

East Lancashire Hospitals NHS Trust

Quality Report

Royal Blackburn Hospital
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

East Lancashire Hospitals NHS Trust was established in 2003 and is a major acute trust located in Lancashire. The trust has seven main sites that are registered with the Care Quality Commission (CQC). Acute services are provided at the Royal Blackburn and Burnley General Hospitals and it is these sites that were inspected. The community hospitals and services were not included in this inspection.

We carried out a comprehensive inspection because East Lancashire Hospitals NHS Trust had been flagged as high-risk on CQC's Intelligent Monitoring system. The inspection took place on 30 April, and 1, 2 and 6 May 2014.

Overall, East Lancashire Hospitals NHS Trust requires improvement. We rated it as good for providing effective care and caring for patients. It requires improvement in providing safe care, being responsive to patients' needs and being well-led.

Our key findings were as follows:

- The majority of staff were caring and compassionate.
- Although many staff spoke of their "devastation" when the trust was placed in special measures in 2013, they now recognised this had been the catalyst for positive change. The trust had been supported by the NHS Trust Development Authority (NHS TDA) and the Emergency Care Intensive Support team and had recently started working with Salford Royal NHS Foundation Trust. These support mechanisms were helping the trust to make the changes required and significant progress had been made against the 30 urgent recommendations set out in the Keogh Mortality Review (July 2013).
- There was much evidence that the culture of the trust was now positive, open and honest and the leadership team was more visible and approachable.
- Despite the change in culture and the improvements that had been made, the trust was rated as 'requires improvement' for being well-led. The current executive team has had impact and is driving change. However, a number of key posts, including the roles of Chief Executive and Medical Director are filled on an interim basis. The new Chair has only recently been appointed. Many of the changes had taken place in the last few months, but new ways of working had yet to embed. Although work had commenced in making improvements straight after the Keogh Mortality Review, this had only really gained focus and pace since January 2014.
- A new governance framework had recently been introduced and the quality strategy had been revised in line with the trust vision to provide safe, personal and effective care. Clear aims were identified in the strategy. However, it was too early to measure sustained progress against these.
- Critical care, maternity and family planning, children and young people's services and outpatients were rated as 'good' across all the sites where they were delivered. Medical (including older people's) care surgery and outpatients services were also rated as 'good' at Burnley General Hospital. Accident and emergency (A&E) and end of life care were rated as 'requires improvement' at hospital locations as well as medical (including older people's) care and surgery at Royal Blackburn Hospital. The elective nature of work at the Burnley General Hospital had the impact of providing a calmer atmosphere with less pressure on the availability of beds.
- The trust had undertaken much work to improve mortality rates. However, these were currently slightly above the expected range.
- The trust had taken action to improve the management of complaints, but there was a large backlog, which current actions were not sufficiently addressing and people did not feel they were being kept appropriately updated on the management of their complaint.
- The trust had worked hard to improve the flow of patients through the trust sites. However, there were still instances where patients were inappropriately admitted from A&E without a full assessment. The trust had been struggling to meet the national standard which required that 95% of patients waited less than four hours to be admitted, transferred or discharged from A&E. The end of year position at 31 March 2014 was below the target, although performance was improving. While the target was not consistently met, the trust had met the target for three out of the four weeks in April 2014.

