



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

Date: Tuesday, 20 February 2024

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this subgroup meeting.

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.

There is no public access from any other entrance.

Membership

Councillors –

Green (Chair), Bayunu, Curley and Wilson

Agenda

- 1. Urgent Business**
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**
To allow Members an opportunity to declare [a] any personal, prejudicial or disclosable pecuniary interest they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears. Members with a personal interest should declare that interest at the start of the item under consideration. If members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. Minutes** 5 - 10
To approve as a correct record the minutes of the meeting held on 23 January 2024.
- 5. GMMH Improvement Plan: Governance and Leadership** 11 - 26
Report of the Associate Director of Operations, Associate Director of Nursing and Quality and Associate Medical Director Manchester Care Group

This report provides an overview of the progress being made by Workstream 5 – Leadership and Governance.
- 6. Oral Update from the Executive Member for Healthy Manchester and Adult Social Care** -
The Executive Member for Healthy Manchester and Adult Social Care will provide any relevant oral update to the Task and Finish Group.
- 7. Final Recommendations** -
The Subgroup are invited to formulate and agree recommendations for inclusion in the Task and Finish Group's final report.
- 8. Terms of Reference and Work Programme** 27 - 30
To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.

Further Information

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

Lee Walker
Tel: 0161 234 3376
Email: lee.walker@manchester.gov.uk

This agenda was issued on **Monday 12 February 2024** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension, Manchester M60 2LA.

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

Minutes of the meeting held on 23 January 2024

Present:

Councillor Green – In the Chair
Councillor Curley and Wilson

Apologies: Councillor Bayunu

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Jan Ditheridge, Chief Executive, Greater Manchester Mental Health NHS Foundation Trust
Andrew Maloney, Deputy Chief Executive and Chief People Officer, Greater Manchester Mental Health NHS Foundation Trust
John Foley, Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Bridget Hughes, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust

GMMHIP/24/01 Minutes

In moving the minutes, the Chair requested that the information requested in relation to the 'Freedom to Speak Up' anonymised case studies and associated analysis of trends be circulated to the Members of the Group at the earliest opportunity.

Decision

To approve the minutes of Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held on 19 December 2023 as a correct record, noting the above comment.

GMMHIP/24/02 Update on GMMH Improvement Plans on People and Culture

The Task and Finish Group considered the report and accompanying presentation of the Interim Associate Director of Operations, Associate Director of Health Professionals and the Quality and Associate Medical Director Manchester Care Group that provided an update regarding the progress to date on the Greater Manchester Mental Health NHS Foundation Trust (GMMH) Improvement Programme, with specific reference to People and Culture.

Key points and themes in the report included:

- Noting that the Trust were working to create a safe and supportive working environment for all staff (clinical and non-clinical);

- Describing that The People workstream was supporting the Trust to create open communication, to set a clear direction and enable staff to play a vital part in improving both the service they work in and the Trust as a whole; and
- Describing that the Trust were working to become a collaborative, inclusive and compassionate organisation that actively engages with service users and carers, staff, the public and other stakeholders to build a more positive future.

The accompanying presentation discussed the identified challenges, discussion of the organisation-wide improvements, the joint working between the Trust and the Council, and next steps.

Some of the key points that arose from the Task and Finish Group's discussions were:

- Requesting that an organisational plan on a page be circulated to the Group;
- Noting the importance of correct staffing levels, equipped with the correct values to deliver care and to ensure patients were safe and treated compassionately at all times;
- The importance of staff retention;
- Did the Trust inherit bad practice and a poor culture when it had taken over Manchester service from the previous mental health Trust;
- Seeking an assurance that the cruel practices exposed in the Panorama programme no longer existed;
- How was the voice of the service user and carers captured to inform the work described to drive improvements;
- Information was sought as to the composition and role of the Board of Directors; and
- Were all staff at the Trust trained in Trauma Informed Practice.

