



NHS



LLR 
alliance

Providing care around
you together

Review of the Year 2018/19



“I felt listened to and have solutions to my issues - Thank you. Very quick and saw me ahead of appointment time. Unhurried, efficient with regards to access to specialist treatment. Friendly atmosphere, no long journey to Leicester or other main hospital.”

Outpatients, Hinckley

Review of the Year 2018/19

Contents

| | |
|---|----|
| The LLR Alliance: Foreword..... | 4 |
| Our aims and objectives..... | 6 |
| Our values and services..... | 7 |
| Our sites..... | 8 |
| Our governance structure..... | 10 |
| Leadership Board | 11 |
| The LLR Alliance contract..... | 12 |
| Our achievements..... | 13 |
| Progress in service delivery..... | 14 |
| Care closer to home..... | 17 |
| Our partnership with patients and the public..... | 18 |
| PPG Chairs’ report | 20 |
| Quality and patient experience..... | 21 |
| What our patients tell us..... | 23 |
| Standards and performance..... | 24 |
| Quality: How are we doing?..... | 25 |
| Developing and investing in our people..... | 26 |
| Our priorities for 2017/18..... | 31 |
| Glossary..... | 33 |

Leicester, Leicestershire and Rutland Alliance

Foreword by Helen Mather, LLR Alliance Director



Welcome to our Annual Review for 2018/19, which marked the fifth year of the Alliance. We are a partnership between University Hospitals of Leicester, Leicestershire Partnership NHS Trust, the LLR Provider Company and the three Clinical Commissioning Groups that cover Leicester, Leicestershire and Rutland (LLR).

Our Vision

Our vision is for all partners to be working together, so that from the outset, patients receive the right care, in the right place, from the right health professional. In line with the objectives of the LLR Better Care Together Sustainability and Transformation Partnership, we are providing an increasing number of services in community settings, rather than in large acute hospitals, so that patients can be treated closer to home. You can read more on page 16 about services that are now offered in community hospitals and primary care settings like GP practices.

Involving patients and the public

We have developed a Patient and Public Involvement (PPI) strategy and we are fortunate in having a very active Patient, Public and Partnership Group. The members greatly support our work, providing valuable insight into what we can do to improve patient care. You can read more about our PPI work on page 18.

2018/19 was a busy year for the Alliance, with some of the key developments including:

- The partners have extended the Alliance contract for a further two years.
- The Alliance has started running the pilot of a Referral Support Service (RSS) to enable referrals in particular specialties to be sent to the most suitable location of care – a significant step forward in enabling us to deliver patient care closer to home in community settings, where clinically appropriate.
- The PCL Pillar has continued to expand rapidly, allowing more patients to be treated in a primary care setting including GP Practices.

Throughout 2019/20 we will be working with our partners to contribute to the system changes which will see the implementation of the NHS 10 Year Plan and the whole health service in LLR move towards becoming an

Integrated Care System (ICS).

We expect therefore some of our key areas of focus will be:

- Reducing the number of unnecessary face to face follow up outpatient appointments in line with the objectives set out in the 10 year plan.
- Embracing technology to improve our services.
- Making improvements to Melton Mowbray operating theatre to enable ophthalmology day cases to be undertaken.
- The expansion of Referral Support Services.
- Participating in system-wide discussions to develop the future ICS and responding to requests to pioneer new treatment pathways to enable a more integrated health system in LLR.

Participating in the design planning of the new Hinckley Hospital

We look forward to continuing to support all our partners during 2019/20 in both our community hospitals and in GP practices.



Friendly and reassuring to an extremely nervous patient. All looked after me very well especially the nurse who talked to me and held my hand.



Staff are friendly, doctors are extremely knowledgeable and take the trouble to explain all aspects of treatment in understandable terms.



Our aims and objectives:

The LLR Alliance is not a provider of health services itself. It is a partnership of the clinical commissioning groups in Leicester, Leicestershire and Rutland, who plan and buy healthcare for their local populations, plus the key providers of healthcare. Together we work to innovate and improve the quality of elective care services for our patients in conjunction with improving value for money for the local health economy.

Our objectives are to:

- offer our patients greater choice
- bring care closer to patients' homes
- improve the patient experience by being responsive and ensuring respect and dignity
- listen to what matters most to patients through a continual cycle of engagement
- use patient insights to help shape and develop services
- achieve value for money for the LLR area through innovation and most efficient use of resources
- support the LLR Better Care Together Strategy



To help us ensure we achieve these objectives throughout the period of our contract, we have developed a set of Annual Priorities that we work towards and monitor throughout the year. For further details please see page 32.

The partners' values:

Our key values underpin the way that the collaborative partnership works to ensure that LLR Alliance services best serve and meet the needs of our patients:

- Trust
- Collaboration
- Innovation
- Mutual Support
- Clinical participation in all we do
- Transparency
- Collective ownership of risk and reward



Our services:

We support the delivery of a range of elective care outpatients, day-case procedures and diagnostics from community and primary care sites across the county.

Specialties include:

Gastroenterology, dermatology, ophthalmology, orthopaedics, community paediatrics, rheumatology, cardiology, gynaecology, general surgery, chronic pain, podiatric surgery, urology, neurology, Ear, Nose and Throat, plastic surgery, Barrett's oesophagus surveillance, bowel cancer screening, oculoplastics, diabetology, geriatric medicine, integrated medicine, maxillofacial, paediatrics and thoracic medicine.

Diagnostics include:

MRI, ultrasound, x-ray, electrocardiogram (ECG), echocardiogram, YAG Laser and OCT - Ophthalmic imaging

Services are delivered from the following sites:



