

# Quality Account 2023/24



# What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for all Quality Accounts. We have used the requirements as a template around which our account has been built. The Quality Account is therefore laid out as follows:

## Section one

- A statement from the Chair and Chief Executive about the Quality Account.

## Section two

- Focus of Locala – this section looks ahead and identifies our three priority areas for improving the quality of our services for 2024/25, why we have chosen these priorities, and how we are going to develop the capacity and capability to achieve them.

## Section three

- The review of our quality priorities and performance in 2022/23 and examples to illustrate ongoing improvement in our services.
- Mandatory statements relating to the quality of our services, as set out in the Quality Accounts Regulations 2010.

## Section four

- Statements from Kirklees Health and Care Partnership, Kirklees Healthwatch and Kirklees Health and Wellbeing Board.

Whilst every attempt has been made to write this report in accessible language, and most acronyms clarified, inevitably due to the specialist nature of some of the content, clinical and technical terminology has sometimes been used.

# Section 1

## Statement from Karen Jackson, Chief Executive

As ever I am incredibly proud of the work done by the fantastic teams that deliver Locala's healthcare services and who have worked tirelessly to make the improvements described. They are dedicated, passionate and values-based colleagues and again this year, this report presents examples of the fantastic work that they have delivered.

The fact this is done as a system across Kirklees also demonstrates the benefits of more integrated working and the new Patient Safety Specialist role within Locala, and the expert support they bring, is great to see.

I am also very pleased, and proud of the progress that has been made to respond to the Patient Safety Incident Response Framework requirements which has continued throughout the year and which presents us the opportunity to be a continually learning and improving organisation.

I would like to take this opportunity to thank all of Locala's colleagues for their work and commitment every day to supporting people to Thrive where they live.

Next year, as part of our new strategy THRIVE we will be focused on the delivery of better care every day, empowering our colleagues and serving more communities so please read on to find out how we will deliver together.



**Karen Jackson**, Chief Executive

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## Statement from Colin Lynch, Chair

I'm always so impressed by our colleagues' dedication to providing high standards of patient care, right across our broad range of services. During 2023/24 we've also seen a better focus on the Quality aspects that we targeted for development: in growing a safety through learning culture, in deeper engagement with our communities and embedding innovation.

Our position in the vanguard of implementing the Patient Safety Incident Response Framework and sharing our learning with partner organisations has been great to see. Our community engagement work leading to innovative ways of caring for more vulnerable individuals closer to where they live – such as our clinical van partnership – is so worthwhile. Similarly, bringing through more service innovation in areas such as proactive self-care, wound care and catheter clinics.

I'm conscious that we need always to be looking for external as well as internal assurance that we're being the best that we can be. Throughout this Quality Account there are impressive examples of awards won and shortlisted for, improvements in survey results and benchmarking and the like. In December 2023 our Board received an independent external report on the quality and caring standards in several of our services. It was really impressive, very uplifting and a testament to all our colleagues; those closest to the point of care and those that support and manage them.

Looking forward, our new THRIVE strategy is built firmly on the pillars of better care every day, empowering our colleagues and serving more communities. Our Quality Account priorities for 2024/25 and beyond will relate directly to helping people to THRIVE where they live. I'm also looking forward to us making more use of our social enterprise flexibilities, so as to maximise our impact with partners on our targeted health inequalities, reducing demand on acute services and develop innovative self-pay services which allow us to do more to care for those who need our services most.

Finally, my thanks to all of our colleagues and those who support them at home, our volunteers, our partner organisations and our patients, their carers and advocates.

BE CARING, BE AMBITIOUS, BE PART OF IT



Colin Lynch, Chair

A black ink handwritten signature, appearing to read 'CLY', with a long horizontal line extending to the right.



## Care Quality Commission (CQC) – Inspection and Ratings

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Community health services for adults	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Community health services for children and young people	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Community dental services	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Community sexual health services	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Overall*	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

None of Locala's Services were subject to a CQC review in 2023/24.

### Joint Target Area Inspection

None of Locala's Services were subject to a JTAI in 2023/24.

## **Section 2**

## The Focus of Locala

In this part of the report we will focus on the year ahead - 2024/25. Locala's organisational strategy, THRIVE, and business plan sets out our strategic objectives. The three-year Locala strategy identifies our priorities for quality, which will enable the delivery of exemplary care, meeting and exceeding the expectations of people who use our services. The following priorities have been developed in consultation with key stakeholders and are framed around the three dimensions of quality, i.e. that care is safe, effective and that people have as positive an experience as possible.





## 1. We will ensure exemplary quality of care in everything we do by focusing on better care every day:

### Central to this will be to:

- Develop a “safety through learning” culture.
- Be a trauma informed organisation.
- Deliver accessible, inclusive and responsive services.
- Embed innovation to the core of how we design, develop and deliver services.

## 2. We will empower our colleagues, ensuring our increasingly diverse workforce is the most inclusive and engaged of any community health and care provider in the areas we serve.

Locala will be known for its agile and dynamic culture to support our ambition to improve productivity, supporting many more people where they live and ensure our growth ambitions can be met. To achieve this, we will:

- Equip all managers to live up to expectations of a ‘Locala Leader’.
- Invest in developing our workforce pipeline and significantly increase the diversity of our senior leadership.
- Create a culture of belonging.
- Be an anti-discriminatory organisation.
- Develop our business intelligence capabilities to ensure the business can monitor performance and decisions are informed, particularly assurance to the Board on key strategic issues.
- Significantly improve the productivity of our clinical and support services including implementation of our digital interventions that support patient delivery.
- Ensure our governance is the most effective it can be.

3. We will expand our reach to serve more communities, embedding Locala as a leading provider of health and care services across West Yorkshire and Greater Manchester, and tackling the causes of health inequalities.

**Our priorities within this are to:**

- Reduce health inequalities through targeted action for priority groups, bringing together existing data and activity, co-ordinated by a dedicated multi-disciplinary team.
- Develop and build self-funded services, complementing our existing provision, building on our expertise.
- Become a stronger alliance partner within West Yorkshire, delivering existing contracts and proactively seeking opportunities for greater integration.
- Treble the scale of our publicly funded services in Greater Manchester through tenders and partnerships and a dedicated local team.
- Develop our approach to merger, acquisition and partnership to ensure the strongest, most sustainable future for Locala.

The infographic on the following page shows the strategy on a page.





# Our 2024-2027 strategy in a nutshell

## Purpose

We support people to thrive where they live

## Mission

We provide exemplary, seamless and continuously improving care. We partner with others to reduce health inequalities and the demand for acute services. This makes us indispensable to people, partners and places.

## 2027 Ambition

We aspire to be a leading provider of health and care services in the communities we serve, exhibiting exemplary quality in everything we do. By 2027 we will have:

- Established Locala as a key strategic partner in tackling the root causes of health inequalities in our local communities
- A diverse workforce that is the most inclusive and engaged of any community health and care provider in the areas we serve
- Significantly improved productivity, supporting many more people where they live
- A reputation for our agile and dynamic culture, making full use of our social enterprise status
- Self funded health and care services to meet community needs and improve our financial sustainability

## Strategy

### WHERE WE WORK

West Yorkshire and Greater Manchester

### WHAT WE DO

Publicly and self funded health and care services, in integrated delivery and partnership across our five Places

## HOW WE SUCCEED

### Better care everyday

- "Safety through learning" culture
- Trauma informed organisation
- Co-produce accessible, inclusive and responsive services
- Innovation embedded in services

### Empower our colleagues

- Create a culture of belonging
- All managers are 'Locala Leaders'
- Strengthen workforce pipeline
- Increase diversity of our leadership
- Data and governance processes fit for purpose
- Tech-enabled productivity

### Serve more communities

- Dedicated health inequalities team
- Integrated alliance partner in West Yorkshire
- Treble scale of services in Greater Manchester
- Self funded services
- Partnerships, alliances, merger

## Values



Caring



Ambitious



Part of It

## **Section 3**

## Our Achievements This Year

In 2023/2024

### We said

- Implement the Patient Safety Incident Response Framework (PSIRF).
- Triangulate data from a variety of sources to inform improvement initiatives.
- Produce high quality reports that demonstrate learning.
- Be able to demonstrate the involvement of those affected by a patient safety incident, colleagues and patients and the learning that provides.
- Learn from any clinical negligence claims and ensure robust actions as a result.
- Have established the role of Patient Safety Partners and begun to evidence their impact.
- Ensure we use the new Learning From Patient Safety Events (LFPSE) system to maximise learning.
- Re-establish a learning forum.
- Develop various mechanisms to ensure learning is captured and shared, whether from when things go well, when things go less well, or from feedback.
- Connect mechanisms to learn to the cultural development work.

### We did

- Implemented PSIRF within agreed timescales.
- Produced a number of high quality reports which were praised by the ICB.
- Involved those affected by incidents with support of the family liaison role.
- LFPSE implemented within agreed timescales.