Summary of findings

- A new strategy for end of life care had been drafted. The trust identified that bereavement support for people was limited and was addressing this; however, some relatives were finding the lack of support challenging.
- There had been one never event in January 2014, which was still under investigation at the time of the inspection. Staff felt comfortable in raising concerns, completing the necessary documentation and stated they received feedback. However, it was noted that the trust reported less serious events than that national average.
- Staffing levels had improved for both nursing and medical staff. Nursing staffing levels were assessed through the use of the national Safer Nursing Care Tool and minimum staffing levels had been set which were in line with the national recommendation of one nurse to eight patients. Despite a recruitment campaign, there remained vacancies; the trust had been recruiting from abroad and used bank and agency to fill the gaps. Nursing staff said the levels had improved, although there were challenges in supporting larger numbers of new and junior staff. Medical staffing was an area of continuing concern in medicine despite increases in posts. Locum staff were being used to fill the rota.
- In both the A&E and urgent care centre, there was not always an appropriately trained nurse to care for children.
- There was now clarity about how issues from risk registers were escalated, however, the use in some wards and services was erratic.
- Generally medicine management across the trust was in line with policies and guidance, however, in the A&E department and one of the theatres, poor management of medicines was observed.
- Apart from issues regarding the cleanliness and general disrepair of some mattresses and birthing mats, staff worked in line with the infection control policy. Hospital infection rates were similar to comparable-sized trusts.
- There was reliance from staff on the use of relatives to translate for patients without clear consideration of the privacy issues this may pose.
- Some patients who required mental health assessment or admission to a specialist service waited too long in the areas which were not resourced to meet their needs.

- Maternity services had improved the number of normal births, reduced the caesarean section rates and increased birthing choices for women.
- Surgery was effective but routine checking of theatre equipment lists and the 'sign out' process for patients postoperatively was not robust.
- The trust was working towards providing a seven-day-a-week service but there were some concerns regarding medical cover to achieve this.
- Patients spoke highly of the breast care service.

We saw several areas of outstanding practice including:

- The vast majority of staff spoke of the improvement they experienced in the culture in the organisation. They spoke highly of the executive team who were visible and approachable to staff. They felt proud to work in the trust and would now recommend it as a place to work.
- The trust's maternity services were received a national award for their 'innovative work to improve maternity services, promote normal births and facilitate staff activities'. This work had improved normal birth rates, reduced caesarean section rates and increased birth choice for women.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that new ways of working become embedded into practice and that improvements are sustained.
- Ensure that risk registers are used consistently, with risks escalated as appropriate.
- Seek to fill the interim posts with permanent staff to ensure some stability at the trust.
- Continue to improve the management of complaints and that all those with outstanding complaints are clear on the timescales and targets for completion.
- Continue to ensure that the flow of patients is improved from attendance in A&E to admission to wards and discharge.
- Ensure that there are always sufficient numbers of suitably qualified, skilled and experienced staff employed in A&E at all times to care for very unwell children.
- Ensure that people with mental health needs receive prompt, effective, personalised support from appropriately trained staff to meet their needs.

Summary of findings

- Ensure appropriate checks of equipment are undertaken and documented in theatre.
- Implement the end of life strategy to ensure that there is an appropriately resourced bereavement service available.
- Take action to prevent the cancellation of outpatient clinics at short notice and ensure that clinics run to time.
- Ensure that there are appropriate translation services available and that patients' privacy is considered if asking relatives to act as interpreters.

- Ensure that all staff work in line with the medicines management policy.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust was established in 2003 and is a major acute trust located in Lancashire. The trust has seven main sites that are registered with the CQC. Acute services are provided at the Royal Blackburn and Burnley General Hospitals. There are also three community hospital sites with inpatient beds at Pendle Community Hospital, Accrington Victoria Hospital and Clitheroe Community Hospital, as well as the full range of adult community services. Community services were not included in this inspection.

The trust has a total of 1,079 beds.

In 2013 the trust overall was identified nationally as having high mortality rates and it was one of 14 hospital trusts to be investigated by Sir Bruce Keogh (the medical director for NHS England) as part of the Keogh Mortality Review in July 2013. After that review, the trust entered special measures because of these concerns: the governance systems were not providing the expected level of assurance to the board and escalation of risks and clinical issues was inconsistent; imbalance in capacity and demand across Royal Blackburn Hospital and Burnley General Hospital sites; lack of understanding of patient flow; clinical concerns not being addressed; complaints procedure was poor and lacked a compassionate approach; and in some areas the staffing levels were insufficient to meet the basic needs of patients and more nursing leadership, direction and support was required.

The trust is not a foundation trust; its application was put on hold following the Keogh Mortality Review.

