



Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Date: Tuesday, 19 December 2023

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published.

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Membership of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Councillors - Green (Chair), Bayunu, Curley and Wilson

Supplementary Agenda

4. GMMH Improvement Plan: Patient Safety, Clinical Strategy and Professional Standards 3 - 24

Report of the Interim Associate Director of Operations, Associate Director of Health Professionals and Quality and Associate Medical Director Manchester Care Group

The presentation provides the HOSC Subgroup with an update regarding the progress to date on the GMMH Improvement programme and in particular Patient Safety, Clinical Strategy and Professional Standards. Where possible the presentation focuses on the improvements made in Manchester services impacting on Manchester people. (Please note some actions are trust wide and not specific to Manchester)

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Wednesday, 13 December 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension, Manchester M60 2LA

Manchester City Council Report for Information

Report to: Greater Manchester Mental Health NHS Foundation Trust (GMMH):
Improvement Plan Task and Finish Group Subgroup – 19
December 2023

Subject: Update on GMMH Improvement Plans on Patient Safety, Clinical
Strategy and Professional Standards

Report of: Interim Associate Director of Operations, Associate Director of
Health Professionals and Quality and Associate Medical Director
Manchester Care Group

Summary

The presentation provides the HOSC Subgroup with an update regarding the progress to date on the GMMH Improvement programme and in particular Patient Safety, Clinical Strategy and Professional Standards. Where possible the presentation focuses on the improvements made in Manchester services impacting on Manchester people. (Please note some actions are trust wide and not specific to Manchester)

Recommendations

The Subgroup are asked to note progress by GMMH around the continued work of the Improvement Plan.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city	No impact
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	The GMMH Equality Impact assessment process is currently being reviewed as part of the Improvement Plan.

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Background documents (available for public inspection):

Links can be found here:

[Full CQC report](#) and [Community Mental Health](#) specific section

[Independent Clinical Review of Edenfield Centre: Dr David Fearnley](#)

[Terms of Reference - Independent Review of GMMH](#)

[GMMH Improvement Plan Summary Booklet](#) (public document)

[GMMH Improvement Plan](#)

[GMMH board papers](#) where Improvement Plan updates can be found

1.0 Introduction

- 1.1 The Manchester City Council Health Scrutiny Committee requested a series of subgroups be established with a focus on Manchester's mental health service provision and the local improvements made following the mobilisation of the GMMH improvement plan. The Subgroup requested assurance be provided on positive impact for the people of Manchester and an update on progress around the GMMH Improvement Plan.

2.0 Background

- 2.1 In late November 2022, GMMH was placed into Segment 4 of the NHS England Oversight Framework and joined the national Recovery Support Programme (RSP), in order to receive intensive support in high priority areas. At the same time, the Care Quality Commission (CQC) published a series of reports based on inspections of several GMMH services and suspended the Trust's well-led rating at Trust level.
- 2.2 The Trust's Improvement Plan was put in place in response to these measures and is working to make changes in the best interests of the individuals who use the Trust's services, their families and carers, and staff.
- 2.3 The project team overseeing the Improvement Plan is continuing to work with NHS England colleagues to deliver and support monitoring of progress against the Trust's agreed Exit Criteria.

3.0 Main issues

- 3.1 This report provides an update on two of the key workstreams within the Improvement Plan linked to the improvements currently being undertaken by the Trust – Patient Safety along with Clinical Strategy and Professional Standards.
- 3.2 GMMH are working to improve its approach to care and treatment with a focus on maximising the things that go right and minimising the things that go wrong. The Trust will protect all patients and service users from avoidable harm and create the conditions in which staff can deliver care safely.
- 3.3 The Trust will make sure that the care, treatment and support provided meets need and achieves positive outcomes for service users. GMMH will set clear standards, that are shaped by service users and clinicians and based on best practice and evidence.

4.0 Workstream Updates

- 4.1 The Subgroup can find the updates on the Patient Safety, Clinical Strategy and Professional Standards workstreams for the Manchester Care Group in the slides attached.

5.0 Recommendations

- 5.1 The Subgroup is asked to note progress by GMMH around the continued work of the Improvement Plan and provide feedback to Manchester HOSC as appropriate.



**Greater Manchester
Mental Health**
NHS Foundation Trust

Page 7

Greater Manchester Mental Health NHS Foundation Trust (GMMH)

Manchester Health Overview and Scrutiny Sub Group

December 2023



Appendix 1, Item 4

In late November 2022, GMMH was placed into Segment 4 of the NHSE Oversight Framework and joined the national Recovery Support Programme (RSP), in order to receive intensive support in high priority areas.

