Vital statistics

- **250** work experience placements provided to young people
- **2713** patients recruited to research studies
- **22** new apprentices
- **869,000** appointments and treatment episodes
- **£394m** income from patient care
- **84%** of staff said they’d recommend our hospitals to their families and friends for treatment
- **6193** compliments
- **124,504** Emergency Department attendances
- **20,620** foundation trust members
- **68,380** planned procedures
- **1861** enquiries and concerns dealt with by PALS
- **4560** births
- **195** research studies currently actively recruiting patients
- **100%** of medical students successfully completed their degree for the 10th year in a row
- **124,504** Emergency Department attendances
- **6193** compliments
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The Care Quality Commission said that, without exception, every patient they saw was treated with dignity, respect and compassion.
**A tough year**

2014–15 has been one of the toughest years in our history.

Demand for healthcare continued to increase, and whilst many hospitals throughout the country declared major incidents as they struggled to cope, the dedication and commitment of our staff enabled us to continue to provide high standards of care to our patients, and admit everyone who required urgent treatment. Although we managed to achieve the majority of the national performance standards, there have been delays for some people awaiting planned procedures because we have been exceptionally busy throughout the year. The Care Quality Commission’s judgement that we require improvement reflects this pressure, and we are already making changes to address issues the CQC identified. However the CQC acknowledges that hospitals are just one part of a wider health and social care system, and that all the organisations involved in providing care and treatment need to work together to make sure people can access the services they need, when they need it, in the right setting. We are absolutely committed to working with our partners to affect the major change that is required to meet the increasing needs of our local communities.

Pressure on hospitals extends to finances, and it is becoming increasingly difficult to deliver the significant savings required of us every year. In March Monitor, the regulator, found us to be in breach of our licence and we are currently developing both short and long term financial recovery and sustainability plans. We have a talented leadership team, and committed and resourceful staff, so we are confident we can turn this position around and ensure the future viability and success of our hospitals.

We have had some fantastic achievements in the past year, including the successful establishment of a regional vascular service with a new state of the art operating theatre. In partnership with the University of Bolton we have developed a unique nursing degree programme to ensure we have enough staff for the future. And our staff have won a number of prestigious national and regional awards. Our 700 volunteers have continued to give their time generously, and our council of governors has very ably represented the views of our local communities as we have developed care and services. On behalf of the board we’d like to thank everyone involved in the running of our hospitals for their contribution in the past year, together we’re confident we can rise to the challenges ahead.

Stuart Heys  Karen Partington
Chairman  Chief Executive
Care Quality Commission inspection

The Care Quality Commission undertook a planned inspection of our hospitals in July 2014, and identified many areas of good and outstanding practice, including:

- Practice in the Emergency Department
- Our dementia-friendly environment and care
- The work of the proactive elderly care team
- The new alcohol liaison service
- Speech therapy within the neonatal service
- End of life care
- Pain relief for patients with neck of femur injury

However the Care Quality Commission shared our concerns about the impact of the high number of patients in our hospitals – and this is the main reason for its assessment that we require improvement. Together with our local health and social care partners we will continue to develop services in the coming year to reduce the demand on hospitals and enable us to focus on providing the specialist care and treatment that only hospitals can.

From board to ward, quality is always everyone’s top priority. Our quality strategy, Safe, Reliable and Compassionate, aims to make sure we have the right focus and approach, supported by the right systems and processes, to provide the very highest standards of care and treatment. We rigorously monitor every aspect of quality – from the comments patients make, to reviewing health outcomes data, to ensure we’re continuously learning and improving.

Safe, Reliable and Compassionate sets out specific objectives to improve the quality of care we provide.

Quality objectives

- 98% harm-free hospital care:
  - Inpatient falls
  - Pressure ulcers
  - Venous thromboembolism (blood clots)
  - Cathether associated urinary tract infection
- 15% reduction in inpatient mortality
- 90% positive patient feedback

Last year we achieved 97.13% harm-free care

Safe, reliable and compassionate

Safe care

Hospital infection

We reported 64 cases of Clostridium difficile last year, which means we did not quite make the challenging reduction in incidence of this infection that we aimed to achieve. Every single case is reviewed to identify the cause and see if there’s anything we could have done differently, and to learn lessons for the future. In the past year we have increased domestic services support and out of hours housekeeping, provided extra decontamination equipment so more rooms can be deep cleaned, and are continuing to improve our use of antimicrobial medicines to achieve further reductions in incidence of hospital-attributable infection. There were no cases of MRSA last year.

