

Lincolnshire Community Health Services NHS Trust (LCHS)

We are

“OUTSTANDING”

LCHS delivers community healthcare services for the population of Lincolnshire, one of the largest healthcare communities in the Country

Our staff care for thousands of patients:

- More than 100 patients seen in our walk in centre daily
 - 72,000 patients cared for by complex case managers, community teams every year
 - 3,300 people cared for in our community hospital beds annually
 - Around 100,000 patients access our out of hours service in a year
 - Over 1,100 patients seen in minor injury units and urgent care centres every week

We employ 1777 staff working out of a range of bases covering the whole county of Lincolnshire

Our services include:

- Community hospitals
- Minor injuries units
- GP practices
- GP out of hour's services
- Sexual health
- Services for children, young people and families therapies
- Community nursing and specialist nursing services

We deliver services in:

- People's homes
- Primary care premises

and from the following community hospitals

- John Coupland Hospital
- Johnson Community Hospital
- Louth County Hospital
- Peterborough City Hospital
- Skegness Hospital

The services we provide enable patients and families to access care and support at, or as close to, home as possible. We work in partnership with health and social care providers to maintain patients' independent lifestyles for as long as they can

Our Trust Purpose is to deliver:

GREAT CARE, CLOSE TO HOME

Our Values are expressed in the LCHS Way:

- **WE LISTEN**: we engage with everyone we work with, we are united, we are always positive
- **WE CARE**: everyone is valued, respected and developed, knowledge and skills are nurtured , success is celebrated
- **WE ACT**: clear goals and the right resources, freedom coupled with accountability, emphasis on simplicity
- **WE IMPROVE**: we are creative, resourceful and innovative, integration & collaboration is the way forward, we're always striving to do better

OUR STRATEGIC AIMS:

- **Leading integration and innovation**
- **Providing high quality, safe, personalised care**
- **Value for money and financial sustainability**
- **Building a productive, quality and supported workforce**
- **Strengthening our positive reputation**

So why were we rated

OUTSTANDING?

LEADERSHIP

The CQC told us

“The OUTSTANDING rating for well led is based on our inspection at trust level, taking into account what we found about leadership in individual services.”

“Learning and development needs were identified through an effective system of appraisal, meeting with managers and reviews of practice development needs.”

“Leaders at all levels demonstrated the capacity and capability needed to deliver excellent and sustainable care.”

“There was compassionate, inclusive and effective collective leadership at all levels.”

So why were we rated

OUTSTANDING?

CULTURE

The CQC told us

“There was a culture of patient centred care in all areas we inspected. We saw caring and supportive relations between staff, patients and relatives.”

“The culture at the trust was exceptionally positive. Most staff described how the culture had changed significantly over the last two years, this had been reflected in local pulse staff surveys and national staff survey results. The latest pulse survey score for quarter one of 2018/2019 showed an overall engagement score of 3.98.”

“Staff were proud of the trust as a place to work and spoke highly of the culture in the trust.”

So why were we rated

OUTSTANDING?

SAFEGUARDING

The CQC told us

CQC Feedback

"There were robust systems and processes in place to safeguard people from abuse and harm. All staff were aware of how to respond to a safeguarding concern and felt competent and confident to take appropriate action"

"Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns"

"Safeguarding systems were embedded and given priority"

"Staff had access to safeguarding information such as previous attendances, GP letters and whether a child was subject to a child protection plan, and could access clinical supervision with a safeguarding expert"

"Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns"

All Leaders within the Trust (^{Band 7 and above}) complete the **Leadership Development Programme (LDP)**

The **LDP** is delivered by the Organisational Development (OD) Team.

