Lancashire Teaching Hospitals in Numbers…

15 number of miles walked by our porters every day for our patients

5,000 number of meals per day served by our catering teams

390,000 – the local population we serve

1.5 million number of people living in the area where we provide specialised services

100% pass rate achieved by our medical students for the fifth consecutive year

150,000 how many square metres of hospital our domestic assistants clean each day

90,000 surgical procedures performed every year

140,000 packs of medicine distributed each month by our pharmacy department

3,000 number of patient diagnoses and treatments supported by our pathology staff every day

13,000 mail items processed by our post room every day

850 - number of diagnostic tests performed every day by our imaging teams

24h
4,000 calls handled by our switchboards each day

30,000 number of patients whose hearing is improved every year through our audiology team

32,000 learning, development and leadership opportunities for our people each year

3 - our financial risk rating since 2006 - 07

200 number of cancer patients receiving radiotherapy each day

90% number of staff that feel their role makes a difference to patients or service users

4,000 expectant and new mums and their babies cared for each year

101 number of research articles published during 2013

61.7% our response rate for the 2013 staff survey, compared with a national average of 46.9%

21,729 people are members of our foundation trust

700 volunteers give their time freely to support our work

27 - elected and appointed governors on our council of governors

200 number of research studies we are involved in each year

813,000 number of patient contacts per year

Excellent care with compassion

A Continuous Commitment to Quality – our number 1 priority.

Achievements

- Evidence of reduction in harm demonstrated through
  - Safety thermometer
  - Inpatient fall rates
  - Medication errors
  - C. difficile
- 18.2% reduction in mortality over the last four years
- Improved patient survey performance and sustained levels of positive feedback from patients

Ambitions

- Achievement of 98% harm-free hospital care as it relates to:
  - Inpatient falls
  - Pressure ulcers
  - Venous thromboembolism
  - Catheter associated UTI
- 15% reduction in inpatient mortality ratio
- Achieving and sustaining 90% positive patient feedback relating to the overall experience of care and treatment

Excellent care with compassion

Key challenges

- Workforce metrics
- Recruitment
- Staff engagement
- Finance/Quality Improvement

- Nurse staffing
- Never events
- C. difficile
- Falls
- Patient flow/ capacity

- Complaints
- Bed occupancy
- 18 week performance
- 62-day cancer

- End of life care
- Mortality
- Staffing
- #NOF best practice
- PROMS
- Stroke

Well-led **Safe** **Responsive** **Effective** **Caring**

- Delays in diagnosis and treatment
- Cancellations
- Friends and family test
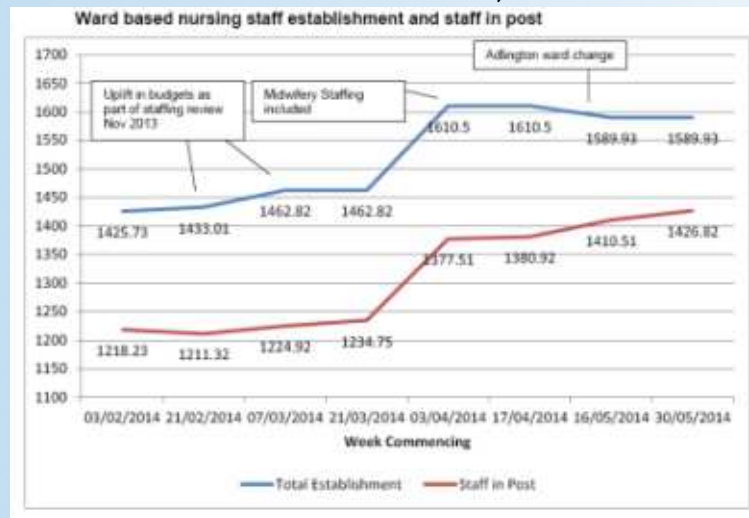- Communication

