

Localia
Health & Wellbeing

Quality Account 2021/22



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Our services

We deliver services across 439 square miles covering the areas of Kirklees, Bradford and Calderdale. We deliver services in partnership with more than 150 GP Practices in these areas and provide integrated care with local NHS Trusts and local authorities, and organisations such as Age UK, Home Start, GP Federations, and a range of local community organisations.

“As a social enterprise we believe in supporting people to have better lives by investing all of our resources into local communities”

Locala Health and Wellbeing (Locala) is a not-for-profit community healthcare provider offering high-quality care to help people of all ages live better lives.

We deliver specialist support ranging from; physiotherapy to foot care, sexual health to school nurses, health visitors, community nurses, and more for the NHS and Public Health services. We work closely with local health and social care partners to deliver a coordinated approach to care and support.

As a social enterprise, we're proud to give back to our communities and tailor our services to meet their needs. We reinvest all our resources into both patient care and support for local projects that improve the well-being of people in our communities.

Development of a Quality Account

Our Quality Account for 2021/22 has been developed with our colleagues, stakeholders and partner organisations, including clinicians, senior managers and commissioning colleagues. The Quality Account outlines our achievements and challenges throughout 2020/21 and illustrates our ambitions for 2022/23. We are keen to share information with service users, patients and their carers about the current quality of all our services and our plans to improve even further. It has been approved by the Locala Board of Directors.



Section 1

Statement from Karen Jackson, Chief Executive

The year 2021 to 2022 was a second year that Covid-19 had a significant impact on communities, and on the provision of healthcare services. Locala colleagues continued to work tirelessly, going over and above in challenging circumstances, to ensure that care was given to our communities. Partnership working has continued to be vital with Locala operating as part of the regional system, attending regional command and control calls and ensuring mutual support was provided across the health and care system wherever possible. The challenging situation has led to many positives, including partnership projects to make improvements to hospital discharges, and the ongoing work of the Kirklees Integrated Living Team, a partnership that has introduced one single health and social care integrated referral route and one discharge form, making significant improvements for patients.

I am very proud of Locala's dedicated and skilled colleagues, and the fantastic work and achievements highlighted in this report. Against the backdrop of a challenging year, we continued to prioritise high quality care, and receive a high level of patient feedback. Of the patients and carers that responded to the Friends and Family Test survey 97% said Locala services were very good or good which is impressive. Plus we have not had any cases of Methicillin Resistant Staphylococcus Aureus (MRSA) or Clostridioides Difficile Infection (CDI) attributable to Locala within the last 71 and 70 months respectively.

I would like to take this opportunity to thank colleagues for all that they have done, and continue to do, for our communities. We are entering the second year of Locala's current strategy which will see us continue to strive to deliver exemplary care, be an employer of choice, and use our standing as a social enterprise to make a real and lasting impact in communities.



Karen Jackson, Chief Executive

A handwritten signature in black ink, appearing to read 'K Jackson', with a horizontal line extending to the right.

Statement from Diane McKerracher, Chair

This Quality Account demonstrates the excellent progress Locala colleagues have made in another incredibly difficult year. The improvements against each of the three quality objectives is commendable, and the scale of this achievement against the backdrop of Covid-19 should not be underplayed.. I am particularly pleased to see the progress in empowering colleagues to deliver 'Outstanding' personalised care through the implementation of the Quality First Clinical Accreditation Framework. The appointment of the Lead Nurse for Clinical Accreditation and the development of the Quality First Accreditation Framework takes us a long way towards achieving a robust approach to delivering exemplary care. I have also been pleased to see the appointment of the Assistant Director of Clinical Quality to provide further oversight and scrutiny, and drive the quality agenda within Locala and with our partners.

Our continued commitment in supporting and developing our colleagues was recognised in May 2021 when Locala achieved the We Invest in People Silver Accreditation. Over 700 colleagues were part of the assessment process, providing either survey feedback or meeting with our external assessor. We have continued to build on our work to become employer of choice, gathering feedback through our pulse surveys to help us shape our wellbeing offers and we will continue to listen to our colleagues through the year ahead.

I would like to take this opportunity to thank every one of our Locala colleagues for their role this year in supporting service users, our wider communities, and each other.



Diane McKerracher, Chair

A handwritten signature in black ink, appearing to read 'DMcKerracher', written in a cursive style.

The information provided in this report is, to the best of our knowledge accurate and a reasonable reflection of our commitment to quality.

Section 2

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 health 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

Locala did not have any “must do” actions from the November 2019 CQC inspection. A detailed action plan for the “should do” recommendations was develop following the inspection. The delivery of this was then monitored by Locala’s Quality Committee.

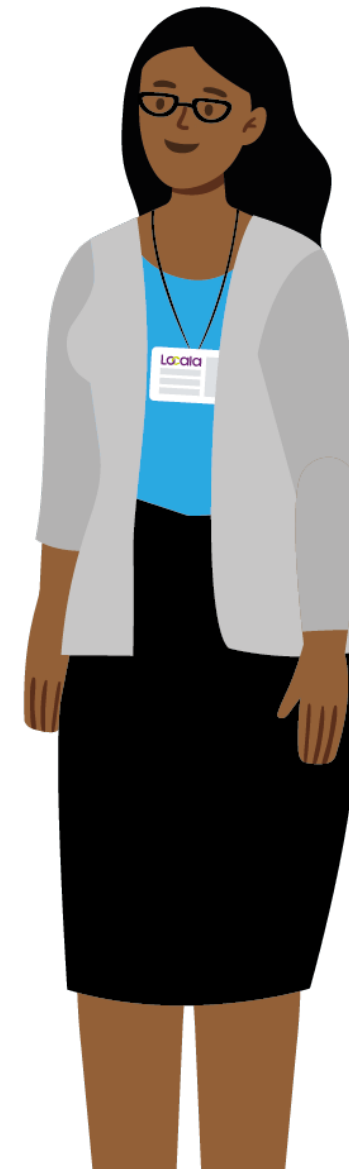
Priorities for Improvement

Our aspirations outlined within the Quality Strategy continue to be our priority in the coming year; these align with our exemplary care objectives and the NHS Patient Safety Strategy, with a clear vision to continuously improve patient safety with a key focus on insight, involvement and improvement. We will further embrace the Patient Safety Specialist role, alongside the introduction of the Patient Safety Incident Response Framework which will include the following aspects:

- New investigation model to provide greater insight
- Key focus on a culture of learning and continuous improvement
- Collaboration with colleagues, service users and key stakeholders

We will continue to work in collaboration with clinical teams on the implementation of the Quality First clinical accreditation process, providing greater oversight and ownership of patient safety and quality. In addition, encouraging and supporting teams with local quality improvement initiatives, improved safety culture, and working towards achievement of an Outstanding CQC rating.

In addition, we will review and expand the opportunity for identification of priorities and learning, by improving the ways we use our data sources and local intelligence. We will also further use our clinical audit programme to benchmark performance and identify future priorities for improvement. By gaining a better understanding of patient outcomes, we aim to further understand the health inequalities and actions needed to ensure we are able to support and impact the wider population health agenda.