The OD team support the organisation to be successful. They build the Trust's capacity to achieve its goals through planned development, improvement and alignment of strategies, structures, people, culture and process that lead to organisational effectiveness

OD and Transformation

Behavioural Development
Talent Management
Consultancy
Coaching
Facilitation
Team Development
Staff Engagement
Systems Integration
Leadership Development

Critical Friends
Internal Consultants
Building Capability
Establishing Relationships
Self-Care
Future Facing for:
Evolving
Innovating
Sustaining
System Offer

**Transformation
Project Support
Building Capability
Business Partnership
Innovation
Systems Integration**

Regular back to floor visits (from Board to ward/living room)

- All senior leaders undertake regular visits to clinical areas/staff bases
- We work alongside our colleagues to truly understand the roles challenges and successes
 - A combination of communication mediums are used to share message with our staff

**Our LEADERSHIP & CULTURE is
THAT WE ARE**

RESPONSIBLE

TOGETHER

**LCHS Staff are extremely proud of the trust
as a place to work**

#NHSSafeguarding ~ Making Safeguarding Personal – what might good look like? **everyone's role, every day, every where**

26th March 2019

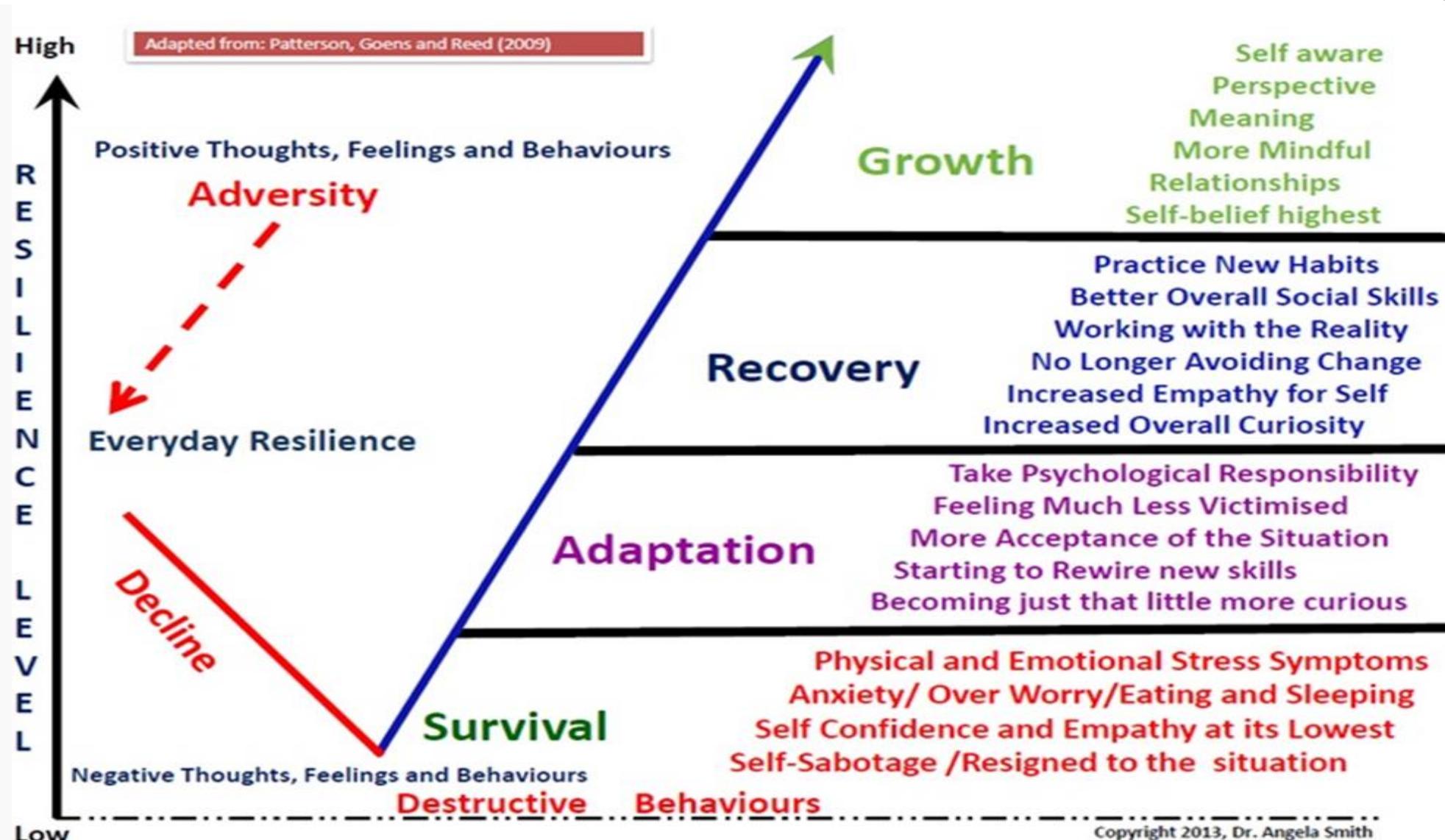
Kenny Gibson
Head of Safeguarding for NHS England



