

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

Minutes of the meeting held on 19 December 2023

Present:

Councillor Green – In the Chair
Councillor Curley and Wilson

Also present:

John Foley, Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Sian Wimbury, Deputy Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Bridget Hughes, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust
Sarah Williamson, Associate Director of Nursing and Quality, Greater Manchester Mental Health NHS Foundation Trust

GMMHIP/23/01 Update on GMMH Improvement Plans on Patient Safety, Clinical Strategy and Professional Standards

In opening the meeting, the Chair welcomed all those present and described the context and rationale for the establishment of the Task and Finish Group by the Health Scrutiny Committee following the May 2023 meeting. The Chair commented that at the next meeting the report to be submitted would consider the themes of People and Culture. She noted that at the May 2023 meeting of Health Scrutiny Committee representatives from CHARM had attended and at that meeting the Trust had given an undertaking that they would actively engage with CHARM to address the specific concerns they had articulated. She requested that an update on these discussions be included in the report to be submitted to the January 2024 meeting.

The Task and Finish Group then considered the report and accompanying presentation of the Interim Associate Director of Operations, Associate Director of Health Professionals and 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 Patient Safety, Clinical Strategy and Professional Standards. Where possible the presentation focused on the improvements made in Manchester services impacting on Manchester people.

Key points and themes in the report included:

- Providing a background and context to the Improvement Plan;
- Providing an update on two of the key workstreams within the Improvement Plan linked to the improvements currently being undertaken by the Trust, namely Patient Safety along with Clinical Strategy and Professional Standards;
- Discussion of progress to date and impact and challenges;
- Information on the NHS England National Recovery Support and assessment of progress against the exit criteria; and

- Consideration of the risks to delivering the Improvement Plan (noting that Risk Appetite was defined as the level of risk that an organisation was prepared to accept in pursuit of its objectives. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings).

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

- Requesting that comparative data, including figures and as a percentile is provided when reporting progress against activities in future reports as this enabled the lay reader to measure progress;
- Welcoming the 21% reduction in incidents related to smoking on Manchester sites since April 2023;
- Information was sought regarding ligature audits;
- Clarification was sought on the reported 10% reduction in the use of rapid tranquilisation across Manchester wards in October 23;
- How many in-patients were there currently;
- How many staff were there across the in-patient sites;
- Discussing waiting times to access services;
- The issue of staff recruitment and retention was important to the successful delivery of the Improvement Plan and noting the need to articulate improvements across the Trust to attract staff;
- The need to ensure that appropriate staff were working during weekends and evenings to ensure safe staffing at all times;
- The need to address previously identified bad practice such as incorrectly or falsely completing observation records;
- Clarification was sought as to the source of the reported £522.7m income for 23/24;
- Welcoming the information provided in relation to Safeguarding Training;
- Expressing concern at the relatively low percentage of detained patients being read their rights in accordance with the Mental Health Act within the first two weeks of admission;
- Supporting the delivery of Trauma Informed Care that was included in staff induction and further supported the delivery of Level 2 training for the workforce, stating that Manchester had committed to becoming an Adverse Childhood Experience aware, trauma informed and trauma responsive city;
- Welcoming the information provided in regard to research and innovation and asking how this informed service delivery and models of patient care;
- Requesting that information on the NHS England Recovery Support Programme and the NHS Oversight Framework segmentation criteria and process be circulated to Members of the Group as background information;
- How confident was the Trust that malpractice was no longer present; and
- Welcoming the information provided in relation to 'Freedom to Speak Up' and requesting that anonymised case studies and any analysis of trends be provided in the next report to be considered by the Group.

In response to the comments and questions from the Group, the Chief Operating Officer advised that Tony Warne, who had a background in mental health would take up the post of Chair at GMMH from January 2024. He would be taking over from the previous Chair, Bill McCarthy, who took up the post on an interim basis in January 2023. He stated that appointment of a permanent Chief Executive would then follow.

The Deputy Chief Operating Officer said that similar to other clinical pathways, mental health services were now being prescribed timescales for access to services. She stated that this national direction was welcomed as this would provide a better account of mental health services nationally and help drive improvements across all mental health services. She further commented that the Trust did provide services for specific cohorts, such as asylum seekers and homeless citizens. She stated that the Trust was open to working collaboratively with partners, such as GP practices and Council services to deliver tailored services to respond to specific needs.

The Associate Director of Nursing and Quality stated that the ligature audit was undertaken across in-patient sites in accordance with Care Quality Commission guidance. She said that all staff were trained in this process and the audits were undertaken by teams to identify areas across the whole unit to identify risk of patients taking their own lives or harming themselves using a ligature. She commented that the site in South Manchester had presented some challenges to this process compared to the site in the North due to the fact that this was a much older building with PFI arrangements, however the estates team had worked with the relevant building manager to undertake this ligature audit and this would be completed by the end of March 2024. The Associate Director of Operations stated that there were 140 in-patient beds in the North and 20 in-patient beds in the South and the difference in numbers was due to the need to safely manage the ligature audit. She advised that the staff profile across the sites would depend on the patient profile at any one time, adding that a breakdown of the different staff roles across the in-patient sites would be provided.