Loughborough Community Hospital

- Daycase Theatre
- Endoscopy Services
- Outpatients Services
- X-ray



Coalville Hospital

- Outpatients Services
- X-ray



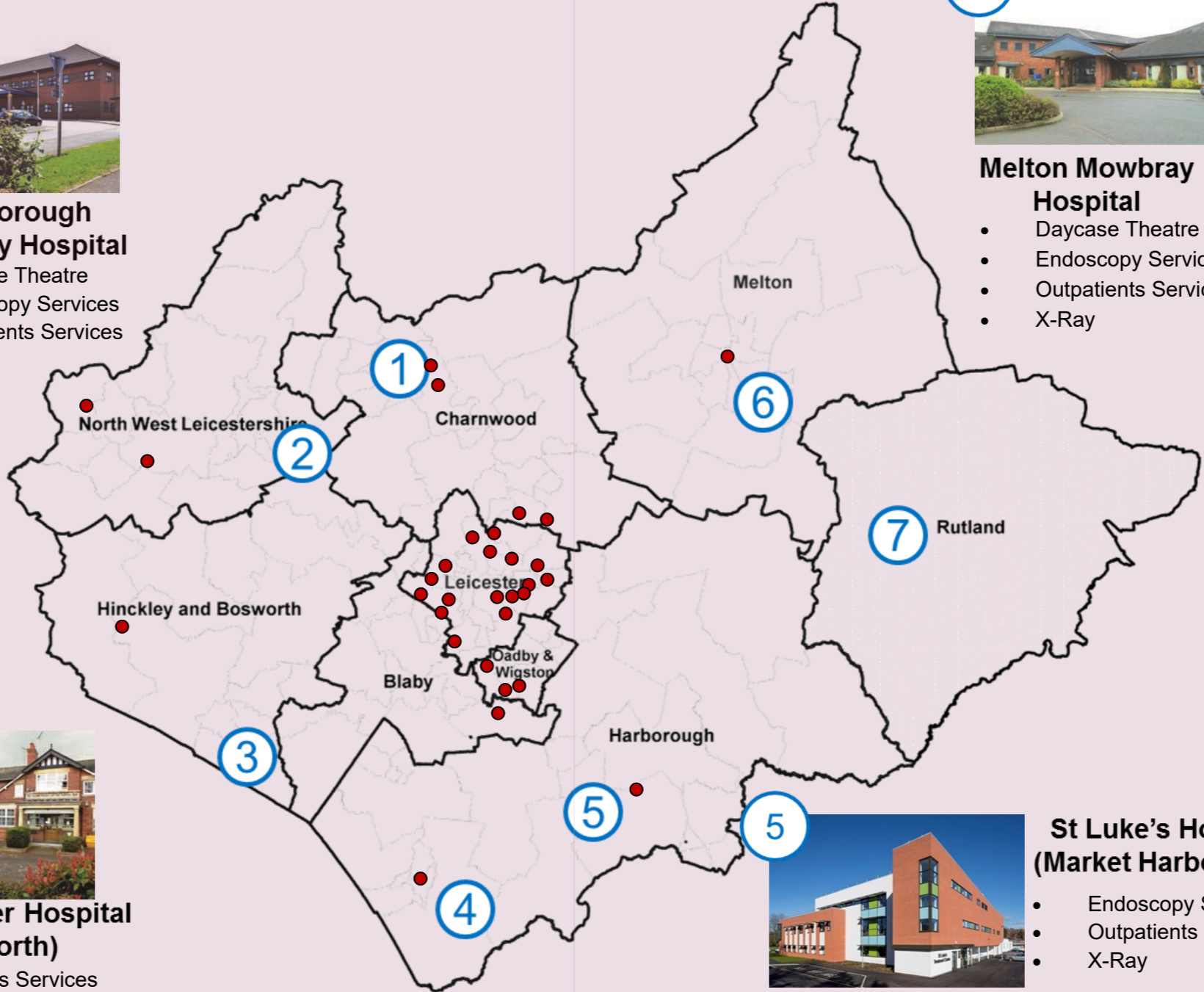
Hinckley and District Hospital

- Daycase Theatre
- Endoscopy Services
- Outpatients Services
- X-Ray



Feilding Palmer Hospital (Lutterworth)

- Outpatients Services



Melton Mowbray Hospital

- Daycase Theatre
- Endoscopy Services
- Outpatients Services
- X-Ray



Rutland Memorial Hospital

- Outpatients Services
- X-Ray

• A range of other services are provided in community-based settings across Leicester, Leicestershire and Rutland. Services provided during 2018/19 included:

- Circumcision
- Dermatology
- Ear, nose and throat
- Minor hand surgery
- Minor surgery
- MSK
- Vasectomy
- Echocardiogram
- Non-obstetric ultrasound

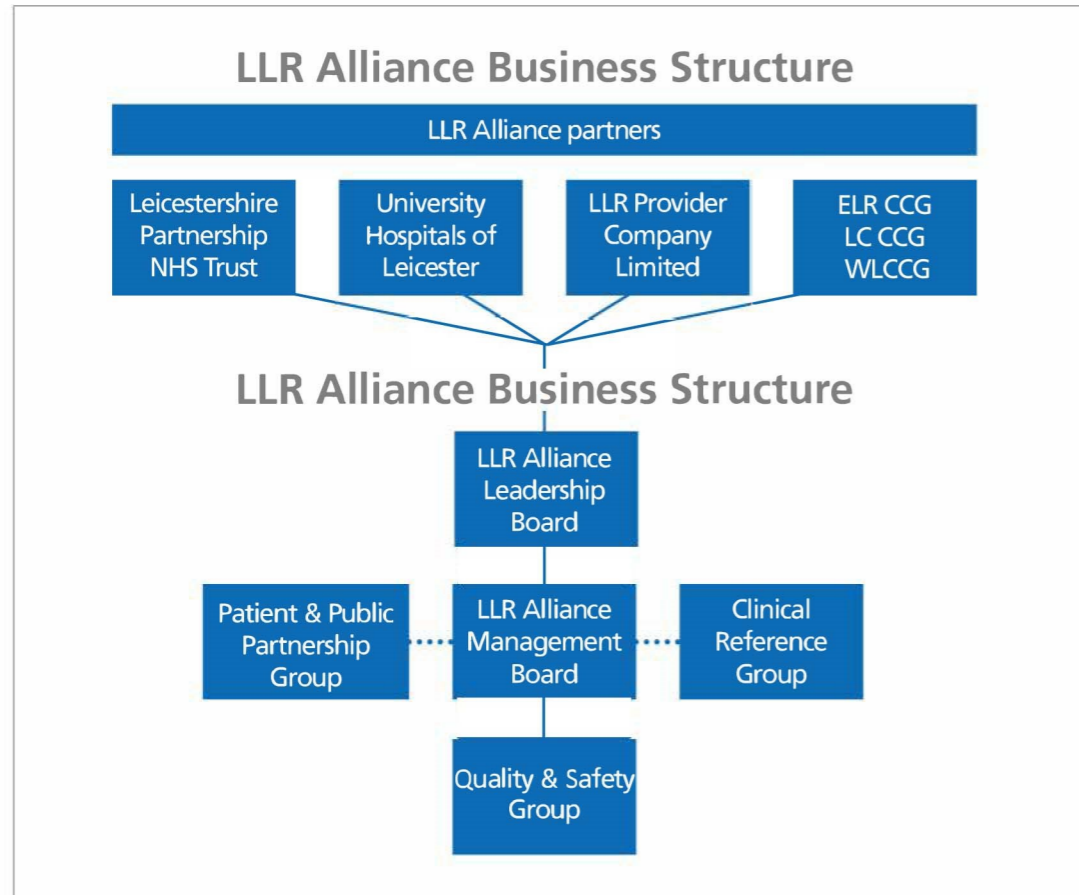


St Luke's Hospital (Market Harborough)

- Endoscopy Services
- Outpatients Services
- X-Ray

Our Governance Structure

The diagram below shows the LLR Alliance partnership structure and the structure of our governance in terms of the boards and management groups through which we transact our business.



