

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

**Minutes of the meeting held on 20 February 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

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

Paul Lewis-Grundy, Associate Director of Corporate Governance, Greater Manchester Mental Health NHS Foundation Trust

Sarah Williamson, Associate Director of Nursing and Quality - Manchester Care Group, Greater Manchester Mental Health NHS Foundation Trust

Dr Nishan Bhandary, Associate Medical Director - Manchester Care Group, Greater Manchester Mental Health NHS Foundation Trust

**GMMHIP/24/05      Minutes**

The Chair in moving the minutes noted that the requested information that had been provided by the Trust following the previous meeting and she thanked the officers for providing this. She asked if the RAG rating against actions completed that had been circulated included any discussion as to their impact. She further asked what the approach to those actions was that were deemed to be overdue and was there any further context that could be provided.

The Deputy Chief Executive and Chief People Officer, GMMH stated that this information that had been provided was a summary and he reassured the Group that more detailed information and data tracking sat behind each individual action. He stated that this information was regularly provided to the Board so there was constant oversight of this work, and these actions were constantly reviewed, particularly noting the Chairs comments in relation to safeguarding.

**Decision**

To approve the minutes of Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held on 23 January 2024 as a correct record.

**GMMHIP/24/06      Oral Update from the Executive Member for Healthy Manchester and Adult Social Care**

The Executive Member for Healthy Manchester and Adult Social Care commented that since the Group had last met the report 'An Independent Review into the care and treatment provided by Greater Manchester Mental Health NHS Foundation Trust: Published January 2024' written by Professor Shanley OBE had been published. He commented that the report contained no surprises to himself, adding that he recognised that this was testament to the honest and often blunt conversations that had been held between the Trust and the Council over the previous 18 months. He commented that this detailed report conveyed the complexity of the challenge that the Trust faced.

The Executive Member for Healthy Manchester and Adult Social Care stated that it was important for the Council and local political leaders to rebuild the confidence in the Trust that had been severely undermined following the BBC revelations.

The Executive Member for Healthy Manchester and Adult Social Care informed the Group that in recognition of the ongoing concerns regarding out of area care, the March meeting of the Provider Collaborative Board would be considering this issue with the intention of agreeing a system wide response to this issue.

The Executive Member for Healthy Manchester and Adult Social Care then invited the Executive Director Adult Social Services to address the Group to describe the actions taken by the Council to support GMMH.

The Executive Director Adult Social Services informed the Group that she had been working with colleagues from the Trust to best support them to help protect the most vulnerable people in Manchester. She commented that through these improved working practices the performance data that was routinely provided by the Trust had vastly improved. She commented that the formal and informal governance arrangements to support GMMH had also improved and been strengthened, adding that initially weekly informal meetings had been established and more formally she chaired the Assurance and Governance Group meetings. She added that it was recognised that there was still a significant amount of work to be done, especially around the issue of demand and risk, noting that the issue of staff retention and recruitment that had been discussed at previous meetings of the Group remained a national issue. She commented that work was underway to review the levels of social workers in Community Mental Health Teams to ensure that the correct resources were allocated. She added that the importance of mental health social workers and the role they played in regard to early intervention was understood. She stated that a social worker consultant role would be funded to support staff at GMMH, adding that those staff were under significant pressure. She added that consideration was also been given as to how the Control Room could be best used to support GMMH and the Community Mental Health Teams. She informed the Group that a workshop would be convened in the next few weeks that would bring partners together from across the local health system to specifically consider the prevention agenda.

**Decision**

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

### **GMMHIP/24/07      Update on GMMH Improvement Plans on Governance and Leadership**

The Task and Finish Group considered the report and accompanying presentation of the Associate Director of Operations, Associate Director of Nursing 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 Governance and Leadership.

Key points and themes in the report included:

- Describing the actions taken to improve governance arrangements;
- Describing the actions taken to improve leadership arrangements;
- Describing organisational wider improvements, with reference to Manchester specific actions; and
- Next steps.

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

- Who would sit on the Evidence Review Panels that were being introduced;
- Commenting that visibility of senior staff was very important as it set the tone of the organisation;
- Recognising the important role the new Chief Executive would have in setting the correct tone for the whole of the Trust;
- What was the approach to appointing the new Chief Executive;
- Had issues relating to senior leadership visibility been identified through the Freedom to Speak Up mechanism;
- Had any consideration been given to implementing a 'mystery shopper' type programme to seek an additional level of assurance that poor practice was eradicated; and
- How was the patient voice that articulated their experience of care captured.

The Deputy Chief Executive and Chief People Officer, GMMH described that the Evidence Review Panels would assess and test the actions identified, and the panels would be bespoke to the specific issues being considered, adding that these would include service user and staff representatives. He said that the outcomes of these Panels would be recorded and scrutinised by the Board. The Chair commented that information on the outcomes of these Panels should be included in any future update reports to meetings of the Health Scrutiny Committee at the appropriate time.

The Executive Member for Healthy Manchester and Adult Social Care commented that the Shanley report had identified the lack of visibility of the former Chief Executive and Board Chair as a significant issue and had contributed to feelings of lack of empathy. He said that he would encourage the new Chief Executive, once appointed to visit the Community Mental Health Teams and meet with staff. He

placed on record his appreciation to the Chief Operating Officer, GMMH for his frank and honest dialogue that he had engaged with him over the previous 18 months, especially around the issue of Community Mental Health Teams.