Clinical Effectiveness of our Services

Participation in clinical audits

Locala is committed to improving services and has a comprehensive clinical audit programme in place. This is an important tool for measuring and benchmarking a range of activities against agreed markers of effective professional practice, stimulating changes to improve practice and evaluating the impact of service improvements. Robust audit also contributes to assuring both commissioners and regulators of the quality and effectiveness of services being provided.

The audit programme reflects priorities for services and organisations, and should be informed by the analysis of risk demonstrated through a range of sources of intelligence such as complaints, incidents and patient experience. Locala has a comprehensive audit programme which is reviewed annually and reported on at the Quality Committee.

Activity relating to the clinical audit programme was reduced during 2021/22 in response to the Covid-19 pandemic, in line with national guidance and the increased pressure on clinical teams. However a number of local and national audits did continue throughout this period.

A total of 38 clinical audits were on the programme for the year, including National Audits, across a range of Locala services. Despite the pandemic eight audits were fully completed. The remainder were either deferred or discontinued following a risk assessment.



Examples of learning from audit activity

Audit Title	Key Findings	Comments
Review of effectiveness and impact of Emergency Care Plan (ECP) / Advanced Care Plan (ACP): Do out of hours/GP practices/Care homes follow guidance on ECP/ACP?	<p>This audit suggests that the current format of ACP's, when in place, do influence the plan of care, and support care homes with decision making when a resident is deteriorating or acutely unwell.</p>	<p>The audit showed that a variety of health professionals can see and share information about ACP preferences for a specific resident. This helped to inform a residents' possible future care and enabled their preferences to be taken into account.</p>
Safeguarding Adult Audit	<p>Overall the results demonstrate that colleagues are compliant with the Local Adults at Risk policy (2020), however general adult safeguarding concerns are not always documented using the safeguarding templates. When colleagues call the safeguarding team in relation to a potential adult safeguarding concern this is documented within the main body of the service users record which is good practice, but colleagues do not always utilise a safeguarding template following their call to the safeguarding team. The implication of this is that the concern is not visible in the main body of the record. Potential safeguarding concerns may contribute to building an overall picture and can be clearly identified within a record when the safeguarding templates are used.</p>	<p>Patients can be assured that colleagues respond proportionately to safeguarding concerns.</p> <p>The audit will make a difference to service users because redesigning the safeguarding templates will make it more likely that colleagues are prompted to ask them what they would like to happen in response to a safeguarding concern, and ensure their views and wishes and desired outcomes are captured.</p>
Mental Capacity Act	<p>There is evidence of detailed documentation of the consideration of a patient's mental capacity, both for clients who have and do not have capacity at the specific time for the specific decision. This makes it easy to see the thought process of the colleague, for instance why they feel a patient has capacity despite having a known impairment or which elements of functional capacity are in doubt.</p> <p>In essence the consent template has provided colleagues with a place for them to record their unconscious assessments that a person has the mental capacity to consent to the specific decision at the specific time and has made the consideration of mental capacity a continuing process, which is undertaken by all colleagues and not just mental capacity specialists or medical colleagues.</p> <p>In the four cases, in which patients clearly do not have the mental capacity to consent, there is documentation of discussion with others i.e., family members, care home colleagues and support workers.</p>	<p>Patients will receive person centred care.</p> <p>Patients will be provided with information in a format that is most suitable for their needs, for them to be able to make a decision about whether to consent to the assessment, intervention or treatment that is being offered to them.</p> <p>Patients and their representatives will have reassurance that if they lack the mental capacity to consent that actions undertaken are in their best interest and the rationale for the decisions that are made are clear.</p>

Contribution to National Clinical Audits

During 2021/22 there were seven National Mandatory Audits in which Locala was eligible to participate.

Audit Title	Key Findings
National Audit of Cardiac Rehabilitation- NACR	X (on hold nationally)
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehab	✓
National Paediatric Diabetes Audit (NPDA)	✓
National Adult Diabetes Audit (NADA)	✓
National Diabetes Foot Audit	✓
Sentinel Stroke National Audit programme (SSNAP)	✓
NCEPOD Clinical Outcome Review Programme - Transition from child to adult health services study	✓

Audit successes this year

Three audit abstracts that were submitted to the UK Clinical Pharmacy Association's Annual Conference were all accepted for publication. These were:

- A template to support effective electronic documentation of insulin administration in community nursing (shortlisted for "Best Poster")
- Implementation and communication of prescribing decisions by locum prescribers in intermediate care
- A re-audit of communication about insulin prescriptions between diabetes specialist and community nursing

The poster "Embedding an Insulin Policy in Practice within a Community Provider" came second at the Clinical Audit Leadership Summit.

Participation in research

We continue to strengthen our involvement in research at a local and national level. Locala's research panel has approved colleagues and/or patients and carers to take part in the following:

Description of Study	Study Lead
Multi Centre Randomised Control Trial of a group psychOlogical intervention for poStnatal depression in british mothers of south asiaN origin - ROSHNI-D.	Research by the University of Manchester and Lancashire Care NHS Foundation Trust
PROTECT Study. This is a randomised clinical trial of Teplizumab which is an anti-CD3 monoclonal antibody. This is targeted against a key molecule in the immune cascade targeting pancreatic beta cells and insulin production.	Research by Sheffield Children's Hospital and is being supported by the Type 1 Diabetes Consortium in Cardiff but is a commercial study
Oral Health, Autism and Schools- the Impact of Poor Oral Health on School Attendance and Potential School-based Preventative Solutions. To explore school and parental challenges, and solutions, in supporting good oral health behaviours for children with autism.	Research by the School of Dentistry, University of Leeds
Caring for the dying through Covid-19 - research to explore and capture learning of community nurses and GP's who have had recent experience of caring for dying patients in the community through the COVID-19 pandemic. This includes care of dying patients in care homes.	Research by a team from the Universities of Sheffield, Cambridge, Warwick and Edinburgh

Description of Study	Study Lead
Research Engagement in Social Enterprise Healthcare Organisations	This survey will form the second phase of a PhD thesis at the University of Huddersfield
(e-Delphi) The PALLUP Study - Equipping community services to meet the palliative care needs of older people with frailty approaching the end of life.	Research by the University of Surrey
A study evaluating a newly designed nutritional tube feeding pouch for bolus feeding in adults.	Research by Leeds Beckett University
Support for Parents with Learning Disabilities (Assets for Parents: A qualitative study of the potential for asset based approaches to support parents with learning difficulties.)	Research by University of York
VenUS 6: Adjustable hook-and-loop-fastened compression systems for the treatment of venous leg ulcers.	Research by Manchester University NHS Foundation Trust
Engagement with People Living with HIV and Engagement on HIV Prevention Services	Kirklees Council have commissioned an independent research company, Qa Research, to help inform future commissioning of HIV support and HIV prevention services
Exploring the use/provision of strength training and strength assessments in Pulmonary Rehabilitation.	Research as part of a PhD Studentship, funded by the University of Essex
Inequalities in identification and treatment of perinatal mental health.	Research led by Bradford Teaching Hospitals NHS Foundation Trust
Study evaluating three new ready to drink supplements for the management of disease related malnutrition in adults.	Research undertaken by NUTRICIA Ltd
How does fragmentation of care for older patients in community settings in the last year of life affect patients' and family caregivers' experiences?	Joint project with Huddersfield University, Locala, acute trusts and hospices

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 Director of Nursing, Allied Health Professionals and Quality, who is our designated Caldicott Guardian, and our Director of Finance 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 uses R4 which is a specialised electronic system. Both these systems are fully encrypted.