The LLR Alliance is a key part of the delivery of the **LLR Better Care Together programme**, helping to deliver the overall strategy for improving health and care across LLR. The LLR Alliance supports the Planned Care workstream's objective of delivering care closer to home and providing more care in the community and in GP practices.

Leadership Board



Helen Mather
LLR Alliance Director



Karen English
Managing Director of ELR CCG



Paul Traynor
Chair of Alliance Leadership Board and Chief Financial Officer of UHL



Carolyn Fox
Chief Nurse of UHL (from October 2018)



Dr Nic Rushman
GP West Leicestershire Federations & LLR PCL Director



Prof Rishabh Prasad
GP LLR PCL Director: City



Rachel Bilsborough
Director of Community Health Service for LPT



Dr Hilary Fox
Locality Lead for Melton, Rutland & Harborough ELR CCG



Dr Gareth Chidlow
GP lead for the LLR Alliance LLR PCL Board Member Board member of ELR GP Federation



Anne Senior
Associate Director: Business Development and Contracting LPT



Dr Geoff Hanlon
GP lead for WL CCG



Dr Chris Trzinski
GP and Deputy Chair of WL CCG (until October 2018)



Eric Charlesworth
Co-chair of the LLR Alliance Patient and Public Partnership Group



John Wood
Co-chair of the LLR Alliance Patient and Public Partnership Group (from December 2018)



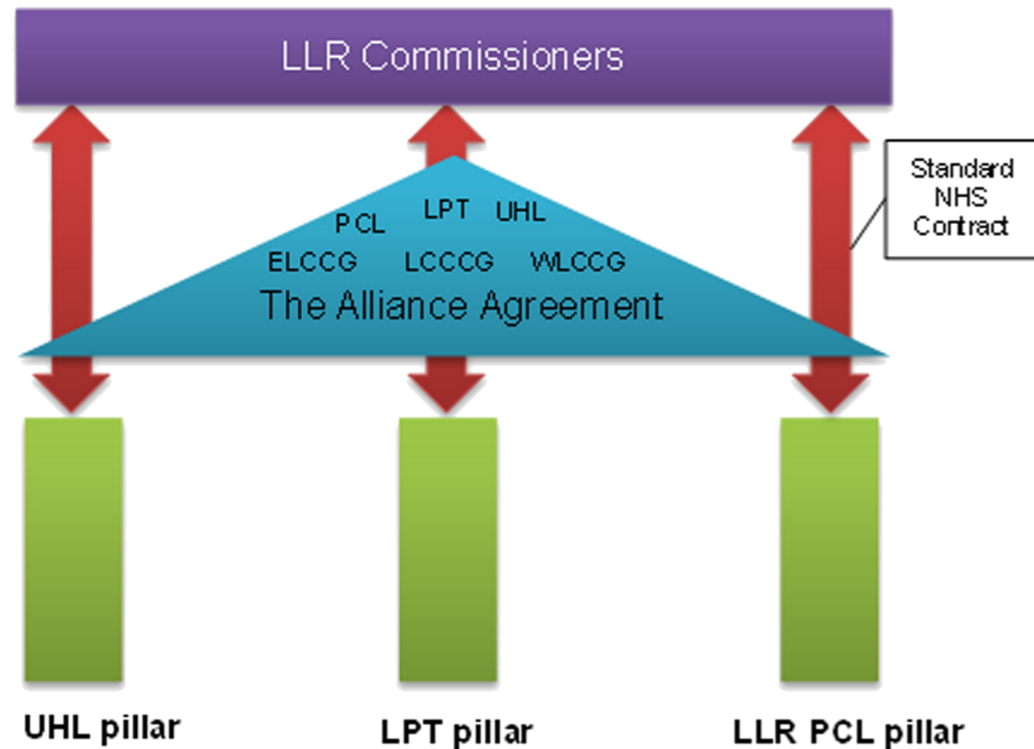
Christine Stanesby
Co-chair of the LLR Alliance Patient and Public Partnership Group (until November 2018)

The LLR Alliance contract:

The LLR Alliance contract has been established to enable LLR to achieve its objective of providing more care in the community, in a collaborative and co-operative way rather than through competition between providers. Alliance contracts are relatively unusual within the NHS, and there is a growing interest in them as the NHS moves to establish Integrated Care Systems and as ways of supporting integration and collaboration between providers, in the interests of better patient outcomes and better value care.

All the partners to the LLR Alliance are part of an overarching agreement (the Alliance Agreement), with shared risk and reward. The provider participants each have a 'pillar contract' based on the National NHS Standard Contract, with the same performance standards and an indicative activity plan which sets out the services that each provider is responsible for delivering.

The current Alliance Agreement is in place until 2021, a commissioning review has been undertaken during 2018/19 to determine the future of the Alliance beyond 2021. Further work is now planned, with the intention of a decision being reached by the end of 2019/20.



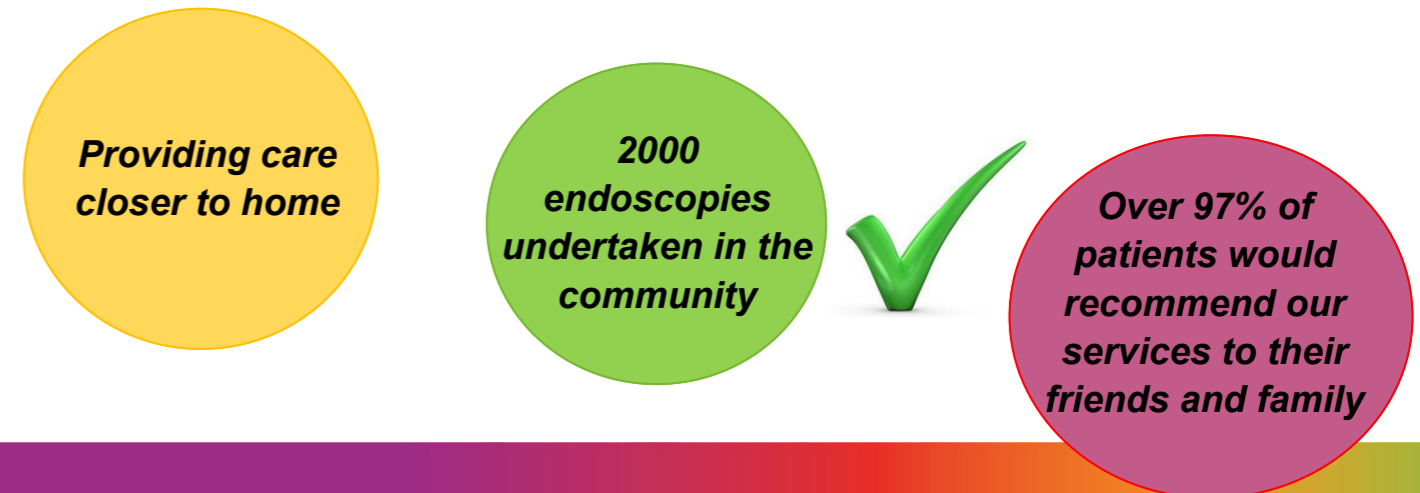
Our achievements

Highlights for 2018/19:

- Cancelled operations 0.6 per cent with a target of 0.8 per cent
- DNA (did not attend) rate of 7.4 per cent an improvement on last year's position of 8.0%
- 6 weeks diagnostic standard 0.5% against a target of <1%
- ASI rate of 12.3% a significant improvement on last year's position of 22%
- Sickness absence rate 2.5 per cent against a target of 3 per cent
- Percentage of staff who have had an annual appraisal 97 per cent against a target of 95%
- Waiting list size reduction, UHL and the Alliance jointly achieved the end of year waiting list size position ensuring that it was less than the previous end of March position.
- Outpatient Correspondence: maintenance of the 7 day clinical correspondence standard has been achieved for 6 months of the year, with only one month not meeting the standard of 10 days.

Family and Friends Test: Patient satisfaction levels are increasing, with 97.6% of patients saying that they would recommend our services to their friends and family. This high level of patient satisfaction is consistent across all areas.

Activity Performance. The numbers of endoscopies in gastroenterology and urology being transferred from UHL to the Alliance has continued to be in the region of 2,000 over the year. In addition transfers of approximately 200 other day cases from a variety of specialties from UHL has meant that we are offering care closer to home for many patients. Additional service level agreements in 2018/19 in general surgery and ophthalmology in particular have led to more day case activity in our community hospitals.



Progress in service delivery 2018/19

Clinical Services

A new one-stop dyspepsia endoscopy clinic has been successfully implemented at Melton Hospital, in order to reduce cancellations and improve the patient's journey and experience of the service.

Pilots of other nurse-led activity alongside consultant clinics has commenced in respiratory and dermatology. This enables consultants to see more new patients and supports holistic care management for patients.

The MSK Triage service has been rolled out to all CCGs. This enables patients to be directed to the best possible service for their needs, in primary care if appropriate, which reduces waiting times. The success of this has been the conduit to initiate the Referral Support Service (RSS) which will span a number of specialties over 2019/20.

We continue to increase the number of endoscopies undertaken in our community hospitals as well as General Surgery and Ophthalmology surgical procedures; to reduce the need for patients to undergo their treatment in one of the acute hospitals and ensure their treatment is carried out closer to home.

Staffing

Excellent progress has been made in achieving and exceeding our apprenticeship target. A second nurse was identified to undertake the nurse endoscopist training which she has now completed. She has undergone a supervisory period and is now working autonomously. The Alliance is committed to employing further nurse endoscopists to support elective endoscopic activity.

As a result of a number of staff retention initiatives, including exit interviews and other staff engagement initiatives, the staff turnover rate has remained at a consistent level and vacancies are at a minimum.

Ophthalmologists continue to work all-day sessions in the Alliance to improve efficiency.

The administration and clerical (A&C) review is now complete. All administration roles within the Alliance have been reviewed to ensure that the A&C structure is fit for purpose, to meet the challenge of delivering increasing activity within the current resources, given the financial constraints and cost savings required across the whole health economy. The review identified areas where efficiencies could be made and looked at ways in which processes can be improved to support the delivery of high quality patient care. As a result, the collective roles and responsibilities demonstrated considerable variation from site to site in terms of the tasks undertaken, the way in which staff rotate within their roles and how they carry out day to day activities. There is potential benefit in merging some of the roles and centralising functions, to increase productivity and efficiency and this is currently in progress, with a new A&C structure being implemented in 2018/19.

Transformation and Change Activities

The Alliance has increased the focus and energy around the transformation agenda and has created a methodology for delivering change. By engaging staff and patients at the beginning of the process, the Alliance has helped to improve communication and identify ideas for change that increase efficiency and productivity across services. A review of admin and clerical processes has resulted in a consolidation of roles and centralising functions to create a more flexible and multi-skilled workforce. Pathway redesign of Endoscopy services has resulted in fewer patients failing to attend their appointment and fewer procedures that are cancelled on the day that they are due to take place. These reductions are due to improved pre-assessment with the introduction of direct booking clinics and pre-assessment telephone and face to face appointments across all specialties. The Alliance continues to transform services and will be focusing on day case theatre utilisation and outpatient services to increase productivity and efficiency across all hospital sites.

Patient and Public Participation

The Alliance has continued to recruit new Patient Partners into the Alliance, working closely with our Patient and Public Participation Group to ensure the patient / public voice is heard.

The Patient and Public Participation Group have helped to develop our Patient and Public Involvement Strategy, and take part in key pieces of work such as the Annual PLACE audits, reviewing the quality of our facilities and amenities.

Governance

In order to make sure that there is increased ownership by UHL of the operational activity delivered in the community hospitals, the Alliance Leadership Board have agreed that, from November 2018, this activity will be managed by UHL Clinical Support Services, which is one of the UHL Clinical Management Groups. This change will help to ensure that both operational and clinical quality standards are maintained in line with UHL Executive Board expectations.

Alliance profile

The Alliance has attended a number of partner annual general meetings and events to promote the services provided. We have also been actively involved in participating and presenting at UHL and CCG engagement events.

Social media and press releases have been used to help raise the Alliance's profile.

Progress in service delivery

LLR Provider Company Limited

LLR Provider Company Limited (PCL) is a partner in the LLR Alliance Agreement. The company was established in 2011 by 91 GP practices across LLR. All the Directors are local GPs.

PCL works closely with the other Alliance partners to identify and set up patient activity that can be transferred into primary care, instead of taking place in an acute hospital. This means that patients can receive care closer to home and receive treatment sooner. Procedures that require it are carried out under local anaesthetic.

An additional benefit is that PCL delivers many services at less than the national tariff price, this saves the CCGs money that can then be reinvested into other services.

PCL works with 16 providers over 36 locations across LLR. In 2018/19 PCL provided services to 24,094 patients; this is an increase of 9,201 patients on the previous year.