**In 2023/2024****We said**

- Promote independence through developing models of care that support people to develop the skills and confidence to self-manage their medication.
- Identify the capability and skills that will equip our teams to identify and deliver personalised care for people.
- Set out a plan to describe how we will build and embed personalised care capabilities and skill across our clinical and Allied Health Professional (AHP) workforce, including the establishment of a personalisation steering group.
- Learn from our best current approaches to care delivery, where care is already delivered in a way which is highly personalised to the needs of people.
- Ensure we reduce inequalities of access and experiences for people and communities.
- Expand our research capacity and capabilities.
- Work closely with partners and stakeholders to identify and develop opportunities to reduce health inequalities.

**We did**

- Lead nurse for clinical standards is leading on the personalisation agenda.
- Clinical Van project implemented supporting outreach in Sexual Health, The Whitehouse, Immunisations and Tissue Viability.
- Tissue Viability clinics for the homeless were established and won a National Journal of Wound Care award.
- Self-management service established.
- Delivered the Mary Mackinnon lecture at the Diabetes UK conference which nationally recognised our personalised diabetes care in the community.
- Appointed an Assistant Director of Research to drive the research agenda.

**In 2023/2024****We said**

- Through an organisational culture and capability focused on quality improvement, we will empower colleagues to develop and improve how we work, ensuring we are delivering our best everyday for people, communities, partners and our workforce.
- We will design new service models to meet the needs of modern society, accessible at home or as near to home as possible.
- We will monitor our success through the number of, and impact of projects that we adopt into practice. This will include but not be limited to digital transformation.
- Through digital transformation, we will explore new ways of delivering specialist care through the use of interactive virtual tools.
- We will optimise technology to ensure improved patient access to specialist tissue viability care and treatment.
- We will explore the benefit new technology can bring to patients who are able to provide self-care. Through providing access to clinical oversight and assistance we aim to equip patients to maintain their independence and increase their confidence in managing their condition at home.

**We did**

- Wound care headsets to provide remote support were established.
- Remote monitoring (Cardiology, Ageing Well, Urgent Community Response (UCR) and Virtual Ward) was introduced.
- Wound Care clinics and Catheter Hub clinics were established.
- Just Culture work with the Improvement Academy was initiated.

**We are committed to continuing our journey to improve quality of patient care and treatment outlined in our THRIVE strategy ambitions.**



## Participation in clinical audits

The reports of 15 local clinical audits were reviewed by the provider in 2023/24. Here are some examples of actions Locala intends to take to improve the quality of healthcare provided.

Audit info	Key Findings	Key Recommendations
<p><b>Tuberculosis (TB) Eligible Patient Audit</b></p> <p>The Tuberculosis (TB) service receives national data from the United Kingdom Health Security Agency (UKHSA) for patients who have arrived into the UK from a country where there is a high prevalence of Tuberculosis (TB) and who have registered with a GP. These people are invited for TB screening. The data received is only for those aged between 16-35yrs. The TB team implemented a new system for identifying other members of the family who may also be eligible for screening and audited the results before and after.</p>	<p>This audit has shown that the new process identifies individuals for screening who would not have been identified for screening via routine channels.</p> <ul style="list-style-type: none"> <li>• 2334 patients were on the national programmatic screening programme list sent by UKSHA</li> <li>• When these patients were contacted by Locala TB service, a further 467 patients were identified as eligible for screening.</li> <li>• A total of 2801 patients were invited to screening</li> <li>• Just 611 of those did not attend.</li> <li>• The DNA rate was therefore 21.8%</li> </ul> <p>Screening has increased on the previous year from , 2190 from 1178 due to the new process and the rates of patients who did not attend (DNA) has decreased by 50% meaning that more people are screened and treated for TB and there is a more effective use of time and resources by team members.</p>	<p>To continue to monitor the DNA rates.</p> <p>To continue to work to reduce DNA rates.</p> <p>To share the results of the audit at regional and national meetings to highlight the need for the non-programmatic data being made available to ensure all patients from a high prevalent country for TB are identified</p>

Audit info	Key Findings	Key Recommendations
<p><b>Urgent Community Response (UCR) Patients End of Life Care and Advanced Care Planning.</b></p> <p>Current National standards (NHS England, 2022) for UCR service include nine clinical conditions of which “Palliative/end-of-life crisis support” is one.</p> <p>If an Advanced Care Plan (ACP) is not in place, it makes consultations and conversations difficult as patients and families are not prepared for End of Life discussion, especially where there is a rapid deterioration in the patient.</p> <p>Records were reviewed to determine whether; -</p> <ul style="list-style-type: none"> <li>• The patient had an ACP in place</li> <li>• A referral to complete an ACP was undertaken.</li> <li>• The ACP included appropriate information e.g. the patient’s preferred place of death</li> </ul>	<p>38 patients out of 146 did not have an Advanced Care Plan in place.</p> <p>Disparity was identified between those that live in their own homes and those who reside in Care Homes. This is as expected, as patients seen in a care home are reviewed by the Locala Care Home Support Team who provide ACP for all care home residents across Kirklees. Additionally, patients in their own home are more likely to have capacity to consent, making the need for an ACP less.</p>	<p>Continue to promote the benefits of Advanced Care Planning amongst colleagues in community and to support with training.</p> <p>To encourage the use the Electronic Palliative Care Coordination Systems (EPaCCS) when documenting any ACP discussions.</p> <p>Re-audit in 6-12 months to determine whether there has been an increase in patients with an ACP documented in the clinical record.</p>

Audit info	Key Findings	Key Recommendations
<p><b>Cardiac Resynchronisation Therapy (CRT) audit.</b></p> <p>Heart failure is a complex long term condition and comes with a reduced life expectancy and is one of the highest causes of hospital admissions and longest bed stays in the UK. Patients are at risk of exacerbations and at risk of frequent hospital admissions. Patients are at risk of developing 'cardiac dyssynchrony' whereby the cardiac muscle walls can contract at a different time because of damage to the electrical pathways within cardiac tissue. Treatment for this is with a pacemaker known as cardiac resynchronisation therapy (CRT). The pacemaker can send information remotely to a database in the hospital from a device placed in their own home, which is downloaded and monitored by the hospital pacemaker team.</p> <p>The audit was undertaken to understand how review of the data by the Heart Failure Nurses can enhance patient care and the effect early intervention has on reducing risk of hospital admission.</p>	<p>The audit has demonstrated that in the patients audited, 89% of heart failure hospital admissions of patients was prevented.</p> <p>Two patients were admitted to hospital, but this was due to non-heart failure related causes.</p> <p>Two further patients were admitted for heart failure related symptoms however one was abroad at the time, and the other was approaching the end of their life.</p> <p>The use of CRT is an effective way for nurses to review patient data, provide timely intervention to prevent further complications, reduce risk and prevent hospital admission.</p>	<p>To continue using the CRT system for patients with heart failure and implanted pacemaker devices as part of the heart failure nurse specialist routine work.</p>

Audit info	Key Findings	Key Recommendations
<p><b>Community Nursing Clinical Risk Audit</b></p> <p>Following incidents and a clinical records audit the subject of 'clinical risk assessments' was highlighted as a risk. This audit was taken to either garner assurance that these risk assessments were taking place or to identify areas that require improvement in clinical risk assessment and associated action.</p>	<p>89% of patients had all appropriate risk assessments in place.</p> <p>98% of patients had a documented allergy status.</p>	<p>A full set of clinical observations should be taken on admission to caseload as not all patients had this done.</p> <p>Clinical record templates should be reviewed to ensure they facilitate the recording of risk assessments.</p> <p>The audit results will be shared at the established Community Nursing Board to support and inform the ongoing quality improvement work.</p>

## National Audit

The reports of 4 national clinical audits were reviewed by the provider in 2023/24. Here are some examples of actions Locala intends to take to improve the quality of healthcare provided.

National Audit	Recommendations for Locala
National Paediatric Diabetes Audit Report	To continue to utilise the team's support worker to engage with families in harder to reach communities.
NCEPOD-Child to Adult Transition Audit Report	This continues to be a priority area for Locala with areas of best practice identified in Continence and Paediatric Diabetes. Work on this agenda requires a system approach and we are working with our partners to ensure those transitioning into adult care have the information and support they require.
UK Parkinson's Audit	<p>The service will develop methods to encourage patients to self-refer between review periods</p> <p>The service will aim to conduct more outreach, The ensuring that carers are aware of the support available (Parkinson's UK, Social Services, Carers Count etc). This will become a more routine part of how the service operates.</p> <p>The service will expand its awareness of research trials.</p> <p>The service will ensure all staff members who are doing initial assessments or therapy reviews are completing the Parkinson's Assessment template so that all items are discussed so advice can be given and referrals can be made.</p> <p>Greater focus will be put on issues around sleeping and general sleep hygiene. General sleep hygiene to be discussed. Work is also going into the development of a sleep management programme.</p>
Cardiac Rehab National Audit Quality and Outcomes 2022 Report	<p>The Cardiology Team submit data to the NACR Database and are provided with quarterly reports on their performance.</p> <p>The service is working to achieve accreditation status based on Key Performance Indicators set out in the national guidelines.</p> <p>A pilot project is being undertaken to improve audit data quality and submission.</p>

