

# Manchester Health Scrutiny Committee

Greater Manchester Mental Health NHS Foundation Trust:  
Improvement Plan Update

May 2023

17/05/2023

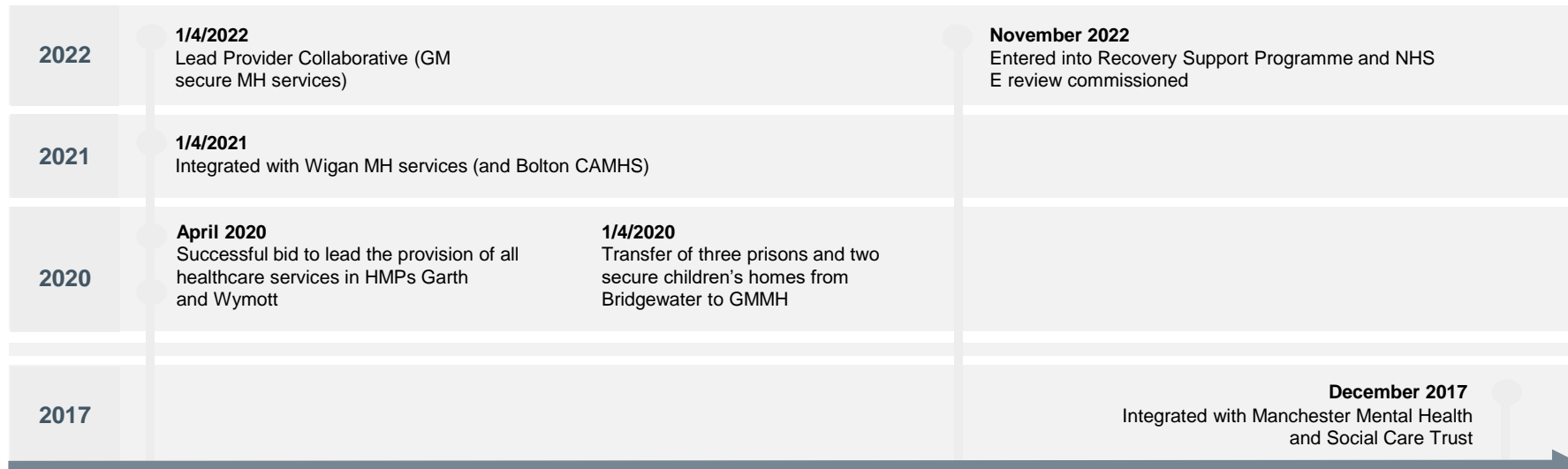
OUR IMPROVEMENT PLAN



# GMMH Background

<p>Serving the populations of <b>Bolton, Salford, Trafford, Wigan and Manchester</b></p>	<p><b>Over 81,000</b> Service Users</p>	<p>Over <b>6,600</b> staff</p>	<p>Across <b>109</b> locations</p>	<p><b>6</b></p> <p><b>Acute Trust sites and multiple other community inpatient sites</b></p>	<p><b>60 inpatient wards</b></p> <p>Adult, Later Life, Mother and Baby, Low and Medium Secure, Deaf, Drug &amp; Alcohol Detox</p>
<p><b>Provider of community services</b></p> <p>IAPT, CMHT, MAS, Perinatal, CAMHS, Drug &amp; Alcohol services</p>	<p>An operating income for 22/23 c. <b>£468m</b></p>	<p><b>10</b> specialist research units</p>	<p><b>Five Care Groups</b></p>	<p><b>Provider of Health and Justice Services Inc</b></p> <p>Secure children's homes, approved premises, prison mental health services, GM-wide diversion and liaison &amp; tactical advice services.</p>	

## Timeline



# Care Quality Commission (CQC)

## CQC inspections and warning notices

The Trust was rated as Good overall following CQC inspections in September 2017 and June 2019. The Trust had been in NHS Oversight Framework Segment 2 prior to entering Segment 4 in November 2022

The CQC have issued a number of Section 29A Warning Notices to the Trust since April 2022 regarding the following:

- Community mental health services for adults of working age (Central Manchester)
- Fire and Ligature safety: Adults of working age, PICU and Forensic inpatient services
- Medicines management – HMP Wymott
- Safe staffing
- Governance
- Woodlands Hospital (Older Adults) - Salford