Preventing falls remains a key priority, and we’ve built on the excellent improvements we’ve made in previous years by introducing:

- A new falls risk assessments and prevention and programme
- A falls prevention e-learning course
- A visual prompt for patients at risk of falling to call for assistance before moving
- Regular checks throughout the day on all patients who are at risk of falling
- Detailed analysis of falls data to identify themes and trends

We are also participating in the national Sign Up To Safety programme which aims to reduce falls by 50% over the next three years.

The number of pressure ulcers continued to reduce this year, and we have good systems in place and a variety of techniques and equipment to prevent occurrence of this condition. 97.8% of inpatients are assessed for pressure ulcer risk within six hours of admission. We are aiming to achieve the Sign Up To Safety programme’s goal of reducing grade 3 ulcers by 50% and eliminating grade 4 ulcers over the next three years.

Call, don’t fall

Quality objectives

- 98% harm-free hospital care:
  - Inpatient falls
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  - Venous thromboembolism (blood clots)
  - Cathether associated urinary tract infection
- 15% reduction in inpatient mortality
- 90% positive patient feedback

Last year we achieved 97.13% harm-free care

Zero cases of MRSA

Call, don’t fall
**Effective care**

95% of inpatients had a malnutrition assessment within 24 hours of admission last year, and our nurse-led nutrition service gives advice and treatment on wards as well as providing a new rapid access clinic so people who are being fed via a tube at home can access support when they need it.

Although the overall mortality rate remained stable during 2014–15 following improvement the year before, the hospital standardised mortality rate (or HSMR) – an indicator that looks at patients with a specific set of diagnoses and excludes day case patients and those who regularly attend hospital – was higher than expected during 2014–15. Systematic reviews of individual cases have not identified any patterns of substandard care and we are currently checking records to ensure that they are providing an accurate picture of how poorly and complex patients have been over the last 12 months as this affects the rate. We are also working closely with our commissioning and community colleagues to ensure that patients receive the right care, at the right time, in the right place.

The Care Quality Commission rated end of life care as outstanding and responsive. Care for patients at the end of life is supported by a consultant-led specialist palliative care team.

We have achieved significant improvements in the care of patients at the end of life, supporting them to identify where they wish to be cared for, promoting rapid access to home care, providing advanced care planning, and improving communication and engagement with carers in the community.

Five wards achieved the Quality Mark this year for Elder Friendly wards from the Royal College of Psychiatrists. The Quality Mark is given in recognition of wards that demonstrate a high standard of care and continuous focus on the care provided for patients over the age of 65 years. The assessment is based on the experience of older patients, observation and reflection on the quality of care interactions, staffing levels, and the quality of the physical environment as it relates for older people. More wards are working towards accreditation.

94.1% of patients aged 75+ admitted to hospital received dementia screening.

Cake sale as part Dementia Awareness Week
Patient experience

We continuously strive to improve the experience of patients and their families because we know this can affect people’s outcomes, and sometimes the little things can make such a difference to someone’s wellbeing.

90% of patients who completed the Friends and Family Survey last year said they would recommend the ward they stayed in, and more than 90% of patients who completed our detailed survey during their stay or appointment were satisfied with their care. There has been a year on year reduction in the number of complaints for the past three years, and we received 579 formal complaints 2014–15. We received 6193 informal compliments and thank you cards, and this figure doesn’t include the many instances of positive feedback we receive every day on the wards, in clinics, through the local surveys, on NHS Choices and social media.

Near real-time patient experience information and feedback is displayed on wards and continuously reviewed by the local teams to identify trends and ensure prompt action is taken where needed.

In response to feedback from patients, and learning from complaints, we have made lots of changes during the year to how we provide care:

- Admission times for neuro-intervention patients is now staggered to reduce waiting times.
- Prescribing guidelines have been reviewed to prevent thrush infections.
- A new sleep programme has been introduced to reduce the risk of delirium in patients who are critically ill.
- The physiotherapy team now provides a musculoskeletal assessment service in the Emergency Department to ensure early diagnosis and prompt treatment of injury. Our new orthopaedic spinal rapid access service is ensuring patients with urgent conditions receive the right treatment quickly.
- An observation track and trigger system has been introduced to make sure new born babies at high risk of complications are systematically identified so they can be monitored closely and responsive treatment provided.
**Quality standards**

How we’re performing against national and local targets represents the standard of care and services we provide. In 2014-15 we achieved the majority of the key standards including treatment times for outpatients, infection prevention standards, and all but one of the cancer targets. We did not achieve the waiting time target for inpatients, the 62 day referral to treatment cancer standard, and the Emergency Department four hour standard. The primary reason that we did not achieve all of the standards is due to the increased number of acutely unwell medical patients in our wards, and delays in discharging people. Together these factors compromise our ability to admit and treat patients who are awaiting planned procedures. Improving this requires partnership working and together with local health and social care organisations we’re already making some good progress, as well as implementing changes within the hospitals to improve patient pathways and tackle delays:

- New facilities at Royal Preston Hospital are enabling more people who no longer need specialist hospital care to be discharged promptly.