**Research and Development**

There has been an increased focus and involvement in research within Locala over the last 6 months as part of the drive to build research capacity within Locala and make Locala an active partner in community research through making research everybody’s business:

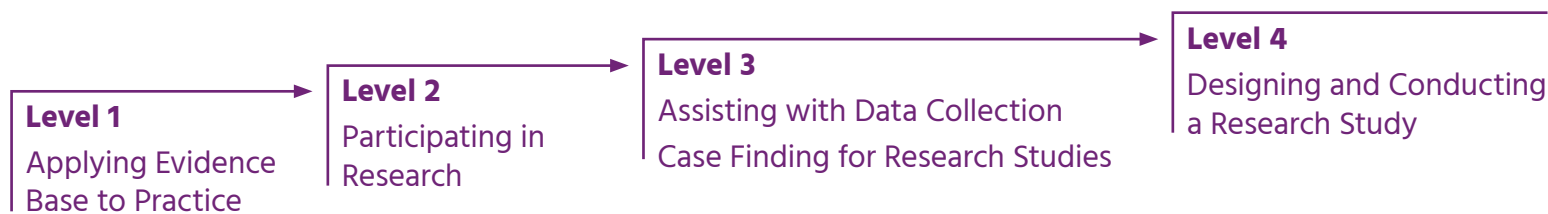
**We will:**

- Encourage a positive research culture and a workforce who are interested in research to improve outcomes for our communities.
- Ensure that everyone understands that research is part of all our jobs.
- Inspire a curious workforce who look to research and other evidence to solve problems and improve things.

**This will be achieved through:**

- The THRIVE Strategy which includes a research focus.
- The ‘New’ Locala Research Strategy 2024-2027
- Promoting the quality, quantity and breadth of research undertaken within Locala
- Influencing the national research agenda to better meet the needs of community services.
- Co-ordinating and developing the Locala research workforce across all services.

We will provide staff with the skills and training they need to appraise, use and undertake research. We will make it easy for colleagues to get involved and develop a Locala Research Framework through which colleagues can participate that follows the stages below:



This last 6 months has seen colleagues able to directly participate in 3 studies, working and reviewing on 9 studies, build research capacity through the introduction of the Nursing and AHP Fellowship Programme, 0-19 research champion network and Safe Meds Home Study which aims to produce high quality research on how medicines are managed in the home and how administration is supported by Healthcare support workers.

### Data quality

We accept responsibility for providing good quality information to support effective patient care, and therefore comply with the National Data Guardian's ten standards for good information security and records management. We are supported by our Executive Director of Professional and Services who is our designated Caldicott Guardian, and our Director of Corporate Affairs who is the Senior Information Risk Owner. The vast majority of our services continue to use the electronic record keeping system; SystmOne. This provides a single information and electronic record keeping system and reduces the number of times a patient is required to give personal information, as relevant data can be shared electronically between the clinicians involved in their care. Our dental service currently use R4. This is to be replaced by Dentally with training in May 2024 and the rollout later in the year. Both are specialised electronic systems. These systems and SystmOne are fully encrypted.

The Data Security and Protection Toolkit (DSPT) assesses health and social care organisations' compliance against the National Data Guardian's 10 standards for good information security and records management. NHS Digital view this new Toolkit as a process of continuous improvement. In 2023/24, we completed and submitted our self-assessment against the DSPT. Our evidence was externally reviewed by our internal auditors. This independent assessment confirmed that we had achieved full compliance against the mandatory standards.

We have an annual data quality improvement plan targeting enhancement of the timeliness, accuracy, validity, reliability, completeness and relevance of data and we assess our data using these criteria in Locala's Board's monthly Integrated Performance Report.





### Locala's Community Event

Locala hosted a Family Community Event, at the Al-Hikmah Centre in Batley in November. The aim of the event was for local people to find out more about community healthcare provision and access health and wellbeing support and advice.

The event is part of our work to inform our communities about Locala, how our services support people's health and wellbeing – and to share more about the job and volunteering opportunities across the organisation.

We had many of our Locala colleagues present, including:

- Immunisations team
- Clinic in a Van
- Some of our clinical and nursing colleagues providing health advice to the public
- Speech and language therapists
- Equality, Diversity and Inclusion (EDI)
- Quality Improvement and Digital Transformation

Visitors were able to receive appropriate vaccinations – over 75s Covid Booster and primary aged children were offered the flu vaccine. Partner organisations were also invited to participate including Honeyzz Diabetes Support Group, Mencap, and the Kirklees Action Network who joined the event to provide support and advice.





## Patient experience and engagement

Our Engagement & Involvement Team works with patients, carers and families to encourage them to share their experiences and to involve them in how we improve our services. They do this by capturing feedback using the Friends and Family Test survey, additional ad-hoc surveys, focus groups, patient stories, Patient Participation Groups and telephone and face-to-face conversations including 'Waiting Room Roadshows'. The team also works closely with a range of community groups and networks, to ensure that we reach a diverse and representative cross section of the communities that we serve through our services.

In 2023/24 we have had over 15,000 responses to surveys with 97% of patients, carers and families telling us their care was very good/good. This feedback is reviewed monthly and when themes are identified work is done to put improvements in place.

### Examples of improvements made from feedback

Feedback	Action Taken
People using Princess Royal Health Centre told us that the building was difficult to navigate. Many patients were getting lost which meant being late to appointments.	<ul style="list-style-type: none"> <li>- Maps will be included in all letters from May 24. These will also highlight the disabled access to the building.</li> <li>- New signage added to the car parks and entrances to the building.</li> <li>- A new volunteer 'Meet and Greet' role has been created with volunteers available around the site to direct patients to the correct location</li> <li>- Baby changing facilities have been created</li> </ul>
ITOC/D2A patients told us that they did not understand what the service was and that they were unclear what and who would be involved in the next part of their care.	A new leaflet was created to help patients with queries in a format that is easy to understand.
Sexual Health patients felt frustrated that phone lines were often busy.	Online booking systems have now been introduced for STI screens and telephone contraception appointments. Chathealth services (SMS) have also been introduced to ease this issue.
Parents using the Children's Physiotherapy service said it was difficult to get through to change or cancel their child's appointment. They were often on hold and found it difficult to manage especially if they were at work.	We amended the wording of the SMS highlighting that the telephone number is a 24-hour number encouraging families to call outside of working hours.

Each service has its own Engagement Champion and Engagement Plan to ensure the patient and carer voice is central to the team's work. In 2023/24 the team captured 50 patient stories over the year to highlight the experience of care from our patients, carers and families. These patient stories are shared across Locala including at the Quality Committee and Governing Body meetings and with partners and stakeholders.

## Dermatology

A full review of 12-months feedback from patients and carers using Dermatology Service was carried out to give more in-depth insight into the experience of care. Over 1000 responses were reviewed with 94% being from patients and 6% from their carers. In general people were very positive about their care, with 96% of the people who responded said they found the service to be very good or good.

The Engagement & Involvement Team were able to identify some key themes and suggestions:

- Patients wanted more information about their diagnosis. They said that when they returned home they had googled key information.
- Patients felt rushed in appointments and said they needed more time to be able to ask questions or make notes.
- Long waiting times from point of referral.
- Improvements to waiting areas and signage.
- Booking follow-up appointments wasn't always easy and there was a long wait.
- Not being aware what would happen in an appointment – some female patients feeling uncomfortable about having to remove clothing for an examination.

### Improvements made as a result of the review

- **More chairs in waiting areas**
- **Improved external signage for the Dermatology clinic**
- **Review and amends made to patient letters**
- **Introduction of a reminder SMS message to include appointment detail and offer a Chaperone in advance of the appointment**
- **Reception team advise patients when GP trainees are observing the appointments when they arrive at the health centre. This offers patients time to refuse if they wish before the consultation starts.**
- **Chaperone training delivered to all receptionists at Fartown HC**
- **Appointments extended to 20 mins**
- **Slips introduced in consultations for note taking – posters displayed in waiting areas to encourage patients and carers to take notes.**

## Feedback/stories from our services

### Public Health Early Years Service (PHEYS)

#### Introduction

A text message schedule has been created so health promotion information will be sent automatically to parents who have consented to receive SMS from the health visiting team. Administrators run reports as per the schedule and send out relevant health and safety messages to parents when their child hits specified age milestones. Immunisation, ICON, and Oral Health are just some of the focus areas for these messages. This scheme started in June 2023. Texts are also going out at different ages including speech and language advice videos.

1. We have started a new method of sending out surveys to families who have received support from a member of the health visiting team. Once a week, our administrative team run a report which pulls up every child who has had a health visiting team appointment in the last 7 days, and they then send the survey text message in bulk to everyone on the list. This has removed the need for colleagues to remember to send the text out after each visit and will hopefully mean we are gathering feedback from more families.
2. One parent expressed in Friends and Family feedback that they only have 7 days to respond to the text messages sent by our health visiting team when an appointment is arranged. In response to this, and some further audit of how contacts are arranged with families by the health visiting team, we decided to create a specific guidance for best practice when arranging face to face contacts/visits, which advises that a telephone call will be the preferred option when initially arranging an appointment, and a text/letter will be used if they have been unable to make contact by telephone.
3. Every sleep a safe sleep (ESASS) training has been delivered to all frontline practitioners in Calderdale PHEYS, ensuring that the safe sleep message is embedded in practice at all contacts/opportunities with families.



