Manchester Mental Health and Social Care Trust

BOARD MEETING

To be held at 10.00-12:30pm on Thursday 14\textsuperscript{th} January 2016
The Boardroom, Chorlton House, Chorlton, Manchester, M21 9UN

<table>
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<tr>
<th>STANDING ITEMS</th>
<th>LEAD</th>
<th>ACTION</th>
<th>WRITTEN REPORT</th>
<th>INDICATIVE TIMINGS</th>
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<tbody>
<tr>
<td>1. Patient Story</td>
<td>AR</td>
<td>To receive &amp; note</td>
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<td>2. Inclusion of the Public</td>
<td>JS</td>
<td>To receive &amp; note</td>
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<td>3. Declarations of Interest</td>
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<td>4. Apologies for Absence</td>
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<td>5. Minutes of the Trust Board meeting held on 26\textsuperscript{th} November 2015</td>
<td>JS</td>
<td>To receive &amp; approve</td>
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<td>6. Action Log &amp; Matters Arising</td>
<td>JS</td>
<td>To discuss</td>
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<td>7. Chair’s Report</td>
<td>JS</td>
<td>To note</td>
<td>verbal</td>
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<td>8. Chief Executive’s Report</td>
<td>MM</td>
<td>To receive &amp; note</td>
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<td>9. Publication and Policy Highlights</td>
<td>MM</td>
<td>To receive &amp; note</td>
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| STRATEGY                                                                        |      |                         |                |                    |
| 10. Redesigning the Trust’s Later Life Mental Health Services - update          | CH   | To receive & note       | ✓              | 10.30              |
| 11. Volunteering Policy and Procedure                                          | AR   | To receive & note       | ✓              |                    |
| 12. Greater Manchester Devolution Strategic Plan update                         | MM   | To receive & note       | ✓              |                    |
| 13. Manchester Locality Plan                                                    | JH   | To receive & note       | ✓              |                    |
| 14. Public Consultation Regarding Proposed Service Retractions – update        | CH   | To receive & note       | ✓              |                    |

| GOVERNANCE & QUALITY                                                           |      |                         |                |                    |
| 15. Integrated Quality Report                                                  | AR   | To receive & note       | ✓              | 11.15              |
|                                                                                  | JSB  |                         |                |                    |
| 16. Safer Staffing                                                             | AR   | To receive & note       | ✓              |                    |
| 17. Care Quality Commission (CQC) Action Plan                                  | AR   | To receive & note       | ✓              |                    |
| 18. Corporate Risk Register                                                     | AR   | To agree                | ✓              |                    |
| 19. The Practice and Impact of Schwartz Rounds®                                | JSB  | To approve              | ✓              |                    |
| 20. Health and Social Care Clinic – Evaluation of Pilot Project                 | CH   | To receive & note       | ✓              | 11.45              |
PERFORMANCE and DELIVERY

21. Financial Performance Month 8, 2015/16 SS To receive & note ✓

22. Integrated Performance Report November 2015 JH To receive & note ✓

23. Trust Development Agency (TDA) Monthly Return: quarterly update JH To receive & note ✓

24. Proposals for a Scrutiny Committee SS To approve ✓

MINUTES OF BOARD COMMITTEES

25. Transformation Programme Board MM To receive & note ✓ 12.10

26. Transformation Programme Board MM To receive & note ✓

27. Audit Committee 26th November 2015 EAM To receive & note ✓

28. Quality Board 18th November 2015 VB To receive & note ✓

29. Quality Board 16th December 2015 VB To receive & note ✓

30. DATE & TIME OF NEXT MEETING
The next Trust Board meeting will be held on Thursday 25th February 2016, 10.00am, The Boardroom, Chorlton House, Chorlton, Manchester. M21 9UN.

31. EXCLUSION OF THE PUBLIC
To resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
# Trust Board Report – Executive Summary

**Date of Trust Board:** 14th January 2016  
**Agenda Item:** 1

<table>
<thead>
<tr>
<th>Title of Report:</th>
<th>Digital Story – This too shall pass.</th>
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<tbody>
<tr>
<td>Date Produced:</td>
<td>22/12/2015</td>
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<tr>
<td>Author:</td>
<td>Thursday, 07 January 2016</td>
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</tbody>
</table>
| Name: Anita Rolfe  
| Title: Chief Nurse and Director of Quality Assurance  
| Name: Patrick Cahoon  
| Title: Head of Patient Experience  
| Tel: 0161 882 1359 |
| Purpose of Paper: | To remind Trust Board that all discussions should link directly to patient care. |
| Key Points:      | • This story highlights issues relating to alcohol and prescription drugs (codeine) addiction, and child sexual abuse  
|                  | • The story describes how childhood abuse can lead to the development of significant mental health difficulties within adulthood  
|                  | • The Trust has a range of services in place which provide support for service users in these specific circumstances including a safeguarding team, urgent care services and a range of specialised psychological services  
|                  | • The Trust works in partnership with third sector agencies including RISE Manchester to provide dual diagnosis support for service users with drug and alcohol related difficulties |

## Action Required

**Monitoring and assurance framework summary**

<table>
<thead>
<tr>
<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
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<tbody>
<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
<td>Any Action Required?</td>
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<tr>
<td>Link to Corporate Risk Register</td>
<td>n/a</td>
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| Have all implications been considered? | Yes  
| | Yes  
| | Yes  
| | N/A  
| | Report |

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<thead>
<tr>
<th>Legal</th>
<th>Financial</th>
<th>Human Resources</th>
<th>IM&amp;T</th>
<th>Estates</th>
<th>Users and Carers</th>
<th>Equality and Diversity</th>
<th>To include in 2015-16 Quality Account?</th>
<th>To have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</th>
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Manchester Mental Health and Social Care Trust

‘This too shall pass’ – Patient story produced in July 2015.

1. Purpose of Report:

1.1 The purpose of this paper is to present a patient story to Trust Board, and to develop awareness around the impact of Trust services as experienced by our service users.

2. Introduction and background

2.1 The Trust has commenced a ‘digital stories’ programme in partnership with Patient Voices, a social enterprise, and Manchester Metropolitan University. This story was developed as part of an ongoing educational programme aimed at staff within the organisation. The service user referred to within this paper has provided full consent for their story to be shown in this context. The main purpose of the story is to provide a reminder that all Trust Board discussions link directly to patient care and treatment.

2.2 This story highlights issues relating to alcohol and over the counter drug addiction, and child sexual abuse. Heidi has used a range of Trust services including urgent care, mental health home treatment and psychological services. Heidi has also spent time with the Trust’s inpatient services including spells on SAFIRE, and Elm and Bronte wards.

2.3 Heidi’s story begins with a reflection back to her childhood, where sadly as well as being neglected she was also subject to sexual, emotional and physical abuse. Heidi highlights how aged at just 12 years old she took her first overdose. Heidi also goes on to describe how she physically hurt herself, in the hope that someone would be able to remove her from the reality of her life, and provide her with help. She also describes how she subsequently had a mental health breakdown, aged 23.

2.4 Heidi describes how her illness progressed, leading to bouts of depression. This also contributed to alcohol addiction. She was eventually provided with a diagnosis around 10 years later which led to her being able to receive help around a range of personality and depressive disorders that were at the root of her mental health difficulties.