# Reviews and Executive Leadership

## Significant reviews/ Investigations

Independent Clinical Review (Fearnley) at Edenfield concluded October 2022

NHS E external (Shanley) review commissioned November 2022

Good Governance Institute Review concluded March 2023

Law By Design Investigation concluded March 2023

Operation Crawton GMP: Ongoing

## Executive Leadership

New interim Chairman, Bill McCarthy commenced January 2023

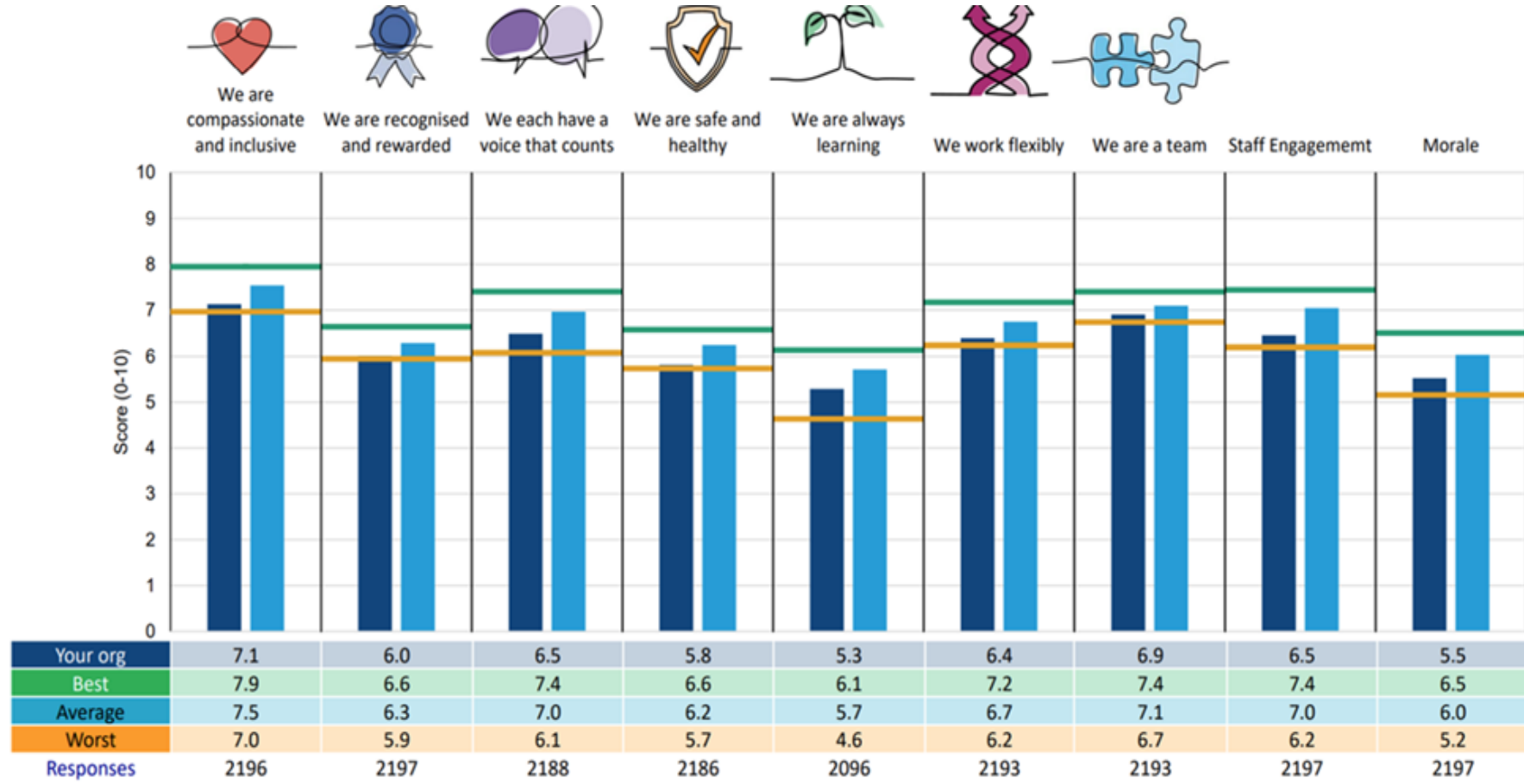
Interim Executive Director of Clinical Transformation / Chief Nurse (commenced April 2023)

Retirement of Chief Operating Officer February 2023 (Interim COO commenced December 2022)