## Background

1. It was an opportunity to use the digital platform in a more innovative way to get the public health/safety messages out to families at the appropriate age-related windows for the growing infant/child.
2. Although our Friends and Family response has generally been quite good in Calderdale PHEYS, and almost all positive in nature, we wanted to improve on this, and ensure that all families had a voice and opportunity to respond, taking out the human factor/dependency on the survey being sent.
3. There is a lot of autonomy within health visiting due to the nature of the roles, which brings with it varying practices. What we could see from auditing our mandated contacts data weekly and exploring how different practitioners arrange their face-to-face contacts, it could often determine how successful they were at completing the contact.
4. Promoting safer sleep has always been a priority area within health visiting practice, however there had been several instances of Sudden Infant Deaths in Infants (SUDI) and accidental deaths in Calderdale where parents had fallen asleep with their baby and caused accidental suffocation, so development of this training was essential to help prevent these unnecessary deaths.

## Key Successes

1. More public health and safety messages are being received by parents at the appropriate times for their infant/child's stage of development.
2. We are now developing this further to include the School Nursing service as there has historically been quite a low response in terms of Feedback from the 5-19yrs cohort.
3. Our mandated contacts data shows a general improvement across the board since we have introduced the new guidance, but particularly in the face-to-face antenatal and birth visit contacts for those families that received both, which demonstrates an increase from 52% in quarter 3 in 2022 to 79% in the same quarter in 2023.
4. Results of Every Sleep a Safe Sleep Audit demonstrate a vast improvement in quality of the safer sleep discussions taking place since the launch and implementation of Every Sleep a Safe Sleep training programme. It cannot be underestimated the contribution they will be making towards reducing deaths from SUDI, particularly in families where there are additional vulnerabilities.

## Tameside and Stockport Sexual Health Services

### Introduction

Over the past 12 months we have improved communication and working practices between the sexual health services within Tameside and Stockport. The implemented changes led to the provision of a more streamlined service, offering high quality, robust and standardised care at both sites. The benefits have not only impacted service users but have also improved colleague morale, as colleagues feel more supported and part of a wider team.

### Background

Over many years, both Tameside and Stockport sexual health services had worked independently, as both sites are commissioned by different councils and logistically not close, which had made streamlining the services more difficult. We felt that change was needed in order to pool our resources, support one another, and gain the benefits of collaborative working, placing us in a better position to offer a high-quality service of care to our patients.



## Key Successes

### Service users:

We have established better communication, and a more streamlined service across both sites. This has resulted in patients being able to access standardised care at either clinic. The implementation of same day appointments, online booking and the offer of web-based Chat Health have allowed easier access and a clearer advertisement to our services.

### Colleagues:

The development of regular, joint team meetings has given opportunity to share ideas, such as Operation Sparkle and patient feedback information boards, contributing to better communication between the teams. We have held joint team building afternoons and shared our thoughts on how as a team we can improve, this enabled and encouraged everyone to take part.

We recently have developed two new roles, one at each site, in partner notification, this is to help also with results management. We have standardised the clinical rotas and colleague annual leave diaries, thus allowing transparency.

We have developed a better training programme for our trainee nurses who have also found support in the ability to enable access to work with relevant assessors.

The new concept of a Matron role to support the development of internal progression of a team leader at each site has worked well and continues the healthy growth in partnership between Tameside and Stockport as one larger team. This success has been evident in the achievement of a Gold Standard award.



## Community Dietetics Service

### Introduction

As part of a Quality Improvement project, our Clinical Lead Gastroenterology & Nutrition Support Outpatient Dietitian, produced a patient information video on a gluten free diet for people with newly diagnosed Coeliac Disease. It aimed to enable access to information people need to manage their condition at a time and place to suit them, support self-management and flexibility of care delivery.

### Key Successes

During the 6-month pilot between August 2023-January 2024 outcomes reflected;

- 51 hours of dietetic time freed enabling shorter waiting times for other patients and administrative time halved.
- 100% of patients received treatment at point of triage (i.e. instantly), significantly reducing waiting times. Contact details to ask a dietitian questions or book a 1:1 if needed were provided.
- 75% of patients were satisfied with the quality of the video content.
- 105Kg carbon saved by reduced travel to health-centre, printed handouts and room energy emissions.

The project continues, undergoing 6-monthly evaluation with the hope to integrate this model into standard Locala care and expand to other appropriate clinical conditions.





## Self-Management Service

### Introduction

Locala's Self-Management Team was established in January 2023, with a focus on enabling person-centred care by facilitating training for individuals and their family members. The service empowers people to undertake their own clinical interventions safely so they can live as independently as possible and in a way that is meaningful to them.

People who would have previously been seen by District Nurses for prolonged support are now being supported and enabled to be ambitious and take care of themselves.

The team have undergone thorough training in Health Coaching, Cognitive Behavioural Therapy and Shared Decision Making amongst many other elements. They are also fully trained in all the clinical skills we offer to clients, and this is overseen by the team's registered nurses.

The service can see clients for a period of up to 3 months and over this time they facilitate teaching from a consistent colleague in a tailored way. This may start as more intense face-to-face interaction but will become more virtual overtime as the client becomes more independent.

### Background

The Self-Management Team was developed as part a response to district nursing pressures, a remodel was implemented which allowed for a new approach to self-care with the aim to reduce demand on caseloads by providing the time and resources our community service users needed to truly personalise the approach to healthcare delivery. Beyond that there was the need to further embrace personalised care, to approach care holistically, and ensure we provide care in a way that delivers 'what matters most' to our communities.

There has been close working with other healthcare organisations, a national momentum has really picked up pace and there are now national meetings for the Self-Management Facilitators as well as one for those leading these teams.

A big part of the original aim was to reduce the number of visits undertaken by the Community Nursing Networks; the following diagrams really highlight how this has been achieved.

From June 2023 to the end of March 2024 the self-management service had saved the Community Nursing Network a total of 2,139 face-to-face visits.

Insulin Administration	Catheter Care	Wound Care/Hosiery	Eye Drops	Medication Patches	Blood Glucose Monitoring
1511	335	215	28	27	23

Looking just at the clients discharged as independent with their Insulin administration up until Mid-April 2024 we are on course to save at least 11,680 visits.

	Daily Insulin Visits	BD Insulin Visits	Reduced Insulin Visits (But Remain On CNN Caseload)	Discontinued Insulin	
Number of Clients Discharged	7	11	1 (From twice a month)	2	
Total Visits Saved Over 12 Months	2555	8030	365	730	Total Saved 11690

The self-management goals continue to expand, and there are some ambitious plans.

- To deliver self-management within the hospital setting to reduce referrals into the community nursing networks.
- To work with self-management specialists, looking at digital platforms to further empower the people we see.

Excitingly Locala’s self-management team have been asked to present at the first national self-management conference in September 2024.

## Safeguarding

### Introduction

Some creative ways of working have been selected to showcase some of the work by the safeguarding team.

The safeguarding team strive to be innovative and create new ways of working which are inclusive of creativity and flexibility. Three areas of practise below demonstrate this:

- Change to the ESP process (child exploitation)
- Changes to the DHR Completion (Domestic Homicide Reviews)
- Movement in pathway

### Background

#### Changes to the ESP process

Locala has been previously involved in the JTAI inspection and had previously contributed to the ESP process which was sharing information into the meetings in addition to updating the GP on the vulnerable children and young people who have been exploited. Clinical records were also flagged as an identifier. The safeguarding practitioners did not attend the meeting but simply shared information. It was observed that there was a delay in the information been shared due to a delay in receiving details of the children for the safeguarding practitioner to respond. This led to the safeguarding responses not completed in a timely manner in addition to the emotional impact on the safeguarding practitioner due to constant delays. A new approach was needed. The safeguarding practitioner now attends the meeting face to face virtually.

#### Changes to DHR Completion

There is a growing increase in DHRs. The safeguarding team is a small resource with a large footprint.

By acknowledging the team's strengths and sharing the skills more widely will only enhance the growth and expertise within the safeguarding team. The safeguarding practitioners are open to the new ways of working and being involved in the DHR process.

#### Movement in pathway

The Named Nurse for children and adults at risk has led and devised a movement in pathway working in collaboration with partner agencies. This came from a child safeguarding practise review Child Q.

## Key Successes

### Change to the ESP process.

Attending face-to-face was a small change however it has had a positive impact as information is shared in a more timely manner and SystmOne records are also flagged within the meeting. Healthy productive discussions are held in addition to strengthening relationships between partners. Feedback received below:

“I just wanted to put into writing what was discussed today in ESP. I myself and other ESP partners feel that the benefit of you being in ESP and being able to answer questions, offer feedback and offer your view from a health perspective is invaluable. I have not chaired an ESP for a while and was so pleased to hear your contributions today”.