Data Security and Protection Toolkit

In 2018-19 the Information Governance Toolkit was replaced by the Data Security and Protection Toolkit (DSPT). The 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 2021/22, our DSPT was completed by our Data Protection Officer and validated by our Strategic Information Risk Owner before submission. Our evidence was also externally reviewed by our internal auditors (PWC) to ensure that we had fully complied with all the requirements. Our DSPT assessment shows that we have achieved full compliance with all 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 have begun to assess some of our data using these criteria in the Board's monthly Integrated Performance Report.



Section 3

Our Achievements This Year

We said in 2021/2022:

We will empower colleagues to deliver 'Outstanding' personalised care through the implementation of our Quality First Clinical Accreditation Framework.

The aim of clinical accreditation is to reduce variation by providing an evidence-based, standardised approach to supporting the delivery of care and improving quality. It provides service level assurance to the board on the quality of care, and demonstrates compliance with fundamental standards which enables preparation, and evidence for statutory inspections.

Accreditation enables teams to understand what the expected standards are at service level, by providing a clear set of standards and a measure of how well a service is delivering quality care.

What we did

- ✓ Appointed a Lead Nurse for Clinical Accreditation.
- ✓ In conjunction with clinical and performance colleagues we developed our Quality First Accreditation Framework. The framework is designed to measure the quality of clinical intervention, delivered by individuals and teams. It is aligned to the Care Quality Commission (CQC) fundamental domains, considering Locala values, local and national data, colleague feedback and service user experience.
- ✓ We began the roll out of the Accreditation Framework. Two services went through the process and both received accreditation.
- ✓ We have developed a register of peer reviewers (which includes our Executive Directors) who will facilitate the sharing of best practice among teams.
- ✓ We have developed a self- assessment framework designed for service leads to complete to evidence the quality of clinical intervention aligned to the CQC Key Lines of Enquiry (KLOE).
- ✓ We have developed a forward schedule for service reviews.
- ✓ We adapted the Accreditation Framework during the activation of the Covid-19 response plan to be able to capture data from services to ensure quality standards were being maintained.

We said in 2021/2022:

We will foster a learning and just patient safety culture that ensures internal system learning is embedded to prevent recurrence of incidents.

To work at our best we need to feel supported within a compassionate and inclusive environment. To develop a learning and just patient safety culture, we must focus on what needs to change rather than punitive actions. An organisation that identifies, contains and recovers from errors as quickly as possible will be alert to the possibilities of learning and continuous improvement.

We want to review the various models of healthcare safety culture assessment available and undertake a thorough review of our organisation's safety culture to understand our position. We will then formulate improvement plans to improve our safety culture.

What we did

- ✓ Appointed an Assistant Director of Clinical Quality to provide further oversight and scrutiny, and drive the quality agenda not only within Locala but with our partners across the healthcare system to ensure seamless quality of care across patient pathways.
- ✓ Our Transformation Team researched various patient safety maturity models which were reviewed for suitability of use within Locala. The chosen model was adapted for use within our Quality First Clinical Accreditation Framework and continues to be further developed
- ✓ Our Quality Directorate and colleagues from our operational services attended in-depth 'Investigating Well' training to learn more about the investigation process and to ensure a consistent approach to investigating and learning from clinical incidents and complaints.
- ✓ We have begun to review and adapt our systems and processes in preparation for the delivery of the Patient Incident Response Framework.
- ✓ We have begun to change our terminology to promote a learning culture and a culture that fosters psychological safety.
- ✓ We have partnered organisations in Kirklees and Calderdale to offer integrated place-based Schwartz Rounds. These provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

We said in 2021/2022:

We will involve our service users, carers and members to co-produce high quality services that are personalised, and patient centred, with pathway innovation and a focus on shared decision making.

Co-production is a practice in the delivery of public services in which people are involved in the creation and development of the services. It is contrasted with a transaction based method of service delivery in which people are “done to” and have no say over the service they are given.

Personalised Care is a series of facilitated conversations in which the person, or those who know them well, actively participate to explore the management of their health and well-being within the context of their whole life and family situation. This process recognises the person’s skills and strengths, as well as their experiences and the things that matter the most to them. It addresses the things that aren’t working in the person’s life and identifies outcomes and actions to resolve these. Personalised Care is key for people receiving health and social care services. It is an essential tool to integrate the person’s experience of all the services they access so they have one joined-up plan that covers their health and wellbeing needs.

What we did

- ✓ Established a steering group. This group has the responsibility for the delivery of Personalised Care across the organisation and will deliver the National Operating Model as set out in the NHS Long Term Plan 2019. It will form part of the Kirklees response to embedding the approaches across Health and Social Care over the next two years.
- ✓ Incorporated awareness raising of the personalisation agenda within the induction programme.
- ✓ Introduced personalisation training within our mandatory training programme.
- ✓ Worked with the local authority to appoint to, and host, a Personalised Care Project Manager for Kirklees as a place.
- ✓ Completed a review of our services against the NICE (NG197) Shared Decision Making baseline assessment tool and produced an action plan to improve compliance.

Patient Feedback

Our Engagement 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 (FFT), surveys, focus groups, patient stories, Patient Participation Groups and telephone and face to face conversations including 'Waiting Room Roadshows'. The Covid-19 pandemic continues to have an impact on how the team are able to capture feedback, however, there has been a continued focus on the importance of understanding the experience people have of Locala services. When possible, the team have continued to run 'Car Park Roadshows' instead of Waiting Room Roadshows and replaced some face-to-face opportunities with virtual meetings, introduced more digital methods to capture feedback and called patients to speak to them in more detail about their experiences. Each team has its own Engagement Champion and the team captured 42 patient stories in 2021-22. These patient stories are shared across Locala and with partners and stakeholders.

This year an average of 97% of service users who completed the Friends and Family Test said that Locala services are either good or very good. Despite the restrictions in place, Locala received 19,151 responses to the Friends and Family Test, and this is in addition to other forms of feedback. This is almost double the number of responses from 2020-2021. The response rate increasing by 100% and service users still rating Locala as 97% good or very good is a positive indication that our teams are continuing to provide a high-quality service to patients, families and carers across Kirklees, Calderdale and Bradford.

The Engagement Team monitors Equality & Diversity data in patient feedback and the figures show we are listening to people that represent our local community. Locala received an 'Achieving' grade in the Equality Delivery System (EDS2), a national programme for NHS commissioners and providers to ensure they are inclusive, fair and accessible to all.



Examples of changes made based on feedback:

- ✓ At the Whitehouse Centre it was suggested that surveys should be produced in Easy Read formats and in languages representative of the practice populations. It was also suggested that general information about healthcare and the NHS was available in the reception area. As a result the Easy Read survey was launched in June 2021 and has had 47 responses so far, and general information is now available in a range of languages in the reception area.
- ✓ The Kirklees Sexual Health team worked with Healthwatch and service users to review the website and have identified over 50 ways to improve the language, content and appearance of the site. Some of this has been implemented, with plans in place to make all necessary improvements.

Quotes from some of our service users:

“I would like to thank all the district nurses who came out and treated my husband and in particular with end-of-life care. They all treated him with compassion and dignity and made his passing much more bearable for me and my family. I hope my thanks will be passed onto the team.”