Retirement of current Medical Director July 2023 (permanent replacement being finalized)

Current CEO stepping down – interim CEO being sourced

# Staff Survey 2022



# Immediate Improvements

## Sept to Nov 2022

- Edenfield clinical and operational senior leadership team deployed in September 2022 to provide additional senior leadership capacity
- Critical incident management and PMO established to coordinate patient and staff safety response
- NHSE led cells set up as part of the Rapid Quality Review
- Safe closure of four wards at AFS and transfer of 46 patients via mutual aid
- Four wards remain closed to stabilise safe staffing
- Additional complaints and safeguarding capacity commissioned to address increased demand and address the backlog
- Independent clinical review (Dr Fearnley) completed at Edenfield & action plan developed to address recommendations
- New FTSU guardian appointed
- Staff and service user engagement commenced
- Allegations against staff review group established (some staff suspended and dismissed. Referrals made to NMC and GMC.

## Dec to Feb 2022/23

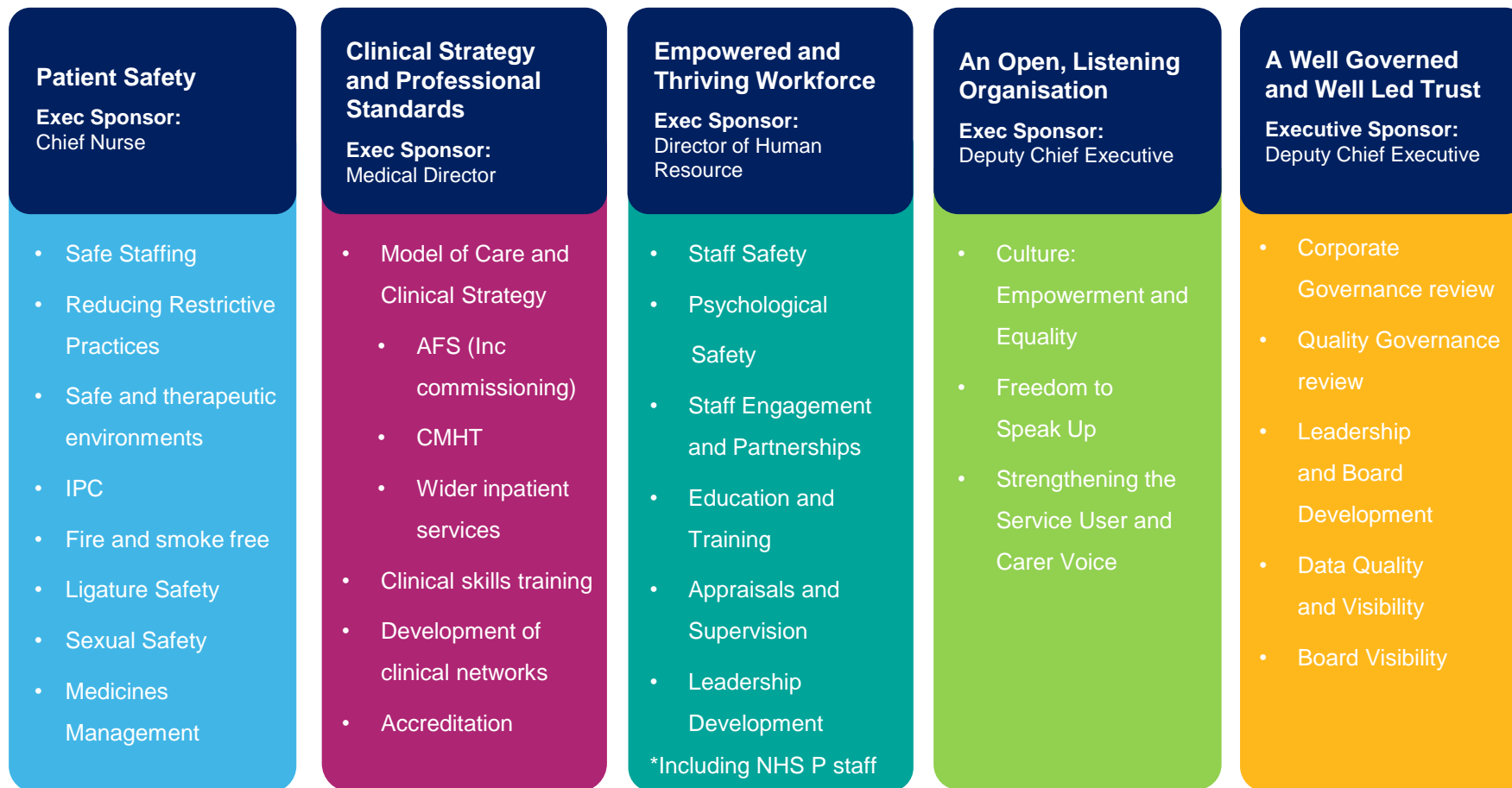
- Improvement in staffing levels at AFS (against core establishment)
- Monthly all staff 'Town Hall' events with Chair and CEO launched
- GGI and LBD reviews commissioned
- Construction of Improvement plan
- Review of quality governance and performance frameworks started
- Safer staffing work programme commenced, project team in place, strengthened daily reporting and oversight at executive level
- Weekly Quality & Risk Assurance Group launched
- Focussed improvements on ligature, fire and smoking safety risks
- Established Monthly Trust Management Executive Committee to enhance oversight and scrutiny of Care Groups
- Focussed CMHT improvement programme underway – Case load management, unallocated case management, recruitment and retention and workforce
- New clinical leadership team deployed to Woodlands
- Improvement plan workstreams launched and associated governance structure established
- Improvement Plan engagement exercise launched