- The intensive home support service is providing care and treatment for people in the community, preventing unnecessary admission and helping them go home after a spell in hospital.

- Urgent care services will be introduced in the coming year to provide local people with access to prompt care and reduce attendance at the Emergency Department.

- We’ve implemented a range of principles and actions to make sure patients are cared for in the right environment which reduces the length of time they stay in hospital and, as importantly, results in a better experience. Patients are reviewed at the beginning of the day to make sure their treatment is on track and any delays prevented. And planning patients’ discharge from hospital is now beginning from the point of admission.

**Seeking feedback**

We organise a range of engagement activities throughout the year, to provide a variety of opportunities for patients, their families, the public and our members to influence how we develop and deliver care.

- We arranged ten consultation events to engage with patients, families and expert organisations about developing dementia care and this valuable insight is informing our approach for the future.

- Governors and members participated in a catering forum to help us improve our menus and how we manage mealtimes on the wards.

- We asked members about the things that would make a difference to their experience of care, and as a result introduced Always Events, which are aligned to our values, and are simple, practical actions that staff should take in every interaction.

- A survey about how we care for patients at the end of life was completed by our members and their feedback has helped improve this pathway.

- Governors and members discussed a 24-7 NHS in a workshop and their views are informing the development of our Seven Day Service strategy.

- Governors, members, patients and the wider public have participated in a series of Your Hospitals Your Health listening events to tell us what’s important to them in our review of clinical services and hospital estate.

Our governors actively engage with our membership, patients, visitors and the wider public to hear what they think so they can represent their views as we shape and deliver services. Governors also participate in a number of sub groups of the Council of Governors that focus on improving patient experience, the hospital environment and how we engage with our 20,000 strong membership.

We are also using social media, such as Facebook and Twitter, to engage with people on an informal and regular basis.
Leading experts in specialist care

Providing and expanding our specialist services is one of our strategic aims and we have made some exciting progress during the year.

We have been designated as a specialist Vascular Centre in Lancashire and South Cumbria, which means patients with complex and life-threatening vascular conditions are now treated at Royal Preston Hospital. Vascular services in the region are transferring on a phased basis over the next year. Our new state of the art specialist vascular theatre was completed in spring 2015, ensuring the latest technology and techniques can be carried out, giving vascular patients a better chance of survival and recovery.

With a generous donation from the Preston Muslim Society we’ve been able to purchase advanced lung cancer equipment, which is a valuable addition to our service and important in early detection of this condition.

Using new technology we’ve been able to introduce telemedicine for renal dialysis patients so they can now receive their regular treatment at home, with remote monitoring and access to support and advice if needed.

Last year we were accredited as a specialist Endometriosis Centre and are developing services and research programmes for this condition which affects the lining of the womb.

A new play room for disabled children was created at the Specialist Mobility and Rehabilitation Centre, which provides care for people with mobility-related conditions and amputees.

And after a fundraising campaign that involved lots of community groups and many members of the public, as well as the Lancashire Post, the Major Trauma Centre CT scanner has finally been purchased and installed. This vital equipment is helping us save precious minutes in diagnosing life and limb threatening injuries, so that treatment can begin as soon as possible.
Investing in local hospital services

During the year we have also continued to invest in and develop general hospital services for our local communities.

Following the recent refurbishment of the birth centre at Chorley and South Ribble Hospital, we’ve invested £800,000 in a midwifery led unit at Royal Preston Hospital. The unit includes birth pools, suites to accommodate partners and enable early family bonding, and a relaxed and natural environment. The unit works closely with the obstetrics department, and means local women have easy access to a range of birth options. We also introduced electric cars for community midwives this year.

We have purchased new 3D software for the Dexa scanner, to enable early identification of fragile bones so that prevention and treatment plans can be put in place for patients at risk of fracture or other conditions.

A new spinal implant has been introduced this year which is making a massive difference to the quality of life of people who are suffering from debilitating back pain.

And two new facilities have been opened at Royal Preston Hospital to provide a range of rehabilitation and nursing services for people who no longer need specialist hospital care, but who need some support and care before going home or onwards to other accommodation.
Award winning staff

Outpatient Parental Antimicrobial Team

Proactive Elderly Care Team
We are passionate about investing in young people to help them achieve their potential, and to grow our workforce for the future. In the past year we provided work experience for 250 young people, as well as an access programme for year 12 students who are interested in careers in healthcare. We expanded our workplace familiarisation programme to Preston College and Sir Tom Finney Community High School to provide work experience to students with learning disabilities, and special educational needs.

