Manchester Partnership Board

Report of:	Tom Hinchcliffe, Place Based Lead (Interim)
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Date of paper:	8
Item number:	
Subject:	Manchester System Quality Group (MSQG) ▪ Summary of meeting: August 8th 2024 Manchester Quality and Clinical Effectiveness Group (MQCEG) ▪ Summary of meeting: October 3rd 2024
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA). Confirmation that an Equality Impact Assessment has been completed where there is a change to a service, programme or policy	We will demonstrate our ongoing commitment in undertaking EIAs as a way of meeting our Public Sector Equality Duty, and to identify key mitigating actions which will be built into risk logs and programme delivery plans going forwards. Activity described in this paper does not advocate for service, programme or policy change at this time.

Outline public engagement – clinical, stakeholder and public/patient in support of NHSE public and patient engagement and consultation requirements	Public engagement is embedded in the structure of MSQG (going forward MCQEG) meetings through attendance of Healthwatch and contribution from PPAG to the Patient experience Subgroup
Recommendations:	Manchester Partnership Board is asked to note the report and provide comments on areas of concern.

1. Introduction

1.1 The Manchester System Quality Group (MSQG) forms a key element of the governance structure for both Manchester locality and NHS GM. The MSQG will report into the Manchester Partnership Board (MPB), and the GM System Quality Group (GMSQG).

1.2 The purpose of the Manchester System Quality Group (MSQG) is to bring together place-based partners from across health, social care, population health and wider to share insight and intelligence into local quality matters, highlight/escalate concerns/risks within their relevant areas, openly discuss progress of improvement plans and associated impactful outcomes and develop responses to support ongoing quality improvement across the system.

1.3 This report to the MPB is to draw attention to areas of concern and challenges to quality, safety and patient experience across the Manchester system, and to the newly formed Manchester Quality and Clinical Effectiveness Group (MQCEG). This group combines the locality's System Quality Group and Clinical Effectiveness Group, ensuring the strong system clinical leadership voice is heard across both quality and clinical effectiveness within Manchester. The first meeting of this combined group took place in October, and the revised locality governance chart reflecting these new arrangements will be brought to a future MPB along with the revised Terms of Reference.

2. Manchester System Quality Group meeting on 8th August 2024

2.1 Flash report

A flash report was presented which included an update on Quality Accounts and quality priorities for the Independent sector commissioned by GM and within Manchester's quality oversight. Also included was the numbers and trajectory of close down of serious incidents on StEIS and processes going forward for oversight and assurance of incidents alongside of the Learn From Patient Safety Events (LFPSE) platform. Learning from incident and patient safety themes will be reported in a more systematic way to the newly formed Manchester Quality and Clinical Effectiveness Group (MQCEG).

2.2 Discussion highlighted concerns around the systemising of LFPSE for Primary care (broader than GP practices) which will be fed into the GM Quality/Nursing and Primary Care structures to understand how this will be taken forward. Question also

relevant for Community services when these are within scope of locality quality oversight in 2025. Suggestion made to take a paper to Health Scrutiny in January 25 on access to services, quality issues and oral health also to capture patient experience and what the mechanism should be. Update to be bought back to this group. MFT stated they have commissioned an independent review on PSIRF processes across MFT to give any learning and where things could be done better.

2.3 Suggestion going forward that to strengthen the governance, ongoing flash reports will regularly include a section that identifies trusts that are in enhanced observations and updates on prevalent quality and safety issues, that is MFT in SOF 3 and GMMH in SOF 4, alongside of other providers regulatory status. Manchester Quality Team will construct a reporting template along these lines.

2.4 The meeting went through some of the headlines for 2022-23 from the GM LeDeR annual report. The Manchester LD and Autism Health Oversight Group is utilising the themes, actions and recommendations from the annual report to map itself. The health oversight group is multi agency and will be responding to some of the areas raised. A risk was raised by Public Health in relation to access to COVID and influenza vaccinations for People with Learning Disabilities and other complex health conditions due to changes in the Access and Inclusion funding stream impacting on capacity to offer calm clinics. Conversations are happening with Region.

2.5 Manchester Quality Team are developing a mechanism documenting the themes that have arisen from group meeting discussions and using the themes from other sources, incidents, patient feedback, risk registers, etc in order to identify the scale of a particular area or issue arising, establish system learning from this, implementing the agreed change and auditing the outcome. Further work on this will be conducted.

2.6 <u>Healthwatch</u>
Presented a review on public access to defibrillators following a citizen having raised an issue where they were unable to provide support to a member of the public who experienced a cardiac event. Chose 63 locations in Manchester to assess out of 120. Engaged with NWAS and looked at the provider and accuracy on location. The accuracy on location was 63%. Public Health mentioned the local authority has a strategic relationship with CityCo and businesses in the city. There is ongoing work with elective members around defibrillators. Healthwatch Manchester were signposted to the Director of Community and Head of Neighbourhoods to talk about how to do a joint piece of work with voluntary sector providers.

2.7 <u>Patient Experience Subgroup</u>
The Patient Experience Subgroup was ratified as a formal sub group where the structural conversations happen and then create a formal feedback loop into the MSQG

2.8 <u>Merger of the Manchester Clinical Effectiveness Group with the Manchester System Quality Group</u>
Further thinking about what a blended group may look and behave however the principle of this going forward was agreed.

3. Manchester Quality and Clinical Effectiveness Group (MQCEG) on 3rd October 2024

3.1 The Manchester Quality and Clinical Effectiveness Group (MQCEG) is a blending of the previous Manchester System Quality Group and Manchester Clinical Effectiveness Group. The blended meeting will report and escalate into the Manchester Partnership Board (MPB), with parallel routes of reporting as an agreed subgroup for Quality into the GM System Quality Group (GMSQG) and as an agreed subgroup for Clinical Effectiveness into the GM Clinical Effectiveness and Governance Committee.

3.2 The MQCEG will be the locality forum of the Manchester system bringing oversight and assurance of the many facets of Quality and Clinical Effectiveness which are represented by the shared accountability between NHS GM Chief Nurse Officer (CNO) and Chief Medical Officer (CMO)

3.3 Draft terms of reference, revised membership, subgroups, regularity of meetings, and next steps for a revised forward plan were discussed.

3.4 The Christie presented their Quality Account for 2023/2024 for the first time to this group. Achievements from the previous year include improvements in advanced care planning conversations with patients and their families, expansion of the Christie Quality Mark for all @Christie sites and outreach services, and expansion of the Christie Quality CODE (Care, Observation, Documentation, Experience) Quality Scheme (this is the @Christie sites inpatient nurse accreditation scheme)

3.5 The Christie ambitions for 2024/25 include improving mouthcare for all patients, increasing the number and quality of advanced care plans, reducing the number of patients with darker skin tones experiencing tissue damage. Feedback was also provided on Friends and Family Test scores, Complaints, examples of Best Practice, and progress of PSIRF plans. A future presentation on P

3.6 A presentation was made in relation to the regulatory status of providers and their respective oversight across the system including MFT, GMMH, Independent Sector providers, Care and Nursing Homes. Primary care to follow. Presentation was also made on current locality clinical workstreams and the clinical and care professional leadership model including Long Term Conditions, Urgent and Emergency Care, Cancer, Children & Young People , Primary Care, Mental Health & Learning Disabilities

3.7 Discussion occurred regarding the subgroup structure into this main group and content of flash reports for future meetings. The High Dose Opioids for Chronic Pain communications was ratified by the group

END

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