Services delivered by PCL include:

- Circumcision
- Dermatology – assessment and treatment
- Echocardiogram
- Ear, nose and throat (ENT) – assessment and treatment
- Minor hand surgery (carpal tunnel and trigger finger/thumb)
- Minor surgery
- MSK treatment
- Non obstetric ultrasound
- Vasectomy

There are plans to introduce the following services during 2019/20 in primary care and community settings:

- Assessment for MSK, dermatology, ENT, general surgery and ophthalmology
- Treatment clinics for MSK and ENT, led by GPs with extended roles
- Assessment and repair service for hernias
- Cataract surgery
- Minor treatments for eyes

Care closer to home: Nurse-led dermatology clinic

Lucy England is a Skin Cancer Nurse Specialist based at Leicester Royal Infirmary (LRI), but one afternoon a week she works from Rutland Memorial Hospital in Oakham, assessing and treating patients with suspected skin cancer.

“I see new patients referred on a routine basis (not a two week wait) where the GP suspects basal cell carcinoma – a low-grade, slow-growing skin cancer. In my clinic I assess and, where possible, give treatment. I also see patients for follow-up appointments, who’ve already had treatment at LRI.

“This is so much more convenient for patients than going to the LRI, as they would have done previously. Many of my patients are quite elderly, so it’s really good that they don’t have to travel into Leicester and can avoid a much busier hospital environment. It’s a much easier experience for them and provides a service that’s much needed, closer to home.”

The referrals come directly to Lucy from GPs and, although she is only in Rutland one afternoon each week, she sees between 12 and 14 patients in that time. Lucy is currently the only Skin Cancer Nurse Specialist in LLR who offers this kind of community-based clinic.

Previously Dr Robert Burd, Consultant Dermatologist, would have seen all of these patients and the waiting list would have been longer. Issues that can be safely managed out in the community allows more capacity in hospital clinics for patients on a two week wait, or with more complex cases which really require that level of expertise.

Lucy added: “We have a busy clinic, with really good patient feedback - they feel reassured that I have clinical back-up from a doctor if it’s needed. As well as being more convenient, some of the patients need extra time that a doctor would not be able to offer, and this is something that patients really appreciate too.”

Dr Burd commented: “Having the help and support of a skin cancer nurse for the Oakham service has been invaluable. For the patients from Rutland, East Leicestershire and Lincolnshire, to be able to access this specialist care closer to home has many advantages. Lucy England is a very experienced nurse who is highly valued for the compassionate, holistic and pragmatic care that she provides.

“Ideally we would like to extend this service to more of our peripheral sites, but at present we do not have the staff numbers available to serve more sites. There has been recognition both locally and nationally that the dermatology service, in particular, does need to be resourced to meet this increasing demand. This, together with exploring new ways in working, may allow us to fulfil this vision of more locally provided services.”



Our partnership with patients and the public

Working with the Patient and Public Participation Group (PPPG) the Alliance undertook a benchmarking exercise to assess how effectively we undertake patient and public involvement (PPI) and as a result it became clear that the Alliance needed to make a clear commitment to ensuring we will always involve patients and or the public as we look to transform our services. This resulted in the production of the Alliance's first PPI Strategy, which aims to:

- Continue to work with our Patient and Public Participation Group (PPPG) to hear patients views
- Recruit Patient Partners to work with us and join the PPPG
- Develop an internet-based Patient Partner programme, so that patients and members of the public can get involved in the Alliance without having to travel to meetings.
- Ensure PPI becomes everyone's responsibility
- Involve patients in every new service development we embark on
- Work with our provider partners (UHL, LPT and PCL) to reach out to the communities we serve

The Alliance Leadership Board has committed to receiving a patient or staff story at each of its Board meetings (six per year) and during 2018/19 three stories were considered by the Board to provide learning and opportunities for improvement.

Key transformation projects that have involved patients and the public during 2018/19 include the following:

- Theatre Utilisation review – patients worked alongside staff to review the utilisation of our theatre and how we can best use our theatre availability and reduce waiting times for procedures
- Pre-assessment project – patients worked alongside staff to review the patient pathway prior to surgery, reducing DNA and cancellation of procedures for avoidable reasons

PPPG Chairs' Report

2018-2019 has been a year of considerable major changes proposed and being implemented within the Health and Social Care services delivery systems. The Alliance is bringing about services closer to home, devising and implementing new patient pathways and establishing improved quality of care for all patients and alternative options of choice of treatment sites and venues.

It is noteworthy that the initial concept of the new ways of having partnership working, which would be provided by the Alliance, was one of the key cornerstones of quality care, joined up working practices, blue sky thinking on the patient journey and pathways being created. The more appropriate use of professional time and locations, improving on how work is undertaken and by whom has been fundamental. Members of the Alliance Patient and Public Partnership Group (PPPG) have again had the unique opportunity to be key participants in the formulation of the work and in the implementation of change.

Elsewhere in this Annual Review you will see some of the many changes already achieved and those which are in process e.g. Referral Support System (RSS), reduction in waiting times, improved endoscopy pathway, many treatments being undertaken in local community hospitals, medical centres and GP surgeries throughout the City, County and Rutland.

The PPPG are eager to increase membership numbers during 2019-20 to enable more contribution to be achieved, patient views obtained and partnership working with colleagues, ensuring that the voice of the patient is at the forefront of our work, alongside closer working relationships with our CCGs, Acute Trusts, and Local Authorities. The introduction of Primary Care Networks and Integrated Care Systems will bring new challenges and opportunities in which the Alliance will play a major role.

Eric Charlesworth and John Wood – co-chairs of the Alliance PPPG





"I had to have my Endoscopy without sedation so was very anxious. One nurse helped me by holding my hand. I couldn't have done it without her. Everyone treated me with dignity and respect. Everything was explained really well".

ST LUKE'S, MARKET
HARBOROUGH
ENDOSCOPY

Quality and patient experience

The Alliance continues to actively engage with patients, carers and other stakeholders in order to seek their views on what they want from our services and how the Alliance services should transform and develop. In 2017/18, we undertook a project to review the quality and efficiency of our Endoscopy services and improving our patient's journey and experience. We have continued to work on this project and have another engagement event for endoscopy planned for October this year.

In 2018/19 we have undertaken 2 projects around theatre utilisation and pre-assessment. Patients completed satisfaction surveys at the beginning and end of each project, demonstrating areas of improvement achieved during the work, and attended a focus group session. The work to fully embed pre-assessment is now complete and DNA rates and cancellation-on-the-day rates are expected to continue to improve as a result. The Patient and Public Partnership Group (PPPG) is also actively involved in gathering patient feedback through events such as the National Dignity Day, celebrated on 1st February each year, and through site visits where they meet our patients and gather thoughts and comments relating to their experience. The PPPG continue to meet regularly with the Management Team to discuss their views and thoughts on the services provided. Working closely with the Head of Nursing and the Infection Prevention and Control Nurse, the members of the PPPG also carry out annual PLACE visits identifying areas for improvement which are progressed through the many committees within the Alliance governance process. All of this feedback is utilised to improve the quality of care delivered.