We shared our Improvement Plan earlier this year. Our priority continues to be on getting the basics right, re-building trust and ensuring patient safety. Our Plan is significant in size and scope, with some actions targeted at specific services and others (the majority) impacting the whole Trust. Our Plan is being progressed in tandem with existing transformation programmes, such as the ongoing work to transform our community services and the delivery of our Digital Strategy.

Following updates on progress with the GMMH Improvement plan at the Mcr HOSC, the committee requested Manchester specific updates for consideration and assurance reporting to a HOSC sub group.

This presentation provides a summary of progress in relation to Workstream 1 Patient Safety and Workstream 2 Clinical and Professional Standards with a focus on Manchester services and the impact on Manchester people*

*Note some improvement actions are Trustwide and therefore generic actions and impacts



Our Objectives and Values

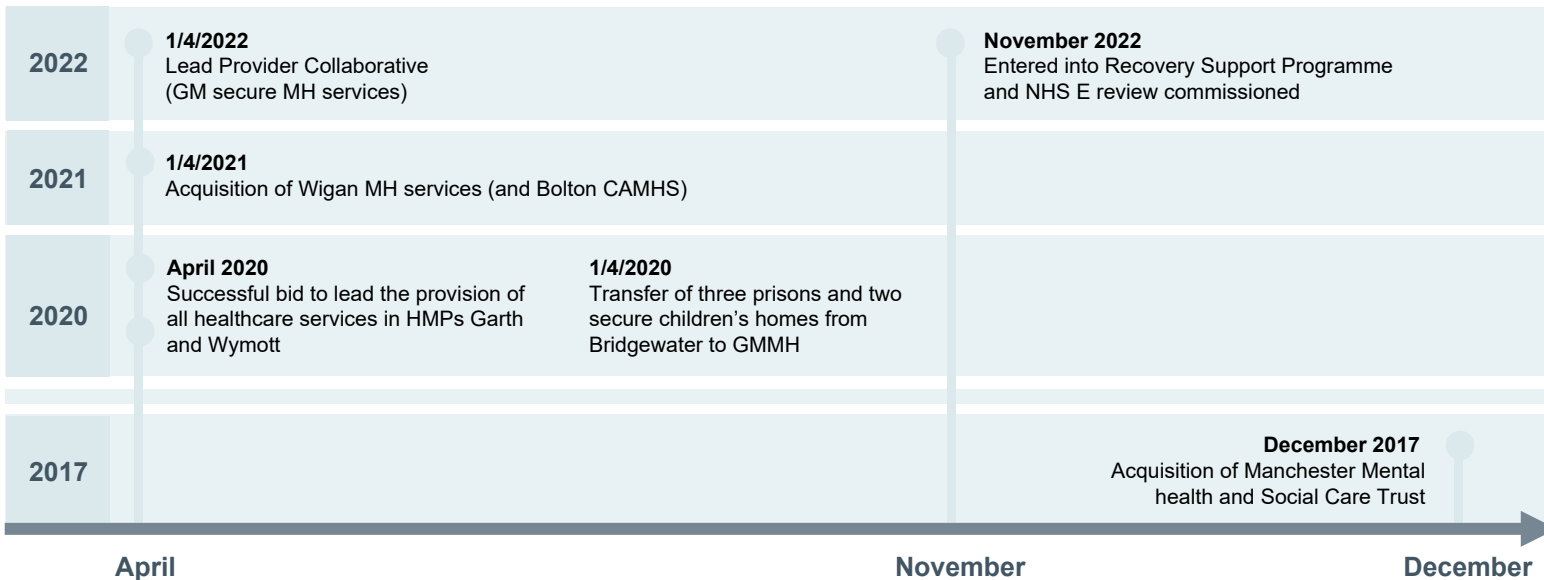
Our Objectives

- 1 Best care, every day
- 2 Compassionate, supported, motivated staff
- 3 Best outcomes
- 4 Individualised, seamless care
- 5 Sustainable services, adding value