East Lancashire Hospitals NHS Trust provides services to the people in the local authority areas of Blackburn and Darwen, Burnley Pendle, Rossendale, Hyndburn and Ribble Valley. Both Blackburn with Darwen and Burnley have high levels of deprivation. Blackburn and Darwen is a unitary authority in Lancashire in the heart of North West England. The 2010 Indices of Deprivation showed that Blackburn with Darwen was the 17th most deprived local authority (out of 326). Between 2007 and 2010 the deprivation score increased, meaning that the level of

deprivation worsened. Census data shows that Blackburn with Darwen has an increasing population and a higher than England average proportion of Black, Asian and minority ethnic nationalities. Life expectancy is 3.1 years lower for men and 4.5 years lower for women in the most deprived areas than in the least-deprived areas of Blackburn with Darwen.

Burnley is a district in Lancashire. The 2010 Indices of Deprivation showed that Burnley was the 11th most deprived local authority (out of 326). Between 2007 and 2010 the deprivation score for Burnley increased, meaning that the level of deprivation worsened. Census data shows that Burnley has a decreasing population and a lower than England average proportion of Black, Asian and minority ethnic residents. Life expectancy is 13.7 years lower for men and 6.3 years lower for women in the most deprived areas of Burnley than in the least-deprived areas.

In both areas there is a fair distribution of the population between males and females, with the highest proportion in the age group 40 to 49 similar to the England average.

We inspected this trust as part of our in-depth hospital inspection programme. The trust was selected as it was an example of a high-risk trust according to our new intelligent monitoring model – which looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations – and to follow up on actions since the Keogh Mortality Review.

The inspection team inspected the following eight core services:

- A&E
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity services
- Children's care
- End of life care
- Outpatients

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Edward Baker, Deputy Chief Inspector, CQC

Head of Hospital Inspections: Mary Cridge, CQC

The team included CQC inspectors and a variety of specialists: medical director, general manager, student

nurse, executive director of workforce planner, occupational therapist, GP, experts by experience, associate director of corporate governance, clinical lead for paediatrics, consultant anaesthetist, midwife, director of nursing, professor of cardiac studies and a junior doctor.

How we carried out this inspection

Before visiting, we reviewed a range of information and asked other organisations to share what they knew about the hospital. These included the two local commissioning groups, NHS Trust Development Authority, General Medical Council, Nursing and Midwifery Council and the Royal Colleges.

We held two listening events in Burnley and Blackburn on 29 April 2014, where people shared their views and experiences of Royal Blackburn Hospital and Burnley General Hospital. Over 80 people attended the two events. Some people who were unable to attend the events shared their experiences by email or telephone.

We carried out an announced inspection on 1 and 2 May 2014 and an unannounced inspection at the Royal Blackburn Hospital between 4pm and 11pm on 6 May 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, porters and maintenance staff. We also spoke with staff individually as requested.

We talked with patients and staff from across most of the hospital. We observed how people were being cared for, talked with carers and or family members and reviewed patients' records of their care and treatment.

What people who use the trust's services say

In the January 2014 inpatients NHS Friends and Family Test, 38 wards at the trust were included. Response rates within wards varied between 16.8% and 100%. There were 20 wards that scored less than the trust average of 74%.

At our public listening events, we heard about the good care people had experienced. The breast care unit was one area in particular that received praise. However, we also heard some examples of poor care which related to poor communication, lack of involvement, poor attitude from some staff who were described as "rude" and "uncaring". People also spoke about poor management of their complaint: either that the response had been defensive and not really addressed their issues; or that they had been waiting a long time for a response and, despite being told they would be kept informed, felt this was not happening.

In the Adult Inpatient Survey 2012, the trust performed within expectations for all 10 areas of questioning. The trust also saw a change in four of the questions asked – all declining from 2011's results. These were: noise at night from other patients; cleanliness of the toilets and bathrooms; enough emotional support; and having all their questions answered about procedures or operations.

The Cancer Patient Experience Survey is designed to monitor national progress on cancer care. The trust performed 'better than other trusts' for five of the 60 questions asked in the 2012/13 survey. Associated with this, they have also performed 'worse than other trusts' for 15 of the other questions asked in the survey.