## March to April 2023

- New Interim Chief Nurse commenced
- New Integrated Performance Report in development
- Safer staffing establishment reviews commenced
- Agreed financial plan with ICB
- Range of Improvements at HMP Wymott resulting in recommendation to close the Contract Performance Notice
- Seclusion refurbishment programme commenced at AFS
- Care Group leadership team recruitment agreed
- Establishment of a 5th Care Group at AFS to provide dedicated leadership
- Increase in FTSU cases and new substantive guardian being recruited
- Revision of the Improvement plan underway taking account of feedback through the engagement exercise
- GMMH financial plan 23/24 agreed at Trust Board Includes £4.7 million investment within the Imp Plan
- Business case for additional inpatient Psychological support approved
- Park House Internal responsive review commenced.
- GGI report published, and findings incorporated into the Improvement plan

# GMMH Improvement Plan

Areas of priority focus (months 1 to 6)



# GMMH Improvement Plan

Areas of priority focus (months 1 to 6)

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Patient Safety</p>	<ul style="list-style-type: none"> <li>• <b>Safe Staffing</b> : Establishment reviews and contingency plans in place across all inpatient services, recruit to new roles</li> <li>• <b>Reducing Restrictive Practice</b>; Review current use of restrictive interventions, Train staff in all interventions, accurately record and learn from incidents and best practice, Seclusion suite refurbishments completed at AFS, review of interim seclusion and segregation policy</li> <li>• <b>Safe &amp; therapeutic environments</b>: Address high risk ligatures, ensure staff awareness of ligatures and how to manage these, embed new standards of healthcare cleanliness, strengthen fire safety management and ensure staff are trained, ensure the Smoke Free policy is adhered to</li> <li>• <b>Sexual Safety</b>: Review Trust guidance, develop trauma informed care approach, improve learning from incidents, agree a plan to eradicate our mixed sex accommodation where possible</li> <li>• <b>Medicines Management</b>: Review of safety storage of medications and self-medication policy, ensure safe pharmacy support to all services</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Clinical Strategy and Professional Standards</p>	<ul style="list-style-type: none"> <li>• Commence redesign our <b>models of care</b> across AFS, acute inpatient services and CMHT</li> <li>• <b>Clinical skills training</b> ; Ensure staff have the right skills and experience to deliver high standards of care, develop the trauma informed, collaborative care approach</li> <li>• <b>Clinical Networks</b>: Define and agree expected clinical standards across all services, implement formal accreditation methods, review and agree with staff core clinical professional standards and ensure they are met, establish clinical networks, develop a Trust strategy regarding accreditation</li> </ul>



# GMMH Improvement Plan

## Areas of priority focus (months 1 to 6)

### Empowered and Thriving Workforce

- **Staff Safety:** Review our staff wellbeing offer and make recommendations for improvements, ensure quick and effective action is taken against abuse and violence against staff.
- **Education and Training:** Improve appraisal and supervision processes, refresh mandatory training offer, strengthen approach to recruiting student nurses, support health care support workers to complete the Care Certificate
- **Leadership Development;** Launch a new leadership programme (Role-Model, Coach, Care), Deliver a ward and community team manager leadership programme, develop, standardise and reinforce the role of matrons and support to deliver core matron, find ways to increase and support more diverse leadership in teams.

