

25 January 2023

Bury Overview and Scrutiny Committee

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Background



- GMMH declared a critical incident on 12th September 2023 following serious concerns raised regarding care and treatment at the Edenfield Centre, Prestwich.
- The incident management response has been categorised as a three-stage approach:
 - **Phase 1: Diagnostic**
 - **Phase 2: Improvement**
 - **Phase 3: Transformation**
- The governance and programme management structure was mobilised including
 - **A dedicated Programme Management Office.**
 - **An overarching steering group, the Executive Incident Management Team.**
 - **Eight defined workstreams.**

Immediate Actions Pre and Post Broadcast

08 – 28 September 2022

- Clinical reviews by the Multi- Disciplinary Team of patients identified were completed.
- Enhanced Edenfield Management Team deployed.
- Edenfield Centre closed to new patient admissions, revised gatekeeping process established and mutual aid commenced.
- Immediate HR interventions.
- External Clinical Review led by Dr David Fearnley commenced.
- Greater Manchester Police opened Operation Crawton.
- New Freedom to Speak Up Guardian appointed.
- Increased independent advocacy activated.
- Unannounced night-time quality visit across GMMH inpatient services.
- The Trust submitted further correspondence to the BBC regarding safeguarding and data protection concerns.
- Communication strategy and support plan finalized for pre and post broadcast for all staff, service users, families and public.
- GMMH Helpline number was published
- The Greater Manchester Police (GMP) contact number was also published.
- GMMH declared a Critical Incident.



Key dates and activities taken

27 September:	Regular staff and stakeholder briefings commenced.
28 September:	GMMH Helpline established and publicised with the remit of supporting people post Panorama broadcast.
29 September:	Immediate day 1 actions taken, to continue to improve patient and staff safety & GMP Operation Crawton launched.
29 September:	Phase 1: Diagnostic action plan developed and actioned accordingly.
06 October:	Initial Rapid Quality Review meeting with NHS E
07 October:	NHSE/GMMH Cells commenced.
10 October:	Commissioned Good Governance Institute .
18 October:	Commissioned Law by Design .
24 October:	'Ask Neil' Whole Trust Staff engagement Event held.
25 October:	Chief Executive Officer and Chief Nurse hosted conversation with service users and carers .
31 October:	1 st Draft GMMH Single Service Improvement Plan (SSIP) , shared with GMMH Board of Directors (part 2).
31 October:	Findings from the GMMH Commissioned Independent Clinical Review shared with Trust Board of Directors (part 1).
31 October:	Draft BAF risk regarding Edenfield shared with Trust Board.
22 November:	Letter received from NHSE advising that GMMH would be placed in Intensive Support Segment 4 of the NHSE Oversight Framework and NHSE commissioned Independent Review .
24 November:	CQC published Well led inspection report with suspended rating
29 November:	Final Rapid Quality Review meeting with NHS E
30 November:	NHS E Improvement team commenced working in GMMH
5 December:	2 nd conversation held with service users and carers with an independent chair.
14 December:	1 st NHS E & GMMH Improvement Board held
18 January:	Improvement plan workshop with NHS E held- review latest draft SIP
19 January:	Trust Executive Management Committee – review latest draft SIP

GMMH and Bury Safeguarding supporting the Edenfield Incident

- Bury locality Safeguarding lead identified to link with GMMH
- All service users named in the annex were subject to usual safeguarding processes including a face to face safeguarding review to ensure their safety.
- Safeguarding referrals were (and continue to be) made as appropriate.
- Bury Safeguarding taking a lead role with regards to coordination of safeguarding referrals and links with other safeguarding boards.
- An additional designated Safeguarding Lead deployed to be a key member of the Edenfield Senior Leadership Team working with the Principle Social Worker at the Edenfield Centre to ensure an appropriate safeguarding response.
- All Highly Sensitive Incidents subject to 72-hour reviews and include a review of:
 - If a safeguarding referral has been made.
 - If a Person in Position of Trust (PIPOT) referral has been made.
 - What safety plans have or need to be put into place now in relation to staff movement and transfer.
- GMMH commissioned additional Safeguarding support
- Ongoing regular meetings with Bury Safeguarding leads