Our Values



Timeline



1 - Patient Safety

Executive Sponsor:
Chief Nurse

- Safe Staffing
- HMP Wymott
- Reducing Restrictive Practices
- Medicines Management
- Sexual Safety
- Safeguarding
- Safe and Therapeutic Environments
- Infection Prevention and Control
- Privacy and Dignity
- Treating Tobacco Dependency
- Fire Safety
- Ligature Risk Management
- Care Planning
- Clinical Risk Assessment
- Matron Roles
- Community-Based Mental Health Services for Adults of Working Age
- Wards for Older People with Mental Health Problems
- Adult Forensic Services

2 - Clinical Strategy and Professional Standards

Executive Sponsor:
Medical Director

- AFS Models of Care.
- Clinical Strategy (NEW) inc Trauma Informed Care & Learning Disability and Autism
- Professional Standards
- Team Accreditation
- Reflective Practice and Post-Incident Debrief
- Research and Innovation
- Mental Health Act
- Physical Healthcare
- Clinical Audit

3 - People

Executive Sponsor:
Chief People Officer / Deputy CEO

- Staff Health and Wellbeing
- Staff Engagement and Partnership Working
- Developing Our Staff
- Visible and Compassionate Leadership
- Recruitment and Workforce Supply
- Induction and Onboarding

4 - Culture

Executive Sponsor:
Chief People Officer / Deputy CEO

- Culture: Empowerment and Equality
- Psychological Safety/Freedom to Speak Up
- Inclusive Cultures Programme
- Strengthening the Service User and Carer Voice

5 - Leadership and Governance

Executive Sponsor:
Chief People Officer / Deputy CEO

- Corporate Governance
- Board Visibility and Leadership
- Quality Governance
- Data Quality and Visibility
- Risk Management
- Incident Response and Learning



CQC ratings: Manchester specific

- Community-based mental health services of adults of working age improvement in the Safe domain from 'Inadequate' to 'Requires Improvement'



Safer staffing

- All wards in Manchester (Mcr) have completed the initial Mental health optimal staffing tool (MHOST) with second review in progress.
- Mcr recruited 41 new starters in October 23, of these 27 starters were external candidates and 14 internally
- 78% of these new starters were clinical staff including Registered Nurses and Allied Health Professionals
- Work ongoing to reduce vacancies in Community Mental Health Teams (CMHTs).

Page 11

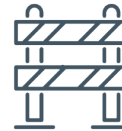
Ligatures

- 100% ligature audits complete and all Mcr ward managers trained in ligature audits.
- 100% ligature audits complete on all Mcr wards
- Ligature audit reviews carried out monthly by Matrons.
- Ligature learning event planned to reflect on learning from incidents.
- 33% of ligature works completed to date in South Manchester with additional in progress from 27th November
- 47% of ligature works completed to date in North Manchester
- All ligature works are on target in March 24 completion



Observations

- New Observations Policy developed and shared with 100% of Mcr Teams
- All audits underway
- Observations training being delivered across Mcr inpatient services
- New observation App to be mobilised across all Mcr services by April 24
- Thematic review of 72 hour review and Root Cause Analysis carried out identifying themes for improvement and built into inpatient divisional transformation plan



Reducing Restrictive Practice

- 10% reduction in use of rapid tranquilisation across Mcr wards in October 23
- Mcr Wards participation in the reducing restrictive practice QI collaborative

CMHT

- Implementation of the Waiting Well Hub to support unallocated caseload and progress discharges
- Introduction of clinical triage team into Gateway to improve referral to assessment times
- Open safeguarding referrals reduced by 41% across all CMHTs
- Introduction of new operational management structure to strengthen and improve systems and processes with consistency across all community services.



The section 75 joint assurance partnership meeting chaired by the Manchester DASS has been in place since March 2023 and incorporates the following four workstreams.

- Safeguarding
- Performance Reporting
- Workforce
- Interoperability

The partnership meeting identified the workstreams, as a response to concerns around each of these areas. There is a joint action plan in place which provides oversight and assurance. All meetings take place monthly and are chaired jointly by GMMH and MCC.



Key progress and achievements:

Safe Staffing:

100% wards in Mcr completed the initial Mental health optimal staffing tool (MHOST) assessment

- Establishment review is complete for Mother and Baby Unit
- All other wards establishment review to be complete as per plan by Feb 24.

Reducing Restrictive Practice: Mcr services are engaged in the RRP collaborative, use of restrictive practice Quality Improvement initiative underway.

Observations: New Observations Policy and audit tool developed and shared across all Mcr Teams. First audits are in progress. Action plan in place to improve education around observation interventions following learning from incidents.

- Task and Finish Groups in place with Manchester Representation
- Observation training is 90% complete with train the trainer programme to be complete by Jan 24.