District Nurses

“The START team identified that I needed rails and a bath seat and my Landlady then fitted these for me - I don't think she would have done this without your (START team) professional assessment.”

START Team

“I cannot praise your dentist efforts enough! From a scared, terrified child into a confident young person who has had fillings, extractions and more. She has transformed from a terrified girl that wouldn't even sit in the chair, to the girl that confidently walked in every time with no fear in the world – as a mum I cannot thank you enough. The dentist was kind and patient, was understanding of her feelings and would always listen to her questions with an empathetic manner. He didn't judge or make her worry about the dental visits, and just generally put her at ease - so thank you so much for all your efforts. All the dental assistants were just as amazing and made a fuss of my daughter which helped her immensely. I cannot praise your service enough. Thank you again from the bottom of my heart.”

Dental Service

“Mum was in your care for six weeks, after having an operation on her hip and she is making steady progress. Mum felt that she was really well looked after by all your staff and we feel that you were magnificent in your efforts to accommodate our visits with lovely cups of tea and friendly faces. Professionally you gave your all to mum 100% and this needs feeding back to all. You are all Angels, very special people. Thanks from the bottom of our hearts for helping mum on her way home to her husband who was pining for her. Keep up the amazing work.

Intermediate Care Bed Bases

The person I saw is absolutely amazing. She ensured she knew my medical background as she wanted the best for me. She went above and beyond what I ever expected and she truly has changed my life forever. I was always uncomfortable about ‘opening-up’ to others but she made it so easy and I have never felt as comfortable talking to someone. I was on the verge of a mental breakdown with my MS diagnosis and she came along at the right time and changed all that. She checked in on me to ensure I was ok and nothing was ever too much trouble. She obviously loves her job and this is evident in the way she was with me. Just a lovely, lovely lady.

Adult Therapies



As part of our commitment to gathering colleague feedback, colleagues were asked to give their thoughts on the following statements*. The results for the last 3 years are:

	Spring 2022 Strongly agree/agree	Summer 2020 Strongly agree/agree	Summer 2019 Strongly agree/agree
If a friend or relative needed treatment, I would be happy with the standard of care provided by Locala	84%	83%	72%
I would recommend Locala as a place to work	68%	67%	57%
Care of patients/service users is Locala's top priority	82%	78%	68%
There are frequent opportunities for me to show initiative in my role	80%	69%	65%
I am able to make improvements happen in my area of work	66%	61%	58%
I am able to make suggestions to improve the work of my team/department	79%	76%	73%
I look forward to going to work	56%	54%	57%
I am enthusiastic about my job	73%	75%	77%
Time passes quickly when I am working	80%	79%	80%

*engagement questions are taken from the National NHS Staff Survey"

Freedom to Speak Up

We have developed a network of associates within Locala to support the work of the Freedom To Speak Up (FTSU) Guardian, to increase visibility and to make it more accessible for colleagues to raise any issues. We are proud to report that a FTSU Associate has now been appointed from each of Locala's inclusivity steering groups (Race Equality Network, LGBTQ+, and Long Term Condition and Disability). To support the developing team Guardian and Associate catch up meetings are held approximately every 3 months, at which trends and themes relating to 'speaking up' are shared confidentially and anonymously.

The National Guardian's Office (NGO) have released two of three levels of training for NHS staff; 'Speak Up' and 'Listen Up'. 'Speak Up' forms part of Locala's induction programme, and 'Listen Up' is embedded within Locala's bespoke 'leaders programme'. The final part of the trio is 'Follow Up' which is aimed at senior and executive management, including Non-Executive Directors, and should be launched in 2022/23. Gap analysis work against recommendations from the National Guardians Office (NGO) has commenced.

We have developed a feedback tool which will enable the Guardian and Associates to assess the experiences of colleagues who have raised concerns resulting in ensuring actions are in place to improve the experience.

There have been continuing challenges throughout 2021/22 with service reconfigurations, national mandates on vaccination, plus extensive pressures from the continuing effect of the Covid-19 pandemic on our service users and colleagues. Through all of this Locala continues to support and encourage colleagues to speak up and raise their concerns through any of the many routes available, working to ensure speaking up remains 'business as usual'.



Volunteers

During the Covid-19 pandemic we have continued to remain well engaged with all our volunteers; keeping them updated as to how government guidance affects their roles, offering them virtual training, telephone catch-ups and wellbeing opportunities. We were also able to virtually recruit 19 new volunteers between April and December 2021. Following risk assessments, our volunteers are being re-instated where it is deemed safe to do so.

In line with our strategy to impact the reduction of social isolation, the environment, young people and carers, the reduction of inequalities and coaching/mentoring, the Locala Volunteering Team launched a Colleague Volunteering Programme in June 2021. This programme offers all colleagues up to 3 days per year, pro-rata, to carry out volunteering for the geographical areas in which Locala provides services. The opportunities offered to colleagues are numerous and include the letter-writing scheme run by 'Give....A Few Words', a partnership that continues to work successfully. We developed the Telephone Befriender role and, to date, just short of 500 calls have been made to socially isolated patients by a team of colleagues who continue to act as a listening ear to those in need.



Learning Disability and Autism

The national quality improvement standards were developed with a number of outcomes created by people and families in 2018. The four standards are as follows.

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning disability services standard (not applicable to Locala)

Locala is using the standards to improve the quality of services we provide. In 2021/22 we completed the annual national benchmarking exercise against the standards. We have developed an organisational wide action plan based on the results and recognised some of the work already achieved:

- The dental service developed a dental passport to support patient summaries of medical conditions, medicines and communication preferences.
- The new Learning Disability and Autism recognition marker was launched within our electronic patient record enabling colleagues to identify that a patient has a learning disability, autism or both. This enables colleague to consider reasonable adjustments such as a longer appointment, quiet waiting area, being seen at home or at the beginning/end of a clinic. Colleagues are also able to establish how best to communicate with the patient and who to involve in decisions about their care.
- The ability to confirm that a patient has a learning disability within our risk management system now means we can now evidence learning from every patient safety incident or complaint concerning a person with a learning disability.



- An Easy Read friends and family document was developed for patients within our Locala GP practices.
- We were successful in obtaining a bursary from the Queens Nursing Institute to support the development of a safety pack to meet the needs of parents with a learning disability during pregnancy to their child being one year of age.
- The 'Ask, Listen, Do' framework has been fully implemented. This supports our organisation to learn from and improve the experiences of people with a learning disability and their friends and family when giving feedback or raising concerns or complaints.
- The Learning Disability and Autism task and finish group continues with membership from acute trust partners, self -advocacy services and internal colleagues.
- We provide quarterly learning disability and autism basic awareness session to our nursing and Allied Health Professional students and now include a learning disability and autism basic awareness session within the monthly clinical induction sessions.

Patient Safety

The total number of clinical incidents occurring in a Locala service reported and investigated in 2021/22 as was 1688. These include pressure ulcer related incidents. Of those reported:

- 43% caused no harm
- 48% caused low harm
- 8% caused moderate harm
- 0.02% caused severe harm
- 0% patient death

Locala reported eight Serious Incidents one of which was a Never Event following the administration of a nerve block to the incorrect leg.

