

# **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.