2.5 Heidi also reflects on her addiction to codeine, and how this led on an occasion to another overdose which was discovered by her children. Following a hospital admission in 2014 (Elm ward), where she was able to withdraw from using codeine she then successfully completed a 12 step programme with RISE, a drug treatment provider in Manchester. Heidi had a further inpatient stay on Bronte ward later in 2014, and in her story she reflects on being treated with respect and dignity on both occasions. Heidi was then referred for Dialectic Behaviour Therapy (DBT) with the Trust’s Psychological Therapies services, and despite a long wait is now accessing this support.

3. Discussion

3.1 Safeguarding children is a key priority for the Trust. The Trusts Safeguarding Team currently comprises of a number of named roles. These are the Head of Social Work and Safeguarding, the Safeguarding Co-ordinator/Named Nurse and a Named Doctor.
3.2 The named roles are part of the statutory requirements that are set out in “Working Together”. Additional to these roles the Trust provides a Specialist Perinatal Nurse and a Consultant Psychiatrist for Perinatal Services.

3.3 Following the recommendation from the CQC Inspection (November 2010) regarding Safeguarding link practitioners The Trust currently has 23 Safeguarding Link Practitioners (SLP) across the city. The role of the SLP is to provide additional support, advice and expertise to their colleagues on their team to help quality assurance of referrals to Children’s Social Care. The link practitioners have received additional level 2 and level 3 Safeguarding training facilitated by the Safeguarding named nurse. Within the role of the safeguarding link practitioners, they can provide additional advice and support within ward and community teams.

3.4 The Named Nurse supports and advises staff where there are concerns about a parent or carer’s mental health and the impact that may have for a child or young person’s wellbeing. The Named Nurse also represents the Trust at the bi-monthly Specialist Professional Interest Group, (SPIG) Professional Sub Advisory Group, (PAS) Private Fostering Steering and Task group and the Vulnerable Babies Group. These multi agency groups are under the umbrella of the Manchester Safeguarding Children's Board.

3.5 The Trust has introduced a wide range of policies and operational procedures specifically around working with young adults. This includes guidance around working with 16-17 year olds and a protocol for younger adults requiring emergency admissions. This guidance was produced in response to recent Serious Case Reviews involving the care of children aged over 16 years. Its purpose is to ensure staff are clear about their responsibilities to safeguard children and young people, specifically 16-17 yr olds.

3.6 The Trust provides a range of services and support for people who find themselves experiencing a mental health crisis. For existing Trust service users there are a number of ways to get immediate support both in and out of office hours. The first point of contact for most services would usually be their Care Co-ordinator whose contact details are contained within the Care Plan. Care Plans also contain details regarding any Crisis Plan that has been discussed and agreed, detailing what to do if service users are feeling unwell and how to get the help they need.

3.7 The Trust also provides a crisis line for service users who are experiencing a crisis outside of office hours which can be reached on both weekdays and weekends including bank holidays. Crisis line staff will make an assessment and ensure that service users receive the help they need.

3.8 The Trust's Mental Health Home Treatment Teams (MHHTTs) provide an alternative to inpatient care by offering intensive community support. They work with service users and carers to find solutions and prevent relapses and all individuals are treated with respect, dignity and honesty. The aim of the service is to assertively engage with service users in crisis while minimizing the degree of disruption to their lives and offering clear information to promote patient choice.

3.9 The Trust's MHHTTs are available 24 hours a day for 365 days a year, providing a rapid response and acting as a gatekeeper to Adult Mental Health inpatient services. They are a designated point of access for emergency and urgent referrals. The teams facilitate admission to hospital when assessed and as required and all care is
delivered in accordance with Care Programme Approach (CPA) guidelines. There are three CRHT teams providing services in Manchester. The teams are locality based covering geographical locations in the North, Central and South parts of the city. Each team serves a dedicated number of GP Practices.

3.10 The Swift Assessment for the Immediate Resolution of Emergencies (SAFIRE) Unit provides support to individuals who are suffering from mental health crisis. The aim of the eight bed unit is to provide an environment where further assessment can be carried out in order to find an alternative inpatient admission. SAFIRE uses a predominantly nurse led approach to rapid and intensive assessment of a service user's mental health crisis and their identified support needs, liaising closely with mental health services, care coordinators and multi-disciplinary teams to develop and provide a high quality service. Following assessment service users are directed to the most appropriate service to meet their needs. This could mean admission to an inpatient ward, referral to MHHTTs or Community Mental Health Teams. The primary aim of the SAFIRE Unit is to provide an alternative to inpatient care.

3.11 RISE is a clinical drug treatment provider in Manchester, providing a full range of clinical interventions and working closely with a range of partners including the Trust to ensure that service users benefit from access to a wide range of other agencies which can support them on their treatment journey towards recovery. Treatment is tailored to meet the needs of the individual. RISE offer a full range of clinical treatment interventions for service users requiring clinical interventions. These range from clinical assessment for prescribing and medically assisted recovery to low level structured psychosocial interventions and access to recovery services.

3.12 The Trust’s complex cases service provides specialist, evidence-based, NICE compliant psychological therapies to people with chronic, complex emotional adjustment disorders who are referred either direct from GP's or other healthcare providers. Therapists work collaboratively with service users to help decide on an appropriate therapy for their particular needs. The range of evidence-based psychological therapies provided by the service include Cognitive Analytic Therapy, Cognitive Behaviour Therapy, Dialectic Behaviour Therapy (DBT) Eye Movement Desensitisation Reprocessing (EMDR), Metacognitive therapy, Psychodynamic Psychotherapy, Psychodynamic Interpersonal Therapy, Schema therapy and individual, longitudinal, case-formulation driven therapy plans.

3.13 The service also offers specialist consultation, advice and training on a range of clinical issues to local commissioners, statutory and other providers.

4. Conclusions

4.1 Heidi continues to receive help from mental health services. With support from her family and her care coordinator she is abstinent both from alcohol and prescription medications and also continues to access her DBT course. Mental health services are supporting Heidi in order to implement the strategies learnt from her DBT as a way of coping better in a crisis, and she has not needed a further hospital admission in the past six months.
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<td><strong>Date of Trust Board:</strong> 14&lt;sup&gt;th&lt;/sup&gt; January 2016</td>
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<td><strong>Author by Title:</strong></td>
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<td><strong>Subject of Paper:</strong></td>
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<td><strong>Finance:</strong></td>
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Minutes of Manchester Mental Health and Social Care Trust Board Meeting
Held on Thursday 26th November 2015, 10.00am, the Boardroom, Chorlton House

PART I

Present:  Mr. John Scampion, Chair  
Ms. Michele Moran, Chief Executive  
Ms. Anita Rolfe, Chief Nurse and Director of Quality Assurance  
Prof. Tony Whetton, Non Executive Director  
Ms. Vicki Baxter, Non Executive Director.  
Mrs. Samantha Simpson, Director of Finance  
Mr. Tim Gilpin, Non Executive Director  
Ms. Evelyn Asante-Mensah, Non Executive Director

In attendance:  Mr. John Harrop, Director of Strategy/Deputy Chief Executive  
Ms. Debbie Hodkinson, Director of Workforce & Organisational Development  
Mrs. Carol Harris, Acting Director of Operations  
Dr. Sean Lennon, Lead Consultant Psychiatrist for Later Life Services (in attendance for Dr. Bamrah, Medical Director)  
Ms. Hazel Summers, Strategic Director Families Health and Wellbeing, Manchester City Council (MCC)  
Mrs. Michelle Hughes, Trust Secretary/Corporate Affairs Manager

271/15  Patient Stories
The paper presented a patient story ‘Mistakes do pay’ to Board to develop awareness around the impact of Trust services as experienced by our service users and to remind Board that all discussions should link directly to patient care.