The Alliance Elective Care Quality and Safety Group (AECQS), part of the UHL pillar of the contract (see page 10), regularly analyse the patient experience data and identify trends and themes. Lessons learnt are disseminated across services with the aim of improving the quality of care and making the patient experience even better. With services now being moved into the LPT and PCL pillars, a new overarching Governance Group is being established which will oversee the patient feedback and quality issues in all pillars of the Alliance. The UHL Pillar has had the opportunity to be involved in cross cutting themes within other CMGs including Getting it Right First Time (GIRFT) and pathway re-design

The LLR Alliance has achieved consistently high levels of patient satisfaction, measured by the Friends and Family test (FFT) as indicated in the table on the following page. By year end, the average FFT score was 97% of patients who stated that they were either extremely likely or likely to recommend our services to their friends and family score has been consistently high since 2017.

To consistently maintain an overall recommended level in excess of 97% is a fantastic achievement. We are working hard to increase and maintain the number of outpatients who respond to the Friends and Family Test and this is showing a month on month improvement, with all areas achieving in excess of the required target of responders.

In 2019/20 we will be introducing a more extensive patient experience questionnaire which incorporates the FFT score, providing us with richer patient experience feedback in a format which can be scanned, making identification of themes and trends possible for specific clinics for the first time.

Quality and patient experience

The table below shows the Friends and Family test scores over the 2018/19 financial year.

| Department | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Overall |
|-------------|------|------|------|------|------|------|------|-----|------|------|------|------|---------|
| Day Case | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 99 | 99 | 100 |
| Outpatients | 97.8 | 98.5 | 98.7 | 97.2 | 97.7 | 98.2 | 97.5 | 97 | 96.4 | 93.6 | 97.9 | 97.2 | 97 |

| CQUIN | Description | Progress |
|--|---|--------------------|
| NHS staff health and well-being | <p>Alliance UHL Pillar team will support University Hospitals of Leicester NHS Trust (UHL) to achieve National CQUIN 1a and 1c targets.</p> <p>Part a) Alliance will demonstrate that they have participated in all relevant UHL initiatives to focus on improving staff health and wellbeing in relation to musculoskeletal problems and work related stress.</p> <p>Part b) Alliance will demonstrate that 70% achievement of uptake of flu vaccinations in year 1 rising to 75% in year 2.</p> | Partially achieved |
| Improving efficiency in theatre utilisation | This indicator relates to ensuring that the correct systems and processes are in place to ensure theatres perform efficiently, matching staffing levels to clinical activity, and ensuring theatre lists are fully utilised. | Partially achieved |
| Improving the quality and efficiency of pre-operative assessment | Pre-operative assessment ensures that patients are fully informed and want to undergo surgery. It ensures patients are as fit as possible for surgery and minimises the risks of DNA and late cancellations for clinical reasons. | Partially achieved |

What our patients tell us

Listening to patient feedback is fundamentally important to us and the following are typical examples of comments that we continually hear:



I was greeted by an exceptional receptionist who looked after me and took me to the ward.



The staff were brilliant, guiding me through the pre-op procedures.



The staff were professional and polite.



Lovely consultant who listened to me and reassured me.



Working to ensure we protect patient dignity

Our teams work all year round to ensure that patient dignity is protected at all times and each year the national Dignity Action Day on 1st February is a real opportunity for us to showcase what we do on a daily basis. This day aims to ensure people who use care services are treated as individuals and are given choice, control and a sense of purpose in their daily lives.

On February 1st 2019 staff across the Alliance at Hinckley Hospital laid on a Digni-tea event, providing a memorable day where people who use care services could pop in for a cup of tea and cake and talk to us about their experiences and understanding of dignity.

It was excellent to remind us all that we each have a part to play in upholding dignity in care.

Standards and performance

Duty of Candour

As part of the contract quality schedule the LLR Alliance are required to evidence that Duty of Candour, incidents and serious incidents are in line with the Serious Incident Framework (NHSE 2015) and that the LLR Alliance is committed to creating a culture of openness and honesty, through Duty of Candour, the timely reporting of all Patient Safety Incidents, and the real time reporting of all serious incidents and never events.

Staff within the LLR Alliance across clinical and administration backgrounds have attended training on Duty of Candour by the Head of Nursing, Quality and Safety and the Clinical Quality and Safety Lead. There were no breaches of Duty of Candour in 2018 / 19 and every effort continues to be made to maintain this position.

Major Incidents

No Major Incidents have been reported in 2018/19

Serious Incidents and Never Events

One Never Event occurred in April 2018 related to wrong patient procedure. This was fully investigated with the involvement of the patient, clinical and administrative staff, lessons were learnt and these were shared across the Alliance and UHL as well as with the patient.

There were no Serious Incidents in 2018/19.

Quality and Safety Walkabouts

The senior management team and patient partners have implemented a schedule of Q&S walkabouts across all sites and departments. This is to ensure that we engage with staff and patients and to truly understand our business in terms of the CQC key lines of enquiry.

Complaints Performance

The Alliance received a very small number of complaints about its services during 2018/19 (<0.001% of activity) and maintained a 100% performance against all 10 day, 25 day and 45 day complaints for the 2nd consecutive year. This is balanced by the high level of FFT satisfaction and compliments received.

The National Institute for Health and Care Excellence (NICE)

We have an ongoing process of auditing our services against published NICE criteria, with changes to practice being implemented in line with recommendations where possible and appropriate to do so.

Clinical Audit

The Alliance have a comprehensive programme of clinical audit which monitors standards of care against agreed criteria, striving to bring about changes in practice in line with nationally recognised best practice. During 2018/19 this has continued to be reviewed, with quarterly presentations of completed audits and actions.

Quality: How are we doing?

Ensuring a positive experience

- More than 97% of patients would recommend our service (FFT)
- 0.001% complaints

Focus on patient safety

- No infection control incidents in 2018/19
- No duty of candour breaches
- No serious incidents in 2018/19
- 1 Never Event
- 100% CAS alerts compliance
- 100% Compliance with VTE Risk Assessment

Improving outcomes

- <30 day mortality – 0%

Being responsive

- Referral to Treatment (18 weeks) – 88.4%
- Cancelled operations on the day – 0.6%

Compliments

In addition to the FFT scores and comments, compliments are also received through NHS choices, cards, letters and emails. The main themes from the compliments include:

“Really pleased I came here for my appointment, it is such a friendly relaxed environment”

“In and out before appointment time – Great Service”

“What a great service, friendly staff and efficient”

“I will be recommending this service to my friends”

“Professional and efficient staff”



Developing and investing in our people

Nursing staff:

- A nurse specialist for endoscopy began working with us in January 2018 - undertaking the bowel screening programme.
- Endoscopy nursing staff have been accepted onto, and completed, the JAG accredited Accelerated Training Programme for nurse endoscopists.
- Our nursing teams have been up-skilled in paediatric development.
- There has been continued development of our nursing associate and assistant practitioner roles.
- Healthcare Assistant Heidi Wright is working towards becoming an Orthopaedic Technician .