Excellent care with compassion

Nurse Staffing

Assessment of need

- Triangulated approach
- 6 monthly staffing and skill mix reviews
- Direct involvement of ward managers/matrons
- Review have identified increasing acuity and dependency of patients in our ward environments
- Year-on-year investment totalling £5.5M in nurse staffing since 2007
- £2.2M investment in total in Nov 13 and March14. (126 new posts)

Recruitment

- Very challenging – creativity and energy required, but selectivity essential to maintain quality
- Rolling recruitment programmes
  - Local
  - National
  - international
- Trading on strengths – R&D opportunities, staff development and welfare, links to HEIs,

Safe

Ward based nursing staff establishment and staff in post

Uplift in budgets as part of staffing review Nov 2013

Midwifery Staffing included

Adlington ward change

1610.5   1610.5   1589.93   1589.93

1425.73   1433.01   1462.82   1462.82

1377.51   1380.92   1410.51   1426.82

1218.23   1211.32   1224.92   1234.75

Week Commencing: 03/02/2014 21/02/2014 07/03/2014 21/03/2014 03/04/2014 17/04/2014 16/05/2014 30/05/2014

— Total Establishment   — Staff in Post

Never Events

2 Never Events reported - both surgical incidents

Actions

- Leadership and culture
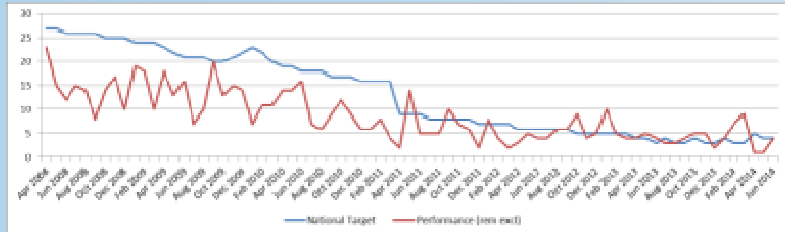- Individual accountability
- Systems and process
- Skills and knowledge

Assurance

- Executive team visits
- Weekly audits
- Action plan
- Report to Safety and quality subcommittee
- Peer review

Safe

Excellent care with compassion

C.difficile

Falls

- Year-on-year reduction in incidence
- 15% reduction on the previous year
- Unusual cases
- High risk patient population
- Environment
  - Escalation / capacity
    - Staffing

Safe

Falls Rates/1000 Bed Days

- Falls Alarms - implemented Dec 2013
- Trial of new in-patient falls assessment (Apr 2014)
- Embed the process of intentional rounding (re-launch June 2014)
- Falls Collaborative - NHS QUEST; Aintree
- Falls validation / Root Cause Analysis process
- Patient Safety Champions

Excellent care with compassion

Capacity / patient flow

Challenges

- Non-elective demand
- Increased admissions in patients aged>80 (20%)
- Limited local alternatives to acute trust care
- Increased pressure on critical care

Actions taken

- Optimising utilisation of capacity – beds and theatres – reflecting specialty level demand
- Implementation of electronic bed management system
- Health economy-wide review of urgent care systems
- Reduced LOS for patients awaiting home of choice
- Launch of patient flow – clinical incidents
- Early adopter for 7-day working (NHS Improving Quality)

Safe

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

What we do well	Challenges

What we do well

- End of Life Care
- Nationally recognised leadership development programmes
- Research and Development
- Exemplar clinical services
- Nurse Staffing
- 7-day working

Challenges

- End of Life Care
- Stroke
- Mortality
- # NOF
- PROMS
- Nurse Staffing
- 7-day working