### An Open, Listening Organisation

- **Freedom to Speak Up;** Evaluate and make sure the FTSU process is effective, introduce FTSU champions, consider the number of Guardians required, improve the promotion of FTSU, Use FTSU to learn and improve, explore the option of developing a confidential hotline for staff to raise concerns, deliver the national FTSU and Bystander training for senior leaders and managers
- **Strengthening the Service User and Carer Voice;** Actively listen and demonstrate we have acted on feedback, Work with service users and carers to improve and share learning from issues, complaints and concerns, review all governance to ensure service user engagement is embedded, consider implementation of service users councils or equivalent to strengthen the service user voice.
- **Culture:** Undertake a cultural diagnostic and implement the outcomes as appropriate

### A Well Governed and Well Led Trust

- **Corporate and quality governance;** Strengthen our ward to board governance systems to ensure fit for purpose, review our Board Assurance Framework and Trust-wide risk management processes and embed a new system from ward to Board
- **Quality governance;** Ensure a trust-wide approach to assuring delivery of key compliance requirements, develop a more positive incident reporting culture, strengthen the learning from incidents, inquests, complaints and claims
- Improve **data quality and visibility** to give confidence in our performance and quality information
- **Leadership and Board Development;** Embed the care group model strengthening the infrastructure and developing the teams, Involve service users and carers in executive recruitment, commission external leadership development programme for Trust Board,
- **Board Visibility;** Refresh the Board visit programme and ensure members are pro-actively engaging with

# Key Messages

- The Trust has a clear understanding of the scale and complexity of the key underlying issues. We require fundamental changes to the safety culture, clinical and corporate governance assurance systems and leadership focus and visibility in the Trust.
- The improvement plan seeks to address these key safety and governance issues. There are early indications of improvements in a number of areas.
- The plan does not replace business as usual improvements.
- It is however recognised that significant challenges remain regarding delivery against these actions at the pace and scale required and the environment is complex.
- There have been significant challenges faced by the Board and executive team and this continues.
- A number of ongoing internal and external investigations require careful and coordinated management by the Trust and system partners
- These challenges sit within the context of the wider GM system issues. An independent diagnostic commissioned by GMICB highlighted £90m under investment in mental health compared to national averages.

## Community Mental Health Teams in Manchester

- Have been under significant pressure since the pandemic with increase demand and acuity
- Referrals were 73% higher in 2022/23 than pre pandemic
- On average here were 40% more contacts with service users with CMHTS in 22/23 than pre pandemic
- As a result recruitment and retention of staff has been a challenge given the increasing pressures on the work force

## Current Case Loads

Area	Open Case Load Total
North	2397
South	1166
Central	2196

## Actions GMMH

- Enhanced support of the service and joint working with LA and Primary Care
- Review of all long term standard care patients
- Clinical triage of all new referrals including clinical prioritisation
- Waiting well initiative applied with support from crisis lines
- Recruitment Plan including review of roles and responsibilities
- Review of case loads to support retention of staff
- Alignment with the wider GM Transformation of Community Mental Health Provision

## Joint Working GMMH and Manchester LA

- Manchester City Council/GMMH S75 Partnership Agreement and Improvement Programme
- Refreshed governance and assurance arrangements for the delegated functions and duties contained within Section 75 Partnership Agreement commenced on 9th January 2023
- Supported by new Terms of Reference and an associated Improvement Programme - Four workstreams underpin the safe, timely and effective discharge of the statutory Care Act functions and duties.
  1. Workforce
  2. Interoperability
  3. Safeguarding
  4. Performance & Quality
  5. Clinically Ready for Discharge (Task and Finish Group)

Governance and oversight arrangements are in place:

- GMMH – Patient Safety Workstream – One of the five Improvement Plan workstreams
- Manchester System – Manchester Provider Collaborative – Provider Board