Summary of findings

The CQC Survey of Women's Experience of Maternity Care in 2013 showed that the trust performed the same as other trusts for all 17 questions asked, including questions on labour and birth, staff during birth and care in hospital after the birth.

Comments and review on the NHS Choices website were wide-ranging and praised excellent care, staff who were professional, kind and compassionate to patients.

However, the comments also emphasised rude and patronising staff, lack of knowledge of patient needs, doctors failing to listen, complications during surgery and long waits for physiotherapy. The overall star rating for Royal Blackburn Hospital was three stars out of five and for Burnley General Hospital, four stars out of five.

The majority of patients who spoke to us during the inspection were positive about their care.

Facts and data about this trust

Overall, East Lancashire Hospitals NHS Trust has 1,079 beds, and 7,223 staff who provide healthcare services mainly to the residents of East Lancashire and Blackburn with Darwen which have a combined population of approximately 530,000 residents.

In 2012/13 the trust had over 9,771 inpatient admissions, 45,153 day cases, 469,449 outpatient attendances (both new and follow-up) and 177,901 attendances at emergency and urgent care.

The trust has delivered financial surpluses for the all the years from 2007/08 to 2012/13. In 2012/13 this surplus was approximately £4.7 million. A surplus is predicted for 2013/14 and the trust has delivered cost improvement savings of £16.2million.

Between October and December 2013, bed occupancy for the trust was 81.7%. This is below the England average (85.9%) and above the 85% level at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients and the orderly running of the hospital. This overall figure does not show that it was significantly higher at Royal Blackburn Hospital and lower at Burnley General Hospital, reflecting that the Royal Blackburn Hospital provides both emergency and elective care.

There have been a significant number of changes at board level in the last nine months. The chair joined in March 2014. There is currently an interim chief executive who started in January 2014, an acting medical director who started in February 2014, an interim director of human resources who started in November 2013 and an interim director of operations who started in April 2014.

The chief nurse is a substantive post holder having commenced in January 2014. The deputy chief executive and finance director and the director of service development commenced in 2009.

CQC inspection history

East Lancashire Hospitals NHS Trust has had a total of 11 inspections since registration. Six of these have been at Royal Blackburn Hospital. In July 2010 an inspection was undertaken in response to concerns. It was found that there were minor concerns about the outcomes of respecting and involving people who use services, their care and welfare, safeguarding people from abuse and staffing issues. In April 2011, a themed inspection was undertaken specifically looking at dignity and nutrition. The outcomes inspected were found to be met, although there were some areas for improvement identified. Routine inspections took place in November 2012 and May 2013 when all outcomes inspected were judged to be met.

A further inspection was undertaken in November 2013 in response to concerns that had arisen. At this inspection, one outcome was found to be met relating to supporting workers. Safeguarding service-users from abuse was not met and a compliance action was issued. The outcomes of care and welfare of people using the service and monitoring of the quality of the service provision were not met and enforcement action was taken in the form of issuing warning notices. A follow-up inspection found that the outcome for care and welfare of people using the service had been met.

Three inspections have been undertaken at Burnley General Hospital. In March 2012 a themed inspection was undertaken specifically looking at services for the

Summary of findings

termination of pregnancy, and outcomes inspected were met. In September 2012 a routine inspection was undertaken and all outcomes inspected were met. A further inspection was undertaken in November 2013 in response to concerns that had arisen. At this inspection, two outcomes were found to be met: those relating to the care and welfare of people using the service; and staffing levels. However, the assessment and monitoring of the quality of the service provision was not met and a compliance action was issued.