The Deputy Chief Executive and Chief People Officer, GMMH stated that the Improvement Plan was heavily focused on the issue of people and this theme ran across all the workstreams. He added that by delivering the improvements would result in attracting quality staff to the organisation and contribute to staff retention. He said that this was beginning to be realised already, commenting that this reflected the improvements realised to date. He stated that the recruitment process was designed to explore and test a candidate's values, adding that service users were included on recruitment panels. He advised the Group that a number of recruitment events had been delivered and these provided an opportunity for clinicians to meet and link with potential candidates. He described that the process to appoint the new Board Chair at the Trust had involved extensive stakeholder conversations and service user representation on the interview panel. In response to a specific question regarding the recognition that the Trust was a Living Wage Foundation Accredited employer he said that this applied to all staff directly employed by the Trust and those NHS contracted staff.

The Deputy Chief Executive and Chief People Officer, GMMH made reference to the positive relationship and partnership working with the Council, with particular reference to the shared targeted recruitment campaign in development aimed at social care professionals and social workers. He also reiterated the Trust's ongoing commitment to develop and strengthen service user support and engagement.

The Deputy Chief Executive and Chief People Officer, GMMH said that the data from the 'Freedom To Speak Up' programme was reported to the Board and these reports could be shared with the Group for information. He commented that the number of these referrals had risen from approximately 35 to 75 incidents, adding that this was regarded as a positive development as it reflected staff confidence to raise issues and concerns. He said that Staff Champions existed across the different teams, and these would support staff to raise concerns.

The Deputy Chief Executive and Chief People Officer, GMMH addressed the discussion in relation to the growth of the organisation when it took over Manchester services. He acknowledged the points raised in relation to the risks of inheriting bad practice and entrenched poor culture. He said that this was an issue that was being considered and the learning would be reflected upon as an organisation. The Chief Executive GMMH acknowledged that the governance arrangements at the time of the acquisition were not robust enough at that time and that measures had been taken to address this.

The Chief Executive GMMH said that staff recruitment and retention in mental health services was a national issue and not unique to Manchester. She discussed the historical issues in relation to staff recruitment and retention and the consequences of this, noting that this had contributed to the poor practice witnessed and reported. In response to this she described that this had resulted in an improved approach to the recruitment process to ensure that the correct people, with the correct values and skills were recruited to the organisation. She added that the recruitment of the correct staff, at the correct and safe levels, combined with the correct competencies and values was key to delivering the Improvement Plan. She said that staff also received appropriate training and refresher training accompanied by appropriate levels of supervision. She said in addition to this correct clinical and managerial leadership was being introduced to support staff; further support the delivery of high-quality care and support and drive improvements in the culture of the organisation. She added that systems were now established across the Trust for staff to discuss areas of concern, and where necessary escalate these with managers and senior leaders and referred the Group to the section of the presentation that discussed the roll out the leadership development programmes across all Manchester services. She reiterated that there was never an excuse for bad practice and stated that the Trust recognised the need to ensure the correct calibre of staff were employed, across all levels and services, reiterating the previous reference made to value based recruitment process; that staff were provided with the correct levels of support and learning, and good practice was reflected upon and continued to be shared to drive improvements across the organisation.

The Chief Executive GMMH commented that the deployment of Matrons and Heads of Nursing who worked alongside Ward Managers helped drive improvements and provide an additional level of assurance against poor practice. She commented that Quality Leads had also helped with the development and support for staff, noting the improvements that had been reported to the Board in relation to the use of restrictive practice when working with patients.

The Chief Executive GMMH informed the Group of the improved governance arrangements that had been established across the Trust. She said that senior leaders and Board members routinely visited teams and staff, both formally and informally to provide a level of assurance by having 'eyes and ears on the ground'. She provided an example of an occasion when a staff member had raised a concern with a senior leader and how this had been responded to and dealt with appropriately. She commented that this reflected the increased confidence amongst staff that they could raise issues with senior leaders, and this would be responded to and acted upon.

The Chief Executive GMMH made reference to the issue of Out of Area Placements and acknowledged that this was an area of activity that needed to improve, especially in relation to patient flow across the system into more appropriate care settings. She discussed the importance of this from a patient perspective by adding that the risk was that failure to improve this could result in a person becoming institutionalised.