## Collaboration and Mutual Aid to GMMH

- Initial deployment MLCO staff (Manchester Local Care Organisation) to support Community Mental Health Teams (CMHT's)
- Support from MCC Safeguarding leadership and teams to provide specialist input.
- Support from Principal Social Worker to address significant challenges with recruitment and retention
- Approved Mental Health Professional (AMHP) support from ASC Emergency Duty Service to daytime GMMH AMHP service
- Support from MLCO Control Room with a view to best practice elements regarding being adopted by GMMH.
- Support from Head of MCC Internal Audit to take forward work with NHS Mersey Internal Audit (MIAA) to undertake appreciative enquiry of CMHT service utilisation / use of resources and caseloads.
- GM Directors of Adult Social Services, working together to develop consistent performance reporting frameworks reaffirming the statutory duties attached to the role of the DASS, the Principal Social Worker and quality standards
- Agreement to create a new joint funded multi-professional Review Team – currently recruiting to posts. Start July 2023.
- The Executive DASS attended a GMMH Social Work forum to listen to the concerns and gather feedback from staff. These concerns have been documented and will be included in the Workforce workstream.

# Engagement Activity

- Engagement exercise ran 16 February 2023 to 31 March 2023 online, via a summary booklet, face to face meetings, Staff engagement sessions and Stakeholder briefings.
- Over 200 items of feedback received.
- All feedback reviewed at Programme and Workstream-level by subject matter experts.
- Analysis - broad categories of feedback:
  - General comments relating to presentation, structure and sharing / communication of the Improvement Plan
  - Already covered within an IP action(s) – though opportunity to describe differently / more clearly
  - Useful insight to inform approach to delivery of a specific action/s
  - Relates to an existing workstream / sub-workstream but not explicitly covered – potential new action(s)
  - Topic not currently addressed within draft IP – potential new action(s)
  - Topic not currently addressed within draft IP – progressing via Business as Usual or other strategic development

## Engagement Activity: Topics for further consideration

- Co-production with service users and carers
- Personality disorders (PD) treatment
- Neurodiversity / Autism
- Learning Disability
- Human Rights and EDI
- Social Care incl. Section 75 regulatory requirements
- CAMHS
- Speech and Language Therapy provision
- Mobile phone use / contraband / visitors policy
- Commissioner relationships / collaborative working
- Role of the voluntary sector
- Housing
- IT hardware and networks – quality / fit for purpose
- Electronic Patient Record / PARIS – efficiency / fit for purpose
- Integration of digital systems
- Digital therapies



February 2023

Building Our Future Together:  
**Our Improvement  
Plan**

Improving Lives

# Engagement and Feedback; Next steps

- Acknowledgement and thanks for feedback.
- Next phase of staff involvement in delivery of the plan.
- Agreement of proposed changes / additions to the Improvement Plan following review at workstream level.
- Board approval on proposed changes / additions – (26 June 23).
- Onward Communication and Engagement Plan to incl.:
  - General stakeholder briefing (pre-Board)
  - Final Summary Booklet, communication plan and Improvement Plan (Following Board sign off)
- Service User and Carer voice approach to be agreed and mobilised.
- Publication of the Final Improvement Plan (from July 23).



# Risks to delivery of the Improvement Plan

Risk	Mitigation
<b>Capacity and capability to deliver the improvement plan</b>	<ul style="list-style-type: none"> <li>Specialist capability and capacity commissioned to support delivery</li> <li>NHS E Intensive support team capacity across the workstreams</li> <li>Support provided by GM ICB</li> <li>Resourcing plan developed as part of GMMH 23/24 financial plan</li> <li>Redistribution of Trust resources internally to support delivery</li> </ul>
<b>Workforce capacity, availability and morale</b>	<ul style="list-style-type: none"> <li>Additional resources allocated to recruitment to support extensive and targeted recruitment campaigns</li> <li>Revised workforce partnership arrangements and pro-active trade union engagement</li> <li>Safe staffing - targeted action to stabilise and improve in some areas</li> </ul>
<b>Sustainable leadership capacity and capability</b>	<ul style="list-style-type: none"> <li>Board development programme incorporated into the plan</li> <li>Interim executive positions filled</li> <li>Recruitment to substantive vacancies underway</li> <li>All Care Group leadership positions filled</li> </ul>
<b>Financial challenges</b>	<ul style="list-style-type: none"> <li>Trust Financial plan for 23/24 agreed and supported by Board.</li> <li>Financial Plan includes 4% efficiency ask.</li> <li>NHSE non recurrent financial resources identified (TBC)</li> </ul>
<b>Weak assurance frameworks to support evidence of delivery</b>	<ul style="list-style-type: none"> <li>Significant focus on development of the quality governance framework</li> <li>Development of Board performance reporting</li> <li>Governance architecture developed to support oversight and delivery of the Improvement plan with interim changes already made</li> </ul>
<b>Entrenched cultural challenges</b>	<ul style="list-style-type: none"> <li>Board visibility in services increased and plan to roll out further measures</li> <li>Changes to FTSU provision resulting in significant increase in concerns raised</li> <li>Proactive engagement with service user groups to listen to concerns</li> </ul>
<b>Capital constraints</b>	<ul style="list-style-type: none"> <li>Strategic Outline Case for Edenfield was put forward in the Expression of Interest request for the next wave of New Hospital Programme (NHP).</li> <li>Capital plan for 2023/24 reflects priority safety areas</li> </ul>