Locala is 100% compliant with Duty of Candour requirements.

Learning from Incidents

Locala shares learning from incidents in a variety of ways and ensures actions from improvement plans are implemented. The following are examples of learning following incidents:

Pressure ulcer prevention

What is the issue?

- Following a number of serious incident investigations a similar theme has emerged with regard holistic assessment and pressure ulcer prevention care plans
- Waterlow risk assessment has not been completed and therefore no risk identified

What you need to know

What is the issue?

- A holistic assessment and pressure risk assessment should be completed on admission to caseload/intermediate care
- A pressure ulcer prevention care plan should be completed for all patients deemed at risk
- This must include a skin assessment where pressure areas can be assessed and documented on a body map
- Pressure ulcer prevention advice should be provided to the patient and/or carers
- Why is this important?
- To assess the patients risk of developing pressure ulcers and put a preventative plan in place to reduce this risk
- To assess the patient's skin integrity on admission to Locala care

What can you do?

Think Skin!

- On first visit/assessment check to ensure that a pressure ulcer prevention assessment is scheduled
- With consent assess the patients skin for any changes in its integrity
- Ensure appropriate equipment is in place and in working order
- Discuss prevention strategies with the patient and carers

Management of Information

What is the issue?

- Incidences where inboxes, task lists in electronic health record systems and voicemails have not been checked causing delays to referrals and treatment. This is due to teams not being aware of the existence of these holding areas or because it was a single individual's responsibility and they have left the organisation.
- Waterlow risk assessment has not been completed and therefore no risk identified

What you need to know

- It is vital that services and teams are aware of ALL inboxes, voicemails and task lists associated with their service so that these delays do not occur. This can impact non-clinical services too.

Why is this important?

- Referrals and tasks can be delayed which delays patient care and can ultimately lead to harm

What can you do?

- **CONSIDER** if a message is suitable to be communicated via a task - not everyone's role requires them to check SystemOne daily (e.g. the Safeguarding or Medicines Optimisation Teams).
- **ENSURE** clear roles and responsibilities for checking voicemails, inboxes and tasks and ensure colleagues know who does what.
- **AVOID** single points of failure, ensure that colleagues know what checks should be undertaken and by whom

Never Event

- A nerve block was administered into the wrong leg in Day Surgery. This is a Serious Incident and a Never Event (something which should never happen because systems and processes should be in place to prevent it).

What you need to know

- Local Safety Standards for Invasive Procedures (LocSSIPs) must be followed for all invasive procedures. This is much more than a checklist and is about ensuring the right patient, right site, right procedure, right prosthesis (where relevant) and appropriate after care, as well as being able to raise any concerns when they arise. It is about involving the patient and all present in these discussions.

What can you do?

- **ASK** the patient why they are there and let them tell you
- **STOP** before any procedure to check right patient, right site, right procedure
- **USE** the LocSSIPs in place in your area and if you believe there isn't one, or it is inadequate, contact your line manager immediately.
- **RE-VISIT** the LocSSIPs policy on Elsie
- **WATCH** The Human Factor: Learning from Gina's Story. - YouTube
- **ENSURE** new starters are aware of local systems and processes

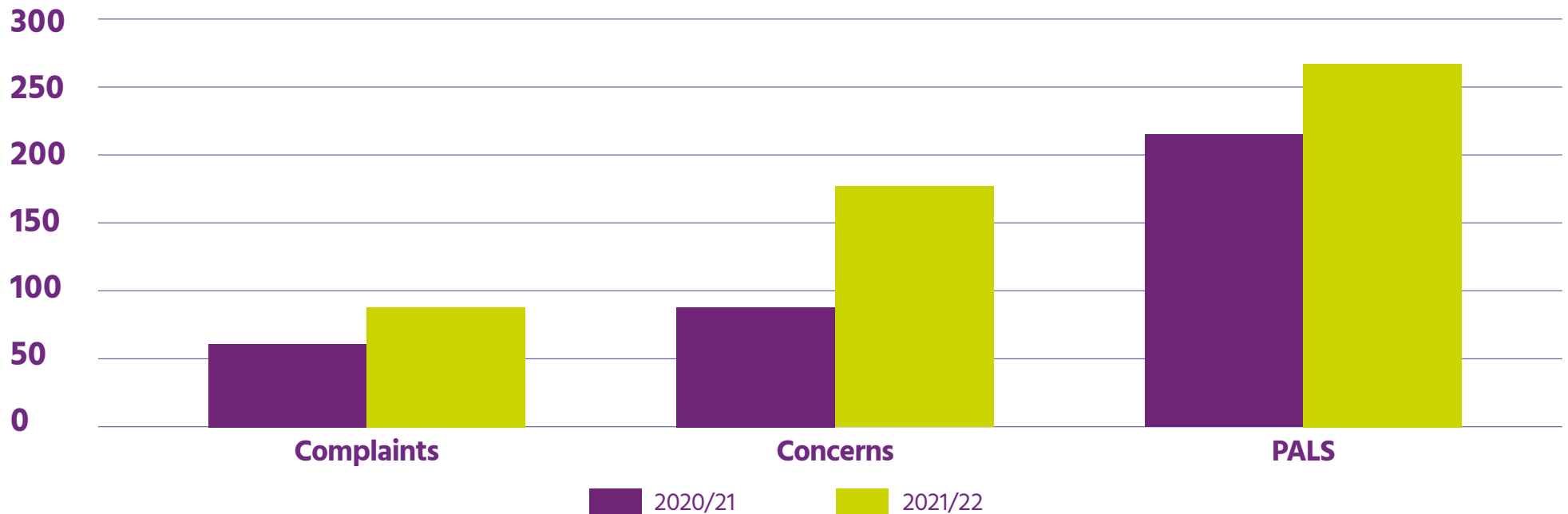
Complaints, Comments and Concerns

Locala encourages the early resolution of complaints, undertaking detailed investigation and conciliation. The first point of contact for patients and families is with Locala's Customer Liaison service.

Customer Liaison is an integral part of the Quality and Patient Safety Team and the work of the team continues to be monitored through the Director led "Patient & Carer Experience Group". Learning from informal concerns or formal complaints is shared through a variety of mechanisms to improve practice across Locala.

The graph below shows the number of enquiries received during 2021/22, broken down by complaints, concerns and Patient Advice and Liaison Service (PALS) enquiries. Cases received during 2020/21 are also shown for comparison. PALS cases are general enquiries that can usually be dealt with quickly (within 48 hours).

Comparison of types of case by year



Recovery from the Covid-19 pandemic continues to have an impact on many areas of our lives and community health services are no different. During the year services have continued to follow NHS guidance to manage the pandemic, and this has resulted in services working differently, for example restrictions to services, redeployment of colleagues to priority areas and an increase in telephone and virtual appointments. The pandemic caused significant pressures on services, with high levels of absence due to Covid-19 and team members having to isolate, particularly from September 2021 onwards. This resulted in an increase in enquiries and concerns from patients.

Of all Locala services, Community Nursing Networks, Community Dental Service, Podiatry, Adult Therapy Service and Kirklees Sexual Health Service had the highest number of enquiries raised in 2021/22.