There have been two inspections of Pendle Community Hospital, both in 2012. The hospital was found to be compliant with the outcomes inspected at the last inspection. The other community services have not yet been inspected and were not part of this inspection.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated the safety of services in the trust as 'requires improvement'. For specific information, please refer to the individual reports for Royal Blackburn Hospital, Burnley General Hospital and Blackburn Birth Centre. Overall the trust was clean and well maintained. There were, however, some instances of equipment not being cleaned and checked properly. The reporting of incidents had improved and learning from incidents took place. Both medical and nursing staffing levels had improved but there continued to be vacancies covered by bank, agency and locum staff. The flow of patients in the hospitals had improved but there continued to be instances of patients being admitted to wards that were not appropriate for their needs. The management of medicines did not meet appropriate standards in all areas. Not all checklists in surgery were being completed and audit was mainly limited to a review of the checklist rather than the associated practice.	Requires improvement 
Are services at this trust effective? Overall we rated the effectiveness of services in the trust as 'good'. For specific information, please refer to the individual reports for Royal Blackburn Hospital, Burnley General Hospital and Blackburn Birth Centre. Care was provided in line with national evidence-based guidelines and the trust participated in a range of clinical audits. Mortality rates were improving and these were now just slightly above the expected level. Improvement had been made to discharge processes and readmission rates, however, instances were still occurring when patients were moved to other areas or discharged before they were medically fit. Multidisciplinary working was widespread and the trust was making progress towards seven-day working. Most staff could access adequate training to support them in their role and had received an appraisal in the last year.	Good 

Summary of findings

Are services at this trust caring?

Overall we rated caring by staff as 'good'. For specific information, please refer to the individual reports for Royal Blackburn Hospital, Burnley General Hospital and Blackburn Birth Centre.

The majority of patients received caring and compassionate care. There was a mixed picture of patients' experiences in A&E. While care observed was caring and compassionate, we received comments from patients and relatives that were less positive. In addition, the NHS Friends and Family Test results for A&E were below the national average. However, overall, the trust performed above the average for England.

There was a lack of dedicated bereavement support which the trust had acknowledged and were taking action to address.

Good



Are services at this trust responsive?

Overall we rated responsiveness in the trust as 'requires improvement'. For specific information, please refer to the individual reports for Royal Blackburn Hospital, Burnley General Hospital and Blackburn Birth Centre.

Response times in A&E were improving but were not consistently met. The flow of patients through the hospital, although improved, remained an issue, with patients being moved from A&E to wards without full assessment. Discharge planning processes at times were fragmented and lacked patient focus.

Although interpreter services were available, there was a reliance on relatives to translate without clear assessment that this was always appropriate.

Patients with mental health issues were not always cared for by appropriate staff in a timely manner.

The management of complaints was improving. However, there remained a significant backlog without a clear way of reducing this or of ensuring people were kept informed during this process.

Requires improvement



Are services at this trust well-led?

We rated the overall trust leadership as 'requires improvement'.

Staff were very positive about the current leadership of the trust. They felt the culture was more open and honest and felt supported in raising concerns and reporting incidents. However, there were concerns about whether this would be sustained, as three of the key posts at executive level were interim posts: the chief executive; medical director; and director of human resources.

After the Keogh Mortality Review, the trust was put under special measures, although actions were taken immediately to improve

Requires improvement



Summary of findings

care and performance this did not really pick up momentum until January 2014, with the arrival of the interim chief executive, the new chief nurse and a number of other senior appointments. Staffing levels had improved, mortality reviews were now a routine part of care, learning was been shared, care bundles introduced, strategies for nursing quality and end of life care were either drafted or in place. Governance and accountability arrangements had been reviewed and an organisational development strategy was being introduced.

All board members, both executive and non-executive, undertook patient walkabouts with clear feedback to staff and the board.

Engagement with both the public and staff had improved. Board meetings were more focused, with quality and safety equal to financial issues and targets and a clear representation of feedback on the patient experience.

While all these actions were positive, they had mainly been implemented in the since January 2014 therefore, they needed time to embed and be reviewed before their success could be assessed.

Vision and strategy for this trust

- The trust was one of 11 placed into special measures in July 2013 after Sir Bruce Keogh's review of hospitals with higher-than-average mortality rates. Following this, much work had been undertaken to improve care and performance, although this did not really pick up momentum until January 2014.
- The trust's vision was recently simplified and is "to be widely recognised for providing safe, personal and effective care". This was displayed around the trust, staff could quote it and felt it reflected their values, although they had not been involved in its development as it was felt it needed to be clear, simple and implemented quickly.
- Staff expressed their disappointment with the findings from the Keogh Mortality Review, but they were now grateful for the positive changes to the trust that had resulted from it.
- The trust had made significant progress against the 30 urgent recommendations set out in the Keogh Mortality Review. Now the challenge was to continue to embed these into practice and ensure that the improvements were sustained.