@KennyGibsonNHS @NHSSafeguarding



Safeguarding requires resilience



NHS Safeguarding overview

Designated Professionals & Named Practitioners
National & Regional Safeguarding Teams
National Safeguarding Steering Group

Working Groups

- Mental Capacity Act
- Domestic Violence Bill
- Female Genital Mutilation
- Sexual Abuse in Sport
- Contextual Safeguarding Data
- Human Trafficking & Modern Slavery
- Looked After Children

National Networks

- National Network for DHPs
- Safeguarding Adults
- National Network SANN
- Maternity Safeguarding Network

Implementation Group

- Independent Inquiry into Child Sexual Abuse (IICSA)
- Child Protection – Information Sharing (CP-IS)
- Working Together
- Prevent

Making Safeguarding Personal

MAKING SAFEGUARDING PERSONAL TRISH O'HARA 2016

STAFF COMPETENCIES
In assessment, management of risk and person centred safeguarding. Underpinned by a good evidence base and legal framework.
SOUND PRACTICE in applying MCA and DoL's.

PARTICIPATION

- Participation in outcome focused safeguarding meetings.
- What does the person want to happen?
- Have you asked them?
- Is it recorded?

EMPOWERMENT THROUGH REPRESENTATION:

- Person/representative/advocate/IMCA involved from the start
- In order to make the person safe from abuse decisions may be made in their best interests that make their outcomes impossible
- Have you explained this to the person?
- Has their outcomes remained a focus for future decisions?
- Is this recorded?

INFORMATION GUIDES
Simplified information guides made accessible for supported decision making.

INVOLVEMENT FROM START TO FINISH - AT THE END OF THE SAFEGUARDING PROCESS...

- Have the outcomes been explained to the person with clear explanations for decisions made?
- Have their outcomes been achieved & recorded?
 - If their outcomes have not been achieved, has this been explained & recorded?
 - Has the person been asked if they have understood the process?

HAS THE SAFEGUARDING PROCESS IMPROVED QUALITY OF LIFE FOR THE PERSON?

Study Online with new eLearning courses
Purchase Online infographics & workbooks: www.3spirituk.com • info@3spirit.co.uk