# Appendix 1: Segment 4 Exit Criteria

(Slide 1 of 2)

Theme	Exit Criteria	How will we know its been delivered?
<p><b>Quality, Safety and Excellence in Care</b></p>	<p>Evidence that there have been significant improvements in the quality of care provided across GMMH services</p>	<p>Improvement in the Trust's CQC safe rating</p>
		<p>Evidence of greater service user and carer engagement in the planning, shaping the delivery of and evaluating the effectiveness of the services provided</p>
		<p>Progress towards achieving the requirements of all CQC 29A warning notices</p>
		<p>Evidence of sustained improvements in patient experience and the quality and safety of services (including medicines management, infection prevention and control, physical healthcare, sexual safety, observations and safeguarding)</p>
		<p>Evidence of implementation of the Trust's improvement plan, with the majority of actions on track and where any actions are off track, there are robust recovery plans in place</p>
		<p>Evidence of sustained reduction in use of restrictive practices, including rapid tranquillisation and more effective use of seclusion</p>
		<p>The Trust has reviewed, revised and embedded its approach to learning from deaths, incidents, Regulation 28s and complaints and can evidence the improvements made</p>
		<p>Evidence of sustained improvements in the cleanliness and safety of the inpatient wards</p>
		<p>Edenfield Centre working towards or has reopened to admissions</p>
		<p>Production of a workforce plan that meets not only safe staffing and therapeutic needs of service users and evidence of a reduction in vacancies and sickness</p>
		<p>Evidence of significant progress with implementing the recommendations from the independent clinical review at Edenfield</p>
		<p>Evidence of sustained improvements in clinical standards and a strengthening of clinical leadership and oversight</p>
		<p>Agreement of new models of care (developed based on evidence, best practice and service user engagement) and professional practice across inpatient clinical networks with a focus on trauma informed care and evidence of implementation</p>

# Appendix 1: Segment 4 Exit Criteria cont.

(Slide 2 of 2)

Leadership and Strategy	Sufficient capacity and capability at a Board and Care Group level	Improvement in the Trust's CQC well-led rating
		A Board and Senior Leadership Team with appropriate skills and experience
Culture	The Trust has made substantial progress towards operating an open and listening organisation	Board and Care Group development programme in place
		Care Group accountability framework developed, agreed and embedded
Governance	The Trust has embedded an effective clinical and corporate governance infrastructure that supports the identification and effective management of risk	Refreshed Trust strategy, supporting strategies and clarity of Trust strategic objectives which create the conditions for ongoing and sustained improvement in the quality and safety of services provided within the resources available
		Evidence of an agreed staff and service user engagement strategy and improvements in service user and staff satisfaction
		Evidence of delivery against the agreed recommendations made by the GGI with regards to culture
		Evidence that allegations against staff have been appropriately addressed
		The infrastructure to support FTSU has been reviewed and improved and evidence of learning from and acting on the feedback received
		There is evidence, through measurement of agreed metrics, that the Trust has progressed with implementing the agreed cultural improvement programme
		Reviewed and revised Board Assurance arrangements and Framework that represents the arrangements in place for managing the Trust's assurances with evidence of this driving the Board and sub committee agendas
		Revised Board performance framework and integrated quality and performance reporting which easily identifies areas for improvement and early warning of deteriorating performance, safety and quality
		Effective Care Group accountability and assurance framework embedded with evidence of impact with regards to ward to board assurances
		Strengthened arrangements for compliance within the Trust
		Reviewed, revised, strengthened and embedded quality governance and assurance arrangements with a focus on ensuring the need of service users are being met
		Evidence of progress with implementing the agreed recommendations regarding governance from the GGI
		Evidence of robust safeguarding and escalation process