Impact:

Safe Staffing: In the last 12 months across Mcr inpatient services

- 60% of all shifts had at least 2 x Registered Mental health Nurses (RMNs) on duty.
- 75% of day shifts had at least 2 x RMNs on duty
- Since April over 85% of day shifts had at least 2 x RMNs on duty.

Reducing Restrictive Practice 10% reduction in patients requiring rapid tranquilisation across Mcr inpatient services

Observations: Improved staff understanding of the role of observations, recording and reporting.

Manchester Challenges:

- Demand and capacity challenges due to financial envelope and levels of observations being addressed via MHOST
- Recruitment and retention of ward staff across all disciplines remains a challenge
- Higher acuity and complex patients impacting on ability to staff wards safely.
- Lack of digital solution to record observations, New App scheduled for April 24 roll out.
- System delays with patients clinically ready for discharge.

Workstream 1 Patient Safety

Our approach to care and treatment will focus on maximising the things that go right and minimising the things that go wrong. We will protect all patients and service users from avoidable harm and create the conditions in which our staff can deliver care safely.



Key progress and achievements:

Fire Safety: All risk assessments complete in Manchester (Mcr) sites and remedial work required progressing.

Smoking: All ward staff currently completing Very Brief Advice (VBA) training. Focus work to address smoking in hotspot areas.

- All Mcr wards engaged in Treating Tobacco Dependency work programme.
- Very Brief Advice training compliance 61% for all Mcr services

Ligature Risks:

100% ligature audits complete across Mcr inpatient services

- 100% staff trained in ligature audit.
- Capital works to remove all high-risk ligatures to be complete March 24
- Reduction in ligature incidents across the Trust

Challenges:

Replacement of fire doors across Manchester sites is part of a wider Trustwide initiative that will run over the course of several years. Capital Programme in place for this with staggered work schedule planned.

Ligature improvement work delays are affecting Private Finance Initiative (PFI) buildings such as Laureate House in South Manchester.

Regular ligature audits in place, although new programmes of works can identify new ligature risks.

Impact:

Fire Safety; increased staff awareness regarding fire and how to address incidents

- Fire training compliance at 83% in Manchester against 85% target

Smoking– Improved staff awareness regarding smoking and how to support patients who smoke. Increased support to patients to stop smoking

- (Trustwide) 36% reduction in false fire alarms relating to smoking in 23 compared to same period 22
- 21% reduction in incidents related to smoking on Manchester sites since April 23
- 50% reduction in incidents where smoking was factor across Manchester services

Ligature:

- Improved staff awareness of ligature points and mitigations and management.
- Significant reduction in the number of high risk ligature points resulting in reduced risk to patients
- From April – October, 32% reduction in ligature incidents across all Mcr Wards

Workstream 1 Patient Safety

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Key progress and achievements:

Safeguarding – Improvements to collaborative working for Manchester Safeguarding referrals via :

- Monthly Assurance and Governance meeting attended by Director of Social Care for MCC and Chief Operating Officer for GMMH
- Monthly Safeguarding workstream meeting focusing on improving training, reporting and referral management
- Fortnightly Safeguarding meeting attended by GMMH Social Care Lead and Manchester Service Managers

There have been improvements to data reporting for all safeguarding referrals and investigations, enabling improved monitoring. Fully embedded monitoring system in place

A new safeguarding form has been developed within the electronic patient record (PARIS) to simplify the process for completion of safeguarding work. Training to be rolled out in January 24 and go live date scheduled for February.

Impact:

Safeguarding

- **Safeguarding:** Ongoing challenges to manage SG referrals Safeguarding Training Compliance within Mcr:
 - Safeguarding adults Level 1 = 96% (Target 85%)
 - Level 2 = 95% and Level 3 = 81%. (Target 85%)
 - Safeguarding children level 3 = 87% (Target 85%)

Overall improvement Manchester wide with 238 referrals open with 51 over 24 hours old.

Manchester Challenges:

- Capacity of nursing and social care staff , impacting on the allocation of section 42 investigation.
- Section 75 review
- Ongoing high demand re safeguarding linked to S75 and capacity management



Key progress and achievements:

Adult CMHTs

- **Unallocated cases** Waiting Well Hub mobilised September 23. A focused team mobilised to review and ensure safety of those service users that do not have an allocated care co ordinator. The focus its to maintain regular 28 days contact, assess risk and identify requirements for priority allocation or discharge
- **Referral Management:** referrals into Manchester CMHTs remains high (ave 660 referrals per month). Work continues with GPs, local authority and GMP to improve appropriateness of referrals.