Effective

Effective

Mortality

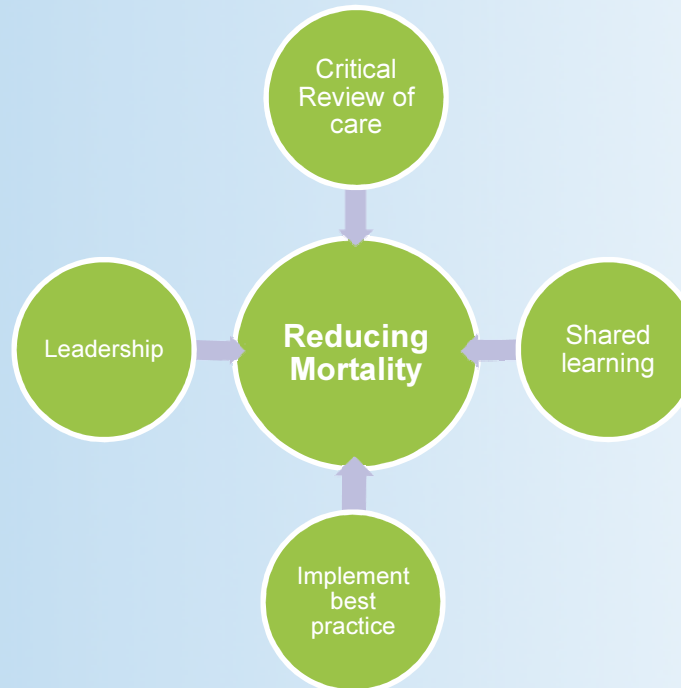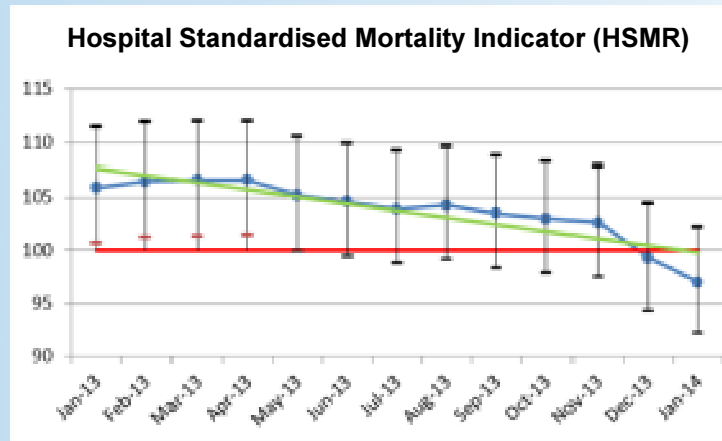## Mortality alert – Alcoholic liver disease

Case note review in progress. Preliminary findings based on 9 patients:

- No substandard care in 7 patients
- Of the remaining two, both may have benefited from an earlier gastroenterology review but this would not have affected the outcome
- Overall, care was considered good with daily senior clinical review and daily MDT identified as good practice

Mortality alert – Peritonitis with intestinal abscess

- 9/31 patients died (mortality rate = 29% - expected = 11.5%)
  - No substandard care identified on case note review
    - 3 patients incorrectly coded therefore rate reduced to 21.4%

Effective

Hospital Standardised Mortality Indicator (HSMR)

Reducing Mortality

- Critical Review of care
- Leadership
- Shared learning
- Implement best practice

HSMR
- Within expected range

Weekend HSMR
- Within expected range

Weekday HSMR
- Within expected range

Death in low risk conditions
- Within expected range

Excellent care with compassion

Stroke

Actions taken

- Escalation policy in place to include release of a bed for acute stroke admission
- Daily review of >4 hour delays
- Validation of all <90% stay in stroke unit
- Review of Specialist nurse and Therapy support for 24/7 day cover
- Regional pilot starting mid July to enable stroke Specialist Nurse to view patient portal upon North West Ambulance Service pre-alerts.
  - Emergency Dept. sited CT scanner operational August 2014, estimated time to CT reduction approx. 20mins.
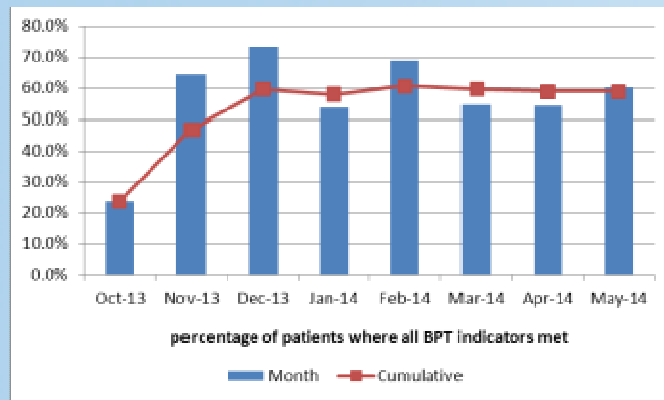
Effective

