

NHS Quality Account 2017/18

Part 1:

Founded in 1833, the Gaddum Centre is a leading provider of services to disadvantaged people in Greater Manchester. Our vision and core purpose is ***Empowering People: Enhancing Lives.***

We respond to the needs of vulnerable children and young people and adults, marginalised across the poorest areas of Greater Manchester, providing first class support, and challenging inequality.

Gaddum Centre has been contracted to provide counselling services from GP practices by the NHS for almost 30 years. The current contract is a transition to Improving Access to Psychological Therapies (IAPT) compliant service provision where we deliver a service in 13 GP practices across North, South and Central Manchester, as well as a BAME specific IAPT service at Roby Support Services in Hulme.

In addition to IAPT Gaddum to provide a Child Bereavement service. The child bereavement service offers structured therapy to children and young people in Manchester who have been impacted by the death of a family member. The interventions draw on multiple age-appropriate therapeutic approaches, and addresses the impact of the bereavement on the young person's functioning, as well as their ability to engage with family, school, significant relationships and activities. In addition to the individual therapeutic intervention, the service strives to ensure appropriate support exists around the young person, by maintaining links with their family and involving them at stages in the process (with the young person's consent).

Over the past 12 months Gaddum have been working towards improving access to our services as well as our outcomes measures including wellbeing measures and client feedback. We have increased access to our services and have made a significant increase in collection of quality outcome data. However, we recognised that our current database system was prohibitive to being able to effectively capture timely data across child bereavement (our IAPT data is currently hosted on an external database to enable us to submit to the national dataset), and have in 2018/19 procured a CiVi CRM system to enable us to better reflect the quality and outcomes of our services.

Both the board of trustees and the senior management team have worked with the therapy services team to review processes, structures, feedback and quality for this report and this summary document has been pulled together by Stacey Adams, Deputy Chief Executive. I Lynne Stafford, Chief Executive confirm that to the best of my knowledge the information enclosed within this quality account is accurate.



Signed:

Date: 29/06/18

Part 2: Priorities for improvement.

Clinical Effectiveness

- **Increasing access to IAPT**
In 2018/19 we will be refreshing our delivery models based on the data and feedback from 2017/18. This will include changing to central allocations, moving towards an initial 8 sessions of therapy instead of 6 in IAPT, offering more choice to service users regarding location of therapy, modality and demographics of therapist.

Promotion of service to over 65s, including creating links with target group services and promotional material.

Clients can self-refer online.

This will be measured by the number of people being able to access therapy and their satisfaction with their choice (a new measure) alongside satisfaction data. The data will be reported on a monthly basis and there will be an ongoing process in the team to review and address the data and the feedback.

The number of over 65s accessing will be monitored and reported on monthly enabling us to see if our reach is increasing.

Ensure that we have the functionality for clients to be able to self-refer online, further removing barriers to access.

- **Increasing recovery rates across IAPT**
In 2017/18 our recovery rates across IAPT have fluctuated and we have struggled to meet the target of 50%. However, in 2018/19 with a refreshed model, training for our existing therapists and central allocations we hope to improve the number of 'appropriate' referrals to the service and also work towards improving wellbeing in a short term intervention.

We are moving to 8 sessions from 12 (not 6), which will ensure sessions additional sessions (beyond 8) are used with a purpose.

Early dropout rate has affected our recovery rates significantly throughout last year – choice of therapist, varied modalities, central allocations (matching therapist and client) and offer of locations are all designed to meet client choice and thus address early dropout rate

This will be captured in the monthly reporting and discussed in the IAPT meetings where therapists have the opportunity for reflective practice and learning.

- Reducing waiting times for services
This is applicable to all of our services and is a balancing act between promoting the service to increase referrals and being able to respond to the referrals in a timely way. In 2018/19 we will begin to offer telephone assessments as an option as well as ensuring we have a flexible and responsive model in order to reduce the time between referral and entering therapy.

Address waiting lists as a whole system (not surgery/delivery location specific, historically surgeries who refer more have the longest waiters).

This will be captured and monitored in the monthly reports so that we can monitor the impact of the proposed changes.

Patient Experience:

- Improving level of service user feedback and opportunities to feed back
In 2017/18 our feedback response rates have not been as high as we'd like in order to have robust and comprehensive feedback, with a range of ways service users are able to do this. Across IAPT we will be implementing the new patient choice feedback as well as ensuring that every service user completes a patient experience feedback questionnaire. As well as using formal tools across all of our services we will also be seeking other methods of seeking feedback on our services which could include randomised surveys, focus groups and a simple satisfaction survey possibly based on NHS Family & Friends Test.

With the new database system (CiVi CRM) we will be able to better collate and report on some of the softer outcomes and feedback as well as aiming to standardise service user satisfaction rates across all service areas. Once implemented we will review bi-annually, reporting to the board and creating action plans as needed.

- Introducing bi-annual service quality reviews
This will be new for 2018/19 and will ensure that we are consistently and regularly assessing a number of quality elements across all service areas including; qualitative and quantitative data analysis, randomised case audits, service user feedback and feedback from funders/commissioners. Identifying different mediums for feedback eg/ online, texting, events – to be co-produced.

To ensure that there is additional capacity to lead on this the senior management team have restructured and recruited two Heads of Services, one overseeing Carers Services and one overseeing Therapy and Advocacy Services. The latter will be leading on the services with NHS contracts.

Patient Safety:

- Improving incident reporting mechanisms to be able to better respond to and learn from incidents of any kind. Whilst Gaddum's safeguarding processes are embedded we have recognised the need to make our health and safety as well as other incident processes more robust. In 2017/18 we created a central incident log, however we have recognised the limitations of this in terms of easily being able to report and find patterns/themes. Therefore, in 2018/19 this will move to the new database system and there will be additional organisational training across services alongside setting expectations of the system. Whilst each service manager will remain responsible for dealing with incidents as they occur, this will enable greater oversight and the ability to pick up any patterns much quicker and easier.

Monthly reports will be collated, with a summary being taken to and presented to the board with responses and outcomes on a bi-monthly basis.

As a non-clinical VCSE provider Gaddum has not yet participated in any clinical audits, we do regularly check the national clinical audit site to see whether any are applicable for our service delivery areas.

Part 3:

This is Gaddum's first quality account and therefore we have no review of performance against a 2017/18 account.