

GMMH Improvement Plan & Locality Update:

**Trafford Health Scrutiny Committee September 2023** 





## **GMMH Background**









**Acute Trust sites** and multiple other community inpatient sites

60 inpatient wards

Adult, Later Life, Mother and Baby, Low and Medium Secure, Deaf, Drug & Alcohol Detox



Over 81,000 Service Users

Over 6,600 staff

**Provider of** community services

IAPT, CMHT, MAS, Perinatal, CAMHS, Drug & Alcohol services



An operating income for 22/23 c. £468m



10 specialist research units



Across 109 locations

**Five Care Groups** 

**Provider of Health and Justice** Services Inc

Secure children's homes, approved premises, prison mental health services, GM-wide diversion and liaison & tactical advice services.



2022	1/4/2022 Lead Provider Collaborative (GM secure MH services)		November 2022 Entered into Recovery Support Programme and NHS E review commissioned
2021	1/4/2021 Integrated with Wigan MH services (and Bolton CAMHS)		
2020	April 2020 Successful bid to lead the provision of all healthcare services in HMPs Garth and Wymott	1/4/2020 Transfer of three prisons and two secure children's homes from Bridgewater to GMMH	
2017			December 2017 Integrated with Manchester Mental Health and Social Care Trust

## **CQC** inspections and warning notices



The Trust was placed in NHS Oversight Framework Segment 4 in November 2022

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

- Community mental health services for adults of working age (Central Manchester) x2
- Fire and Ligature safety: Adults of working age, PICU and Forensic inpatient services
- Medicines management HMP Wymott
- Safe staffing and Governance
- Woodlands Hospital (Older Adults) Salford
- Well led

CQC report published July 2023 overall rating as inadequate however noted improvements Improved ratings at Woodlands for the safe domain from Inadequate to Requires Improvement

Ratings			
Overall trust quality rating	Inadequate 🕒		
Are services safe?	Inadequate 🔴		
Are services effec ve?	Requires Improvement 🥚		
Are services caring?	Requires Improvement		
Are services responsive?	Requires Improvement 🔴		
Are services well-led?	Inadequate 🛑		





#### Significant reviews/ Investigations/ oversight

Independent Clinical Review (Fearnley) at Edenfield concluded October 2022

NHS E external (Shanley) review commissioned November 2022 ongoing (due to report Sept 23)

Good Governance Institute Review concluded March 2023

Law By Design Investigation concluded March 2023

Operation Crawton GMP: Ongoing

NHS England Undertakings (still in draft format)

#### Leadership\*

Interim Chairman, (commenced January 2023)

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

Interim COO (commenced December 2022) permanent recruitment to be commenced Sept 2023

Interim Medical Director (commenced July 2023) permanent replacement to start Sept 2023

Interim CEO (commenced July 2023) permanent recruitment to be commenced Sept 2023

NED recruitment underway

<sup>\*</sup> Individuals identified for interim posts with specific skills and experience required to support GMMH

## **Key messages**



- The Trust has a clear understanding of the scale and complexity of the key underlying issues and a commitment to deliver the improvements required.
- We are working to deliver fundamental changes to the safety culture, clinical and corporate governance assurance systems and leadership focus and visibility in the Trust.
- The Trust is responding openly to any emerging issues
- Following recent CQC inspections they have identified and acknowledged the improvements have made and no further regulatory action has been taken.
- Ongoing co production and engagement is fundamental to improvement
- The plan does not replace business as usual improvements, contractual KPIs and transformation.
- It is recognised that significant challenges remain regarding delivery against actions at the pace and scale required and the environment is complex.
- The NHS E independent review is due to be published in September 2023 and the Trust will respond accordingly to considering the outcome and any recommendations
- We will continue to work closely with NHS England regional and national teams to deliver against the Exit Criteria (See appendix) and the Undertakings
- GMMH provider challenges sit within the context of the wider GM system issues (financial and demand and capacity)
  - An independent diagnostic commissioned by GMICB highlighted £90m under investment in mental health compared to national averages.
  - Rising OAPS, CFRD performance and increasing demand and complexity





#### **Patient Safety**

**Exec Sponsor:** Chief Nurse

- Safe Staffing
- Reducing Restrictive
   Practices
- Safe and therapeutic environments
- IPC
- Fire and smoke free
- Ligature Safety
- Sexual Safety
- MedicinesManagement

#### Clinical Strategy and Professional Standards

**Exec Sponsor:** Medical Director

- Model of Care and Clinical Strategy
  - AFS (Inc commissioning)
  - CMHT
  - Wider inpatient services
- Clinical skills training
- Development of clinical networks
- Accreditation