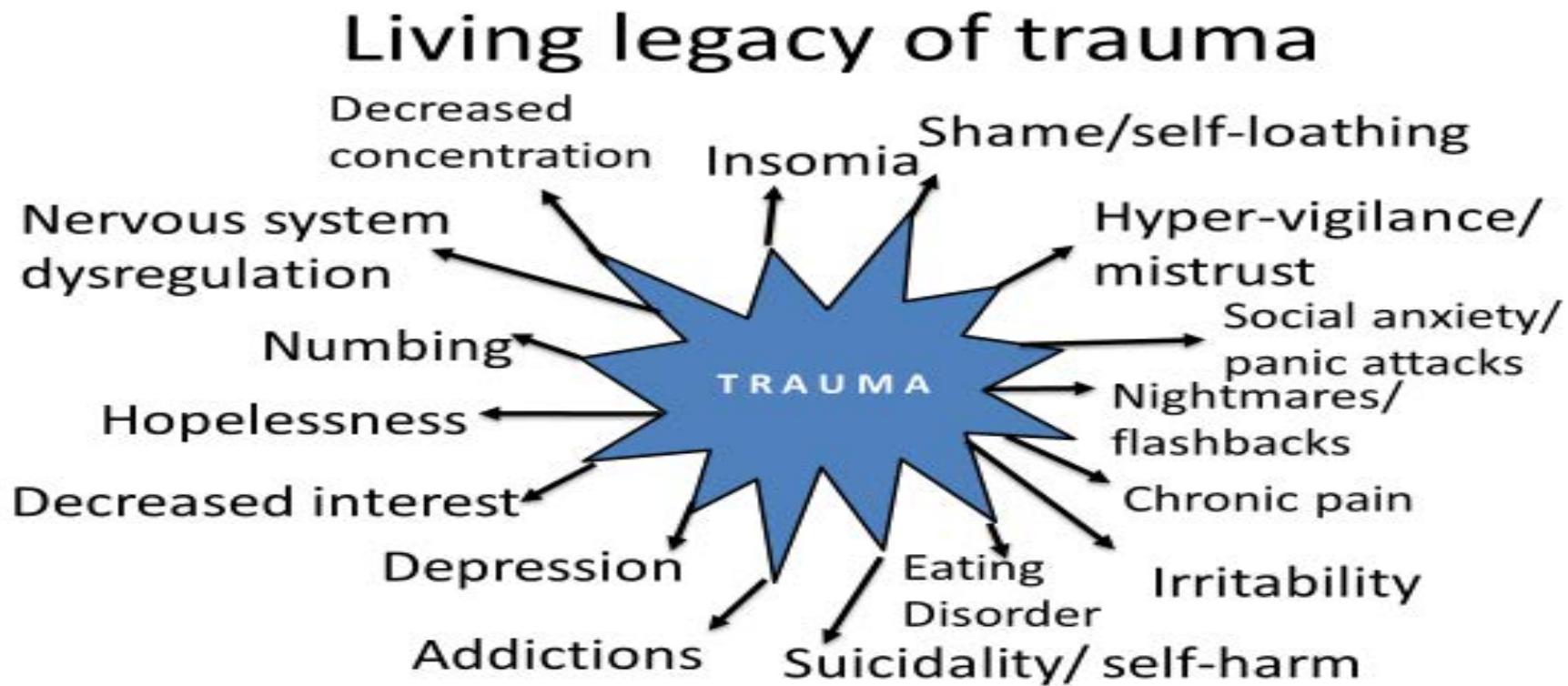
3SpiritUK WORKING, LEARNING, EDUCATIONAL EDUCATION IN HEALTH & SOCIAL CARE
Cognitive, Physical, Moral & Positive Developmental Intervention

Contextual Safeguarding

- The Voice of Victims & Survivors
- Adverse Childhood Experiences and beyond
- Think Family
- Independent Inquiry on Child Sexual Abuse (The Truth Project)
- Child Sexual Exploitation including Abuse
- Sexual Assault and Abuse Service Strategy
- Safeguarding within Health in the Justice System
- Trauma Informed Care
- County Lines & Gangs
- Exploitation - sexual; financial, scams, coercion,
- Prevent
- Armed Forces Safeguarding
- Modern Slavery & Trafficking
- FGM
- Sports Abuse
- DarkWeb