This story highlighted the positive impact that community based volunteering can have on both mental health and wellbeing. It was noted to be a positive and effective way of increasing self esteem and self confidence, and making a real difference to service users

The increased use of volunteers is one of 11 new schemes identified within the 2015 ‘Listening into Action’ programme at the Trust. The Trust has introduced a volunteering policy and operational guidance to both promote and support volunteering within the Trust’s services. At the request of the CEO full details will be presented to the January Board.

The report was noted.

272/15  Inclusion of the Public
The Chair welcomed members in the public gallery. One question had been received and would be addressed at the relevant agenda item.

273/15  Apologies for Absence
Apologies were received from Dr. JS Bamrah, Medical Director.

274/15  Declarations of Interests
No interests were declared.
275/15 Minutes of the Trust Board Meeting held on Thursday 29th October 2015
The minutes of the meeting held on Thursday 29th October 2015 were accepted as a correct record. The minutes will be signed by the Chair and entered into the record.

276/15 Action Log & Matters Arising
The Chair highlighted progress against actions requiring an update at the November 2015 Board from the action log. An update was provided at:

162/15 Corporate Risk Register
It was noted this had been deferred to the January Board meeting but since the last presentation at Board, in order to provide assurance to Board, it was confirmed that a review had been undertaken and discussed at Quality Board and Executive Team meetings to ensure it continued to be overseen prior to presentation at the next Board.

December actions
It was confirmed that any actions for update at the December Board meeting would be presented to the January Board as the December Board had been cancelled.

Progress on actions requiring an update to the November Board were noted.

277/15 Chairs Report
The Chair summarised the meetings he had attended over the previous month including:

- A visit to a community clinic on 25th November where the Chair sat in on a referral meeting and attended a depot clinic. The Chair outlined what he described as an enlightening and uplifting experience.
- Attendance at the NHS Providers Annual Conference 10/11th November where national issues were discussed.

278/15 Chief Executive (CEO) Report
The CEO presented the report which provided an overview of the month across the Trust, across the city and nationally. In addition attention was drawn to:

Poplar Ward
The ward had now opened and was fully staffed and all patients had transferred safely. The CEO extended thanks to all staff involved.

Mobile Amigos Programme
Access to Amigos, the Trust’s clinical information system was now available on electronic tablets in the community with read and write facility for Community Psychiatric Nurses (CPNs) and the CEO commended the Team for progressing this work. Initial feedback from staff was that it had made a significant improvement.

Service Retractions Update
The CEO provided a detailed update on discussions following the October Board meeting and presentation of the service retraction proposals at Manchester City Council’s (MCC) Health Scrutiny Committee (HSC) on 29th October 2015.

The HSC requested more detail on the proposals which will be provided via the consultation document and the agreed seminar during the consultation period. Following HSCs recommendation, the Trust will be undertaking a consultation exercise to seek views on the overall plan, to ask for other ideas as to how the Trust could make the necessary
savings, and how the Trust should prioritise the investment of the £200k. A copy of the HSC minutes from 29th October will be provided to Board for information.

The CEO reported a productive meeting had been held with the Clinical Commissioning Groups (CCGs) following the outcome of the HSC discussion and a joint consultation process would be undertaken with the Trust taking the lead. The update on plans for consultation and the potential impact on service users and staff were noted.

The Strategic Director, MCC added that a date had been set to consider service retractions further on 9th December and that service users, unions and CCGs will be invited. A second seminar would be held in January to look at the future of mental health services in the city which will be more commissioner led.

A provisional date had been set for commencement of the consultation for 9th December 2015. The consultation will run for a 10 week period, longer than that required in order to take account of the holiday period. Following the consultation period, the final decision will be with the Board.

In response to Mr Gilpin, Non Executive Director, the Acting Director of Operations summarised the legal advice received in relation to consultation. Prof Whetton, Non Executive Director requested the main points be included in the public minutes for transparency.

The Acting Director of Operations summarised the advice reported to Part II Board in September. In summary legal advice had been received regarding responsibilities of commissioners, the Trust and the public consultation document. It was noted that the legal advice dictated that the Trust can make the decision regarding service retractions as the proposals put forward to stop are part of our block contract with Manchester commissioners and it is therefore lawful.

In relation to the consultation itself, the Trust cannot consult when a decision has already been made and it cannot predetermine the outcome. The Trust needs to ensure members of the public can influence the outcome of the consultation and the Trust would take into account, and demonstrate their feedback which must consciously be taken into account.

In response to Ms Baxter, Non Executive Director, the Director of Finance outlined the implications on the financial position. It was noted that subject to approval of the proposals staff consultation would need to commence and it was therefore unlikely proposals would be implemented in this financial year.

The Director of Strategy/Deputy Chief Executive stated the whole plan will now be subject to consultation and will provide the opportunity for respondees to identify if there are better ways of saving the money and on proposals to re-invest £200k back into services.

The CEO reported that she had received numerous cards providing feedback on funding to services recently distributed by Unison and that she would be forwarding these to commissioners.

Board noted and supported the plans for consultation.
Board supported the consultation process beginning on 1st December, or as soon as possible afterwards.
Board noted the final decision would be presented to Board following consultation which would be February 2015, at the earliest.
279/15 Publication and Policy Highlights
The CEO presented the report which provided a summary of recent publications and policy developments. No issues were raised.

The report was noted.

280/15 Redesigning the Trust’s Later Life Mental Health Services; feedback from the Public Consultation Exercise
The Acting Director of Operations introduced the report and the proposals and invited the Lead Consultant Psychiatrist for Later Life Services, Dr Lennon, to outline the detail within the paper. Dr Lennon summarised the proposals presented to Manchester City Council’s (MCC) Health Scrutiny Committee (HSC) in August 2015 with full support of Manchester Clinical Commissioning Groups’ (CCGs) Citywide Commissioning Team. A full overview of current Trust services and future plans for services in the proposals were outlined.

It was noted the public consultation exercise regarding the Later Life Service Redesign Proposals ran from 7th September to 1st November 2015 and the feedback was generally positive and there was broad support for redesigning the individual service components and for the service name to remain unchanged.

The proposed redesign will increase the number of clinical staff working in these services as well as creating the dementia support advisor roles. The Chair noted the proposal re-focused services on independence and supporting people at home and improving access to services. The Strategic Director, MCC stated she was very supportive of the approach and the integration of health and social care. Noting the increase in the number of people in registered care last year, there was discussion as to how these services will reach this population and links to the One Team model about which Dr Lennon emphasised the importance of. In terms of registered care the CEO stated this depended on how it was funded but that if it was included in the current service specification it would continue.

