

Key messages

We would like to introduce some new colleagues to the Locala leadership team.

Firstly, Philippa Styles is Locala's new Director of Operational Service Delivery. She has joined to provide support to the Operational Teams and the Chief Operating Officer – Jane Close. This will ensure a close guiding hand on our clinical services, whilst Jane has additional capacity to develop the significant amount of external work which is now required, such as her role as Senior Clinical Advisor Community Services to the West Yorkshire Integrated Care Board and Kirklees Health and Care Partnership.

Also reflecting the increased focus on partnership working and changes to the health and care systems in which we work, is the appointment of a Director of Strategy and Partnerships. This role replaces the existing interim Commercial Director role. We will be welcoming Mary Wishart into this role on Monday 19th September.

There are a few other changes at senior leader level. Assistant Director of Clinical Quality, Sarah Johnson, is now on maternity leave. Her role will be covered on an interim basis by Jane Christmas. Our current Assistant Director of Nursing, Maria Collins, is using the retire and return scheme, so will be leaving Locala at the end of September, then returning a month later, job-sharing her existing role with Zoe Wilks. Zoe comes from a Dietetic background and has a wealth of experience. We also have a new Assistant Director of Workforce – Paul Dernley.

Also of note – Locala Chief Executive Karen Jackson has been appointed as the member representative for community services on the Integrated Care Board for the West Yorkshire Health and Care Partnership.

Ageing Well: Attached is a reminder about the process for accessing the Ageing Well Service, which is provided by Locala's Community Nursing Team, plus referral criteria. Also attached are the contacts within Community Nursing Teams, which includes those colleagues with responsibility for Ageing Well.

Virtual Ward: Locala is working as part of a partnership to develop a Calderdale, Kirklees and Wakefield virtual ward service supporting patients, with a frailty and/or respiratory need, with their acute care delivered in the community. The NHSEI

definition of a virtual ward is: *“A safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing admissions into hospital, or supporting early discharge out of hospital.”*

The intention is for the consultant led service to be facilitated by two acute trusts with North Kirklees and Wakefield being overseen by Mid-Yorkshire NHS Foundation Trust, and South Kirklees and Calderdale by Calderdale and Huddersfield Foundation Trust.

Patients that could benefit from the virtual ward are:

Frailty

- Patients aged 65 (75 initial phasing) and over with key presentation of:
- Fall
- UTI
- Chest Infection
- Heart Failure
- Acute Confusion
- Breathlessness

Acute Respiratory Infection

- Patients aged 16 (18 later phasing) and over with chronic respiratory disease and exacerbation

The working group continues to meet to put this programme of work in place, with an expected roll out of October.

Monthly performance information (from July)

Locala service		
Community Nursing	Time between contact with Single Point of Contact (SPOC) to input from service – Calls with a response target of 0 to 2 hours	79.4%
Community Nursing	Time between contact with SPOC to input from service – Calls with a response target of 1 day	86.9%
Community Nursing	Patients clinically appropriate to remain at home are still at home following assessment and intervention at 24 hours	97.82%
START	Time between contact with SPOC to input from service – Calls with a 0 to 2 hours target	75.0%
START	Patients clinically appropriate to remain at home are still at home following assessment and intervention at 24 hours	93.44%
Intermediate Care Beds	Occupancy rate	58.6%
Intermediate Care Beds	Average length of stay in days	33
Care Home Support Team	Number of residents with an Advance Care Plan, incorporating a Treatment & Escalation Plan	97.1%
Care Home Support Team	Number of residents with a six cognitive impairments (6CIT) assessment where a face to face intervention has taken place	96.0%
Care Home Support Team	Number of residents with a malnutrition (MUST) assessment	97.0%
Care Home Support Team	Number of residents with a discussion about an Advance Care Plan, incorporating a Treatment & Escalation Plan	84.8%

Phlebotomy	Patients waiting less than 2 weeks for an appointment from request date (target is 85%)*	72.8%
Phlebotomy	Patient satisfaction (target of 80% of patients or carer expressing overall satisfaction with the service)	97.5%
Dewsbury WiC	Seen and treated within 4 hours	99.4%