#### Workforce

**Exec Sponsor:**Director of Human Resource

- Staff Safety
- Psychological
   Safety
- Staff Engagement and Partnerships
- Education and Training
- Appraisals and Supervision

Leadership

Development
\*Including NHS P staff

#### Culture

**Exec Sponsor:**Deputy Chief Executive

- Empowerment and
  - Equality
- Freedom toSpeak Up
- Strengthening the Service User and Carer Voice

#### Governance

**Executive Sponsor:**Deputy Chief Executive

- Corporate

  Governance reviev
- Quality Governance review
- Leadership and Board

  Development
- Data Quality and Visibility
- Board Visibility



## Risks to delivery of the Improvement Plan

Risk	Mitigation
Capacity and capability to deliver the improvement plan	<ul> <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>
Workforce capacity, availability and morale	<ul> <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>
Sustainable leadership capacity and capability	<ul> <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>
Financial challenges	<ul> <li>Trust Financial plan for 23/24 agreed and supported by Board.</li> <li>Financial Plan includes 4% efficiency ask.</li> <li>GM ICB financial challenges</li> <li>NHSE non recurrent financial resources identified (TBC)</li> </ul>
Weak assurance frameworks to support evidence of delivery	<ul> <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>
Entrenched cultural challenges	<ul> <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>
Capital constraints	<ul> <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>

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## **GMMH** Improvement plan



Patient Safety

Following a recent self assessment against the Sec 29a warning notice for ligatures, fire and smoking

- •93% of wards are compliant with fire safety actions
- •84% of wards compliant with ligature safety actions
- •Significant capital and maintenance programme is being delivered to reduce ligatures with all work expected to be completed by March 24\* (Laureate- PFI)
- •65% of wards are compliant with smoke free actions
- •Ensuring all wards are consistently smoke free is challenging
- •All wards have had an initial review of their staffing levels as part of a trustwide safe staffing initiative (with investment identified to support improvements)
- •Significant and sustained improvements seen in staffing levels at Edenfield
- •All local actions completed for the Woodlands 29a
- •Wymott 29a Trust actions complete and contract notice closed
- •Significant progress made to deliver actions identied in the CMHT S29a warning notices (work ongoing)

Clinical Strategy and Professional Standards

#### **AFS Models of Care:**

- Service model currently under consideration
- •Progress monitored via the NHS E contract governance

#### **Trauma Informed Care:**

•Funding for TIC Lead approved and post advertised

#### **Clinical & Professional Standards (priority Clinical Networks)**

•Clinical strategy identified as priority actions with senate and clinical networks to follow

## **GMMH Improvement plan**



## Workforce

#### **Developing our Workforce:**

Mandatory training review underway

#### **Induction & Onboarding:**

•Advert for Fixed Term Band 7 to lead HCSW Pastoral Support team.

#### **Staff Safety & Wellbeing**

- •Re-contracting discussions ongoing with Employee Assistance Programme (EAP) provider.
- •Commenced scoping systems/approaches to supervision, supervision recording/supervision targets

#### **Visible & Compassionate Leadership:**

- Organisation identified to support with Care Group Leadership Development
- •Role Model, Coach, Care (RMCC) workshop launched, and dates published

#### **Recruitment & Workforce Supply:**

- •Funding for Nurse recruitment campaign confirmed, and 'Just R' identified as provider.
- •Manchester CMHT recruitment campaign ongoing.
- •Proposal for external Medical Recruitment campaign under development.
- •Submission to NHSE for funding for additional 20 International Nurses.
- •Application for Pastoral Quality Award submitted.

#### **Staff Engagement & Partnership Working**

- •Finalised Recognition Platform.
- •Workforce Partnership Forum to be established at Edenfield.

#### Psychological Safety/FTSU:

- •FTSU Guardian appointed starting Oct 23
- •26 FTSU Champions recruited.