In response to Ms Evelyn Asante-Mensah and the importance of equality of service provision it was confirmed an equality impact assessment had been undertaken.

Ideas for the remaining balance of the CCGs’ investment of £300k will be considered further by the Later Life Senior Leadership Team and the proposed plan for the expenditure will be submitted to Trust Executive Team for their consideration and approval. This will be undertaken within a relatively short timeframe to avoid any delay with commencement of the staff consultation process.

If agreed, the implementation of the Later Life Service redesign will commence after the undertaking of the staff consultation process which is planned for December 2015.

Board approved the implementation of the Later Life Service Redesign Proposals and the commencement of the staff consultation process on 10th December.

281/15 Nurse Revalidation
The Chief Nurse & Director of Quality Assurance presented the paper to update the Board on progress towards the implementation of Revalidation for Nurses.

The Nursing and Midwifery Council (NMC) are implementing Revalidation from 1st April 2016 and the report provided an update on actions achieved and actions in progress to support all of the Trust’s Registered Nurses to successfully revalidate from April 2016 and onwards.
There was discussion regarding the links to registration and revalidation and the process to be followed if not maintained. The importance of personal professional responsibility to comply with professional standards was noted.

It was noted that existing associated Trust policies would be revisited to ensure alignment. In response to Prof. Whetton, Non Executive Director in relation to parity across the organisation between medical and nursing revalidation, the Chief Nurse & Director of Quality Assurance confirmed there would be parity across the organisation.

The report was noted.

282/15 **Clinical Strategy Quarterly Review**

The Chief Nurse and Director of Quality Assurance presented the report which provided a quarterly review of the Strategy. The Strategy aims to anticipate the future development of health and social care changes across Manchester and to enable staff to see how the work that they are doing will contribute to the wider process of care improvements and concentrates on explaining the Trust’s care journey over the next three years.

Particular attention was drawn to the refreshed action plan that the Trust’s Transformation Programme Board discussed and approved in November 2015.

The report was noted.

283/15 **Draft Locality Plan**

The CEO presented the report to update the Board on the latest version of the Locality Plan which details the strategic approach to improving the health outcomes of residents of the City, while also moving towards financial and clinical sustainability of health and care services. It supports the development and delivery of the Greater Manchester Devolution Programme and is the commissioning plan for health and care integration for Manchester.

The Locality Plan contains 3 key pillars which together will drive the transformation of health and care services to the residents of Manchester:
- A single commissioning system
- One Team delivering integrated and accessible out of hospital community based services
- A Single Manchester Hospital Service achieving a fully aligned hospital model for the City.

There was a lengthy discussion regarding the plan and implications for the Trust and Manchester.

The Director of Finance provided a high level overview of the financial targets which were now included in this draft and it was noted the expectation was that the only way to deliver the cost savings would be by working together. It was noted the three acute Trusts had appointed a Review Director that will be looking across the three secondary care services to find ways to reduce duplication.

The plan remains draft and it was noted there was still opportunity to suggest amendments/improvements to the current narrative. Fuller detail will be presented to the January Board and Lorraine Butcher, Joint Director CCGs/MCC, will be invited to attend.

The Chair noting the detail to be discussed in January asked that the report provided clarity on what it means for patients, and what One Team means for staff. Ms Baxter, Non
Executive Director supported this as it was not yet clear how the Trust got to the desired state, how the plan was to be achieved and by when. Prof. Whetton, Non Executive Director noting the major reorganisation required and the consultation aspect asked what real consideration of a bottom up approach had been adopted and the CEO will raise these concerns at the Health & Wellbeing Board.

The report was noted.

284/15  Integrated Quality Report
The Chief Nurse & Director of QA presented the report to Board. The revised format provided a summary of discussions held at Quality Board and the Chief Nurse provided an overview of issues relating to a number of issues detailed in the paper. Particular attention was drawn to:

- Aggregate Analysis Report; the report provided a summary of overarching themes and trends from analysis of Trust information and it was noted that the Trust had maintained an improved position
- State of Care 2014/15 National Report; overview and key points of mental health services were noted
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH); key findings and clinical messages noted
- NCISH scorecard 2013; noting performance at that time, Board requested more recent information is sourced to validate metrics particularly in relation to CPA and homicide.

The report was noted.

285/15  Safer Staffing
The Chief Nurse and Director of Quality Assurance presented the report to provide Board with details in relation to the Safer Staffing position in October within the Trust’s inpatient settings. The paper considered the patient experience through triangulation of data in relation to Staffing levels and outlined the next steps the Trust is taking in improvement work within the safer staffing agenda

The Joint Unions asked, in reference to paragraph 3.3 for assurance that whilst considering the safety of patients the safety of staff is also taken account of when determining staffing levels to be safe. As per paragraph 3.3 the Joint Unions wished to know how the safety of wards were maintained given the report stated “several staff members from the wards required assessment at A&E following physical assault”.

In response the Chief Nurse & Director of QA confirmed that the 3 incidents that required staff members requiring attendance at A&E were from one ward and were separate incidents. The process in such cases is for bleep-holders and matrons to support the ward. It was noted these cases were discussed at the Health and Safety Committee earlier this week.

Noting these issues had been raised previously the CEO requested a comparative report be prepared for Quality Board in relation to the number of violent incidents towards staff and comparable staffing levels with other Trusts.

The report was noted.

286/15  Care Quality Commission (CQC) Action Plan
The Chief Nurse & Director of Quality Assurance presented the report to inform Board of the outcome of the CQC Task and Finish Group and to advise of the achievement of action milestones set out in the action plan.

It was noted there were 46 actions due for completion on, or for commencement by the 31st October 2015. Of the 46 actions required the Trust has completed with assurance evidence for 44 of the actions. Prof. Whetton, Non Executive Director stated this was a good achievement.

Where evidence of completion is outstanding this has been requested and assurance will be presented at the next task and finish group. In response to questions, the Chief Nurse confirmed clinical audit and the Trust’s audit programme would re-visit a number of these actions to ensure continued delivery and embedding into practice.

The report was noted.

287/15 Audit Framework in 2017/18
The Director of Finance presented the report to inform the Board of the changes in the Audit Framework for 2017/18 onwards and the actions for the Trust.

It was noted that following the closure of the Audit Commission on 1st April 2015, centralised arrangements for the appointment of external auditors have been replaced by a system of local appointments and arrangements are to be put in place to establish an Audit panel to advise on the appointment of the external auditors by the end of December 2016.

The report was noted.

288/15 Financial Performance Month 7, 2015/16
The Director of Finance presented the report to advise the Board of the Trust’s financial position at the end of October 2015 and to provide an update on the current risks associated with achieving the financial targets for 2015/16.

The Director of Finance drew attention to:

- The Trust is reporting a year to date deficit at the end of October of £3.909m against a profiled plan of £4.383m deficit.
- At Month 7 the Trust is reporting a £5.8m deficit forecast outturn for 2015/16 which incorporates the forecast reduction agreed with the Trust Development Authority (TDA). It was reiterated that a large proportion of the deficit is a result of redundancies arising from Manchester City Council service closures.