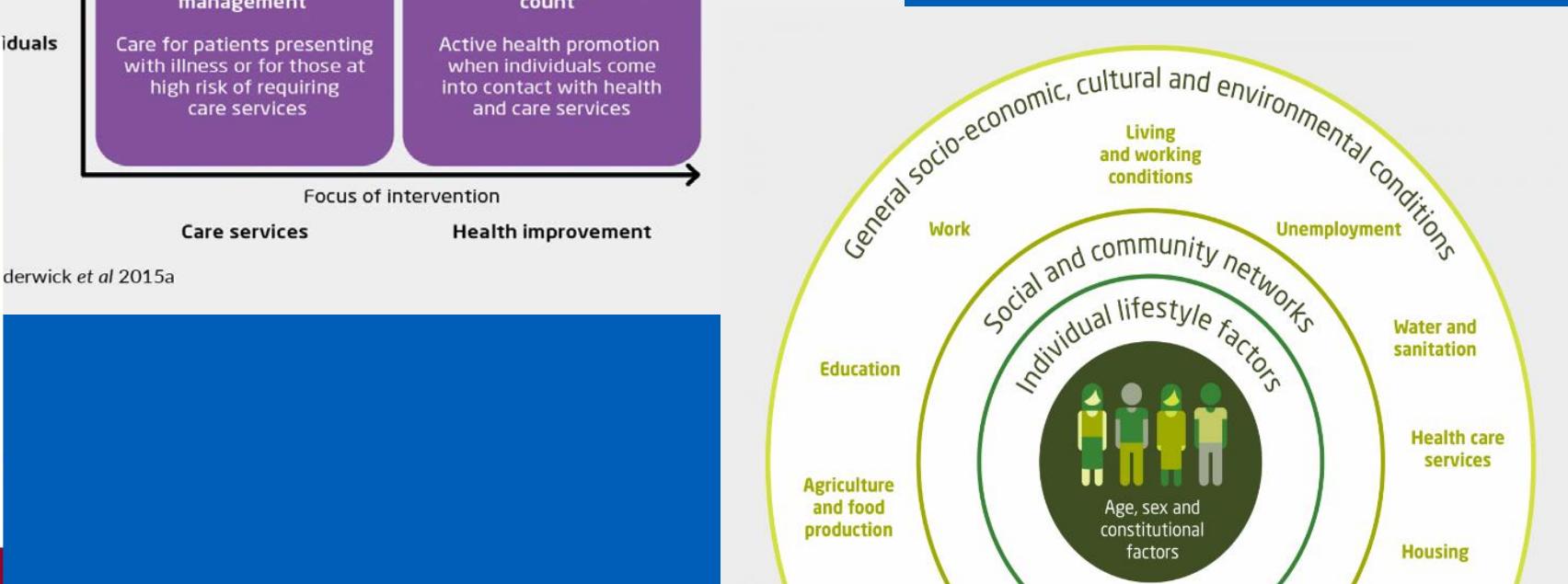
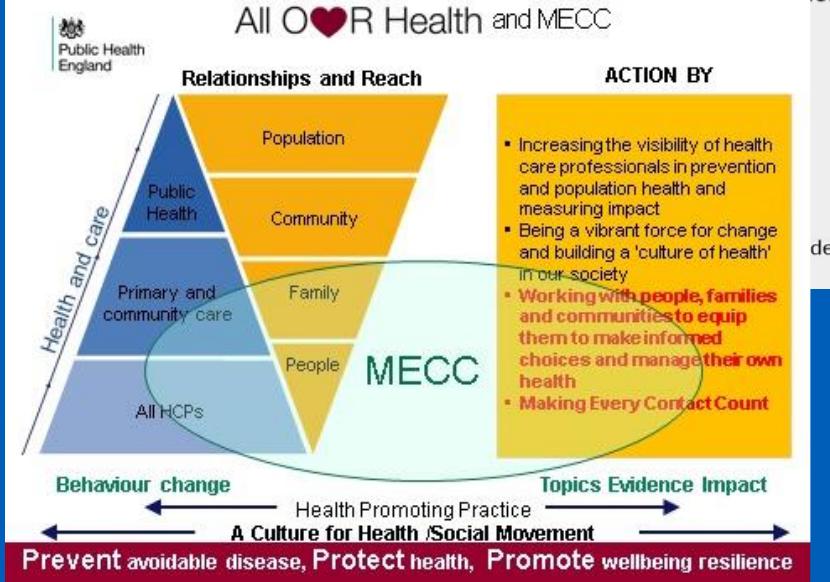