Governance, risk management and quality measurement

- At the end of 2013, the trust commissioned a review of its governance framework. The board was now more assured that the focus was on patient experience rather than finance and

Summary of findings

targets. There was clear recognition from the board that the organisation was on a journey, much work had already been done but there was much to do to embed new ways of working and evidence progress.

- As a result of the governance review, the trust committee structure had been revised. There were committees to manage quality, risk, performance and review and develop patient experience. The divisions held monthly governance meetings at which incidents, risks, complaints, audits, guidelines, staffing, training and progress against action plans were discussed. These divisional meetings provided information to the trust-wide meetings, having received their information from similar meetings held at directorate level. Learning and outcomes from these meetings were cascaded to staff through the matrons, head of departments and ward managers via weekly 'share to care' meetings.
- Risk management was being developed, with risk registers at various stages of development and used in different parts of the trust. In the 2013 NHS Staff Survey, fewer staff reported errors, near misses or incidents than would be expected of a trust of this composition and size. The trust was in the bottom 20% for reporting having witnessed potentially harmful errors, near misses or incidents in the last month (the month prior to the survey being completed). During the inspection, staff reported that they would now be confident to report an incident and felt that they would be supported to do this.
- One of the findings of the Keogh Mortality Review was that there was a lack of clear approach to quality and quality improvement. As a result, the quality strategy had been revised in line with the trust's vision to provide safe, personal and effective care. This had yet to be embedded into practice. Clear aims were identified in the strategy. However, it was too early to measure progress against these.
- There was an integrated management structure which linked all the hospital and community services together. There were four clinical divisions: surgery and anaesthetic services; diagnostic and clinical support; family care; and a new integrated care group. This integrated care group had recently been formed by bringing together the divisions for medicine and community services. It was felt that this was the best way to implement the recommendations from the Future Hospital Commission's Future Hospital: Caring for medical patients report (September 2013) to deliver care in the best setting for patients, which may not be the hospital site.

Summary of findings

Leadership of trust

- There had been a significant number of changes at board level in the last six months: the chair joined in February 2014; the interim chief executive started in January 2014; an interim medical director started in February 2014; and interim director of human resources started in November 2013. The chief nurse was a substantive post holder and commenced in January 2014. Despite not having been in post long, these changes were having a significant impact and staff spoke highly of the visibility of these new board members.
- Many staff were concerned that these board roles were interim and worried that the positive progress would not be sustained when these people left.
- The previous relationship between the executive team and the divisions was described as “fractured”, “never the twain shall meet”. However clinical staff now described a positive relationship. They felt the focus had shifted to improving the patient experience and positive solutions and they felt supported in their roles as clinical leaders. Consultants in particular were positive about the opportunity they had to attend leadership development training.

Culture within the trust

- Staff reported a huge positive change in the culture in the trust in the few months prior to our inspection. One staff member, although devastated by the findings of the Keogh Mortality Review, described it as a “blessing in disguise”. It had been the catalyst needed to exert change.
- Staff felt previously too much reassurance from external sources had been taken rather than really looking for assurance through good monitoring of performance and analysis of staff and patients views. Staff and patients had not been listened to and patient experience had not been the driver for improvement.
- Staff now felt more empowered to take decisions. They felt they were supported to raise incidents and generally more supported at all levels.
- The medical director and chief nurse worked closely together and had a shared agenda for improving the patient experience, which was respected by staff.

Public and staff engagement

- In April 2014 the trust commenced a programme of staff events called the ‘Big Conversations’. The aim of these was to listen to staff views and issues they were facing.