We provided placements for 22 apprentices in 2014–15 and are delighted that 100% of those who completed their apprenticeship went on to gain employment or move on to the next stage of the scheme.

We have a long history of providing gold standard education programmes for trainee doctors and for the 10th year running, 100% passed their exams, which is testament to the quality of the teaching we deliver. And in partnership with the University of Bolton we have introduced a unique nurse degree programme so that the number of qualified nurses is increasing and we’re growing our own workforce for the future.

We believe staff who are supported, given the opportunity to develop, and feel engaged and empowered, provide higher standards of care. So we are delighted that the national Staff Survey 2014 shows an improvement in staff engagement, and the staff Friends and Family Test shows that more of our staff would recommend our hospitals to their friends and family for treatment, and as a place to work, than the national average. Our 100 reasons to be proud programme asked staff what makes them proud to work here, and we’ve already recorded more than 300 different responses. Our staff are proud to work here, and proud of the standards of care they provide every day.

A place on our bespoke leadership course is now offered to every newly recruited consultant, and we’ve just introduced a senior leadership programme for managers so we’re developing our leadership capability for the future. New training and career development programmes have been introduced for healthcare assistants, so they have the right skills and approach before they work on wards and can begin planning their advancement.

As the number of people with multiple or complex conditions increases we’ve expanded the acute illness training so that all clinical staff have the opportunity to develop their knowledge about caring for this group of patients.

Mandatory training remains critical to ensuring our staff have the right technical skills and knowledge to do their jobs, and we’ve expanded the course so that staff can learn online or in evenings or weekends.
At the healthcare frontier

Clinical research, and driving innovation, is one of our key strategic aims because continuously improving care and services, and developing new drugs and treatment, will help people survive and recover from illness and injury in the future that might not be possible now.

We are continuing to lead and participate in local, national and international clinical trials and research studies. We increased the number of patients we recruited to studies by 34% this year, as well as developing a programme to involve patients in setting our research priorities for the future.

This year we established the Lancashire Institute of Neurosciences with Lancaster University to advance research in this field. And we were delighted that our research nurses were part of the team that won a prestigious Nursing Times award for dementia research.

Balancing the books

We received £394m income from patient care, and a further £46m income from training, research funding and other services this year. Our operating expenditure was £437m, an increase of 5% compared with the previous year. The increase in expenditure is mainly due to an increase in activity and in the complexity of patients, along with investment in improving quality including recruiting additional clinical staff.

Excluding impairments, we reported a deficit of £1.6m.

In March we confirmed to Monitor that we were forecasting a deficit of £47m for 2015–16. This deficit comprises:

- the annual savings we had not achieved in 2014–15
- the annual savings we did not think we would be able to achieve in 2015–16
- the new tariff which reduced our income
- the transfer of the musculoskeletal service to the private sector which reduced our income
- extra costs relating to managing the high level of emergency demand, including agency staffing and rescheduling elective procedures
- additional costs relating to the transfer of the vascular service
- funding the staff pay award
- insurance premium increases
- costs of implementing quality initiatives including investment in additional nurses

We have taken immediate steps to reduce spending, and are in the process of developing short and longer term plans to assure our financial viability.
Looking to the future

Last year was challenging, and this year will be even more so as we work with the regulator, Monitor, to balance our books and implement short term recovery and longer term sustainability plans. We have already put in place a series of measures to reduce our spending and generate efficiencies and this work will continue in the coming months and years.

But to ensure we are sustainable in the longer term we need to change how we provide services, and the whole health economy – commissioners, providers, and social care – needs to transform the local system. This work is already underway. The Healthier Lancashire programme is bringing together all the organisations involved in providing health, social care and wellbeing services to develop a long term strategy for our communities. This is vital to creating a healthier population and will focus on reducing health inequalities, preventing ill health, and designing services according to people’s needs. In alignment with that work, here at Lancashire Teaching Hospitals we are implementing an ambitious transformation programme. We are reviewing our clinical services to develop new models of care that can be delivered more effectively and make sure we are sustainable for the future. That work will inform the development of plans to reconfigure our hospital estate in the coming years so that our buildings work efficiently and enable the implementation of transformed models of care. We have been involving a range of stakeholders – from professional bodies to patients, the public and our membership, through the Your Hospitals Your Health engagement programme. We anticipate a formal consultation about future options will take place in late 2015 to early 2016. Only by really transforming how care is provided can we continue to provide safe and effective services, and ensure that we are viable for the future. Our award winning staff, in partnership with local health and social care organisations, our governors, volunteers, and most importantly patients and their families, have the skills and drive to make this happen.

Your Hospitals Your Health
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Our full Annual Report and Quality Accounts is available on our website.