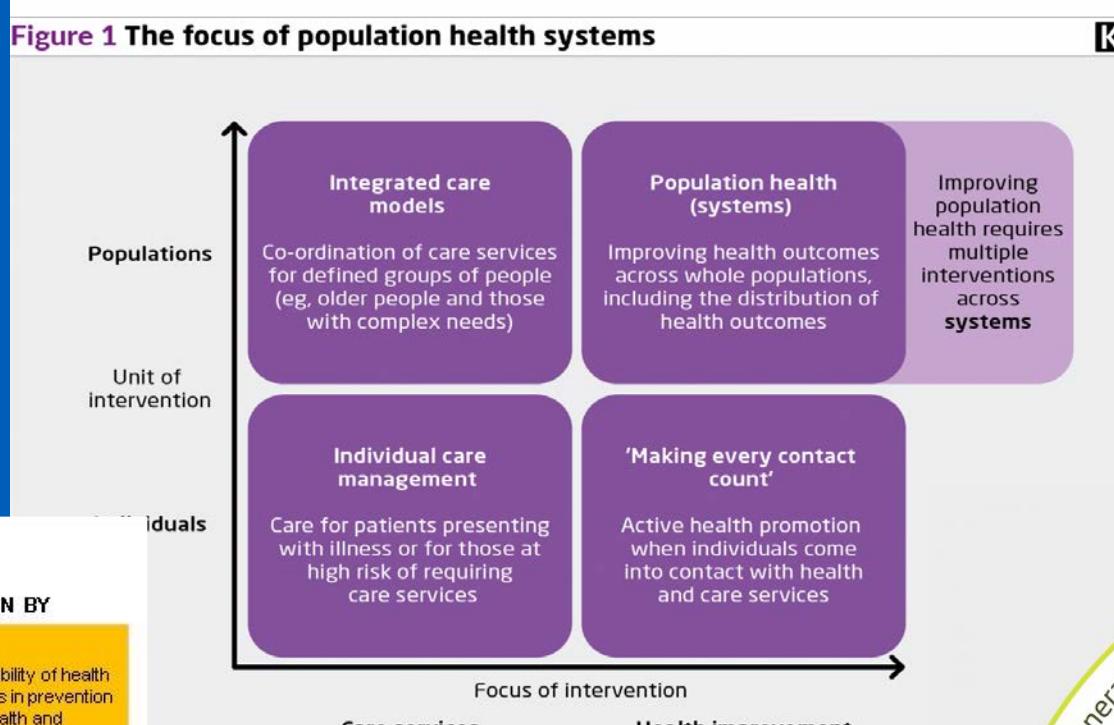
You can
do
anything,
but not
everything