Heidi Wright, Healthcare Assistant (middle) with Lianne Concannon, Plaster Technician (left) and Rachel Sumner, Education and Practice Development Sister (right).

Operational staff:

- A number of operational staff are undertaking management apprenticeships at levels 4 and 5, this is a continuation of last year.
- Service managers are continuing to undertake leadership training modules with the East Midlands Leadership Academy.
- We have been growing and redesigning our administrative workforce to manage the implementation of referral support services.
- The GPwSI workforce continues to develop in line with new service requirements.
- Workforce redesign of the operational teams was completed in February 2019.
- We have been working in close partnership with Leicestershire Partnership Trust and the CCGs in preparation for handing over the community paediatric service to LPT during 2019.
- The orthotics service contract was awarded to a third party supplier during 2018, which meant that the Alliance ceased to administer this service.

Medical staff

- Our gastroenterologists are supporting nurse endoscopists to assist with their skill development.
- We have increased the number of endoscopists.
- We have increased the number of providers of clinical services to the Alliance.
- We have increased the number of operating ophthalmologists in our hospitals.
- GPwSI are now in place and delivering MSK Triage and we are still developing the ENT and Dermatology GPwSI pathway with PCL.

We continue to progress potential plans for portfolio GP positions, that would be 50% Alliance and 50% primary care.

Staff recognition:

The Alliance recognises and celebrates staff for the work that they do, the care that they give and the contribution they make overall.

The LLR Alliance Star of the Month award has been running for four years, to recognise and appreciate our workforce and to help boost morale. Staff can also send a thankyou via the Above and Beyond recognition scheme, which was launched in November 2016 and has seen its popularity and success soar.



Sarah Faulks, Admin Assistant, Rutland, Star of the Month January 2019



Hilary Hands, Day Case Sister, Loughborough, Star of the Month July 2018



Hinckley Theatre Booking Team: Stars of the Month November 2018

National recognition:

The Alliance was nominated for a Health Service Journal Award in the category of Community Pathway Redesign for our Endoscopy service. Over the course of 2018/19 we undertook a series of quality improvement workshops across the four Alliance Endoscopy Units, to which all staff involved with endoscopy were invited. Our patient and public group were also represented and we undertook a focus group with patients who had used our service.

This led to significant improvements being made in our pathway over the next 18 months. Sister Martha Tickell (Endoscopy Lead Nurse) and Dr Allister Grant (Alliance Clinical Director) represented the Alliance at the awards ceremony in November 2018.



Workforce planning for 2018/19

We continue to place a high priority on developing and growing our workforce and in 2019/20 we have identified the following key areas we wish to focus on. We have overhauled the original workforce strategy to ensure that it is fit for purpose to take the Alliance forward for the next 2 years

The Alliance Workforce Plan has six strands of delivery to support the BCT 5 year plan:

1. Creating new patient pathways in partnership with LLR Stakeholders and PCL
2. Creating a sustainable and flexible workforce
3. Six days service delivery
4. Grow our contracted Workforce and reduce our dependency on the non-contracted workforce
5. Developing new ways of working via the Organisational Development plan
6. Implement the recruitment and retention strategy

These will be managed through a range of work streams including the Strategic Workforce Planning Group, Planned Care Board, the transformation team, Nursing Executive, the Alliance management board and Leadership board.

It is recognised that workforce plans need to align to the transfer and development of new patient pathways. In addition, plans have needed to consider supply and demand challenges as this has an impact on the ability to create capacity for the delivery of services..

Focus on Victoria Taylor, Trainee Nurse Endoscopist

I have been training as a Nurse Endoscopist within the Alliance since January 2018. I have accessed a wide range of learning opportunities across both UHL and the Alliance during my training so you may have met me but my post upon completion will be as an Alliance community Nurse Endoscopist alongside Helen Brunskill.

I have been a community staff nurse for the last 9 years, working in medical and then surgical care of patients, then finally Endoscopy. I found that I really enjoyed the in depth knowledge that nursing in such a specialist area developed rather than the broader range of knowledge and experiences of more general nursing. I am passionate about community standards of care.

Our service cares for patients from a range of referral points undergoing Endoscopy procedures in the community hospitals. The service has been expanding rapidly in terms of both numbers of procedures and scope of practice, and has been undergoing a redesign process. I am whole heartedly motivated to bring an increasing and developing nursing perspective across endoscopy practices and contribute to its enhancement of the endoscopy patients experience and pathway. I have watched the first Nurse Endoscopist employed by our trust successfully complete her training and was inspired to follow her example.

I was supported by my manager Martha Tickell and Clinical Director Allister Grant to apply for the Health Education England Clinical Endoscopist Accelerated Training Programme in December 2017, and was successful in being selected. The programme is quite intense, involving an academic module at Kings College London, attendance at training days, skills courses and assessments, academic assignments and presentations, a 6 month e-learning package and assessment, a 68 page competency and learning portfolio, monthly reviews, and successful completion of JAG Endoscopist competency, all within 7 months.

Despite the challenge of co-ordinating the huge learning package across many sites and consultants and teams who helped with my learning and training, I am due to complete in August 2019. I am planning my future ongoing development and consolidation of my skills as an Advanced Practitioner. I am also already looking forward to contributing to the Alliance Endoscopy services and upcoming next service redesign days and staff training days.



Registered Associate Nurse - Joanne Bird



I have worked at Loughborough Outpatient's for the last 24 years as a Healthcare Assistant.

For the last 15 years I have had the pleasure of working as a band 3 Healthcare Assistant for Gastroenterology and Colorectal clinics based at Loughborough Hospital. Over this time I have performed Urea breath tests and ran a virtual Clinic for 5 Consultants to help reduce the amount of follow up appointments required within these specialities.

During this time I began to develop an interest in inflammatory bowel disease. I have worked closely with Richard Robinson and Sharon Gethins for many years, over time it has become apparent that the IBD activity

at Loughborough has increased massively and patients want and have the right to be treated within a community setting. Due to our clinic capacity the need to develop the service delivered within the community has allowed me to develop my role.