“Just today, discussing 6 young people we have suggestions to access sexual health, we know that someone is no longer working with CAMHS, someone was not registered with a GP, others had had recent A & E attendances and we would not have had that information without you being there. I assume that the information could be provided via email however what cannot be replicated in an email would be your professional opinion and the opportunity for others to ask you questions and to see things from a different perspective”.

### Changes to the DHR completion

This work is in its infancy however positive feedback from the safeguarding practitioner who has had involvement has been received. Changes to practise will be shared with external agencies to allow them to see the benefits which will support agencies who may have resource constraints.

### Movement in pathway

The Movement in pathway has received positive feedback and has already been shared at the external partnership policy and procedure meeting presented by the Integrated Care Board (ICB) and there are plans to share more widely with health colleagues at HAIG -Health Improvement Partnership Meeting. This also demonstrates excellent leadership skills and safeguarding knowledge whilst promoting best practise and strengthening partnership working.

Complaints and Patient Advice and Liaison Service (PALS)

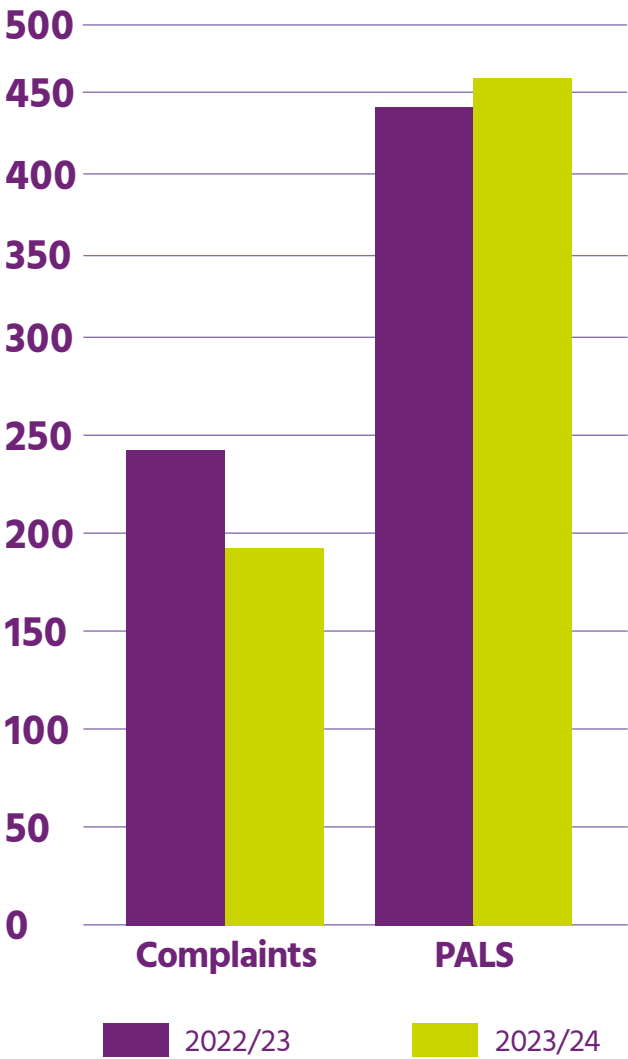
The first point of contact for patients and families with general enquiries or concerns about their care is with Locala’s Customer Liaison service. The team help people find the answers they need, whether information about Locala services or addressing complaints about care provided and ensuring where necessary detailed investigations. Lessons learned from complaints are shared through a variety of mechanisms to improve practice across Locala.

The graph shows the number of cases received during 2023/24, broken down by complaints and PALS enquiries (Patient Advice and Liaison Service). PALS cases are general enquiries that can usually be dealt with quickly (within 48 hours), although it should be highlighted that a PALS enquiry can sometimes be complex and take more time to resolve. Cases received during 2022/23 are also shown for comparison.

As can be seen from the graph there has been a reduction in complaints and an increase in PALS compared to last year. The last quarter of 2022/23 saw a spike in complaints and PALS received. While complaints received have reduced in 2023/24, PALS have continued to increase.

The highest number of complaints were received by the Community Nursing Network teams, though it should be highlighted that this is the largest workforce in Locala. Most complaints related to visits being deferred (postponed) to another day. The Continence Advisory Service received the next highest number of complaints and the majority related to waiting time for an appointment/visit and delays with receiving containment product samples to try. The highest number of PALS enquiries were also received by Community Nursing Networks and Continence Advisory Service.

Comparison of types of case by year



The enquiries received by Community Nursing Network teams were many and varied and there was no theme identified. However, as with complaints, there were several enquiries regarding visits being deferred, and there were also a number of enquiries checking on referrals being received by the teams.

The most common enquiry for the Continence Advisory Service related to concerns about the waiting time to be seen and to chase call backs from the team.

Since the pandemic, Community Nursing Networks and the Continence Advisory Service have both seen increases in referrals and demand for their services. Both have reviewed their working practices to improve productivity and ensure patient safety, in addition to recruiting additional clinical and administrative colleagues. As well as the improved quality of service received by patients, these measures have contributed to a reduction in complaints received during 2023/24 compared to the previous year.



## Freedom to Speak Up (FTSU)

### Reflection and Planning Tool

The National Guardians Office (NGO) requires all NHS organisations to complete an improvement tool which is designed to identify strengths or gaps within its speaking up process and culture. The tool has been completed within Locala with input from Senior Leaders across the organisation. The tool is required to be completed and reviewed every 2 years and an action plan has been developed that sees short and longer-term objectives to support and grow the speak up culture and its processes within Locala. Additionally, strengths within our organisation have also been highlighted and will be shared and built upon.

### Detriment following Speaking Up

Detriment or negative impact is when negative outcomes are experienced or perceived by colleagues who have spoken up or raised concerns within their workplace. The Guardian network regionally is looking at Detriment and how it is measured, investigated, and managed. Locala are part of this work and findings will be shared within future Board reports.

Locala have this year been invited to be part of the National Speak Up Support Scheme. This scheme provides a range of support for past and present NHS workers who have experienced a significant adverse impact on both their professional and personal lives following a formal speak up process. It offers a structured online support programme including a Health and wellbeing session, psychological support, career coaching and personal development workshops. Locala colleagues can apply to the scheme and we will continue to promote this to all colleagues going forward.





### **Listen Up/Follow Up Training**

The Listen up/Follow up National Guardians Office e-learning packages are available to all leaders through ESR. Locala has now mandated these for senior leaders across the organisation to support the listen up follow up culture. In addition, a Board development session is being planned to challenge the Board and consider further how FTSU can help support the desired strategic cultural ambitions.

### **October Speak up month**

October speaking up Month and 'Its time to talk' sessions were run through the month of October several times a week at different times of day. They were arranged as a platform for colleagues to speak up about anything but particularly considering the 'Countess of Chester' crimes involving normalisation of caring for patients in corridors compromising safety, privacy and dignity which hit the headlines last year. This caused many colleagues to question how they felt about their past experiences. The sessions were well attended and stimulated some interesting and informative debate. Actions and themes from these sessions have been collated and future sessions planned.

### **Adoption of the National FTSU policy**

The NGO published its national Speaking Up policy in June 2022. The policy is very reader friendly contains infographics and aims to standardise speak up processes nationally. Locala has adopted the policy.



## Learning Disability and Autism

Locala continues to show and exceed our commitment to our statutory duty to anticipate and prevent discrimination against people with disabilities, which includes people with a learning disability, autistic people, or both. We strive to continually identify and act upon improvement opportunities, and to understand the overall quality of care across services for people with learning disabilities, autistic people, and their carers.

The Learning Disabilities and Autism Steering Group provides internal assurance on compliance with regulatory and good practice requirements associated with addressing health inequalities, and accessibility of Locala services for people with learning disabilities, people who are autistic or both. The NHS England Learning Disability Improvement Standards benchmarking submission is used to identify improvement opportunities, and to understand the overall quality of care across services for people with learning disabilities, autistic people, and their carers.

The Locala organisational wide action plan key highlights in 2023/24 have been recognised:

- The first Locala policy for Supporting People with Learning Disabilities and Autistic People was developed and ratified. The purpose of the policy is to provide a framework to support the enhanced care for people with a learning disability and autistic people, and their carers so that they can access the same level of health care as that provided to the general population.
- A schedule of learning opportunities related to learning disability and autism for all colleagues is now embedded. Opportunities have included bitesize briefing sessions, newsletter, and clinical induction sessions. The Learning Disability and Autism Lead provides specialist supervision and advice to support operational services within clinical practice.
- National Autism Acceptance Week and Learning Disability Awareness Week were promoted organisationally, including development of a podcast where an autistic colleague shared their lived experience.
- Learning disabilities and autism training has been mandated for all Locala colleagues.
- Easy read survey is live and embedded and in use across Sexual Health Services.
- We have embedded our learning disability and autism ambassadors programme to support teams to raise awareness of health issues people with learning disabilities and autistic people face, help reduce barriers in accessing services, and share best practice with one another.