Implementation of clinical model into the Manchester Gateway Service established to bolster triage in September 23. The Mcr Living Well service 3 prototypes across 14 PCNs.

- **Caseload review:** in progress to identify, pathways, discharge and flow and improving models linking in with Community Transformation.
- **Safeguarding:** MCC has increased Safeguarding support into CMHTs resource across Mcr services from 1.6 WTE to 2.6 WTE. In place to support the number of referral into Community Teams on a daily basis.
- Weekly meeting in place between the MCC social work support team and GMMH Social Care Lead
- **CMHT oversight new dedicated operational management for CMHT.** CMHT improvement action plan and performance monitoring in place.
- **CMHT recruitment** drive underway and additional agency staff recruited
- Delivery of **Physical health interventions** improving in 4 CMHTs linked to recruitment of key staff
- **Medicines Management:** Pharmacist in post across all CMHT's. Depot Clinic Standard Operating Procedure developed and approved. Full audit of Mcr Depot Cards complete. Weekly safe and secure audits of clinic rooms (pharmacy-led) underway

Impact:

Adult CMHTs:

- **Unallocated cases:** reduced by 320 cases with an improvement of 50% more people having contact in the last 28 days – (39% of those with no contact are open to other trust teams or in long stay accommodation supported by other services and therefore safety is assured.)
- **Current Waiters** A reduction of those waiting longer than 4 weeks for a first clinical contact in the Manchester CMHTs of 54%
- **Increased capacity** and capability across the Care group with regards to nursing and governance through appointment to senior Nursing and Quality roles. 3 x Quality Matrons and new Head of Nursing
- **Safeguarding** – The total number of safeguarding referrals open to the CMHTs across Manchester has reduced by 41% since April 23
- **Medicines Management:** The introduction of pharmacists within the teams has improved advice and support to staff on medicines management issues. Local assurances regarding clinic rolls and depot card completion.

Manchester Challenges:

- Recruitment and retention of substantive staff to all disciplines caused by:
 - Unallocated caseload.
 - Delays in completing social care paperwork to support discharge from inpatient beds.
 - High demand for duty intervention.
 - Increase in complaints and incidents due to lack of patient care.
 - Increase in acuity.

Workstream 1 Patient Safety

Page 16
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Workstream 2 Clinical Strategy and Professional Standards

Page 17

We will make sure that the care, treatment and support we provide meets need and achieves positive outcomes for our service users. We will set clear standards for ourselves, that are shaped by service users and clinicians and based on best practice and evidence.

Key progress and achievements:

- **Clinical Strategy (Trustwide):** to be complete following engagement April 24.
- **MH Act:** Manchester systems and processes in place to ensure patients are aware of their rights and accurately recorded. MHA training is now mandatory. New Quality Matron roles in place to support this via audit and monitoring
- **Physical Health Care:**
 - Nurse competency framework (Trustwide) proposal developed, to be rolled out.
 - Investment for Inpatient Physical Health Care confirmed and proposal developed.
 - Further development of the resuscitation offer developed.
 - Recruitment and retention of community physical health staff, work is ongoing to ensure roles are attractive and competitive to neighbouring organisations.
 - Full review of all physical health team SOPS in development
- **Clinical Senate (Trustwide):** : Terms of Reference and project plan developed. Senate launch on 20 January 2024, to include aclinicians from Manchester Services.

Impact:

MH Act: Improvements in Patient's rights being read within the first two weeks of admission for detained patients.

- South Manchester– Q1 32% - Q2 47%
 - North Manchester– Q1 38% - Q2 41%
- Mandatory Training Compliance (Trustwide)
- Mental capacity Act 84% (target 85%)
 - MH Act 84% (target 85%)
 - DOLS 83% (target 85%)

Physical Healthcare: As of Nov 2023, Manchester Inpatient Services Physical Health Improvement (PHIT) compliance rate monitored against the previous years position

- Adult Functional Wards 95% improvement of 3%
- Mother and Baby Ward 100% remains the same as last year
- Organic 90% improvement of 40%
- PICU 100% remains the same as last year

As of Nov 2023, Manchester Community Services Physical Health Improvement (PHIT) compliance rate: 61.4% which is an improvement to last years position at the same time of 10%

Challenges:

- Recruitment and retention of community physical health staff remains a challenge
- Outdated SOP, currently under review
- Further work required to support nursing pathways to ensure professional development and career progression is clear and accessible to all.