The Director of Finance (DoF) highlighted the key issue of the cash position for the Trust. It was noted that the Department of Health had advised that the Trust's access to the Revolving Working Capital Facility will be restricted to the value of the stretch target (£4.113m). It is anticipated the Trust will need to apply to the Department of Health for further cash support over and above this level. It was noted that as it is likely service retraction will not be concluded this year, the delay to potential redundancy costs would be an advantage in cash terms but would be an added pressure next year.

It was noted a detailed piece of work was underway to understand further the current contract implications ahead of the 2016/17 contract round and discussions around the financial gap in relation to the transaction will be included.
The Chair stated the cash issue was concerning and asked the Director of Finance whether a ‘plan b’ had been devised. In response the Director of Finance confirmed she was working with the Trust Development Authority (TDA) to a January timeframe and would speak with commissioners before escalating to the Department of Health.

The report was noted.

289/15 Integrated Performance Report October 2015

The Director of Strategy/Deputy Chief Executive presented the report and confirmed that there was consistent and generally good performance against most measures and the operations directorate were commended for their performance. It was noted the format of the report was being reviewed and comments would be welcomed. Attention was drawn to a number of performance areas:

- Delayed transfers of care; number of reportable delays increased in month. Non reportable delays will be re-introduced into future reports.
- Length of stay; increased from 15 to 26 days and the reasons cited for this in the report were highlighted
- Gate-keeping/7 Day follow up/CPA review within 12 months; performance good across all areas
- Communication to GP of A&E attendance; performance remains below target and a remedial action plan is in place
- Reporting medication incidents; it was noted that as the medicines management dashboard is now in place performance will no longer be included in the executive summary section of the report

The Director of Workforce & OD highlighted a number of workforce metrics:

- Sickness; a further reduction in October and an overall year end improvement was anticipated
- Bank & Agency; a decrease in the number of nursing shifts required in October were noted. The Department of Health’s agency cap came into effect on 23rd November. Whilst the Trust has always worked with framework agencies initial indications are that the cap is below the framework maximum rates, with no amendment negotiated nationally resulting in the HR team having to attempt to negotiate at the point of booking. An urgent meeting is planned with the agencies in question in order to ensure the Trust does not have to breach the cap.
- Job planning; a number await finalisation which will be progressed by the Medical Director outside of the 2015 job planning timetable.
- Mandatory training; performance improved. The Director of Workforce & OD commended in particular the performance of Acacia Ward.
- Personal reviews; performance declined due to volume required to meet October increment timing.
- Turnover; the data demonstrated turnover was comparable to other Trusts

Prof. Whetton, Non Executive Director, asked if performance in the use of out of area beds had remained at its improved position. The Acting Director of Operations confirmed the numbers were in single figures but that there was a pressure on PICU beds. It was agreed the current out of area bed numbers would be emailed to non executive directors for information. It was agreed performance would also be included in future performance reports.
The Chair welcomed plans to review the format of the report and the aim to reduce the size of the report whilst continuing to report on key elements of performance.

The report was noted.

290/15  Transformation Programme Board (TPB) 8th October 2015
Issues discussed in TPB were covered in today’s Board discussion. No further issues were raised.
The minutes of 8th October 2015 were noted.

291/15  Quality Board 21st October 2015
Ms Baxter, Non Executive Director Chair of Quality Board stated that issues discussed in Quality Board had been covered in today’s Board discussion. No further issues were raised.
The minutes of 21st October 2015 were noted.

292/15  Date and Time of Next Meeting
The next Trust Board meeting will be held on 14th January 2016, the Boardroom, Chorlton House, 70 Manchester Road, Chorlton, Manchester, M21 9UN.

293/15  Exclusion of the Public
The Chair invited the Board to adopt the following resolution:

“That representative of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”
(Section 1(2) Public Bodies (Admission to meetings) Act 1960).

The Board so resolved and the remainder of the meeting was conducted in confidential session.
Trust Board Paper – Executive Summary

<table>
<thead>
<tr>
<th>Date of Trust Board: 14th January 2016</th>
<th>Agenda Item: 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of Report</strong></td>
<td>Action Log &amp; Matters Arising</td>
</tr>
<tr>
<td><strong>Date Produced</strong></td>
<td>6th January 2016</td>
</tr>
<tr>
<td><strong>Purpose of Paper</strong></td>
<td>To assist in Matters Arising discussions and ensure actions from Board meeting meetings are completed/pursued</td>
</tr>
<tr>
<td><strong>Key Points</strong></td>
<td>To assist members in undertaking actions</td>
</tr>
<tr>
<td><strong>Action Required</strong></td>
<td>To note and pursue agreed actions</td>
</tr>
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</table>
| **Author / Contact**                 | Mrs. Michelle Hughes  
                          Trust Secretary/Corporate Affairs Manager  
                          0161 882 1366 |
<table>
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<tr>
<th>Date of Board</th>
<th>Minute number</th>
<th>Agenda Item</th>
<th>Action</th>
<th>Lead</th>
<th>Timescale</th>
<th>Update Report</th>
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<tr>
<td>25/06/2015</td>
<td>162/15</td>
<td>Corporate Risk Register</td>
<td>To complete a fundamental review of the risk register. To ensure the next report (September) addresses risk appetite and toleration</td>
<td>AR</td>
<td>Jan-16</td>
<td>Jan’16: Included on Board agenda Nov’15 update: deferred to January 2016 Board Oct’15 update: Revised format to be presented to October Quality Board - Corporate Risk Register to be presented to November Trust Board Sept’15 update: Deferred to the October Board to allow discussion in Informal Board 10/9/15 and for further development</td>
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<tr>
<td>30/07/2015</td>
<td>189/15</td>
<td>Health and Social care Community Clinics</td>
<td>To provide an evaluation report to the December Board</td>
<td>CH</td>
<td>Jan-16</td>
<td>Jan’16: Included on January 2016 agenda Nov’15 update: to be presented to January Board (no meeting in December)</td>
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<tr>
<td>27/08/2015</td>
<td>211/15</td>
<td>Proposals for Redesigning Trust's Later Life Mental Health Services</td>
<td>To provide an update to the January Board re use of risk share monies</td>
<td>CH</td>
<td>Jan-16</td>
<td>Included on January 2016 Board agenda.</td>
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<tr>
<td>26/11/2015</td>
<td>271/15</td>
<td>Patient Stories</td>
<td>To present details of the Trust's volunteers policy to the January Board</td>
<td>AR</td>
<td>Jan-16</td>
<td>Included on January 2016 Board agenda.</td>
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<tr>
<td>26/11/2015</td>
<td>278/15</td>
<td>Chief Executive (CEO) Report: Service Retractions Update</td>
<td>To provide a copy of HSC minutes to Board members</td>
<td>MM</td>
<td>Nov-15</td>
<td>Minutes emailed to Board members</td>
</tr>
<tr>
<td>26/11/2015</td>
<td>283/15</td>
<td>Draft Locality Plan</td>
<td>Present detail to January Board including clarity on what it means and invite the Joint Director CCGs/MCC to attend</td>
<td>MM</td>
<td>Jan-16</td>
<td>Included on January 2016 Board agenda. Joint Director CCG/MCC to attend Part II Board in January</td>
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<tr>
<td>26/11/2015</td>
<td>289/15</td>
<td>Integrated Performance Reprot October 2015</td>
<td>To reintroduce out of area bed usage in the report</td>
<td>JH</td>
<td>Jan-16</td>
<td>Included in report from January 2016</td>
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<td>26/11/2015</td>
<td>285/15</td>
<td>Safer Staffing</td>
<td>Provide a comparative report to Quality Board of incidents toward staff compared with other Trusts</td>
<td>AR</td>
<td>Feb-16</td>
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<tr>
<td>25/06/2015</td>
<td>165/15</td>
<td>Description and Analysis of a Clinical Review of the SAFIRE Model</td>
<td>To consider the costs and benefits and progress through Quality Board prior to presentation at the December Board</td>
<td>JSB</td>
<td>Mar-16</td>
<td>Jan’16: Deferred to the March Board Nov’15 update: to be presented to January Board (no meeting in December)</td>
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<tr>
<td>Date</td>
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<td>Report</td>
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<td>26/11/2015</td>
<td>284/15</td>
<td>Integrated Quality Report</td>
<td>NCISH scorecard 2013; to source and provide Board more recent information to validate metrics particularly in relation to CPA and homicide.</td>
<td>AR</td>
<td>Mar-16</td>
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<tr>
<td>29/10/2015</td>
<td>258/15</td>
<td>Integrated Quality Report</td>
<td>To provide a 12 month report on Mortality data collected since March 2015</td>
<td>JSB</td>
<td>Apr-16</td>
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</tbody>
</table>