The Chief Executive GMMH discussed the importance of the service user voice and patient advocacy. She advised of the different forums, spaces and opportunities that existed for this to be articulated and captured. These included the 'You Said We Did' programme; the improved complaints process; and that the voice of staff and service user experience was articulated at every Board meeting and other formal meetings. In relation to the discussion of the Board, she stated that the non-Executive Board Members were drawn from a variety of backgrounds and brought a wealth of experience and knowledge to the organisation. She added that these non-Executive Board Members also undertook visits to teams and met with service users. She said that this fostering of a culture of 'natural curiosity' across the Board supported the improvements across the governance arrangements at the Trust.

The Chief Executive GMMH advised the Group that the Board regularly received performance reports that collated the various sources of data. She informed the Group that there were distinct and detailed project plans that informed the Improvement Plan and reported progress against each workstream, adding that the delivery date for the Improvement Plan was March 2025. The Chair asked that the most current RAG ratings against the delivery of the various workstreams that had previously been provided be circulated to the Group for information.

The Associate Director of Operations informed the Group of the many different forums and opportunities to hear and capture the voice of the patient and carers. These included 'Our Care Matters' monthly meetings; service user and area meetings, noting the active group in North Manchester; the voice of the service users were present at Team meetings, adding that this provided an opportunity to raise areas of concern and discuss solutions; the strengthening of the complaints procedure, noting that this had resulted in improvements in the communication between patients and care coordinators. She informed the Group that service users and carers had suggested that a satisfaction survey should be undertaken, and this would be piloted in response to this request. The Chief Operating Officer added that service users had spoken at the Trust's recent Annual General Meeting where they also heard from the forensic teams, noting that service users had been actively engaged in the co-production and development of this service area. Members of the Group were invited to undertake a visit to a selection of services and forums.

In response to the specific question asked in regard to Trauma Informed Practice and training, the Deputy Chief Executive and Chief People Officer, GMMH said that the Trust was committed to this and data in relation to the numbers of staff who had undertaken this training would be provided following the meeting.

In response to the specific question from the Chair who sought an assurance that cruel practice and treatment of patients had been eliminated, the Chief Executive GMMH commented that it was important to consider that you should never rule out the possibility that it could never happen again, however she reiterated the previous points discussed throughout the course of the meeting regarding staffing and governance arrangements to raise practice standards and expectations and mitigate against any cases of cruel treatment of patients. She said there had been no reports of serious incidents, adding that the environment, culture, and experience at the Edenfield Centre was completely transformed for the better.

In concluding this item of business, the Chair stated that a future meeting of the Health Scrutiny Committee would be dedicated to hearing from a range of different service users and patient groups who would be invited to share their experience of the impact of the Trusts Improvement Plan.

Decision

1. The Group request that the Trust circulate the following items for information:
 - i) An organisational plan on a page.
 - ii) The most current RAG rating for each Improvement Plan work stream.
 - iii) Data relating to the numbers and grades of staff who had undertaken the Trauma Informed Practice training.
 - iv) 'Freedom to Speak Up' anonymised case studies and associated and analysis of trends.
2. The Group recommend that a meeting of the Health Scrutiny Committee in the new municipal year be dedicated to hearing from a range of a range of different service users and patient groups who would be invited to share their experience of the impact of the Trusts Improvement Plan.

GMMHIP/24/03 Oral Update from the Executive Member for Healthy Manchester and Adult Social Care

In addressing the Group, the Executive Member for Healthy Manchester and Adult Social Care introduced his comments by stating that they needed to be considered in the context of his role as the elected representative to hold the Trust to political account on behalf of Manchester residents. He also stated that he recognised the positive contribution John Foley, Chief Operating Officer, GMMH and Bridget Hughes, Associate Director of Operations, GMMH had made to meetings of the Provider Collaborative Board.

The Executive Member for Healthy Manchester and Adult Social Care said that he had seen various reiterations of the presentation that had been submitted to the

Group over previous months, however he still had concerns regarding the governance arrangements that existed at the Trust due to the number of interim senior posts. He stated that this instability at the senior level was not conducive to implementing the change and scale of improvements required. He said that he had articulated this concern both in public meetings and in private conversations with the Trust. He said that to date he had not had the opportunity to meet with the new Chair of Board.

He further made reference to the number of complaints and correspondence he continued to receive from constituents regarding the Trust that supported his opinion in the Trust. He said that waiting lists; staff recruitment and retention; out of area placements continued to remain an area of concern. He also commented on the delays experienced when requesting information from the Trust. He concluded by stating that he did not believe the Trust was acting with the appropriate sense of urgency and as a result he was not confident that he could say to residents that the correct level and scale of improvement had been made to date.