Key progress and achievements:

- **Clinical Audit (Trustwide):** Approach to clinical audit agreed, engagement and clinical assurance and agreed mentorship from Mersey Care.
- **Reflective Practice and Debrief :** Post Incident Debrief and Swartz round additional facilitators trained and a new Trustwide response rota in development.
- **Trauma Informed Care (TIC) (Trustwide):** TIC training is included induction programme and considering level 2 training for the workforce. TIC lead recruitment in progress.
- **Team Accreditation:** North and Central Manchester memory services are accredited with South working towards. Central Later Life services are working towards Enabling Environments accreditation. North and Central Liaison are working towards accreditation along with inpatient ward Juniper and our Mother and Baby Unit, Andersen.
- **Research and Innovation:** • Clinical research and innovation continues to support increased uptake and opportunities 79 Participants recruited for Manchester care group.

Impact:

Reflective Practice and Debrief : Improved response times, increased requests have been supported with 4 Post Incident Debriefs (PID's) held with 18 attendees, during October.

Number of facilitators trained since April 2023

- Schwartz Current = 24 Trustwide (3 Mcr)
- PID Current = 26 Trustwide (13 Mcr)

Number of Manchester Sessions:

- Schwartz since April 2023 = 8 (compared to 0 in 22/23)
- PID since April 2023 = 14 (compared to 0 in 22/23)

Team Accreditation – 2 fully accredited teams

Challenges:

- Inconsistency in the standardisation of clinical audits, this currently in development
- Schwartz rounds will be built into the new quality assurance framework now that the quality team has capacity in post to ensure Manchester has a scheduled offer.

Workstream 2

Clinical Strategy and Professional Standards

Page 18

We will make sure that the care, treatment and support we provide meets need and achieves positive outcomes for our service users. We will set clear standards for ourselves, that are shaped by service users and clinicians and based on best practice and evidence.



Trustwide Workstream Bellwether Indicators: Delays

Total CFRD 70 patients: 34.4% of inpatients.

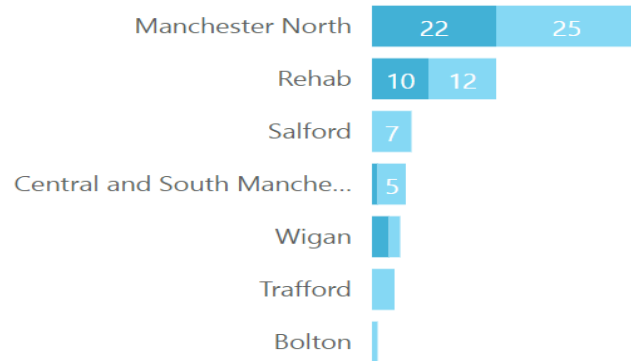
Workstream 2 Clinical Strategy and Professional Standards

Page 19

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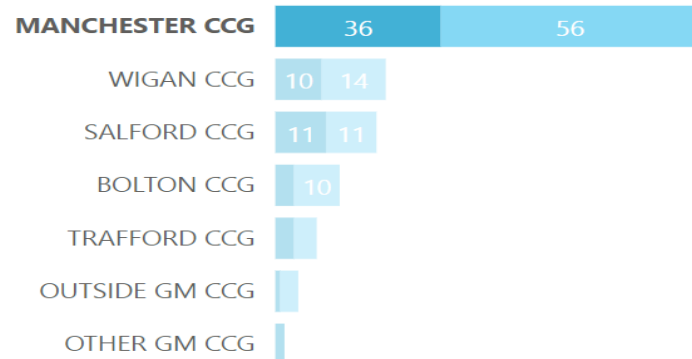
GMMH Division

● CLINICALLY OPTIMISED ● CLINICALLY READY FOR DISCHARGE



GM ICS Locality (Responsible CCG)