Noting the comments expressed regarding the importance of staff recruitment and retention, the Deputy Chief Operating Officer said that consideration of this would be provided in further detail in future reports planned for the Group. The Associate Director of Operations commented that the issue of retention and recruitment was recognised and was a national issue and not limited to Manchester, however the developments in North Manchester presented an opportunity to attract staff. The Associate Director of Nursing and Quality commented that staffing levels would be reviewed in line with the increase in-patient acuity.

In response to the discussion that arose regarding safer staffing during evenings and weekends, the Associate Director of Nursing and Quality advised that night managers were in post across the in-patient sites and there were regular out of hours quality walk arounds undertaken, with senior members of staff providing oversight of these. These arrangements were further supported by on-call medical and operational staff. She added that staff did rotate from days to night shift patterns so this allowed for continuity of good practice and care. She added that the intention, subject to appropriate funding arrangements was to recruit Matrons to support this work and provide an additional level of professional quality assurances and oversight. She commented that they would be visible on wards and provide positive role models for staff. She commented that the 'In-patient Transformation Plan' had

specific actions to address poor practice regarding patient observations and that the introduction of an app to be used by staff would support this activity.

The Task and Finish Group supported the introduction of Matrons across all in-patient sites.

The Chief Operating Officer stated that the funding system the Trust's navigated for its income was very complex, with the majority of this coming from the Integrated Care Board. He commented that the priority of any investment was to deliver safe staffing and patient safety. The Deputy Chief Operating Officer referred to the block contract arrangements (a payment made to a provider to deliver a specific, usually broadly-defined, service) that existed and that the Trust was bound by financial rules and regulations in regard to how this money could be spent. In regard to a specific question regarding the PFI contract, she commented that the details of this were not readily available for this meeting.

In regard to the reported 10% reduction in the use of rapid tranquilisation across Manchester wards in October, the Deputy Chief Operating Officer advised that this was compared to the previous month. The Associate Director of Nursing and Quality added that this information was periodically reviewed across all sites and was aligned to serious incident reporting. The Chair commented that the actual figures relating to restrictive practice should be circulated to the members of the Group following the meeting for information. The Chief Operating Officer commented that this would be provided, adding that the use of seclusion had reduced at the Edenfield site.

In response to safeguarding referrals, the Associate Director of Operations advised that there were 1297 referrals in October 2022 compared to 941 in October 2023. She advised that referrals could come from a number of sources and the recording of this information had been improved through the introduction of the PARIS IT system. She advised that a number of key partners, including Greater Manchester Police had undertaken safeguarding training and this included the Right Care Right Person training, (Right Care, Right Person is an operational model developed by Humberside Police that changed the way the emergency services responded to calls involving concerns about mental health). She commented that all referrals were clinically triaged and there were improved processes following closer collaboration with the Council and the Section 75 joint assurance partnership weekly meetings chaired by the Manchester Executive Director Adult Social Services had been in place since March 2023.

The Deputy Chief Operating Officer acknowledged the comments expressed in relation to the in-patient's rights being read within the first two weeks. She commented that she was of the opinion that this was as the result of a recording issue rather than a failure to do this. She commented that this would be picked up as a specific action for improvement. The Chief Operating Officer added that compliance with the Mental Health Act was audited by the Care Quality Commission.

The Deputy Chief Operating Officer further acknowledged the positive feedback from the Group in relation to the 21% reduction in incidents related to smoking on Manchester sites and commented that whilst improvements had been made work continued in this area of activity.

The Deputy Chief Operating Officer said that they were considering all training opportunities for staff, however they were currently prioritising mandatory training. She commented that the Trust was committed to delivering Trauma Informed Care, supported by specialist practitioners. Noting the comments from the Chair regarding the ambition for Manchester to become a trauma responsive city she said that she would welcome the opportunity to liaise with the lead officer for Trauma Informed Practice within the Council to progress this and discuss future opportunities.

The Deputy Chief Operating Officer acknowledged the comments made regarding research and innovation and added that the intention was to transform the research into innovative practice.

The Chief Operating Officer stated that senior staff were much more visible and actively undertaking daily walk arounds of the various sites and engaging with staff and patients. He said that in addition to these informal systems there were formal systems established to capture both staff and patient views and feedback. He further commented that staff and service users had recently attended and spoke at the Trust's Annual General Meeting, and this had been very powerful and had provided valuable feedback reflecting on the improvements achieved to date.

The Deputy Chief Operating Officer informed the Group of the establishment of a number of staff champions identified across the Trust who staff could approach to raise concerns with. She further added that Commissioners also undertake walkabouts of the sites, commenting that there are a number of sources of information and feedback, and the challenge was to triangulate all of this information.

The Associate Director of Nursing and Quality commented that she had been in post for 12 months and she was extremely visible and positive presence on the ward and she promotes engagement sessions with staff, including questionnaires with the intention to improve culture and practice. She commented that the Freedom to Speak Up was a very useful tool for staff to articulate their views and opinions.

The Associate Director of Operations referred to the 'Our Care Matters' service user group who met monthly and was a forum to express individual concerns or raise wider issues.

Decision

To note the report.

GMMHIP/23/02 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, noting the comments made during the previous agenda item.