Trauma Informed Care



Person with problems, not a patient with an illness

Safeguarding at population level



Supporting safeguarders keep updated

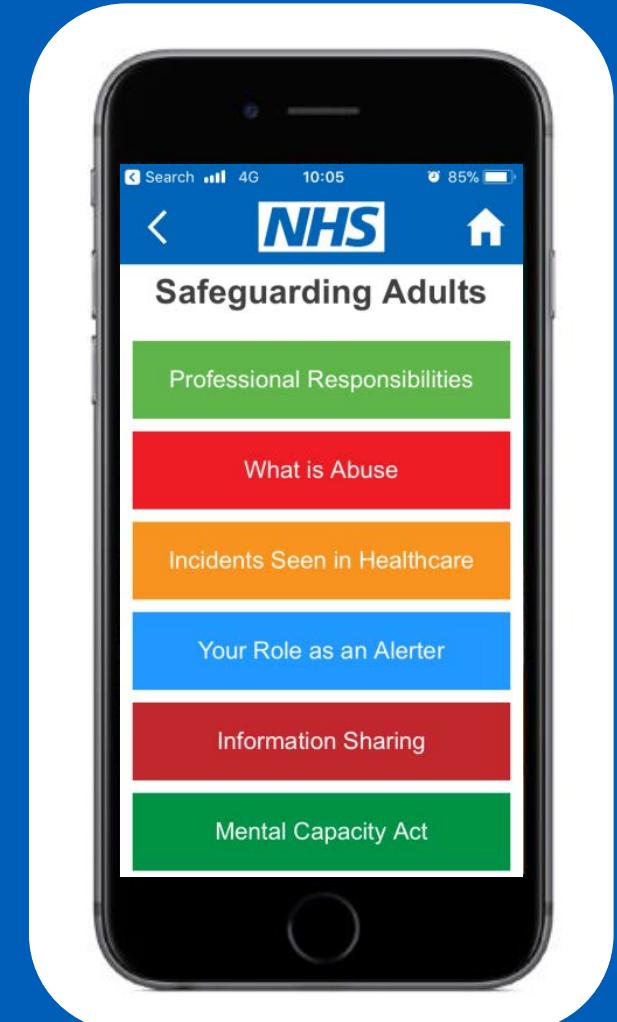


NHS Safeguarding app*

Downloaded over 350,000 times

Reach 1,450,000 (02/03/2019)

Average daily use: 350 times



*Available on Apple and Android devices

Intercolligate Adult & CYP Documents



Adult Safeguarding: Roles and Competencies for Health Care Staff

First edition: August 2018

INTERCOLLEGiate DOCUMENT



For review 2021

Published by the Royal College of Nursing on behalf of the contributing organisations:
The British Association of Social Workers Royal College of Midwives
British Dental Association Royal College of Occupational Therapists
British Geriatrics Society Royal College of Ophthalmologists
Chartered Society of Physiotherapy Royal College of Physicians
College of Paramedics Royal College of Psychiatrists
The College of Podiatry Royal College of Radiologists
Institute of Health Visiting Royal Pharmaceutical Society
Royal College of General Practitioners The Society and College of Radiographers
Royal College of Nursing

• Adult Safeguarding Standards

Child & Young Person Safeguarding Standards 3rd Edition March 2014

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

Fourth edition: January 2019

INTERCOLLEGiate DOCUMENT



Published by the Royal College of Nursing on behalf of the contributing organisations:
College of Paramedics British Society of Paediatric Dentistry
Institute of Health Visiting Royal College of Nursing
School and Public Health Nursing Association Royal College of Midwives
Royal College of Physicians & Surgeons of Glasgow Community Practitioners and Health Visitors
Glasgow Association/UNITE Vision UK
Society and College of Radiographers Royal College of General Practitioners
Royal College of Radiographers Royal College of Speech & Language Therapists
Royal College of Psychiatrists Royal College of Psychiatrists
National Safeguarding Team - Public Health Wales Faculty of Forensic and Legal Medicine
National Pharmacy Association Royal College of Paediatrics and Child Health
British Association of Paediatric Surgeons College of Optometrists

What can you do?



- Be curious & ask the question
- Avoid retraumatising
- Find pragmatic solutions to allow people to tell you abuse is happening
- Create a social movement

Find out more

Visit:



www.england.nhs.uk/ourwork/safeguarding

Follow **#NHSSafeguarding @NHSSafeguarding**

Group work (4) Leadership & culture

Nominate a scribe. Please record on sheets provided.

Drawing on experience around your table and what you have heard...

- **What are the hallmarks of good practice? Who can influence this and how? (Providers, commissioners, other partners)**
- **What can you do/look for?**
- **What are the enablers for ‘getting to good’?**
- **What are the barriers?**

Refer to examples on pages 12/13 of *Making Safeguarding Personal; what might good look like for commissioners and providers?*