● CLINICALLY OPTIMISED ● CLINICALLY READY FOR DISCHARGE

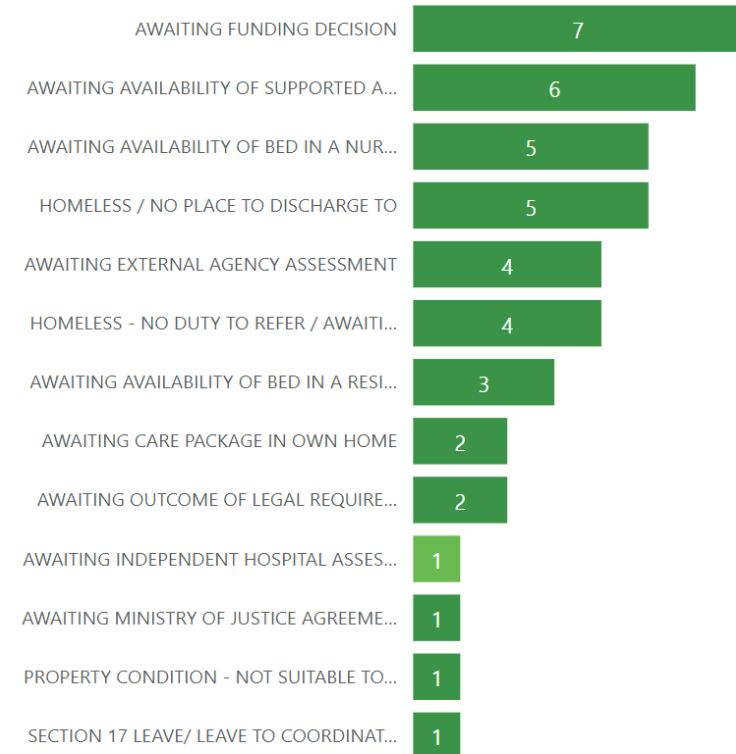


Number No Reason to Reside due to External Barriers 42

Percentage No Reason to Reside due to External Barriers 15.5%

External Barriers

● CLINICALLY OPTIMISED ● CLINICALLY READY FOR DISCHARGE





Trustwide Workstream Bellwether Indicators: Inpatients and Out of Area Treatments

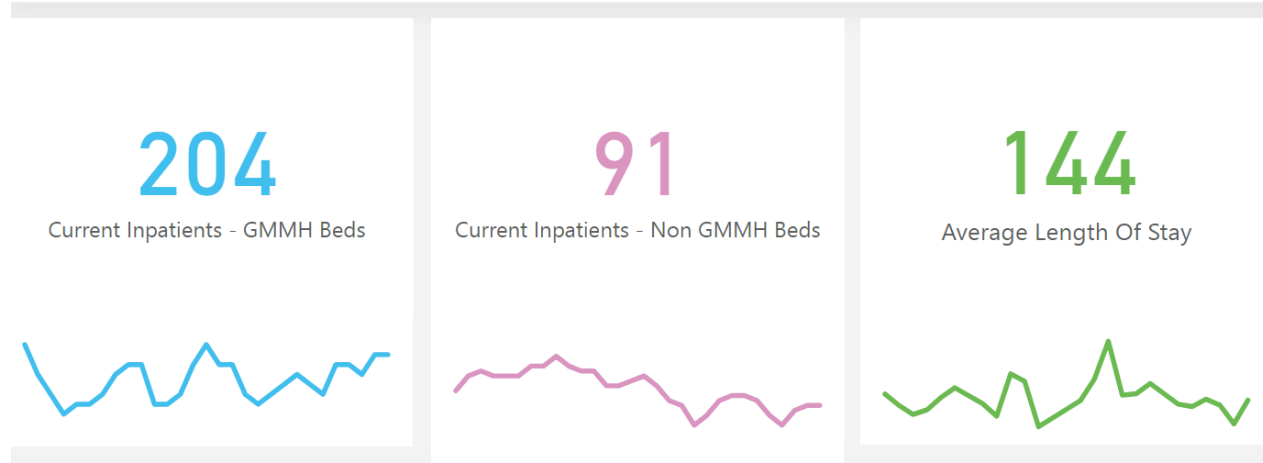
Workstream 2 Clinical Strategy and Professional Standards

Page 20

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Inpatient > Current Inpatients > Current Inpatients

Current Inpatients ⓘ



Non GMMH Bed Reporting Type



Challenges

- Demand and Flow: High occupancy rates, Out of Area Placements and Clinically Ready Fit for Discharge.
- Ongoing demand into specialist CMHT (and the maturity of the Living well offer).
- Risk regarding Right Care Right Person mobilisation and increasing demand.
- Workforce supply (in particular Social Work)
- Safeguarding demand and capacity
- Pace of delivery, scale and complexity of the improvements required.
- Interoperability between digital systems/ duplication.
- Staff recruitment and retention (inc wellbeing).
- Investment given the current system financial challenges and service development.
- S117 aftercare and flow

Page 21

Opportunities

- Committed and compassionate staff.
- Stable Care Group leadership team - visible with trust and credibility.
- Positive stakeholder engagement and joint working with MCC and VCSE essential to creating a sustainable system for the long-term.
- Service user and carer engagement as fully integrated key partners.
- Respond to the views of service users and carers, a central part in quality improvement.
- Improving recruitment rates across the Trust.
- Increased focus on nursing, governance and safety as priority.
- Improve the culture and the experience of staff and service users.
- Improved staff engagement (Increasing FTSU rates and staff survey respondents).