Community Nursing Networks

As the largest Locala service, Community Nursing received the highest number of complaints and concerns during the year. 2021/22 saw an increase in complaints and concerns received however the figure for patient contacts resulting in complaints is just 0.02%. The majority of concerns related to timeliness of visits due to the reasons already stated.

Community Dental Service

The Community Dental Service saw a rise in complaints compared to last year. These relate to waiting times for routine treatment, discharge of patients who do not meet the criteria for the service and patients waiting for teeth extracted under general anaesthetic.

NHS guidance during the Covid-19 pandemic meant that for a period the service was temporarily closed and when it reopened infection prevention guidance meant that thorough cleaning and decontamination had to be carried out between patients, thus reducing available clinic time. These issues led to increased waiting times for routine treatment.

The pandemic also meant that Locala was unable to access hospital operating theatres to carry out teeth extraction under general anaesthetic which has led to complaints about the lack of appointments available for this procedure; this issue has been raised with NHS England and Locala has continued to work with our partner organisations to ensure patients safety whilst on the waiting list, and that treatment is provided an earliest opportunity. Unfortunately, this is outside of Locala's control and has been raised with NHS England for their support in finding a solution.

Podiatry

Podiatry has also seen a significant rise in complaints compared to last year, with a number of concerns expressed regarding waiting times and discharge from the service. During the year, Podiatrists were redeployed to support Community Nursing patients with lower limb wound care, which led to increased waiting times for routine treatment for Podiatry patients. The complaints regarding discharge related to patients that did not meet the service criteria following a waiting list review.

Adult Therapy Services

Adult Therapy Services also saw a rise in complaints compared to last year. While services have been restricted in line with NHS guidance to manage the pandemic and colleagues redeployed to support other services, the complaints received were for various reasons and were across the service specialities and teams and no underlying theme or trend was identified.

Kirklees Integrated Sexual Health

A number of complaints related to difficulty calling the service. It was identified that at certain times of day there were high numbers of callers leading to patients being on hold longer than usual. The service introduced and publicised different ways of contacting the service via text and website to reduce demand on the telephones and allow patients to receive a response more quickly.

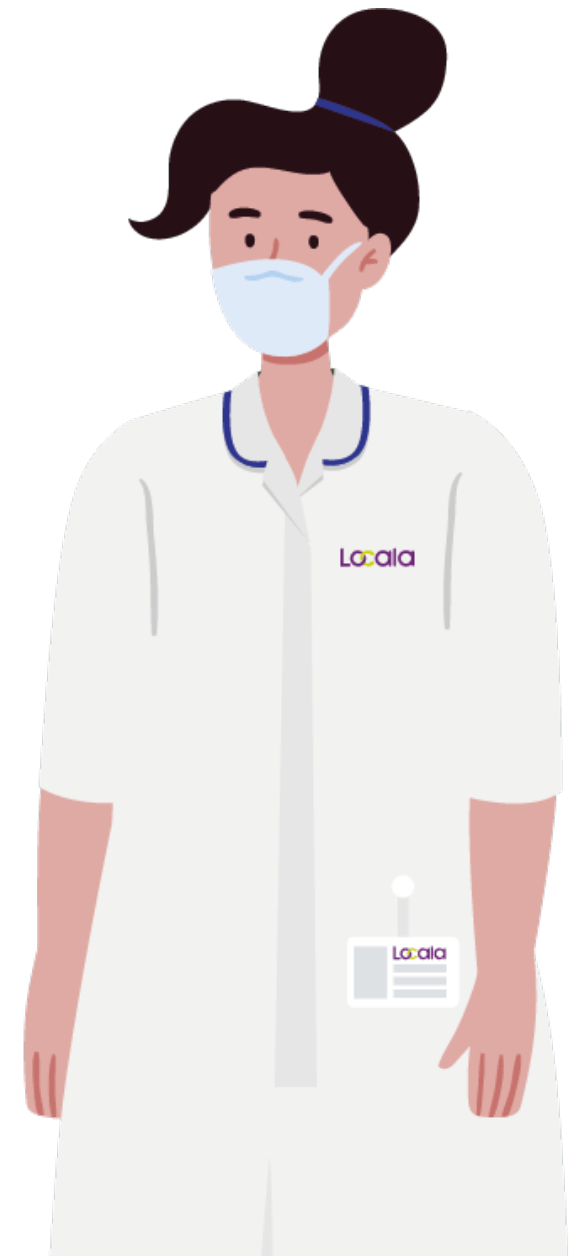


Infection Prevention and Control

Infection Prevention and Control (IPC) continues to be a key priority for Locala. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. The majority of 2021/22 has continued to be dominated by the (Covid-19) Pandemic during which the Infection Prevention and Control Team have played a crucial role.

Actions taken in response to the Covid-19 pandemic

- Developed the Covid-19 Business Assurance framework to provide assurance to board that the organisation was meeting Covid-19 requirements.
- Undertook regular 'every contact counts' audits to monitor adherence to COVID-19 requirements in healthcare premises.
- Monitored Covid-19 outbreaks and led on investigations in clinical services and bed bases.
- Produced regular Covid-19 communication for all colleagues based on national IPC Guidance.
- Developed a COVID-19/Respiratory screening template within the clinical record for colleagues to use prior to face-to-face contact with patients.
- Observed Donning and Doffing of Personal Protective Equipment.
- Ensured colleagues could ask questions and receive timely responses from the IPC team via calls or the specific IPC email.



Healthcare Associated Infection (HCAI)

The following organisms are subject to mandatory reporting. These are Methicillin Resistant Staphylococcus aureus (MRSA), Clostridioides difficile infection (CDI) and Gram negative bloodstream infections (GNBI), which include E.coli, Klebsiella and Pseudomonas aeruginosa.

- **Meticillin Resistant Staphylococcus Aureus (MRSA)**

Meticillin Resistant Staphylococcus Aureus is a bacterium commonly found on human skin which can cause infection if there is an opportunity for the bacteria to enter the body. In serious cases it can cause blood stream infections, this is known as an MRSA bacteraemia. MRSA is a strain of bacteria that is resistant to many antibiotics, making it more difficult to treat.

- **Clostridioides Difficile Infection (CDI)**

Clostridioides Difficile also known as CDI, C. difficile or C. diff. Clostridioides Difficile is a bacterium that is found in the gut of around 3% of healthy adults. It seldom causes a problem as it is kept under control by the normal bacteria of the intestine. However certain antibiotics can disturb the bacteria of the gut and Clostridium difficile can then multiply and produce toxins which cause symptoms such as diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics.

There have been no cases of MRSA bacteraemia attributed to Locala for a period of 71 months.

There have been no cases of CDI attributed to Locala for 70 months.

Following changes to guidance the attribution of Healthcare Associated Infection are based on the following:

Acute providers:

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission.
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Community:

- Community onset indeterminate association (COIA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks.
- Community onset community associated (COCA): cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

It is the COCA that are recorded against the CCG in which they occurred and benchmarked against other CCG's in the Yorkshire and Humber region. All MRSA, MSSA, and Gram-negative bacteraemia and CDI reports are attributed to a CCG, this is regardless of whether the report is hospital or community onset. Kirklees CCG benchmark HCAI against other CCG's. Locala are involved in the Post Infection Review (PIR) if there has been involvement from Locala to review learning and contributory factors.