Additional Context CQC

CQC warning notices	Date of Issue	Action Required By
Community-based mental health services for Adults of Working Age – Central Manchester CMHTs	27/04/2022	31/07/2022
Fire and ligature safety – Acute Wards for Adults of Working Age and PICU and Forensic Inpatients or Secure Wards	06/07/2022	31/07/2022
Medicines management - HMP Wymott	30/08/2022	25/10/2022
Safe staffing and governance	23/09/2022	31/12/2022 – Safe Staffing 31/03/2023 – Governance
Community-based mental health services for Adults of Working Age – Central Manchester CMHTs	04/11/2022	04/01/2023
Woodlands Hospital	20/12/2022	31/01/2023 30/03/2023

CQC Well led Inspection 13 June – 7 July 2022. Report published 24th November 2022

Overall trust quality rating:	Inspected but remains suspended	
Are services safe?	Inadequate	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive?	Requires Improvement	
Are services well-led?	Inspected but remains suspended	

GMMH Improvement Plan

The key pillars of Improvement focus on the fundamentals of high quality, safe and effective care, with core underpinning principles:

- Developing a positive, open, empowering culture.
- Raising the patient and staff voice and showing it is listened to.
- Improving quality and safety through clinical and professional standards within agreed Models of Care.
- Creating insight and intelligence by triangulating information.
- Scalable and sustainable improvement and transformation.

A single improvement plan is being developed and includes immediate actions and longer-term ambitions:

- Targeted actions and resources to support Edenfield recovery and transformation, including recommendations from the GMMH Commissioned External Clinical Review.
- Actions to deliver against CQC section 29a requirements and Well Led recommendations.
- Actions from Regulation 28's.
- Actions following the letter from Claire Murdoch 30.9.22 regarding quality and safety of MH, LDA inpatient services.



Pillars of improvement in the Improvement Plan



Patient Safety



An Open, Listening Organisation



Clinical and Professional Standards



A Well Governed and Well Led Trust



Empowered and Thriving Workforce

Areas identified for priority focus

Patient safety/ Good quality care

- Safer staffing (MDT)
- Reducing Restrictive Practices
- Medicines management
- IPC, Fire and Ligature safety

Clinical and Professional Standards

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

Empowered and Thriving Workforce ^A Supported and Motivated Workforce

- Staff safety (linked to safer staffing)
- Staff engagement
- Education and training
- Appraisals and Supervision
- Leadership development

* Including NHS P staff

An Open, Listening Organisation

- Culture: Empowerment and Equality
- Freedom to Speak Up
- Strengthening the patient voice
- Board visibility
- Psychological safety

A Well Governed and Well Led Trust

- Corporate Governance review
- Quality governance review
- Leadership & Board development
- Data quality and visibility

Next steps with the Improvement Plan

Engagement

Robust compliance and
assurance

Continue to develop,
agree & implement the
governance structure

Sequencing for delivery,
capacity and resourcing
plan

Incorporate all legacy S29
actions, Reg 28 and
learning from deaths

Consideration of
transformation vs
improvement

Expand and update the
RAG coding

Brand Identity

Key forthcoming dates and activities

30 January:	Trust Board – review latest draft SIP
9 February:	NHSE Improvement Board – review latest draft SIP
10 February :	Launch of SIP engagement plan Staff briefing and online resources and feedback methods publicised Stakeholder briefing distributed and published
From 10 February :	Staff and service user engagement activity launches for 4 weeks Statutory and other stakeholder meetings – SIP shared for feedback
27 February	Trust Board – review latest draft SIP
9 March	NHSE Improvement Board – review latest draft SIP (Sign off date TBC)
Q1 TBC:	Recovery Support Package Entry Meeting with NHS E and GMMH
TBC:	NHS E confirmation of Independent Review