Two years ago I applied to join the first cohort of Nurse Associates at UHL. With the support of the Alliance I was successful in gaining a place on the pilot course. I started in January 2017.

Over the last two years I have been on six five-week placements. These have varied, three being within the acute wards at UHL, two Community placements and LOROS. To say this was challenging would be an understatement having never experienced ward work before the placements have allowed me to develop my skill set and confidence further.

I knew the academic work would be challenging but the reality was far harder than I had imagined. Balancing shift work, study and a home life became increasingly difficult at times but I rose to the challenge! I have been lucky to have a supportive family, work colleagues and mentor Julie Latham.

I have now completed all aspects of the course and I am looking forward to my registration on to the Nursing and Midwifery Council register, my graduation at De Montfort University and wearing the new Registered Associate Nurse uniform.

I am now excited to develop my role further and I have started running my own telephone clinic for patients with stable inflammatory bowel disease with the support of Sharon Gethins.

With support of the Alliance I am excited to see where my new role takes me.

Our priorities for 2018/19

The Alliance Agreement describes how the six partners will work together as a collaboration, it also sets out the key aims and objectives for the Alliance over the seven years of the contract. Those objectives have been in place since the Alliance was established in 2014 and each year, through the Annual Operating Plan, a set of Annual Priorities are agreed to ensure we work towards achieving the overall aims of the Alliance for our patients and the public we serve:

- Realise value for money for the LLR Area
- Innovate, be flexible and continually improve whole care pathways, improving patient experience, clinical and quality outcomes
- Ensure that services are delivered from more cost effective settings
- Respond to the needs of individual patients quickly and efficiently and offer them choice, utilising effective dialogue with patients to do this
- Design and implement effective and efficient integrated pathways and shared care, including social care
- Actively shift care closer to patients' homes and provide local care where clinically appropriate and financially viable
- Assist in delivering the LLR Better Care Together Strategy including the migration from acute settings to community and/or primary settings

Our priorities for 2019/20

Significant progress has been made in establishing operational stability in the Alliance and the transformational journey has begun. In the next 12 months our overall is to be financially sustainable, deliver demand management for the health system and secure clarification of our future beyond 2021 and we will achieve this through the following priorities:

Priority 1 – Successful delivery of RSS for LLR

Priority 2 – Ensuring clinical and operational sustainability, with a focus on key specialties: gastroenterology, ophthalmology, general surgery and dermatology

Priority 3 – Continue to develop the skills and knowledge of our workforce in line with service specific needs and new patient pathways.

Priority 4 – Raise the profile of the Alliance with stakeholders especially the newly established Primary Care Networks and ensure the Alliance works closely with primary care on other developments

Priority 5 – Secure agreement on the future vision for the Alliance beyond 2021

Priority 6 – Successfully deliver our IT plans

We will continue to implement our workforce development plan, so that we are developing the

Priority 7 – Develop a work programme with LPT to explore opportunities for closer working

Glossary

6 week diagnostic standard is a national NHS target which states that less than 1% of patients should wait 6 weeks or more for a diagnostic test. (This standard does not apply to patients referred for urgent cancer investigations, who need to be seen sooner.)

ASI stands for Appointment Slot Issues, which is where there is a lack of available appointments.

BCT stands for Better Care Together. This is a partnership of all NHS in Leicester, Leicestershire and Rutland (LLR), working along-side local authorities and voluntary sector organisations, to look after a population of more than one million people.

The **Central Alerting System (CAS)** is a web-based system for issuing patient safety alerts, important public health messages and other guidance to the NHS and others, including independent providers of health and social care.

CCGs (Clinical Commissioning Groups) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. There are three CCGs covering Leicester, Leicestershire and Rutland:

ELR (East Leicestershire and Rutland) CCG

LC (Leicester City) CCG

WL (West Leicestershire) CCG

Clinical Governance is a framework that ensures that NHS organisations monitor and improve the quality of services provided and that they are accountable for the care they provide.

CQUIN (Commissioning for Quality and Innovation) is a payment that exists to encourage NHS organisations to sharpen their focus on quality by making a proportion of income conditional on quality and innovation.

Duty of Candour Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

Friends and Family Test (FFT) launched in April 2013, the FFT questions asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

General Practitioner (GP) is a family doctor, usually a patient's first point of contact with the health service.

GPwERs (GPs with extended roles) undertake roles that are beyond the scope of GP training and the MRCGP and require additional training. The term GPwER includes those previously referred to as GPs with Special Interests (GPwSIs).

Glossary

JAG stands for the Joint Advisory Group on GI (Gastrointestinal) endoscopy and is an endoscopy accreditation scheme.

LLR stands for Leicester, Leicestershire and Rutland

MSK is an abbreviation for musculoskeletal, or conditions related to muscles, bones and joints.

Never events are serious incidents that are entirely preventable, as guidance, or safety recommendations are available and should have been implemented by healthcare providers.

NICE is the National Institute for Health and Clinical Excellence, an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

Organisational Development is about leading change, service improvement initiatives, engaging and motivating staff, developing their talents and improving potential of staff.

PCL stands for Provider Company Limited, a federation of GP practices across Leicester, Leicestershire and Rutland.


Pillar is the type of contract that arranges for procedures that would previously have been carried out in an acute hospital to be provided in the community instead, at either a community hospital or GP practice.

PLACE stands for Patient-Led Assessment of the Care Environment. The assessments involve groups of local people going into hospitals to assess such things as privacy and dignity, food, cleanliness and general building maintenance and the extent to which the environment is able to support the care of those with disabilities.

Primary care is the care you will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians and others such as community nurses, physiotherapists and some social workers.

RSS stands for Referral Support Service, which enable referrals in particular specialties to be sent to the most suitable location of care.

STP stands for Sustainability and Transformation Programme. Health and social care organisations in local areas are working together on STPs or plans to transform patient care and ensure the health service is sustainable for many years to come. In Leicester, Leicestershire and Rutland this is known as Better Care Together.



“The staff always take time with stubborn children. They have treated my daughter at her pace which is so reassuring. Engaging with my child so he understood what he was here for. Staff are friendly, doctors are extremely knowledgeable and take the trouble to explain all aspects of treatment in understandable terms.”

Hinckley Oupatients, Leicestershire



If you would like to contact the LLR Alliance please contact:

Helen Mather, LLR Alliance Director
Loughborough Hospital
Hospital Way
Loughborough
Leicestershire
LE11 5JY

Tel: 01509 564302

Helen.Mather@LeicesterCityCCG.nhs.uk

If you would like to know more about our Patient and Public Partnership Group or get involved in its work please contact: Kieley Dowell

Kieley.dowell@lccrodds.nhs.uk **Tel:** 01509 564493