**Outstanding Actions arising from previous Board meetings for feedback at a later meeting**

**Completed Actions**

A copy of the full Action Log recording actions reported back to Board and closed/completed is available from the Trust Secretary.
Title of Report: Chief Executive’s Report

Date Produced: 5th January 2016

Author: Name: Michele Moran
Title: Chief Executive
Tel: 0161 882 1368

Purpose of Paper: The report provides the Board with an update of recent activity within the Trust, across the city and nationally.

Key Points: As outlined within the body of the report

Action Required: To note the contents of the report

### Monitoring and assurance framework summary

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Manchester Mental Health & Social Care Trust

Chief Executive’s Report

1. TRUSTWIDE

Visits

During December I visited the Later Life Community Mental Health Team and spent time at Park House, visiting the wards and the AMHP Hub. It was very pleasing to see during the visit such care and compassion by staff.

Celebration

An invitation to attend a buffet lunch for staff who had retired, achieved a long service award and employee of the month winners and nominees was held mid December. Approximately 15 people attended and it was a good opportunity for me to spend quality time with staff members.

Dementia

The Trust was informed that the City’s dementia diagnosis rate was 90.4% and our estimated prevalence for people aged over 65 with dementia was 873. Therefore, there is an estimated gap of 84 people (including under 65s) who may benefit from access to support by way of a dementia diagnosis. This, however, is good news as we have reached the national ambition of two-thirds diagnosis of the estimated population of people with dementia in our area.

NHS preparedness for a major incident

In light of recent events, NHS England has requested that all Trusts review their Emergency Preparedness, Resilience and Response (EPRR) processes. MMHSCT declared substantial compliance against the EPRR core standards in September 2015.

In addition to its Major Incident Plan, the Trust has a corporate Business Continuity Policy, and service continuity plans are available for all service areas, to cover a range of eventualities. The Trust continues to undertake and participate in desktop and real time exercises to test the robustness of its systems and so assure itself of its readiness.

Flu

The Infection prevention and control team continue to offer flu vaccinations across the Trust and will do so until February 2016. We have vaccinated approximately 40% of eligible staff, which is similar to last year’s achievement up until December. The Trust’s aim is to have vaccinated 60% of staff by February 2016.

Library

I am very pleased to report that the Health Education North West (HENW) and the Health Care Libraries Unit (HCLU) have published their assessment on the Trust. Each year all library services in the NHS are required to submit a Library Quality Assurance Framework (LQAF) assessment which is then externally marked against national standards. The standards are designed to help develop library and knowledge services and enable Trust staff to continually access high quality evidence bases.
In the 2015 LQAF assessment, Manchester Mental Health and Social Care Trust scored 94%. The score of 94% has an allocated green rating, the highest RAG rating. The score is also a significant improvement on the 2014 (82% Amber rating) and 2013 (71% Red rating) scores.

MMHSC Library Services are now highly rated in comparison with other North West libraries after being one of the lowest scoring services in 2013. We have also been asked if we can share evidence from our 2015 submission with our North West colleagues as examples of good practice.

The 2015 score is not only a real success for the library team but also for the wider Trust. Trust staff have access to a highly accredited library and knowledge service with an excellent evidence base which is also committed to ensuring continuous development in the future. A huge well done to the team, especially in this challenging year.

**NHS Trust Development Authority (TDA)**

The TDA has appointed a third Portfolio Director to the TDA North team and has successfully filled several Delivery and Development Manager vacancies. Andrew Morgan will take over the role of Delivery and Development Manager for the Trust, with Warren Brown continuing as Portfolio Director. These arrangements commenced on the 1st December 2015.

**Speciality Doctor Teacher’s Award**

Dr Raj Sohi, a former Trust psychiatrist, has won the 2014/15 Speciality Doctor Teachers award. Dr Sohi was nominated by students for a Student Led Teaching Award in recognition of being Best Foundation/Speciality Teacher, at Manchester’s Medical School Annual Celebration of Achievement Evening.

Congratulations - this is no mean achievement.

2. **ACROSS THE CITY**

**Health and Wellbeing**

The Health and Wellbeing Executive is developing a decision based governance structure which will come into force in April 2016.

A One Hospital system specification is being worked through with an independent Director being appointed to lead this work.

Work on the Kent team is progressing with a view to this becoming 'live' in April 2016.

**NHS England**

Margaret Kitching has been confirmed as the permanent Regional Chief Nurse following a formal recruitment process.
3. NATIONAL

Comprehensive Spending Review (CSR)

The CSR2015 is relatively light on the detail overall and specifically in terms of mental health investment. The Government has announced a £600 million investment in mental health by 2020. This is not ‘additional’ investment but a re-announcement of the investment from last October to fund the dedicated five year strategy for mental health. It is clear, however, that this is not additional to the overall NHS England budget, rather it will be allocated from within that, therefore our expectation is that there will need to be an explicit instruction or ring fence by NHS England to CCGs to ensure that this is carried through to the front line. We will, of course, keep a very close eye on this as the detail emerges and the planning guidance is issued.

Given the impact of local authority budget cuts on both volume and acuity in terms of demand for mental health services, the settlement for local government is also worth noting. Grants to councils will reduce by £6.1bn by 2019/20 (the overall Department of Communities and Local Government budget is being cut by 29%). Two revenue streams have been opened up – first a social care precept, to be raised through a council tax rise of up to 2% and second – the Government is allowing councils to keep the business rates they collect. The CSR document states that this could help to close the council funding gap, although it does raise a number of issues in terms of the ability of councils in more disadvantaged areas to secure the necessary income to actually close the gap.

