death," says John. "When I'm on duty as a porter, I treat every person as if they were my own mum."



End-of-life care improvements highlighted in national report

The National Care of the Dying Audit of Hospitals, published by the Royal College of Physicians, examined the clinical care of over 9,000 end-of-life patients at NHS Trusts across England. It highlighted a number of improvements the Trust has made to patient care during the last two years. Examining the care and compassion provided for 80 patients in the last days of life in East Lancashire, the audit showed that the Trust is well above national average (41%) in listening to the concerns of patients able to communicate their opinions. It also reported that the end-of-life care delivered was better than the national average for recognising the needs of people important to the patient.



Mosque fundraising celebrates new era of working together

Members of the Masjid Anwaar Mosque in Blackburn, together with its children and young people, worked extremely hard to raise a staggering £2,500 in recognition of the excellent health care services provided to the community by the Trust.

Members of the Mosque and some of the children from the after-school madrasa were invited to present the money raised to the Trust Board at a gathering of key Trust stakeholders, celebrating a new era of strong partnership between Lancashire Mosques and the Trust.



09.

Our Future



09. Our Future

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

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

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

- agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire partners and agreeing key outcomes for the system
- increasing primary and community care involvement; new models of care
- increasing standardisation
- improving efficiency in elective care
- changing non-elective pathways
- reviewing and networking specialist services.

TOGETHER
A HEALTHIER FUTURE

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

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

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

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

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

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

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



**Thank you to all our patients, their
carers, our community and our staff**

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