- The internal learning disabilities and autism Elsie intranet page has been updated and launched. The page includes a range of information for all colleagues to access including easy read resources and guidance documents.
- We continue to monitor the number of Learning from Lives and Deaths of People with a Learning Disability and autistic people (LeDeR) review requests received from external reviewers on a quarterly basis. The Locala LeDeR Standard Operating Procedure (SOP) has been updated.
- Audit of Annual Health Checks (AHCs) was undertaken at our GP practices, Calder Community Practice and The Whitehouse Centre to review AHCs against Public Health England (PHE) quality checking. Annual Health Checks are a key part of improving health and reducing premature mortality. An action plan is in place, developed in collaboration with external and internal colleagues.
- We continue to build links with our partners. We actively seek feedback and involvement from individuals, families, carers, communities, partners, commissioners, and colleagues in the co-production of quality improvements. There have been several opportunities during 2023/24 including with Kirklees Involvement Network, Mencap, Locala Community Day and the West Yorkshire Integrated Care Partnership Neurodiversity Summit.



## Colleague feedback

Our colleagues are our greatest asset and we are committed to gathering their feedback. Throughout 2023/24, we introduced a short monthly survey asking for colleague feedback to help us see the impact of our Caring for our Colleagues campaign – created to tackle the pressures and challenges across our services, and to find new ways to improve colleague health and wellbeing and morale.

Over the 12-month period, we can see improvements in feedback from our colleagues, and when we compare ourselves with the national NHS Staff Survey average results, our colleagues are more positive in the majority of questions. We also acknowledge there is further work required to better understand and address raising concerns and speaking up.

Questions	NHS National Staff Survey findings (March 24)	Locala Mar 24	Locala Dec 23	Locala Sept 23	Locala June 23	Locala Mar 23
I look forward to going to work. (always & often)	55.17%	54.57%	54.81%	54.14%	49.75%	48.26%
I am able to make suggestions to improve the work of my team/department. (strongly agree/agree)	71.59%	70.28%	75.91%	79.50%	75.56%	73.20%
I feel secure raising concerns about unsafe clinical practice. (strongly agree/agree)	71.28%	72.22%	77.72%	74.62%	73.93%	67.69%
I feel safe to speak up about anything that concerns me in Locala. (strongly agree/agree)	62.31%	68.61%	74.23%	72.29%	70.50%	67.61%
If I spoke up about something that concerned me, I am confident Locala would address my concern. (strongly agree/agree)	50.7%	49.87%	58.44%	58.75%	55.00%	50.22%
If a friend or relative needed treatment, I would be happy with the standard of care provided by Locala. (strongly agree/agree)	64.97%	71.54%	72.83%	73.87%	68.50%	61.74%

Questions	NHS National Staff Survey findings (March 24)	Locala Mar 24	Locala Dec 23	Locala Sept 23	Locala June 23	Locala Mar 23
I would recommend Locala as a place to work (strongly agree/agree)	61.12%	62.22%	66.24%	66.92%	63.41%	59.52%
There are enough colleagues at Locala for me to do my job properly (strongly agree/agree)	32.40%	35.77%	38.66%	37.84%	28.57%	23.53%
Locala is committed to helping colleagues balance their work and home life (strongly agree/agree)	49.61%	66.41%	69.82%	69.25%	66.75%	57.61%
I am satisfied with the extent to which Locala values my work (satisfied/very satisfied)	44.92%	60.45%	65.09%	66.67%	63.25%	55.77%
The people I work with are understanding and kind to one another	71.24%	77.02%	82.76%	-	-	-
I think that Locala respects individual differences (e.g. culture, working styles, backgrounds, ideas, etc)	70.63%	76.26%	78.99%	-	-	-

Our Caring for our Colleagues campaign has also brought improvements in our sickness, turnover and vacancy rates. We have seen:

- Sickness absence reduce by 2.2%
- Turnover reduce by 2.5%
- Vacancy rates reduce by 2.8%

## Volunteers

Volunteering enhances Locala's vision to make a positive difference to the wellbeing of the people and communities we serve, and help people Thrive where they live.

As a social enterprise, volunteers continue to be an integral part of the organisation because they have the opportunity to make a real difference to our patients, offering support and care by enhancing the services we provide. Volunteers enable us to be more closely involved with communities, obtain feedback to improve patient experience and help to develop community cohesion.

Locala recruits volunteers from all sectors of the community, offering them training, practical experience, a sense of belonging and purpose, and the knowledge that they are helping others in their community.

Locala values and benefits from the experience, skills and knowledge that volunteers bring. We aim to build a volunteer population that reflects the diverse community we serve; targeting our recruitment at people from a variety of ages, ethnic backgrounds, employment status and language abilities.

We have developed new roles within the past twelve months that have increased the quantity and quality of patient feedback received, such as our Engagement Team Supporter, and have developed roles which will help improve patients' lives, such as our Community Stroke Team Befriender and the launch of our second volunteer-led Baby Self-Weigh clinic.



**Figures 2023/24**

- Number of Active Volunteer Roles: 25
- Number of Active Volunteers: 110
- Number of Volunteer Hours Filled: 177 per week

Locala is proud to be accredited with the Kirklees Volunteering Quality Award, which shows that we involve volunteers in ways that have been agreed as good practice. This includes making sure volunteering is open to everyone, encouraging volunteers to develop their skills and offering them support and supervision.

Our Colleague Volunteering Programme has been running for three years, offering all colleagues up to 3 days per year, pro-rata, to carry out volunteering for the geographical areas in which Locala provides services. The programme runs in line with our new THRIVE strategy, so is designed to impact the reduction of social isolation, the reduction of health inequalities, offer coaching/mentoring opportunities and improve the environment.

Since the start of the programme 118 colleagues have taken up the opportunity, fulfilling 1029.5 hours of volunteering. Most recently this has included being a My Assisted Guide to reduce social isolation for people living with sight loss, litter picking and a woodland clear-up to improve the local environment, organising a ball for a male suicide prevention charity to help reduce health inequalities and being involved in a social enterprise mentorship initiative.





## Patient Safety

PSIRF promotes a proportionate approach to responding to patient safety incidents and supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incident.
- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focused on strengthening response system functioning and improvement.

Numerous PSIRF resources can be found here <https://www.england.nhs.uk/publication/patient-safety-learning-response-toolkit/>

Locala have developed our PSIRF policy which sets out Locala's approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety. This is underpinned by the PSIRF Plan detailing how Locala intends to respond to our key patient safety areas and national requirements for specific incidents over a period of 12 to 18 months utilising various methods.

Locala's three Patient Safety Specialists continue to work with external partners across the system with the implementation of PSIRF and sharing learning both internally and across the system from patient safety events, complaints, patient and carer feedback and quality improvement projects.





## Infection Prevention and Control

Infection Prevention and Control (IPC) continues to be a key priority for Locala in the delivery of high quality, safe and effective care. Our IPC team has supported our colleagues to deliver safe care by providing timely support and guidance.

During 2023/24 there has been an increase in measles cases across the country, in response to this increase of cases Locala IPC team shared information and developed a flowchart to assist Locala colleagues on what to do and what action to take, if they have contact with a measles case or possible measles case.

- We have amalgamated all Locala IPC policies into the National Infection Prevention and Control Manual, which is currently awaiting ratification before it is used / shared across the organisation.
- Actively reviewed any guidance released and shared information with colleagues across the organisation, to ensure we keep patients, service users and colleagues safe.
- We have completed 45 environmental audits across both Health Centres and services to ensure Locala colleagues are providing care in clean safe environments whilst providing care that complies with IPC.



## Innovation and Improvement

In the past year, Locala Health and Wellbeing has significantly advanced its commitment to quality improvement and service enhancement through a series of innovative digital transformations and quality initiatives. With a strategic focus on integrating cutting-edge technology and enhancing operational efficiencies, we have streamlined patient pathways and improved care delivery across our services.

### Background

The need for the transformative changes was driven by a pressing requirement to adapt to the evolving healthcare landscape, characterised by increasing demands for services and the need for more personalised patient care. The integration of digital tools and quality improvement methodologies was aimed at not only improving patient outcomes but also enhancing the efficiency and satisfaction of our healthcare professionals. This strategic shift was supported by findings from an external audit and the ongoing feedback from our colleagues and patients, which highlighted areas for potential improvement in our service delivery processes.

### Key Successes

#### 1. Digital Health Innovations:

- Virtual Wards: Our implementation of Virtual Wards has allowed for continuous remote monitoring of patients, significantly reducing the need for hospital visits and thereby decreasing the strain on hospital resources while enhancing patient comfort and recovery outcomes.
- Mobile Electrocardiogram (ECG) Devices: These devices are instrumental in rapidly diagnosing and managing cardiac conditions in community settings, significantly improving our response times and patient outcomes.
- Electronic Blood Bottle Labelling: The introduction of electronic labelling for blood bottles has significantly reduced the risk of mislabelling, enhancing patient safety and operational efficiency. This system has also contributed to administrative cost savings and improved the accuracy of lab tests.