Diabetes

Actions taken

- Currently recruiting an additional full-time Band 6 Diabetic Specialist Nurse (DSN) for the RPH site for inpatients
- A business case has been approved to recruit a substantive third Diabetes Consultant at RPH, with one session per week for Diabetic inpatient review
- Liaising with commissioners regarding a unified DSN Service managed by one Trust
- Diabetes "Hot Foot Line" pathway currently being developed in conjunction with Lancashire Care Foundation Trust
- The additional DSNs to roll-out additional teaching for ward staff/FY1 trainees regarding Diabetes/insulin management

Excellent care with compassion

Best Practice Tariff Compliance (# NOF)

percentage of patients where all BPT indicators met

- 2012/13 performance – 5%
- Orthogeriatrician appointed Oct 13
- Overall performance in May – 58%
  - 95% were reviewed by the Orthogeriatrician within 72 hrs.
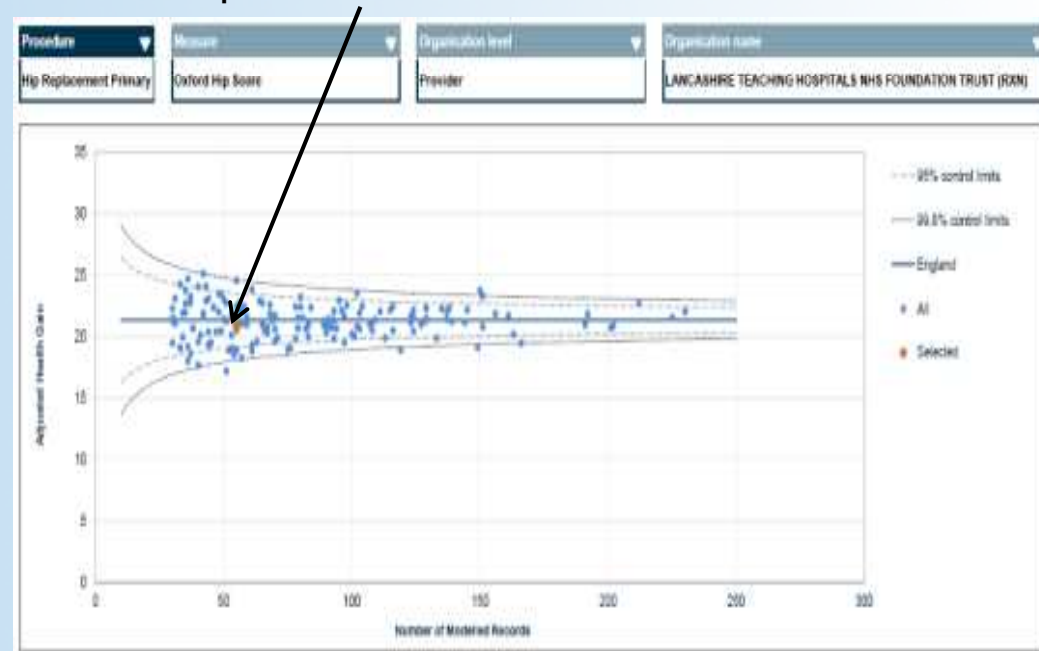   - 70% went to theatre within 36 hrs.