Appendix 1, Item 4

NHS England National Recovery Support Team

Assessment of Progress against Exit Criteria



Exit Criteria		Exit by Date: March 2025	On Track to Exit: Yes	Target to Achieve Exit Criteria	RAG Rating @ Q2	Forecast for March 2025 @ Q2
01	Evidence that there have been significant improvements in the quality of care provided across GMMH services.			Evidence of sustained improvements in a range of key quality and safety performance metrics contained within the RSP dashboard. CQC reported improvements.	↑	↔
Page 22	There is sufficient capacity and capability to deliver at Board and Care Group level.			Substantive appointments made to senior leadership roles. Confirmation of the internal service configuration and accountability arrangements. Board and wider leadership development programme underway. Trust has closed the vacancy gap, has safe staffing in place and is making progress towards recruiting therapeutic staffing levels.	↑	↔
	03	The Board has made substantial progress towards operating an open and listening organisation.		Sustained improvements in culture related metrics and staff satisfaction. Evidence of staff and service users being able to raise issues and concerns and for these to be acted upon in a timely way. Evidence of learning from when things don't go well and evidence of continuous improvement.	↑	↔
04	The Trust has embedded an effective clinical and corporate governance infrastructure that supports the identification and effective management of risk.			Strengthened line of sight ward to Board. Risk appetite statement in place. Clear identification, active management and escalation of risk as appropriate.	↑	↔
05	The Trust is financially and clinically sustainable.			A medium-term plan reflecting financially and clinically sustainable delivery of services that is co-produced and supported by GMICB and Commissioners.	↔	↔

Appendix 1, Item 4

Key: ↑ Improving ↔ Static ↓ Deteriorating

Risks to Delivery of the Improvement Plan

Outside of GMMH Risk Appetite

Risk	Mitigation	Residual Risk Score	GMMH Risk Appetite
Capacity and capability to deliver the Improvement Plan	<ul style="list-style-type: none"> Specialist capability and capacity commissioned to support delivery PMO capacity identified NHS E Intensive support team capacity across all workstreams Support provided by GM ICB Resourcing plan developed as part of GMMH 23/24 financial plan, planning commenced for 24/25 Re-distribution of Trust resources internally to support delivery 	8	1-5
Sustainable leadership capacity and capability	<ul style="list-style-type: none"> Board development programme incorporated into the plan Interim executive positions filled Recruitment to substantive vacancies underway Care Group leadership positions filled with substantive and interims and being recruited to 	8	1-5
Financial challenges	<ul style="list-style-type: none"> Trust Financial plan for 23/24 agreed and supported by Board Financial Plan includes 4% efficiency ask Strengthened GM and GMMH financial governance and procedures NHSE non-recurrent financial resources identified (partially released) Targeted support for GM ICB 	12	6-10
Weak assurance frameworks to support evidence of delivery	<ul style="list-style-type: none"> Significant focus on development of the quality and corporate governance framework Development and mobilisation of Board performance reporting Progress towards commencement of reporting against the Exit Criteria and each of the Improvement Plan workstreams Governance architecture developed to support oversight and delivery of the Improvement plan 	12	1-5
Entrenched cultural challenges	<ul style="list-style-type: none"> Board visibility in services significantly increased and plan to roll out further measures Changes to FTSU provision resulting in significant increase in concerns raised, additional resources to be in place (Oct 22) Proactive engagement with service user groups to listen to concerns Development of cultural heat map underway 	12	1-5

Appendix 1, Item 4

Key Dates

- **23rd January 2024:** Manchester Health Overview and Scrutiny Sub Group – People and Culture
- **20th February 2024:** Manchester Health Overview and Scrutiny Sub Group Leadership and Governance
- **Date to be confirmed:** Living Well Go Live
- **Date to be confirmed:** Presentation at HOSC mtg