#### **Culture, Empowerment and Equality**

Cultural diagnostic and next steps underway

#### **Strengthening the Service User Voice:**

- •5 x PALS officers recruited
- Service User Engagement plans developed

#### Tackling unacceptable Behavior:

- •Confirmed Executive lead Andrew Maloney for health inequalities and workforce inclusion.
- •Agreed Advancing Equalities Committee agreed to report directly to Board of Directors.
- •Funding for the Inclusive Cultures Programme secured.
- •The EDI Champions Programme phase one underway and completed anti-racism element.
- Anti racism statement published

Sulture

# Governance

- 'Standard Operating Procedure for the Governance of Meetings' (SOP) approved
- •New Trust Governance structure agreed in principle and to be mobilised
- •MIAA specification for Board Assurance Framework (BAF) development amended and work in progress
- Care Group Accountability Framework drafted
- NED recruitment underway
- •CEO underway and Executive Director recruitment starting imminently
- Approach to Executive Director visit programme agreed and visit protocol drafted
- •Development of Nursing and Governance leadership structures underway
- •New Board Performance Report developed in Power BI
- •New Data Quality Agile Group established to support strengthening of data quality assurance processes
- Datix re-procurement advanced
- •Review completed of risk management system and resources
- Data cleanse ongoing of operational risk registers
- •Review of serious incident process completed with NHSE support

## Later Life (Bollin and Greenway) specific update (cqc report)

In November 2022 CQC inspected wards at Woodlands Hospital in Little Hulton. Following this inspection, the trust was served with a Section 29A warning notice as the Care Quality Commission formed the view that the quality of health care provided within this service required significant improvement. The service was rated as 'Inadequate'.

In April 2023, the CQC returned to GMMH and carried out a further unannounced visit to Woodlands and during this visit they also inspected Bollin and Greenway Ward in Trafford at Moorside Hospital.

#### They found the following for Bollin and Greenway wards:

- Estates
  - Good lines of sight
  - Compliant on same sex guidance
  - Refurbishment was noted and was clean and good state
  - A review of 'nurse call' bells placement part of a wider GMMH discussion on estates
- Reducing vacancy rates
- Reducing turnover rate
- Risk assessments were detailed, complete and reviewed
- Some risk mitigation action paperwork not signed off / updated, which is now being monitored regularly
- A Higher use bank and agency usage, due to increased observations (being reviewed as part of MHOST)
- Completion of mandatory & essential training modules required improvement now the top performing service in Trafford
- The overall rating for the service raised from 'Inadequate' to 'Requires Improvement' noting improvements

Trafford Mental Health Integrated Partnership Priorities

 GM 5 mental health 'Mission' areas, to support Mentally Healthy Communities, timely access to mental health support, living longer, reducing stigma and tackling inequalities.

- Mental Health a cross cutting theme for all TPCB priorities, some specific...
- GMMH priorities...
  - Increase the number of adults and older adult accessing Talking Therapies (IAPT) to 25% prevalence (currently funded to 23.1%)
  - Work towards eliminating inappropriate acute MH out of area placements (OAPS). Trafford target to reduce number of OAP's (10 OA placements compared to 89 in total for GMMH)
  - A 25% reduction in number of GMMH in-patients who have no criteria to reside and are ready for discharge (In Trafford 12 patients who have no reason to reside compared to 181 in total for GMMH – positive, collaborative support from LA & ICB in supporting people with timely discharge
  - Delivering Community Transformation, involving neighbourhoods and partners across Trafford system

Resilient Discharge

Neighbourhood Programme

> Urgent Care

## **GMMH Trafford Achievements and Challenges**

#### **Achievements**

- Improvement Plan progress: Quality focus on Later Life, Ligature risk management / fire safety / smoke free environments
- Community Transformation: Living Well roll out and investment / renewed crisis café / test for change around professional roles / PD pathway development / co-occurring conditions pathway
- Workforce:
  - High levels of mandatory training / supervision appraisals and staff health and wellbeing programme being developed
  - Psychology on in-pt wards
  - · New registered qualified staff
- Despite national challenges, have attracted a high number of newly qualified registered nurses to Moorside - need to embed
- Established & strong systems Trafford working: ICB Board and subgroups / Urgent Care Board / Partnership Meeting with LA
- Urgent and Emergency Care
  - MH Joint Response Vehicle (GMMH funded),
  - 9 crisis bed IASPIRE GMMH wide
  - Crisis Care navigators in A&E
  - Crisis Cafés/ Listening & Recovery Lounges
  - Single point of access for 136
- In-patient environmental refresh circa £1 million
- Strong performance for Talking Therapies