## 2. Quality Improvement Initiatives:

- **Diabetes Care Optimisation:** The comprehensive review and redesign of the diabetes care pathway have led to more tailored treatment plans and better management of diabetes, evidenced by improved clinical outcomes and patient satisfaction scores.
- **Community Nursing Network Improvement Programme:** The redesign of the Community Nursing Network has enhanced the efficacy and productivity of service pathways, improving patient care through more efficient use of resources.
- **Pressure Ulcer Improvement Programme:** This initiative has significantly reduced the incidence of pressure ulcers by integrating best-practice interventions and innovative solutions such as predictive analytics for risk assessment.
- **Podiatry Service Enhancement:** Through the Podiatry Service Improvement Initiative, we have enhanced treatment protocols and patient outcomes by adopting advanced referral and treatment pathways.
- **Continence Service:** Our Continence improvement workshop focused on enhancing catheter care skills, increasing the success rate of trials without a catheter, and reducing the need for repeat interventions, thereby improving patient outcomes and healthcare efficiencies.
- **Care Home Service Team:** This programme has improved the integration and responsiveness of healthcare services provided to care home residents, enhancing their quality of life, and reducing emergency hospital admissions.

## Future Directions

As we progress into the next phase of our journey towards healthcare excellence, the following strategic initiatives will guide our efforts:

**Expansion of Digital Solutions:** We will continue to explore and integrate advanced digital solutions that enhance service delivery and operational efficiency. This includes expanding our electronic health record capabilities, increasing telemedicine options, and implementing advanced analytics to improve decision-making and patient outcomes.

**Data-Driven Improvement:** Emphasising the importance of data in shaping our services, we will refine our data collection and analysis processes. This will enable us to better understand the needs of our community, measure the impact of our interventions, and continuously adjust our strategies to maximise effectiveness.

**Strengthening Partnerships:** We aim to deepen our collaborations with other health providers, local authorities, and community organisations. These partnerships will help to expand our reach, share knowledge, and drive innovations that benefit our patients and the wider community.

**Sustaining Improvement Initiatives:** We will focus on the long-term sustainability of successful initiatives such as the Pressure Ulcer Improvement Programme and the Community Nursing Network. This includes securing ongoing funding, training new staff, and embedding these practices into our standard operational frameworks.

**Community and Patient Engagement:** Recognising the value of patient and community involvement, we will enhance our engagement strategies to ensure that our services are co-designed with those we serve. This will help us to better meet their needs and improve their experiences with our services.

**Celebrating Success and Sharing Learning:** We will continue to celebrate our achievements and share lessons learned both internally and with the wider healthcare community. By doing so, we not only acknowledge the hard work of our teams but also contribute to the collective knowledge of the healthcare sector.

These directions are aligned with our overarching goal to provide high-quality, patient-centred care and to ensure that our services are responsive, inclusive and sustainable.

### **Schwartz Rounds**

Schwartz rounds are one of the ways to meet the emotional health and wellbeing needs of social and healthcare workers. This is through a compassionate centred approach in understanding and normalising emotions often experienced by colleagues (Point of Care Foundation, 2021).

Locala is a key partner of the Calderdale and Kirklees Place based rounds, which is a collaboration of organisations designed to discuss topics that are wider than a singular organisation, but reflective of the communities we work in.

Since March 2022, Locala colleagues have co-ordinated, facilitated, attended and told their stories at 11 rounds. This includes a face-to-face live event which was held in December to coincide with National grief awareness week.

Data presented to National Schwartz conference in 2023 shows that Calderdale and Kirklees rounds had the highest attendance figures and had the greatest diversity of attendees compared to the combined figures of all other place- based rounds in West Yorkshire. 85% of the rounds were rated as excellent or exceptional with 93% recommending future rounds to colleagues: 'The round made me feel better about my own worries about work pressures. It is of comfort to know that my colleagues in health and social care are having similar difficulties and experiences. It helps to know I am not alone in how I feel at times.'

# Section 4

## 4.1 Statements from our Stakeholders

### 4.1.1 Kirklees Integrated Care Board

We would like to acknowledge and congratulate Locala Health and Wellbeing on its high number of successes this year:

- The successful implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events system.
- The successful implementation of the Clinical Van which is supporting outreach into communities for Sexual Health, The Whitehouse, Immunisations and Tissue Viability.
- The establishing of Tissue Viability Clinics for the homeless which won a National Journal of Wound Care award.
- The delivery of the Mary Mackinnon lecture at the Diabetes UK conference which nationally recognised Locala Health and Wellbeing's personalised diabetes care in the community.
- The establishment of a self-management service.
- Locala Health and Wellbeing's Community Event on 25 November 2023 which aimed to help people find out more about community healthcare in their area and get free advice and support for their health and wellbeing.
- The advancements made with the Learning Disability and Autism workstream including Learning Disability and Autism training being mandated for all colleagues and the embedding of Learning Disability and Autism Ambassadors to support teams and improve practice.

We congratulate Locala Health and Wellbeing on the successful implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) system. We appreciated the opportunity to review the Patient Safety Incident Response Plan (PSIRP) policy prior to publication and we support the local priorities and the way in which you will respond to patient safety incidents as set out in your PSIRP and policy. The Integrated Care Board will continue to seek updates and feedback on the implementation of PSIRF including the engagement with and onboarding of Patient Safety Partners.

The Integrated Care Board is pleased to see Locala Health and Wellbeing's continued commitment to support staff wellbeing- particularly through your Caring for our Colleagues Campaign and contribution to the success of Schwartz Rounds. Over the 12-month period between

March 2023-24, we can see sustained improvements in feedback from staff, with the majority of the questions in the NHS Staff Survey being favourable for Locala Health and Wellbeing compared to the national average. We also welcome the update on your approach to patient engagement and experience. In 2023/24, 97% of respondents to your patient/ carer survey rated their care as very good/ good which is positive. The continued commitment to engagement, collating feedback and using it to inform service improvements is to be commended.

We recognise and support Locala Health and Wellbeing's commitment to research, including the development and implementation of the Locala Research Strategy 2024-27. We are pleased to see Locala Health and Wellbeing having an increased focus and involvement in research, as we know that a positive research culture helps to improve outcomes for patients, advance practice and nurtures an objective, discerning workforce. The Integrated Care Board looks forward to seeing this work being embedded and Locala Health and Wellbeing may wish to consider reporting on the Research Strategy 2024-27 in the 2024/25 Quality Account.

The Integrated Care Board welcomes and supports Locala Health and Wellbeing's THRIVE Strategy and quality priorities for 2024/25 which include:

- 'We will ensure exemplary quality of care in everything we do by focussing on better care every day'.
- 'We will empower our colleagues, ensuring our increasingly diverse workforce is the most inclusive and engaged of any community health and care provider in the areas we serve'.
- 'We will expand our reach to service more communities, embedding Locala as a leading provider of health and care services across West Yorkshire and Greater Manchester, and tackling the causes of health inequalities'.

We look forward to receiving demonstrated progress against the implementation of the strategy and quality priorities.

The Integrated Care Board is mindful however that during 2023/24, Locala Health and Wellbeing needed to implement and sustain its escalation protocols under the Operational Pressures Escalation Levels Framework (OPEL) due to service demand and workforce pressures. These pressures considerably impacted the Community Nursing Networks and other Locala Health and Wellbeing services which was evidenced through increasing wait times and diminished patient experience. We are aware, and received assurance that patient safety and the management of risk remained the foremost priority during the times of pressure. Whilst we thank all Locala Health and Wellbeing colleagues for their hard work and commitment to providing safe, high-quality services; the Integrated Care Board would have welcomed an acknowledgement of some of the areas where Locala Health and Wellbeing has experienced challenges during 2023/24 which impacted on the quality of care patients received, together with any learning to inform quality management for the future.

The Integrated Care Board looks forward to continuing to work with Locala Health and Wellbeing and values the collaborative approach demonstrated by all staff. This commitment to working with other partners across the health and social care system ensures the focus is on local people having access to safe, high quality, and compassionate care. The NHS West Yorkshire Integrated Care Board values Locala Health and Wellbeing's positive contribution to the system and commitment to quality and looks forward to continuing our partnership through 2024/25.

Yours sincerely

Penny Woodhead, Director of Nursing and Quality, Kirklees Health and Care Partnership, NHS West Yorkshire Integrated Care Board.

#### 4.1.2 Healthwatch

Healthwatch Kirklees and Healthwatch Calderdale have a statutory role as the consumer champion for those who use publicly funded health and care services.

We welcome the opportunity to comment on Locala's Quality Account for 2023/4. We work closely with Locala to share people's experience and, whenever challenges arise, we find Locala to be responsive; they are keen to listen and act on the feedback we share. We are represented on Locala's Members' Council as a co-opted member and find this provides opportunity to represent people's voice at a senior level and to comment on strategic documents.

The priorities Locala have set are encouraging, particularly around reducing health inequalities and striving to improve patient care and safety. Healthwatch would like to see that there is an evaluation system in place to check that the priorities are being met.

An easy read version of the quality account would be welcomed, so that this document is more accessible to the communities Locala serves.

The high percentage of people saying their care was very good or good via the Friends and Family Test throughout the year is positive, and the continued commitment to engagement using a broad spectrum of approaches and acting on feedback is to be commended.