Decision

To note the update from the Executive Member for Healthy Manchester and Adult Social Care.

GMMHIP/24/04 Work Programme of the Task and Finish Group

The Task and Finish Group considered the terms of reference and future work programme and were invited to make any amendments.

Decision

To note and approve the work programme.

Manchester City Council Report for Information

Report to: Greater Manchester Mental Health NHS Foundation Trust:
Improvement Plan Task and Finish Group Subgroup – 20 February
2024

Subject: Update on GMMH Improvement Plans on Leadership and
Governance

Report of: Associate Director of Operations, Associate Director of Nursing and
Quality and Associate Medical Director Manchester Care Group

Summary

Implementation of the GMMH Improvement Plan is underway. This report provides an overview of the progress being made by Workstream 5 – Leadership and Governance.

The report highlights Manchester specific improvements as well as Trust-wide improvements from which Manchester residents also benefit.

Whilst good progress is being made, some actions have yet to be completed either because they are not yet due or have been delayed in some way. For those actions not yet completed there are mitigations in place.

There are robust internal and external oversight arrangements in place for tracking progress.

Evidence review panels are being introduced later this month to review the evidence of completed actions.

Recommendations

The Subgroup is asked to note the progress being made.

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 introduced following a review as part of the Improvement Plan.

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Background documents (available for public inspection):

Links to can be found here:

[Full CQC report](#) and [Community Mental Health 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 to better understand the improvements being made at GMMH as part of implementation of the GMMH Improvement Plan.

2.0 Background

- 2.1 In response to care failings identified by the BBC Panorama programme, the Coroner, the Care Quality Commission and NHS England, GMMH was placed into Segment 4 of the NHS England Oversight Framework in November 2022. The Trust is receiving support from the NHS England National Recovery Support Programme (RSP).
- 2.2 The GMMH Improvement Plan was developed to address the care failings and review findings and to support the organisation to exit the RSP at the appropriate time.
- 2.3 There are robust internal and external oversight arrangements in place for tracking progress. Progress is being tracked internally by the Improvement Steering Group which reports directly to GMMH Board and externally by the NHS England Improvement Board.
- 2.4 Evidence review panels are being introduced from later this month to review the evidence of completed actions.

3.0 Main issues

- 3.1 Good progress is being made in implementing the Improvement Plan, particularly in relation to Workstream 5 – Governance and Leadership.
- 3.2 Some examples of key improvements made to date include:
- The introduction of new corporate and clinical governance and oversight arrangements,
 - Strengthened line of sight from frontline services to our Board,
 - Significant leadership, learning, training and development activity is underway to develop our staff,
 - Improved supervision of, and support to staff,
 - Improved leadership visibility and accessibility,
 - Improved reporting of information to aid performance management, identification of areas for improvement and inform decision making,
 - New incident reporting and risk management arrangements are being introduced.

3.3 Senior leaders from GMMH are attending the meeting to present the work of Workstream 5 – Leadership and Governance, including the key improvements that have already been or are being made.

4.0 Recommendations

4.1 The Subgroup is asked to note progress being made by Workstream 5 – Leadership and Governance as part of the GMMH Improvement Plan and the key improvements made or underway.



Manchester Health Overview and Scrutiny Committee Sub-Group

Workstream 5 update

20 February 2024



Introduction

In response to care failings identified by BBC Panorama, CQC, the coroner and other reviews, GMMH developed an improvement plan to address the issues and concerns raised.

There are 5 workstreams within our improvement plan (see background information appended).

In December 2023, the Manchester Health Overview and Scrutiny Sub-Group received an overview of progress in relation **Workstream 1** Patient Safety and **Workstream 2** Clinical and Professional Standards of the GMMH Improvement Plan.

In January 2024, the Manchester Health Overview and Scrutiny Sub-Group received an overview of progress in relation **Workstream 3** People and **Workstream 4** Culture of the GMMH Improvement Plan.

This presentation provides a summary of progress in relation to **Workstream 5** Leadership and Governance, with a focus on Manchester services and people.