Effective

PROMS (primary hip replacement)

Current performance relating to the generic quality of life patient reported outcome measure (PROM - EQ-5D) is poor and within the 90 and 99.8% control limits
However, the condition/procedure specific Oxford score has improved significantly compared to 12/13 data

Excellent care with compassion

Patient Communication

Actions:

Accredited patient information systems and processes/ development of iBooks

Review of all letter templates

Copy letters

Increased patient and public consultation and involvement

Development of 'Always

Events' programme

Staff training

Bedside handovers

Intentional rounding

Caring

Friends and Family Test

Actions:

- Analysis of responses
- Review of patient information
- Identification of local improvement actions to increase the proportion of patients who would be extremely likely to recommend the Trust and reduce the proportion who responded negatively
- Promotion of friends and family test as a valuable method of feedback, particularly in some areas of maternity services where response volumes are lower than expected

Excellent care with compassion

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

What we do well

Challenges

Perfect month

Complaints

Urgent care programme

18 weeks performance

Responsive

Major trauma

62-day cancer waiting

Diagnostics

Bed occupancy

Vascular services

Delayed discharges

Responsive

7-day working

7-day working

Complaints

Complaints management – Ensuring awareness of complaints processes and the quality of investigations and response

Actions:

Investment in customer care – Increased outreach

Expansive communication strategy

Revised policy/procedure

Staff training

Assurance:

Complainant feedback survey

Peer review process

Increased monitoring

Improved reporting

Responsive

Excellent care with compassion

18 week admission/bed occupancy

Challenges

- Bed occupancy consistently higher than national average and internal threshold
- Urgent care pressures
- Impact on elective activity
  - Cancellations/Waiting list growth
- Limited availability of additional NHS/private sector capacity
- Referral to treatment (RTT) backlog (998 at May 2013)
- Neurosciences – 18 week delivery not commissioned

Actions

- System-wide urgent care recovery plan
- Intensive Support Team engagement
  - Diagnostic review of recovery plan
  - Development of robust capacity/demand plans
- RTT backlog (reduced to 412 at May 2014)
- Neurosciences UM review
- Theatre optimisation

Bed Occupancy 2013/14
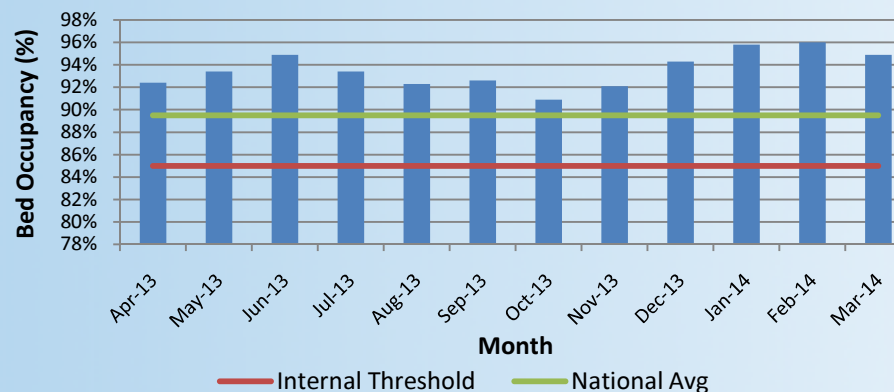
Responsive

Excellent care with compassion

62 day cancer waits

Challenges

- Urgent care pressures in Q4 12/13 and Q1 13/4 displaced elective activity. Increased acuity of patients impacting on bed/critical care capacity
- Significant pressures in Urology, Upper Gastrointestinal and Colorectal tumour groups

  Late tertiary referrals

  received from partner

  providers

Actions

- Intensive Support Team engaged in review of internal cancer pathways
- Agreed expansion to critical care capacity
- Work undertaken across Lancashire & Cumbria footprint to align reallocation principles to the Manchester model – effective from 1st July 2014
- Expectation of a return to compliance in Q2 2014-15

Responsive

Excellent care with compassion

Conclusion

Top Challenges

- Workforce availability

- Capacity/patient flow

- Finance

- Health economy challenge

Outstanding achievements

- Clinical Negligence Scheme for Trusts level 3

- Specialist Mobility Rehabilitation Centre

- Older persons programme

- Special care dentistry

- Nutritional team

- Outpatient Antimicrobial Team

- Leadership development programmes

Excellent care with compassion