The Associate Director of Operations, GMMH stated that regular visits were undertaken by senior leaders to meet with services and staff were very open to conversations and felt comfortable to raise issues. The Associate Director of Nursing and Quality, GMMH also commented that leadership visibility on the wards was very important, with regular walkabouts on the wards were now embedded. She also referenced the importance of Matrons on the wards as a visible role model and as a point of contact. She commented that staff responded well to these initiatives and gave the staff confidence to raise or discuss any issues they may have. She added that if a specific issue was raised this would be escalated and tracked using appropriate and agreed channels. The Associate Medical Director, GMMH noted the comments raised regarding the Community Mental Health Teams and the challenges these teams had faced due to recruitment, however he stated that improvements were being made in regard to engagement and dialogue with staff across all levels. The Associate Director of Operations, GMMH advised the Group that a pastoral role had been provided to the staff working in Community Mental Health Teams to offer additional support to those staff around the issue of supervision and appraisals. This had recently commenced and would be available for 12 months and then assessed. She added that Risk Summits specifically around Community Mental Health Teams and the workforce had been developed by local Service User and Carer Groups and the findings of these would be shared with partners as part of the considerations of the wider prevention work that was discussed by the Executive Director Adult Social Services.

The Deputy Chief Executive and Chief People Officer, GMMH stated that the Freedom to Speak Up channel tended to identify staff-related issues, adding that this mechanism was one way for staff to raise concerns with the confidence that these would be listened to and addressed, however it was his experience from visiting services and meeting staff in person that they were confident to raise issues directly with senior leaders and managers. He commented that this notion of visibility with purpose was central to improved governance arrangements across all services. He provided an example of when he had met with a group of internationally recruited nurses to learn of their experience. He said these conversations and learning of their lived experience was invaluable and would inform future planning.

The Deputy Chief Executive and Chief People Officer, GMMH commented that all what had been described was to provide an assurance that safeguarding was central to all activities and was ran throughout all workstreams of the Improvement Plan. He said staff had the confidence and were empowered to speak up and raise issues, with an assurance that they would be listened to with the appropriate action taken and learning captured. He added that it was the responsibility of all leaders across all services to be the 'eyes and ears' on the ground to ensure patient safety. He commented that whilst the topic under discussion today was governance the importance was the improvements that were being made across the Trust in relation to culture and leaders leading by example.

The Associate Director of Nursing and Quality, GMMH made reference to the many different ways in which the service user voice was captured, these included the Service User Survey; a PALS officer who worked directly with service users and linked directly into the governance and quality assurance structures; established Service User Forums and a recently appointed Patient Engagement Lead. The Associate Medical Director, GMMH commented that meetings were facilitated for patients to meet with the ward manager to discuss aspects of care and what was working and what was not, he added that these were very powerful meetings and an opportunity to hear the service user experience. The Associate Director of Operations, GMMH said that Manchester had an established service user and carers group, called 'Our Care Matters' who met monthly and were representative of all services. She added that service managers and operational managers attended these group meetings. She added that the Patient Engagement Lead had coproduced with service users and carers a 'Better Together Strategy'. She stated that a specific service user and carer group had also been established to consider and feed into the development at Park View in North Manchester, adding that these were very well attended. She commented also that an engagement day with CHARM had also been facilitated recently and had resulted in a number of actions to be progressed. The Chief Operating Officer, GMMH commented that the initial feedback from that session with CHARM had been very positive despite some challenging conversations.

The Chair commented that it was important to recognise the importance of challenging conversations to drive improvements and foster honest and open dialogue.

The Associate Director of Corporate Governance, GMMH said that it was important to learn and embed all the learning from the many various opportunities and mechanisms to capture feedback, including but not restricted to, analysis of Freedom to Speak Up and the Staff Survey. He said all this data and information, both formal and informal would be triangulated and used to inform all future planning and priorities.

The Deputy Chief Executive and Chief People Officer, GMMH advised the Group that an extensive programme to recruit the new Chief Executive had been initiated, with a search company undertaking proactive conversations with potential candidates. These conversations were predicated on an understanding of system wide expectations of candidates and clear discussions regarding the challenges the role would present. He said that the selection process would include all candidates meeting with a range of stakeholder panels, that included staff and service users with feedback obtained from each panel to help inform any final decisions.

## **Decision**

To note the report.

## **GMMHIP/24/08      Final Recommendations**

The Members of the Task and Finish Group were invited to formulate and agree recommendations for inclusion in the Task and Finish Group's final report. Following

agreement of the final report, the final report would be submitted to the next meeting of the Health Scrutiny Committee for endorsement by the Committee.

## **Decision**

The Task and Fish Group agree that the following recommendations to be included in the final report.

1. The Health Scrutiny Committee shall continue to be involved in reviewing the implementation and outcomes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan.
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 different service users and patient groups who would be invited to share their experience of the impact of the Trusts Improvement Plan.
3. The Health Scrutiny Committee to consider a report that provides an update on the implementation of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan in the Autumn of 2024. The new Chief Executive and Board Chair to attend this meeting when scheduled.
4. The Group encourages the incoming Chief Executive Officer to undertake walkarounds and engage with frontline staff, including staff in the Community Mental Health Teams as soon as is practically possible following their appointment.
5. The Group encourages the Trust to undertake a rigorous peer review once the new Chief Executive is appointed.

## **GMMHIP/24/09      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. The Group noted that this meeting concluded the work of the Task and Finish Group.

## **Decision**

To note the report.