The CSR document also stated that the mental health taskforce will not now report until early in 2016. Now that the spending envelope has been set, it will be interesting to see what the taskforce proposes alongside the priorities set out in the CSR (access to talking therapies, perinatal mental health and crisis care). As a side issue it also expanded its support for Social Impact Bonds, with £105m over the next four years to deal with a number of issues including poor mental health (this is funding conditional on results).

Planning Guidance


The Guidance sets out the approach required for local health and social care systems during 2016/17. There is a focus on ‘delivering’ for local populations rather than at individual organisational level. A fuller report will be provided to the February Board meeting.

4. COMMUNICATIONS, ENGAGEMENT & PARTNERSHIPS

The Trust continues to manage its reputation and media profile and a good relationship with key media contacts continues to be maintained. A summary of the key internal and external communications is provided for information below:

In month, there were four enquiries.

- A reporter from the Manchester Evening News contacted the Communications Team on 19th November ahead of the Trust Development Authority (TDA) meeting to discuss the future of the Trust. The reporter was informed that there is no update at present.
• A reporter from University of Salford publication, Quays News, contacted the Team on 11th December regarding the Trust’s proposed service retractions. An approved statement was issued and featured in an online article the following day.

• A reporter from the Manchester Evening News contacted the Team on 18th December regarding a ‘mental health campaign’ the newspaper and Manchester Users Network are setting up to draw attention to mental health service provision in Manchester. A statement was issued which highlighted the financial challenges for the Trust along with its hardworking and caring staff.

• An enquiry was made from local radio station Key103 on 22nd December requesting to speak to the Trust’s Head of Community Alcohol Team regarding recent national figures relating to A&E admissions for alcohol poisoning. The member of staff was on annual leave and the General Manager Health & Wellbeing suggested the station may wish to contact Manchester Public Health.

Between 16th November and 24th December the ratio of positive to negative or neutral coverage achieved in target media was 6:3.

• coverage appeared on Key 103 radio with the Trust’s Head of Community Alcohol Team following a press release on 17th November;
• a story in the Manchester Evening News highlighting the TDA’s Board meeting on 19th November;
• a piece in the Manchester Evening News regarding suicide rates in the city featured an interview with Trust’s honorary consultant Professor Nav Kapur on 27th November;
• coverage appeared in the Manchester Evening News on 9th December following the Health Scrutiny Committee’s workshop into the Trust’s proposed service retractions;
• an opinion piece published in the Manchester Evening News on 11th December looking at mental health provision in Manchester;
• a report into the proposed service retractions were published on the Quays News website on 16th December;
• a piece was published in the Manchester Evening News on 18th December featuring interviews with members of the Manchester User’s Network discussing mental health services and proposed service retractions;
• an opinion piece by Dr Kailash Chand was published on the Manchester Evening News website on 23rd December.

Seven positive news articles were uploaded to the Trust website and social media. These included;

• a piece highlighting a Trust Social Worker being interviewed for the Prospects website;
• two monthly Chief Executive blog posts;
• a story promoting the Trust quarterly magazine TrustLife;
• a piece on Trust staff taking part in a cultural competency workshop with a leading expert;
• the Trust’s Library service being awarded a top compliance rate in an assessment and a former trainee psychiatrist being recognised with an award for his teaching of students.

Michele Moran
Chief Executive
5th January 2016
Trust Board Report – Executive Summary

Date of Trust Board: 14th January 2016  
Agenda Item: 9

Title of Report: Publication and Policy Highlights

Date Produced: 16th December 2015

Author: Name: Michele Moran,  
Title: Chief Executive  
Tel: 0161 882 1368

Purpose of Paper: To update the Trust Board on recent publications and policy.

Key Points: To be aware of publications and policy developments

Action Required: The Trust Board is asked to note the report

Monitoring and assurance framework summary

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<tr>
<th>Reference/Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
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<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
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<td>Link to Corporate Risk Register</td>
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<td>✓</td>
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<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
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Government unveils unprecedented investment in the NHS

The Government has announced £3.8 billion extra next year for the NHS (on top of the £1.8 billion this year which was a down payment on the NHS Five Year Forward View) and £1.5 billion next year and then the rest of the £8 billion by 2020/2021. Simon Stevens, Chief Executive of NHS England, has welcomed this news: "This settlement is a clear and highly welcome acceptance of our argument for frontloaded NHS investment. It will help stabilise current pressures on hospitals, GPs, and mental health services, and kick start the NHS Five Year Forward View's fundamental redesign of care. In the context of constraints on overall public spending, our case for the NHS has been heard and actively supported."

Lead: Sam Simpson, Director of Finance

Simon Stevens discusses key NHS issues with Health Service Journal

Simon Stevens, Chief Executive of NHS England, has given a wide-ranging interview with the Health Service Journal. The interview covered the forthcoming Shared Planning Guidance for 2016/17, health and care funding following the Spending Review and Autumn Statement, and the implications of devolution deals for the NHS.

Lead: Sam Simpson, Director of Finance

Revised vanguard support package published

The NHS Five Year Forward View partners have published an updated national support package for all 50 vanguards. Since the initial programme of support was published in July 2015 for the first 29 vanguards, a further 21 have been selected – eight urgent and emergency care and 13 acute care collaboration vanguards. The revised package reflects the needs of the new vanguards and includes learning from the first 29 vanguards. The number of areas of support has been extended from eight to 10 and now includes ‘new operating models’ and ‘governance, accountability and provider regulation’.

Lead: John Harrop, Deputy Chief Executive / Director of Strategy

Care Quality Commission to involve members of the public on more inspections than ever before

The Care Quality Commission (CQC) has awarded contracts to two organisations – Remploy and Choice Support – to run its extended Experts by Experience programme across England from 1 February 2016. Experts by Experience are people who have experience of using care services and who take part in inspections of health and social care services and visits to monitor the use of the Mental Health Act. During inspections, they spend time talking to people who use the service and observing the environment. CQC currently work with around 500 Experts by Experience..

Lead: Anita Rolfe, Chief Nurse and Director of Quality Assurance
NHS England to help tackle rising cost of GP indemnity

NHS England has announced plans to help GPs cope with extra demand over the winter period by reimbursing the indemnity costs for out-of-hours (OOH) sessions. The increasing cost of indemnity was raised by OOH providers as a barrier to delivering care. NHS England is responding by making £2 million available to help with immediate OOH provision while longer-term solutions are implemented. The NHS England winter indemnity scheme has been developed with the medical defence organisations and will run between December 2015 and March 2016. It means doctors can commit to more OOH sessions without the need for them to negotiate additional changes to their level of indemnity cover.

Lead:  Dr J S Bamrah, Medical Director

Friends and Family Test Awards 2016

The Friends and Family Test (FFT) is now operating across most of the NHS to gather feedback on patient experiences. NHS England is holding the Friends and Family Test Awards 2016 to recognise the services and people in the NHS who are making a difference and celebrate the positive changes to healthcare that are resulting from patient feedback. Winners will be announced at a national FFT and Insight Conference in Leeds on 17 March 2016. Entries will be used as case studies on the NHS England website to show how the FFT is working and share details of service improvement with other providers.