Benchmarking for 2021/2022 (neighbouring CCGs anonymised)

Clinical Commissioning Groups (CCG)	Study Lead		Clostridium Difficile	
	Total	Community-onset community associated (COCA)	Total	COCA
NHS Kirklees CCG	6	6	93	26
CCG 1	2	2	34	4
CCG 2	0	0	61	14
CCG 3	11	3	136	35
CCG 4	3	3	82	29

Gram negative bloodstream infections

NHS Improvement has set a national target of halving of healthcare associated Gram negative blood stream infections by 2023/24. Surveillance of E.coli cases were on hold due to Covid-19. Locala continue to contribute to the Calderdale Kirklees and Wakefield Health Economy E.coli (HCAI) Reduction Plan.

Covid-19 Vaccination 2021-2022

Eligible Front Line Workers – Covid-19 Vaccination Uptake 2021/2022		
Measure	Count	%
Eligible Front Line Workers (Locala and Bank)	1048	
Covid-19 Vaccination 1st Dose Received	974	92.94%
Covid-19 Vaccination 2nd Dose Received	944	90.08%
Covid-19 Vaccination 3rd Dose Received	790	75.38%

Our Performance

Care Closer to Home

83.4% of patients that are referred via Locala's Single Point of Contact, who require an urgent intervention, were contacted within 2 hours of their initial call. 96.9% of these patients were able to remain at home following their assessment and intervention.

Each month more than 93% of our patients in Intermediate Care and Adult Therapy Services demonstrated improvements on transfer or exit from our service.

Care Home Support Team

97.8% of care home residents registered with the Care Home Support Team had an Advance Care Plan Incorporating a Treatment & Escalation Plan. As outlined by the Gold Standards Framework, this intervention improves care delivery for people nearing the end of their life to help them live well and die well in the place and the manner of their choosing. It enables people to discuss and record their future health and care wishes and to appoint someone as an advocate thus making the likelihood of these wishes being known and respected at the end of life. In addition, communication is made easier between professionals in the event of a healthcare emergency and outlines any ceilings of care that may have been requested by the patient which may result in the avoidance of unnecessary hospital attendances.

98.4% of patients received a Malnutrition Universal Screening Tool (MUST) assessment. Utilising this tool allows clinicians to identify and treat adults at risk of malnutrition in the community, which again can reduce emergency secondary care admissions due to malnutrition associated complications.

Commissioning for Quality and Innovation Payment Framework (CQUIN)

In response to the pandemic, CQUINS continued to be on hold.

Looked After Children

95.6% of Looked After Children received their Initial Health Assessment (IHA) within the 20-day deadline. The holistic assessment of physical and mental health needs, analysing and assessing past medical health, missed health problems and missed screening is essential to ensuring Looked After Children receive a high standard of support, advice and assessment.

Immunisations

92.7% of children reaching their 1st birthday, 95.2% of children reaching their 2nd birthday and 96.8% of children reaching their 5th birthday were immunised for Diphtheria, Tetanus and Pertussis protecting them from multiple diseases.

Walk in Centre

The Walk in Centre in Dewsbury has continued to assess 99.9% of patients within the 4 hour access standard. The average waiting time within the service in 2021/22 was 57 minutes.

Phlebotomy

57,500 patients attended Locala Phlebotomy services run in partnership with My Health Huddersfield and Calderdale GP Practices in 2021-22. The service continues to receive excellent feedback since it was set up in response to the Covid-19 pandemic with 97.5% of patients who responded to a survey rating the service very good or good.

Sexual Health

97% of test results in the Sexual Health services were sent to the patient within 10 days, and 99% of patients who tested positive for Sexually Transmitted Infections (STI) were treated within 6 weeks of their test date. 99% of patients with a positive STI result were offered a partner notification discussion. Early detection, treatment of infections and partner notification is extremely important to ensure that the spread of infections is limited, especially as some partners may not know they have been infected as they are not experiencing symptoms. Only 11% of the patients treated for a STI in the last 12 months were recorded as having a repeat infection demonstrating adherence to advice on risk and prevention.



Innovation and Improvement

Independent Living Project

Locala has continued to work with the Local Authority on improving the development work started as part of the Kirklees Independent Living Team (KILT) project, and in response to national guidance relating to the Urgent Community Response (UCR) and Discharge to Assess. Locala and the Local Authority continue to move towards a more integrated Health and Social Care service.

Some of the development work that has taken place saw the introduction of one single health and social care integrated referral route for Kirklees Integrated Living Team (KILT) services and one discharge form (that includes both health and some Local Authority services) for Trusts to complete. This is jointly triaged and there are daily Multi-Disciplinary Team meetings to discuss the most complex patients to ensure they receive the right support and care in the community. For those where further support or assessment is required, they are transferred to a Discharge to Assess bed in the community which supports their rapid discharge (avoiding delays) whilst still receiving appropriate care during this interim period.

Urgent Response

Locala is working as part of an alliance with the Local Authority, Curo and Local Care Direct to deliver the accelerator pilot, introducing a 0-2 hour crisis response with Advanced Clinical Practitioners attending patients in need and at risk of admission. Over 80 % of patients were seen within 0-2 hours with over 90% not being admitted to hospital during the 2 days that followed. This service is constantly improving and now offers a seven day service.



Short Term Care

Locala is working in close partnership with the Locala Authority to improve the service offer for patients in Intermediate Care services, including working in a more integrated way to support the patients' journey. Improvements are ongoing to support the home first approach, ensuring patients are able to be cared for at home with support. Those who need more intensive support are cared for within a residential setting.

During the reporting period April to August 2021, 848 patients were supported within an intermediate care service, 654 of those were supported at home; this has reduced the need for patients to be readmitted to hospital, with 91% of patients continuing to receive care at home or at an intermediate care facility.

During the reporting period of April to August 2021, 240 patients have been supported with their health and social care needs within a Discharge to Assess bed setting, this again has reduced readmission rates with 90% patients continuing to receive care and treatment in a community setting.

Waiting list management

Due to the Covid-19 pandemic a number of services were closed or partially closed following Government guidance. Restarted clinics were organised to maximise the number of appointments whilst ensuring patient safety through increased measures to prevent the spread of the virus. Due to clinic closures and subsequent enhanced infection prevention and control requirements on re-opening, a number of waiting lists developed or increased across the organisation. Increased waiting lists are a recognised national issue as a result of the pandemic.

Management of waiting list risks and mitigations are reported to Locala's Quality Committee. Reports include:

- What steps have been taken in line with Covid-19 guidance regarding the closure of services
- What reformation plans were in place during the restart of services
- The current status of the waiting lists
- What mitigations are in place to ensure the correct prioritisation of patients on waiting lists and ensure patient safety

Quality Improvement – Our Locala QI Way

The Our Locala Way Quality Improvement (Qi) Plan for Locala 2020/24 supports Locala being a “being a sustainable organisation”. Our Qi approach helps us to develop our culture of continuous quality improvement where every colleague feels empowered and confident to improve the service user/patient experience every day. Our Qi Way embeds a culture of Qi and coaching leadership across Locala, with the aim of giving colleagues at all levels the opportunity, and the confidence to identify and test new ideas. The Qi priorities lead Locala to continuously improve the services and have a culture of learning, sharing success and celebrating its improvement journey.