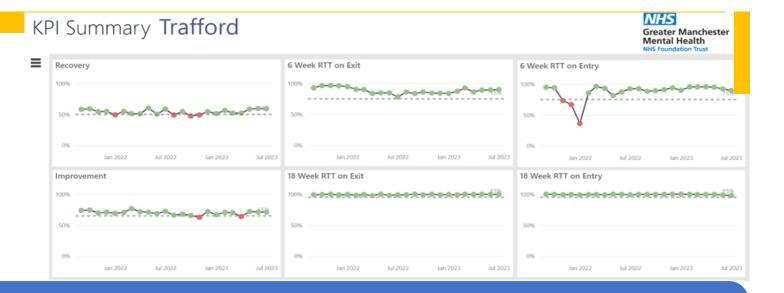
### **Challenges & Opportunities**

- Historical level of investment Mental Health Services in Trafford (Inpatient, Early Intervention & Talking Therapies) e.g. wards are less established than other localities (MHOST will base levels on clinical and therapeutic need, and likely requires significant investment)
- Demand and Acuity at Moorside (length of stay on discharge 2022 61 days 2023 between 81 older adults stay in hospital for longer
- Urgent and Emergency Care, Trafford residents attend Wythenshaw out of hours, where they receive support from Mental Health Liaison – opportunity to improve UEC offer with responding to recommendations from HealthWatch GMMH will support priority areas work
- Flow and then access to beds from A and E, medical wards and those waiting at home – specific challenge with 4 patients awaiting a nursing home placement (across MH & Acute sector)
- Workforce
  - CMHTs (particularly social workers), 81 patients 'waiting well', whilst awaiting allocation of a care coordinator
  - In-patient, large number of new staff starting lower historical establishment – Opportunity to review using MHOST
- Waiting times for Memory Assessment (WL initiative funded and underway)
- High number of ADHD waiters, GM wide challenge
- GM system wide approach to transforming care with ASC.
- Mixed gender PICU (Plan to transition to single gender)

## Achievements and Challenges Continued: Talking Therapies & Achieve Addiction (Previously IAPT)

#### **Talking Therapies Achievements:**

- Trafford is an exemplar in GM Talking Therapies
- Consistent high levels of Recovery and Reliable improvement outcomes
- Consistently meets RTT at both 6 and 18 weeks.
- Recruited to full capacity at both a CBT and Counselling (as a result of trainee expansion strategy).
- Challenge
- To improve 1<sup>st</sup> to 2<sup>nd</sup> appointment waits and consider growing demand for counselling



#### Achieve Addictions Team – we're proud of:

- Working with the National Probation Service and local prisons to support the continuity of care for patients released from prison or subject to Community Orders.
- Embedded in the Trafford Living Well design space/collab and MH transformation plans regarding Neighborhoods.
- Delivering a Co-occurring Conditions Event in September, with Achieve Trafford & colleagues from CMHT (including LA), Living Well (Primary Care) and Talking Therapies exploring opportunities for collaborative neighborhood working.
- Introduced a Harm Reduction Team focusing on a number of initiatives such as Naloxone distribution via core services, outreach and our and Peer to Peers Naloxone distribution.

  The team will enhance pharmacy liaison and needle exchange provisions across Trafford community pharmacies,. The Harm reduction team will be working towards reducing drug related deaths by developing a link with North West Ambulance Service and local hospitals to proactive focusses non-fatal overdoses.

### **GMMH** and ICB

### **Challenges**

- ICB financial position and impact on future funding for MH
- Flow through inpatient services, rates of CFFRD and OAPS
- Delivery of all LTP requirements
- Increasing demand (Inc Winter pressures) & funding new schemes to support
- Workforce demand and supply
- Non recurrent funding for critical UEC schemes
  - Winter/ Discharge schemes
  - Mental Health Joint Response Vehicle

## **Opportunities**

- Relationships and collaboration with System Partners (Inc GMP, NWAS and VCSE)
- Mental Health Investment Standard requirements
- Investment in Mental Health ambulances
- Investment into the GMMH Improvement plan priorities (Year 1 £4.7 million FYE)
- Support from NHS E Intensive support team into GMMH

## Summary

- This presentation sets out the GMMH improvement plan, being driven by a new, but very experienced executive leadership team
- Mental Health is a cross cutting theme across the Trafford (and GM) health and social care system, this is recognised in the Integrated Partnerships priorities
- Trafford Mental Health Services and System are challenged with historical under investment, when compared nationally and to other GM partners despite this, still moving ahead with innovations (Living Well, Achieve, Urgent Care) and delivering improved outcomes
- GM wide, Mental Health services are under continued and sustained pressure
- Ongoing risks related to new ways of working, e.g. GMP 'right place right time' remain and may exacerbate
- Strong relationships with VCSE crucial moving forward and need to build further
- Feedback from Healthwatch and other partners opportunity to act as a system
- Strength of relationships & governance systems across Trafford locality, Place, ICB and Local Authority –
  active involvement from the DASS & Place Based Leaders