How we lead and govern our organisation

5

We want our service users, carers, staff, and the public to have confidence in our leadership and the structure and processes we have in place to help us achieve our goals. We will promote and share learning and be able to evidence delivery of all our fundamental standards of care.



What we have been working to improve - governance



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- Strengthen our corporate and clinical governance to improve the line of sight from our frontline services to our Board so that we are better able to assess how our services are performing
- Improve the accuracy, range and accessibility of the information we collect to help us manage our services effectively and to inform the decisions we make
- Ensure we fully consider the likely impact of any decisions we are going to make to minimise any adverse impact on quality and equality
- Ensure our meetings run effectively and have a clear purpose
- To implement systems and processes to enable early detection of when things are not going well, so that remedial action is taken in a timely way and that we can identify and share any learning
- To determine the best configuration of our services for optimum performance
- To implement a new approach to risk and incident management

Appendix 1, Item 5

What we have been working to improve - leadership

- To ensure our leaders remain more visible within our organisation so that they can see for themselves how our services are performing and so that they are more accessible to our staff and service users
- Refresh our strategy to ensure there is clarity about our strategic direction which our staff, service users, their carers and our other stakeholders can engage with and help us to achieve
- To refresh our Board Assurance Framework so that we better understand the key risks to us achieving our strategic priorities
- To develop our current leaders and our emerging talent
- To ensure our staff can access the training and support they need to perform their duties to the best of their abilities
- To ensure our staff are appropriately supervised and have regular performance appraisals to provide feedback on their performance and identify any additional learning, development and support needs



Leadership and Governance - Organisation-wide improvements

- Appointed a new Chair and making other key Board appointments
- Board Development Programme underway to improve Board effectiveness
- Reviewed the Board Committee structure and introduced a new Equality Diversity and Inclusion Committee and Finance and Performance Committee to strengthen the line of sight from frontline services to our Board
- Redesigned our Board Assurance Framework
- Introduced a fifth Care Group to strengthen the management of our services
- Increased visibility of our senior leaders and Board members through a programme of regular service visits



New Chair Tony Warne



Senior Leader service visits

- Working in collaboration with the NHSE Making Data Count team, introduced a new Board Performance Report to improve visibility of how our services are performing
- New Committee data packs in development to mirror Board Performance Report, with divisional level analysis across quality, safety, people, operational and financial performance measures
- Performance Management Framework redesigned to promote the use of information, improve visibility of performance, assessment of performance and inform decision making
- Renewed focus on improving data quality to further improve the accuracy and reliability of the information we collect



CQC ratings: Manchester specific

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

Leadership

- 27 staff have completed or enrolled in the compassionate Leadership Programme, which will be offered to all managers
- Review of leadership structures underway
- Individual roles and responsibilities being reviewed and confirmed
- Renewed focus on multidisciplinary working
- Leadership development plan is being developed to support our leaders to be the best they can be
- Senior quality walk arounds in place supported by the Associate Director of Nursing & Quality and Head of Nursing and 'meet the care group sessions' scheduled

Governance

- All meetings aligned to the approved governance structure
- Weekly divisional patient safety panels (PSPs) in place supporting completion of actions, incidents and patient safety investigations
- Care group PSP in place which receives reports from the Divisional PSPs and reports directly to our serious incident panel
- Quality Matrons and Head of Nursing recruited to inpatient services to support improving standards of care
- New governance structure introduced operating across all four Divisions within Manchester



Leadership and Governance - What we still have to do.....

- Embed our Board Assurance Framework
- Roll out of Board development programme and undertake an evaluation
- Complete a Committee effectiveness review
- Refine our Board service visit protocol

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- Appoint to remaining Board positions
- Fully implement the new quality governance system
- Develop and implement a revised risk management framework
- Complete transition to the nationally-mandated incident response framework

- Complete redevelopment of data packs for Care Groups in line with Board and Committee reporting
- Embed Performance Management Framework following launch in March 2024

Appendix 1, Item 5



Background Information



We provide inpatient and community-based mental health care to people living in Bolton, Manchester, Salford, Trafford, Wigan, Greater Manchester, the north west of England and beyond.