### 4.1.3 Stockport and Tameside Public Health

Locala have provided the specialist Sexual and Reproductive Health Service in Stockport and Tameside since April 2022. After initial challenges that inevitably arise when taking over from another provider, Locala have worked hard to identify and address existing as well as newly emerging issues. Sexual Health has a complex commissioning infrastructure that necessitates close working with a number of agencies, which in itself can be challenging, but Locala have remained professional when challenges have arisen and calmly worked hard to seek practical solutions. Working in Greater Manchester has also brought challenges with additional layers of decision making and strategic partnerships across the ten Greater Manchester boroughs.

From a quality perspective, we have been impressed by Locala's considered and planned approach. Senior managers have a clear understanding of what Locala as an organisation, and sexual health as a service, is trying to achieve and how they plan to get there. There is a 'can do' attitude when issues arise and an ability to seize opportunities and adapt to maximise outcomes. The challenge going forward is always one of resource: meeting increasing demand for services alongside increasing staff costs and static levels of funding from local authorities. As commissioners, we welcome open and frank discussions about these challenges as an enabler for working together to meet and overcome these challenges.

Alison Leigh, Behaviour Change Lead - Public Health and commissioner of sexual health services for Stockport MBC

Pamela Watt, Public Health Strategic Lead and commissioner of sexual health services for Tameside MBC.

#### 4.1.4 Calderdale Public Health

Locala lead on delivery of the Healthy Child Programme in Calderdale through our Public Health Early Years Service (PHEYS) and School Nursing Service. As such, Locala are a key partner in our new Family Hubs programme and are represented on our Strategic Boards for children and young people.

Locala's strategic commitment to embedding innovation in the design, development, and delivery of services is evident in their provision of Calderdale's PHEYS and School Nursing Service. A recent example is the 'Every Sleep a Safe Sleep' training, wherein a Health Visiting Team Leader worked with colleagues from other NHS organisations and local authorities to create a training package and tool that are now at the fore of creating a change in practice and ensuring that the safe sleep message are embedded in practice at all contacts with families. Already, there is evidence of improvement in the quality of the safer sleep discussions, which in turn will contribute reducing deaths from SUDI.

Digital innovation has been a natural progression for our PHEYS and School Nursing Service who understand the needs and preferences of the families they work with. Locala have demonstrated their ability in this space by, for example, the scheduling of targeted text messages and the creation of videos to share health promotion messaging with families at key times in their child's development. We look forward to working with Locala on further digital innovation, ensuring that this continues to meet the needs of all our communities.

We value Locala's commitment to sustainable improvement initiatives, and to community involvement. In Calderdale, our PHEYS breastfeeding peer supporter service is well-established and well-regarded, enabling breastfeeding mums to support others, through face-to-face, telephone, or virtual support. We know that peer supporters have been helped to progress into paid work because of their volunteering experiences with Locala. Opportunities for career development have also been created through the 'grow our own' Health Visitor and School Nurse training, investing in the sustainability of the children's Public Health workforce of the future.

We recognise the challenges that Locala have faced over recent years and are pleased that Locala are committed to furthering their work around digital innovation, strengthening partnerships. and community involvement as these are key elements of our Family Hubs programme in Calderdale.

We would like to take this opportunity to thank colleagues for their hard work, compassion, and dedication in continuing to support the babies, children, young people, and families of Calderdale.

Naomi Marquis, Public Health Manager (Children & Young People)

## 4.2 How to provide feedback on this Quality Account

If you would like to request a copy of this document in an alternative format or other language, or if you have any queries about its content please contact our Quality and Patient Safety Team: Tel: 03030 0034532 or email: [qualityinbox@locala.org.uk](mailto:qualityinbox@locala.org.uk)

This report is also available at [www.locala.org.uk](http://www.locala.org.uk)

## Glossary

**ACP** - Advance care planning (ACP) is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

**CAMHS** - child and adolescent mental health The Community Child and Adolescent Mental Health Service (CAMHS) teams offer specialist mental and emotional health support to children, young people (age 0-18 years) and their families.

**Cardiology** - Service specialising in disease and defects of the cardiovascular system.

**Care Home Support Team** - A multidisciplinary team that consists of nurses, clinical assistants, pharmacists, dietitians, physiotherapists, supported by consultant Geriatricians from our local hospitals. Our aim is to improve the quality of clinical support for residents and carers in older people's care homes across Kirklees and prevent inappropriate admission to hospital and maximise quality of life.

**Clinical incidents** - An event or circumstance resulting from health care provision (or lack thereof) which could have or did lead to unintended or unnecessary physical or psychological harm to a patient.

**CNN** - Community Nursing Network teams provide valuable care in or close to people's homes. Their expert leadership, clinical skills and knowledge enables them to support people to manage their long-term conditions and maximise their independence.

**Continence** - Services that specialise in the treatment and management of bowel and bladder conditions.

**CQC** - Care Quality Commission.

**Diabetes** - Diabetes is a condition that causes a person's blood sugar level to become too high.

**DNA** - Did not attend.

**Domestic Homicide Review (DHR)** - is defined to have occurred when the death of a person aged 16 or over has or appears to have resulted from violence abuse or neglect by a person they were related to, a person they were or had been in an intimate relationship with a member in the same household. The purpose of a DHR is to enable lessons to be learnt, prevent domestic abuse and homicide and to ensure that abuse is identified and responded to effectively at the earliest opportunity improving services responses for victims through a coordinated multi agency approach.

**Engagement Team** - This is the team within Locala responsible for gathering and sharing patient experience information, and engaging patients, carers and families in ensuring services are as good as they can be.

**Engagement Champion** - Each Locala service has a nominated ambassador for patient experience and wider patient engagement.

**EPaCCS** - Electronic Palliative Care Coordination Systems is a means to capture and share information electronically from people's discussions about their care. The aim of this is to ensure that any professional involved in that person's care has access to the most up to date information, including any changes to their preferences and wishes and personalised care plans.

**ESP** - Exploitation screening process: This process was originally in place following the JTAI ( Joint targeted area inspection) in Kirklees and consists of a written process to support information sharing The process involves sending an electronic task or email to the GP to make them aware that a young person had been discussed at the exploitation screening panel meeting.

**Focus groups** - A group of people assembled to participate in a discussion about a product before it is launched, or to provide feedback.

**Freedom to Speak Up** - An initiative to ensure colleagues feel able to speak up about anything that gets in the way of doing a great job. Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to in other ways. There are nearly 700 Freedom to Speak Up Guardians in the NHS and independent sector organisations, national bodies and elsewhere.

**Friends and Family Test** - An important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

**Health assurance improvement meeting (HAIG)** - This is a forum for health representatives to meet share good practise , work c in collaboration receive updates on case reviews receive local regional and national updates. This a supportive meeting which occurs quarterly and covers safeguarding children and adults at risk.

**ICB** - Integrated Care Board.

**Implanted Pacemaker** - An implanted pacemaker is a small device that is surgically placed in the chest or abdomen to regulate the heartbeat.

**Infection Prevention and Control (IPC)** - Infection prevention and control (IPC) is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections.

**Kirklees Volunteering Quality Award** - Recognises good practice in volunteer management. Where you see this, you will know that the organisation values their volunteers and offers a high-quality volunteering experience.

**NACR** - National Audit of Cardiac Rehabilitation.

**National IPC Guidance** - A new education framework on infection prevention and control (IPC). It sets out a vision for the design and delivery of IPC education for our people that support effective and safe care.

**NCEPOD** - National Confidential Enquiry into Patient Outcome and Death.

**Parkinson's Disease** - Parkinson's disease is a condition that affects the brain. It causes problems like shaking and stiffness that get worse over time.

**Parkinsons UK** - A charity that aims to support better care, treatment, and quality of life for those suffering from Parkinson's Disease.

**Patient Safety Partners** - A role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

**Pressure ulcer** - Damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing. PSIRF Published in September 2022, the PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

**Risk Assessment** - Clinical risk assessment is a process carried out by clinicians in the field of mental health to reach a judgement on whether the patient will go on to act in a way that is harmful to themselves or others.

**Sleep Hygiene** - Aspects of environment and behaviour that influence the quality of sleep.

**Stakeholders** - A stakeholder is a person, group or organization with a vested interest, or stake, in the decision-making and activities of a business, organization or project.

**SystmOne (S1)** - SystmOne is a centrally hosted clinical computer system developed by Horsforth-based The Phoenix Partnership (TPP). It is used by healthcare professionals in the UK predominantly in primary care.

**TB** - Tuberculosis is an infection that usually affects the lungs. It can be treated with antibiotics but can be serious if not treated.

**The NHS England Learning Disability Improvement Standards** - The standards are intended to help organisations measure quality of service and ensure consistency across the NHS in how we approach and treat people with learning disabilities, autism, or both.

**Transition** - The preparing, planning and moving from childrens to adults services.

**UCR** - Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer.

**UKHSA** - The UK Health Security Agency (UKHSA) is a government agency in the United Kingdom, responsible since April 2021 for England-wide public health protection and infectious disease capability and replacing Public Health England. It is an executive agency of the Department of Health and Social Care (DHSC).



# Quality Account 2023/24

**Locala**  
Health & Wellbeing

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