In 2021/22 Locala developed a Bright Ideas Hub, an innovation management platform where colleagues can submit their ideas for improvement and vote and comment on suggested ideas. The ideas hub enables colleagues to make change happen, feel connected and to drive Locala’s future. The hub supports a culture shift towards creative thinking and process innovation, simply by recognising the value of ideas and putting a formal idea-management process in place.

During 2021/22 a total of nine Rapid Process Improvement Workshops (RPIW) took place despite the challenges brought by Covid-19. An RPIW is a workshop bringing together Locala colleagues and patients/service users to focus on addressing identified issues or challenges and identify ideas for improvement. This is then followed by review meetings at 30-60-90-180 days to evaluate progress and learning. A key principle is for colleagues to come together and work together in a collaborative way.

A range of Qi training is provided to colleagues across Locala to develop skills and confidence in quality improvement. Over 600 colleagues have accessed the Qi training since it commenced.

Quality improvements support Locala to monitor, measure, analyse and evaluate the risks and opportunities and to ultimately enable exemplary care for our patients.



Awards and Showcasing

NHS Futures recognition for supporting people with additional needs to access Covid-19 vaccination

Locala and Kirklees Clinical Commissioning Group worked together to provide support to children with Special Educational Needs and children and adults with anxiety during their Covid-19 vaccination.

Many parents contacted Locala saying that they would like their child to receive the vaccination, but they require additional support due to their Special Education Needs or anxiety about the process. Locala and the CCG adopted a number of strategies in the vaccination centre to support these children and their parents. These have also helped adults who are anxious about the vaccination:

- ✓ Our security team are much more 'meeters and greeters' than security. This approach helps people feel more relaxed and we have had many positive comments on our feedback board about them.
- ✓ Our meeters and greeters have also received training on identifying people who might need additional support (for example if they appear anxious). They will then direct these people to a separate area and alert the vaccination team, who will come over and discreetly explore what support is needed.
- ✓ At our entrance we have a graffiti type board with colourful laminated images where we display our feedback. It feels a little like a school environment and, because this is familiar to children, it can often help reduce their anxiety.
- ✓ Parents often bring in items that their children like and these are used as distraction techniques – for example bubbles and toys
- ✓ Some people needed time to think about having the vaccine so needed to return at a later date
- ✓ Some needed extra time to ask questions or to discuss what will happen, especially if they have had a bad experience of a vaccination previously or are needle phobic.
- ✓ Where it has been felt to be supportive, the person who administered the first vaccine is on hand to deliver their second. For some, this type of consistency is really important.

Clinical Pharmacy Congress' Excellence in use of Technology

Locala won Clinical Pharmacy Congress' Excellence in use of Technology in Pharmacy Practice Award for evidencing personalised, high-quality insulin administration within community nursing by means of our Insulin Administration System1 Template.

Shortlisted in national patient experience awards

Locala's Engagement Team was shortlisted in three categories in the Patient Experience National Network Awards (PENNA) in September 2021. These were:

- Locala's Engagement Champion Programme – Strengthening the Foundation Award
- Locala's Engagement Champion Programme – Using Insight for Improvement
- Locala's Engagement Team – Team of the Year

Investors in People

Following an in-depth assessment, with an Investors in People (IIP) assessor in the organisation, attending meetings, observing activities and talking with many colleagues, including our frontline clinical teams, and more than 700 colleagues completing a survey, Locala was awarded the We Invest in People Silver accreditation. We are very proud of this achievement, with just 15% of organisations working towards the Investors in People Standard achieving this level of award.



Section 4

Response to the Quality Account

4.1 Kirklees Clinical Commissioning Group

As commissioners of Locala community services delivered throughout Kirklees we welcome the opportunity to comment on the 2021/22 Locala Health and Wellbeing Quality Account.

The ongoing challenge faced by all healthcare providers because of the changing priorities caused by the coronavirus pandemic has resulted in an extremely difficult year for everyone. We would like to take this opportunity to re-iterate the statements of Locala's Chief Executive and Chair and thank all Locala colleagues for their hard work and commitment in continuing to provide safe and effective healthcare services to the residents of Kirklees.

To the best of our knowledge we believe that the information provided in the account is accurate and has been fairly interpreted.

With the addition of a glossary and illustrations we feel that the account will be presented in a clear, accessible, and engaging format.

Last year we asked for further analysis within the patient safety section; we note that this account includes such data pertaining to the number of incidents and severity of harm, with examples of learning following incidents which provides insight to how investigations generate action. Whilst not referenced in the account, we recognise the increased sophistication of investigation, analysis, learning and implementation of actions, and the developing approaches being adopted by Locala to examine the interrelationships between types of incidents and shared contributory factors, which is forming its foundation for the implementation of the new NHS Patient Safety Incident Reporting Framework.

The 2022/23 quality priorities identified are welcomed and have been encompassed within elements of quality: promoting safe and effective care delivery with a strong focus on developing a culture of learning and collaboration alongside a commitment to ongoing improvement. More information about how the outcomes and the indicators of success are to be demonstrated would be helpful, although we acknowledge this detail will be described within Locala's Quality Strategy.

We commend the achievements highlighted within the quality account demonstrating the work undertaken in response to the 2020/21 priorities. Of note is the progress achieved in the implementation of Locala's Quality First Clinical Accreditation Framework and the ongoing development of the Our Locala Way Quality Improvement (Qi) Plan, which are demonstrating their positive impact on patient care and experience.

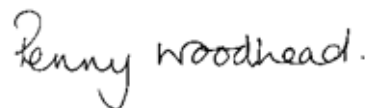
We were also pleased to see Locala promoting its successes as seen in the examples of external recognition of Locala's innovation and responsive practice.

The account demonstrates how Locala continues to develop as a listening organisation, responding to patient feedback and learning from complaints. The examples of feedback provided is extremely positive highlighting the impacts of compassionate care provided. We also commend the focus on the role of the Freedom to Speak Up Guardian and the implementation of Freedom to Speak Up Associates, as part of developing a speak up culture.

The impact of the Covid-19 pandemic is reflected in the measures taken by the Infection Prevention and Control (IPC) team and the work of all Locala's workforce. The uptake of Covid-19 vaccination by Locala's eligible front line workers was higher than percentages achieved nationally. We commend the continued focus on IPC, maintaining services during the pandemic and the work to restart clinics. We acknowledge the national picture regarding waiting times and welcome the work being undertaken to reduce waits for patients of Locala services.

Whilst the pandemic restricted activity relating to the clinical audit programme, work on local audit and participation in several national clinical audits and research did continue, demonstrating Locala's commitment to improvement, as well as a desire to constantly evaluate the quality and effectiveness of services provided and identify opportunities for improvement. We welcome the opportunity to review the plans for Locala's future clinical audit and research programme in the context of our developing Integrated Care partnership.

We look forward to continuing to work with you across the Kirklees place as you continue your journey from Good to Outstanding in the Care Quality Commission (CQC) ratings.



Penny Woodhead

Chief Quality and Nursing Officer/Deputy Chief Officer
NHS Kirklees Clinical Commissioning Group

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 Head of Quality and Patient Safety: Tel: **0303 003 4529** or email: gemma.fowler@locala.org.uk

This report is also available at www.locala.org.uk

Quality Account 2021/22

Locala
Health & Wellbeing

Locala Community Partnerships CiC
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