97,533 Service Users

6,690 Staff Members

Over 11,000 Foundation Trust Members

24 Elected Seats on our Council of Governors

Living Wage Foundation Employer








10 Specialist Research Units

Over 8,000 Students have used our Recovery Academy over the last 10 years

£522.7m Predicted total income for 23/24

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Our Services

-  **Acute Hospital Linkages**
(Liaison Mental Health, RADAR, Section 136 suites, dementia training)
-  **Highly specialist mental health**
(MH and deafness, perinatal mental health, Complex addictions, forensic CAHMS)
-  **Acute Mental Health Wards**
(Later Life, adult acute, PICU, CAMHS)
-  **Criminal Justice Support**
(Court diversion services, GMP training, in-reach into prisons and secure children's homes)
-  **Community and Primary Care**
(Shared care GP protocols, physical Health, links to housing, employment, education)
-  **Self-help and Community Resilience**
(Be well, Recovery Academy, social asset and wellbeing fund work)
-  **More specialised Community-based**
(Talking Therapies, crisis care, Substance misuse services, Community CAHMS)

Appendix 1, Item 5

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

Good work continues and is recognised:

Awards, accreditation and positive community work

- £105m North View new build at North Manchester recognised for service user engagement – Design in Mental Health Awards
- Community skills centre for 16-24 year olds not in education, employment or training open at North View site
- International Nurse – Quality Award
- Living Wage Foundation Accredited employer
- Catering team – Finalists NHS Chef of the Year 2023
- Dr Ross Dunns ‘brainHealth’ dementia research won an HSJ award in Autumn 2023
- The Mental Health Joint Response Vehicle (MHJRV) service – won the Collaboration Award at the Greater Manchester Health and Care Champion Awards



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Peer Review

- Royal College of Psychiatrists Quality Network positive on a recent visit to Edenfield

Research

- Active research community with strong University of Manchester links
- £1.4m research capability funding secured recently to add to portfolio

08/02/2024



Appendix 4 Item 5

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Title	Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group
Membership	Councillors Green (Chair), Bayunu, Curley and Wilson
Lead Executive Members	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Strategic Directors	Bernadette Enright, Executive Director of Adult Social Services
Lead Officers	Chief Executive of Greater Manchester Mental Health NHS Foundation Trust
Contact officer	Lee Walker, Governance and Scrutiny Support Officer
Objectives	<p>1. To review progress against the five key workstreams of the Greater Manchester Mental Health NHS Foundation Trust Improvement Plan:</p> <ul style="list-style-type: none"> - Patient Safety - Clinical Strategy and Professional Standards - Empowered and Thriving Workforce - An Open, Listening Organisation - A Well Governed and Well Led Trust. <p>2. To seek an assurance that the required improvements are implemented.</p>
Key Lines of Enquiry	<p>1. To consider the strategies and planned work related to each of the five key work streams of the Improvement Plan.</p> <p>2. To consider the measurement and reporting of progress / improvements.</p> <p>3. The Subgroup will consider evidence from the Trust and any other witnesses as the Subgroup deem appropriate.</p>
Operation	This Subgroup will report its findings to the Health Scrutiny Committee by submitting minutes to the Committee. The Committee will be asked to endorse any recommendations from the Subgroup.
Access to Information	<p>Meetings of the Subgroup will be open to members of the media and public except where information that is confidential or exempt from publication is being considered.</p> <p>Papers for the Subgroup will be made available to members of the media and public on the Council's website and Central Library except where information which is confidential or exempt from publication is being considered.</p>
Schedule of Meetings	To be determined.
Commissioned	24 May 2023

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**Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group
Work Programme – February 2024**

Meeting 3: Tuesday 20 February 2024, 10am in the Council Antechamber Deadline for reports: Friday 9 February 2024				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: Governance and Leadership	To receive a report that describes the agreed work and activities of the Improvement Plan to consider the actions the Trust will adopt to support Governance and Leadership. This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Dep Chief Executive GMMH	
Oral Update from the Executive Member for Healthy Manchester and Adult Social Care	The Executive Member for Healthy Manchester and Adult Social Care will provide any relevant oral update to the Task and Finish Group.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	-	
Final Recommendations	The Group will be invited to make recommendations of the Task and Finish Group.	-	Lee Walker	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

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