Summary of findings

- The trust acknowledged that complaints management had been poor, responses had been defensive and delayed, and there was currently a large backlog of complaints. Now people complaining were contacted and offered a meeting. We were told that those with outstanding complaints were contacted with an update; however, people who spoke to us at our listening events advised us that they had been contacted and advised they would be kept up-to-date with progress, but then heard nothing more. The number of complaints coming in and the number being closed were similar in the few weeks prior to the inspection so it was not clear how the backlog would be reduced.
- The trust was aiming to be more open and transparent and acknowledged that papers such as board reports required further development to make them more accessible to the public.
- A patient experience strategy was being developed, with a new role of head of patient experience developed to take this forward.
- In January 2014, the trust commenced a campaign called 'Tell ELLIE' which stood for East Lancashire Listens, Involves and Engages. Patients and staff were aware of this and examples of action taken were promoted in the trust and on their website. Issues such as long waiting times in A&E, cancelled and late outpatients appointments, communication, attitude of staff and complaints management were issues that were raised. The trust had also recognised these as issues.
- In the NHS staff survey 2013, it was identified that the trust performed worse than expected for staff recommending the trust as a place to work or receive treatment, experiencing discrimination at work in the last 12 months and experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. At the time of the inspection, the trust was undertaking its own staff survey. Early analysis of the survey suggested that staff would now be more likely to recommend the trust as a place to work and be treated. This was also supported in comments to the inspection team during the inspection.

Innovation, improvement and sustainability

- The trust had strong links with University of Central Lancashire and Lancaster University for research and trials, and had good recruitment of patients for trials.

Summary of findings

- Although significant improvements had been made in A&E waiting times, patient flow, fewer patients cared for on a ward that was not the correct speciality for their healthcare needs, and the introduction of care bundles, there was still much to be done.
- Staff spoke positively about the increase in staffing and the commitment to continue recruitment to ensure that vacancies were filled. In addition, there was a confidence that levels would be reviewed and changes made if demand increased.
- The trust was on a journey of improvement and there were concerns regarding the sustainability of the changes made. Staff were motivated and enthusiastic to maintain these but were concerned that possible changes to senior management roles as staff were recruited to permanent positions could destabilise the improvements.

Overview of ratings

Our ratings for Royal Blackburn Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Burnley General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent care centre	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good

Overview of ratings

Overall

Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
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Our ratings for Blackburn Birthing Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity & Family planning	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Our ratings for East Lancashire Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Outstanding practice and areas for improvement

Outstanding practice

We saw areas of outstanding practice including:

- The vast majority of staff spoke of the improvement they experienced in the culture in the organisation. The spoke highly of the executive team who were visible and approachable to staff. The felt proud to work in the trust and would now recommend it as a place to work.
- The trust maternity services were received a national award for their 'innovative work to improve maternity services, promote normal births and facilitate staff activities'. This work had improved normal birth rates, reduced caesarean section rates and increased birth choice for women.

Areas for improvement

Action the trust **MUST** take to improve

- The trust must ensure that new ways of working become embedded into practice and that improvements are sustained.
- The trust must ensure that risk registers are used consistently, with risks escalated as appropriate.
- The trust must seek to fill the interim posts with permanent staff to ensure some stability at the trust.
- The trust must continue to improve the management of complaints and that all those with outstanding complaints are clear on the timescales and targets for completion.
- The trust must continue to ensure that the flow of patients is improved from attendance in A&E to admission to wards and discharge.
- The trust must ensure that there are always sufficient numbers of suitably qualified, skilled and experienced staff employed in A&E at all times to care for very unwell children.
- The trust must ensure that people with mental health needs receive prompt, effective, personalised support from appropriately trained staff to meet their needs.
- The trust must ensure appropriate checks of equipment are undertaken and documented in theatre.
- The trust must implement the end of life strategy to ensure that there is an appropriately resourced bereavement service available.
- The trust must take action to prevent the cancellation of outpatient clinics at short notice and ensure that clinics run to time.
- The trust must ensure that there are appropriate translation services available and that patients' privacy is considered if asking relatives to act as interpreters.
- The trust must ensure that all staff work in line with the medicines management policy.

Please refer to the location reports for details of areas where the trust **SHOULD** make improvements