1.0 Introduction and Background

1.2 The Stockport Locality Quality Group (SLQG) meets monthly to provide oversight on the quality, safety, and performance of health and care services supporting the population of Stockport. This includes contributions from providers within Stockport and the broader Integrated Care Board (ICB), including out-of-area services.

1.3 The SLQG serves as a forum for reviewing system quality, safety, and performance information, celebrating good practice, assessing system risks, and holding stakeholders accountable for collaborative efforts to improve quality and performance. Information and intelligence received from organizations within and beyond Stockport is reviewed, analysed, and used to agree on necessary actions. This report outlines key work priorities and ensures the Board is aware of any significant challenges.

2.0 Shanley Report - Development Session

2.1 In September 2022, the BBC Panorama programme exposed severe cases of abuse, humiliation, and bullying of patients at the Edenfield Centre in Prestwich, part of Greater Manchester Mental Health NHS Foundation Trust (GMMH). In response, NHS England commissioned an independent review to understand what happened and why.

2.2 The review, involving over 400 participants including patients, families, and staff, captured candid experiences within GMMH. The report emphasizes the contrast between the care experienced and the care ‘as imagined’ by the Trust. It highlights cases where patients and families felt unheard, unsafe, or intimidated when raising concerns. Unfortunately, many staff members reported a decline in pride and morale.

2.3 In August, a Locality Board development session was held to reflect on the report's findings and explore how to strengthen the locality’s approach to assuring quality by ensuring the patient and clinical voice is heard. Agreed actions include:

- A monthly quality paper to be provided at the locality board, to includeproviding key updates and assurance.
- A refresh of the locality quality group, broadening membership and amplifying the patient voice.

3.0 Rapid Quality Reviews

3.1 Paediatric Audiology Services

3.2 The Rapid Quality Review process continues, confirming the service is safe with mitigating measures in place. A retrospective review of a five-year cohort is due to commence by the end of September, with subject matter experts recruited. Manchester Foundation Trust (MFT) has agreed to provide mutual aid for the recall exercise.

3.3 Mitigations:

- Peer review of all historic cases from the 5 year review period
- Service improvement action plan in place following initial onsite quality deep dive
- Fortnightly oversight meetings

3.4 Next Steps:

- Fortnightly improvement meetings to continue.
- Begin lookback program by end of September.

Completion of the following will allow for the cessation of mitigations:

- External competency review by subject matter experts
- At least one staff member trained and competent in Auditory Brainstem Response (ABR) which measures how the brain and inner ear respond to sound, allowing a return to the standard peer review schedule.

3.5 Stockport Maternity Services

3.6 Following a Care Quality Commission (CQC) inspection in September, Stockport NHS Foundation Trust's maternity services were rated as 'requires improvement.' The inspection identified delays in discharge, incomplete training, gaps in risk assessments, and issues with medicine management and equipment servicing. However, staff commitment, timely triage assessments, and efforts to reduce health inequalities were also acknowledged.

3.7 A Rapid Quality Review of Stockport Maternity Services will commence on 23 September 2024, focusing on the progress of the improvement journey to date. Updates will be provided at the meeting, including input from regulatory bodies and NHSE Regional Maternity Team.

4.0 Quality Issues of Concern

4.1 Hilltop Hall Nursing Home

4.2 Hilltop Hall Nursing home is currently rated inadequate by the CQC and is subject to a Multi-Agency Concern (MAC) process, underpinned by the Stockport Escalation and Accountability Framework, to ensure regular oversight of providers in the locality. Due to insufficient improvements, Hilltop Hall has been escalated to a Provider of Concern (POC) status. Weekly assurance meetings continue to be held to monitor progress. At the time of writing, CQC are currently re-inspecting the provider and the locality are awaiting the outcome.

5.0 Stroke Mortality - SSNAP

5.1 The National Stroke Audit SSNAP report published in May 2024 identified Stockport FT as a stroke mortality outlier. In response, Stockport FT developed a comprehensive action plan, including a review of recent stroke patient deaths, an analysis of incidents, and a peer review proposal. Full presentation and discussion against progress took place at the September SLQG, ongoing oversight of the action plan continues to be monitored via SLQB. Communication ongoing with the national team in relation to the findings and progress against the action plan.

6.0 Learning from Prevention of Future Deaths (PFDs) Reports

6.1 Since 2013, H M Coroners in Greater Manchester have issued 732 Prevention of Future Deaths (PFD) reports. Stockport responded to 8 PFDs in 2024. Common themes include delays in referrals and access to care, urgent care pressures, and care planning issues for mental health patients. All individual cases have agreed actions following identified learning. Stockport has responded by hosting masterclass sessions and holding system learning events. SQLG are currently reviewing:

- how we are assured actions agreed have been completed,
- how we have a system wide view of all the PFD learning – currently only see what ICB are notified.
- how we measure the impact of interventions & actions

7.0 Learnings from LeDeR Reviews

7.1 Learning from LeDeR (The learning from deaths, people with a learning disability and autistic people) reviews is presented quarterly to SLQB and analysis of findings and lessons learned takes place to ensure system wide learning. During Q1 2024-25, there were 1,335 LeDeR notifications across Greater Manchester, with 253 related to Stockport. Issues identified included incomplete hospital passports and care planning errors. Positive findings included examples of excellent GP care and effective use of learning disability coordinators.

7.2 The GM Learning Disability & Autism Health Inequalities Work Plan continues to address these challenges, with specific programmes in place to improve areas such as Do Not Attempt Cardiopulmonary Resuscitation DNCPR, cancer screening, and the use of health passports. Progress on these work programmes is provided to SLQB on a quarterly basis.

8.0 Safeguarding Update

8.1 Provider Safeguarding Contractual Standards

- Stockport NHS Foundation Trust and Pennine Care NHS Foundation Trust have completed annual submission of Safeguarding Contractual Standards. Both submissions and evidence have been reviewed by Stockport Designated Safeguarding Team and assurance meetings have taken place. Currently action plans are being developed and will be reviewed quarterly.
- Two workshops have been held with smaller providers across the GM footprint to support the return of the safeguarding contractual standards by end of September 24. 'How to guides' have also been developed to support smaller providers.
- NHS GM continuing to work on safeguarding assurance model for nursing homes, care homes, domiciliary and single care packages.
- GP Practice Annual Electronic Self-Declaration [eDEC] is a mandatory collection which all GP practices in England must complete every year which will be the minimum standard for 2024-25. Stockport Named GP Safeguarding will undertake additional assurance as part of the local enhanced service arrangements for 2024-25 which will have oversight at Primary Care Quality meeting.

8.2 NHS GM Stockport Safeguarding Workforce

- **Vacancies**: There is one vacant position for a Designated Doctor (Child Deaths).
- **Absences**: The Designated Nurse for Looked After Children is on potential long-term sick leave, with partial coverage provided (0.4 WTE).
- **Mutual Aid**: The Named Nurse for Looked After Children is providing support to the Safeguarding Children team within the locality.

8.3 NHS GM Safeguarding Statutory Functions Matrix and Variance Action Plan

- **Statutory Function Review**: NHS GM is reviewing safeguarding functions to ensure compliance with statutory duties and consistent adherence to responsibilities across Greater Manchester.
- **Matrix Overview**: A matrix of required functions has been developed to ensure standardization across the region. Designated Safeguarding Nurses/Professionals will continue to engage in needs-led, evidence-based work both locally and across GM.