Lead:  Debbie Hodkinson, Director of Workforce and Organisational Development

Accessible Information Standard: implementation grants

Adult social care and NHS providers are legally obliged to fully implement the Accessible Information Standard by 31 July 2016. NHS England would like to invite applications for grants of up to £15,000 to support implementation of the Standard. Grant money can be shared to support others to implement the Standard. It cannot be awarded for use by any organisation to directly offset the costs of implementing the Standard. Please apply using the application form on the NHS England website, and return applications to alexander.pipkin@nhs.net before 12pm on Thursday 17 December.

Lead:  Sam Simpson, Director of Finance

Hundreds of schools to benefit from £3 million investment in mental health in schools

NHS England and the Department of Education (DE) have launched a multimillion pound joint mental health pilot scheme for hundreds of schools. The Mental Health Services and Schools Link Pilots will test having a named single point of contact in 255 schools and in 22 pilot areas, meaning more joined-up working between schools and child and adolescent mental health services. This has been backed by £1.7 million funding from NHS England and £1.5 million from DE. 27 CCGs are each working with at least 10 schools to trial this new way of working. As a result, children and young people will have better, consistent access to local, specialist mental health services.

Lead:  Chief Nurse and Director of Quality Assurance
People-powered health: strengthening patient and public participation

NHS England has strengthened its commitment to patient and public participation with the publication of a new Patient and Public Participation Policy and Statement of Arrangements. The policy sets out our ambition to ensure that people are at the heart of everything we do and the arrangements show how we meet our legal duty to involve the public in commissioning. Both documents were developed with NHS England staff, patient and public representatives and partners. Over the next year we will review how well the policy and arrangements are working in practice and gather feedback through the NHS England website.

Lead: Anita Rolfe, Chief Nurse and Director of Quality Assurance

More than 400 pharmacists to be recruited to GP surgeries by next year

More than seven million patients will soon have access to expert advice from a clinical pharmacist when they visit their GP, thanks to the expansion of a new scheme to fund, recruit and employ pharmacists in local practices. NHS England has more than doubled funding from £15m to £31m for its clinical pharmacists in general practice pilot. The successful applications will receive funding covering 698 GP practices and including recruitment of 403 clinical pharmacists. From spring 2016 patients can expect extra help to manage long-term conditions, specific advice for those with multiple medications and better access to clinical advice on treatments.

Lead: Dr J S Bamrah, Medical Director

Questions and answers from NHS England Annual General Meeting now available

This year’s NHS England Annual General Meeting (AGM) took place on 21 October, one year on from the launch of the Five Year Forward View. Senior NHS leaders from across the country took part in open panel discussions around the Five Year Forward View and five priority health areas – mental health, cancer, obesity, diabetes and people with learning disabilities. When the floor was opened to attendees, a number of questions were generated. The complete set of questions and answers is now available to read on the NHS England website. You can also watch the video of the AGM.

Helping the elderly can also help the NHS this winter

The NHS ‘Stay Well this Winter’ campaign encourages people to help the frail and elderly this winter by keeping a watchful eye on elderly neighbours and relatives. Age UK is also running the ‘No one should have no one at Christmas’ campaign, which highlights that over a million older people say they haven't spoken to a friend, neighbour or family member for over a month.

Lead: Anita Rolfe, Chief Nurse and Director of Quality Assurance

NHS England makes three new senior appointments

NHS England has announced three new senior appointments to lead key aspects of its work in implementing the NHS Five Year Forward View. Pauline Philip has been appointed as National Urgent and Emergency Care Director. A nurse by background, she is Chief Executive of Luton and Dunstable University Hospital Foundation Trust, and will retain this role while seconded to NHS England. Anu Singh joins from a commissioning role at Staffordshire County Council to become Director of Patient and Public Participation and Insight. Matthew Swindells
succeeds Dame Barbara Hakin as National Director for Commissioning Operations and Information. He is currently Managing Director for Population Health with health technology company Cerner.

New Sustainable Improvement team joins NHS England

NHS England has welcomed the new Sustainable Improvement team into the organisation. The team is made up of improvement experts from NHS Improving Quality (NHISIQ), and has been transferred following the recommendations in the Smith Review. The Sustainable Improvement team will support the health system by providing improvement and change expertise. This will support NHS England’s business plan and urgent priorities. Work outlined in the NHISIQ Business Plan 2015/16 will be unaffected and delivered during this financial year.

Michele Moran
Chief Executive
16th December 2015
Trust Board Report – Executive Summary

Date of Trust Board: 14th January 2016

Agenda Item 10

Title of Report: Redesigning the Trust’s Later Life Mental Health Services – Update

Date Produced: 22nd December 2015

Author:
- Carol Harris, Acting Director of Operations
- Alison Marriott, Acting Associate Director Later Life/ Clinical Director Psychological Services
- Maeve Boyle, Strategic Programmes Manager

0161 882 1062 0161 277 1140 0161 882 1384

Purpose of Paper: To provide an update on the Later Life Mental Health Service Redesign and advise the Trust Board of the planned expenditure of the Manchester Clinical Commissioning Groups’ (CCGs) investment into Later Life services.

Key Points:
- Following presentation of the feedback received during the Public Consultation Exercise (PCE) at the November 2015 Trust Board meeting, the staff consultation process commenced on 11th December 2015. The staff consultation process will run for a period of six weeks to take account of Christmas and New Year period and will close on 22nd January 2016.
- The total investment is £300k. £80k is already committed through the development of two social work posts working with inpatient services. This paper sets out the plans for the remaining £220k, in line with feedback from the public consultation and the Executive Team consideration.
- The implementation of the Later Life Service redesign will only commence after the undertaking of the staff consultation process.

Action Required: The Trust Board is asked to:
- Note this report.
- Approve the planned expenditure for the investment of the remaining £220k from Manchester CCGs.

Monitoring and assurance framework summary

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| Link to Corporate Risk Register | C/12/12                                  | Failure to deliver full efficiency requirements would mean the financial plans are not met. |

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| To include in 2015/16 Quality Account? | ✓ |
| Have the principles of the NHS Constitution been reflected in the decisions and actions? | ✓ |
1. **Introduction**

1.1 This document provides an update on the Redesign of the Trust’s Later Life Mental Health services and summarises the expenditure plan for investment from Manchester CCGs (£300k in total for Later Life Services).

2. **Background**

2.1 The proposals for redesigning Later Life Mental Health Services in the Trust were presented and approved at the August 2015 Trust Board Meeting. They were also presented and considered at the September 2015 Manchester City Council’s Health Scrutiny Committee prior to the commencement of the PCE on 7th September 2015.

2.2 As detailed in the Trust Board Report, the proposals have a strong emphasis on integrated care and partnership working, evidence based interventions, national and local reviews of good practice, and the views of service users and carers, key partners and Trust staff. In addition, the proposed changes take account of the recent bed changes for Later Life services and the required contribution to the Trust’s Cost Improvement Plan for 2015/16. The primary driver for the proposed redesign is to further improve the quality of services and promote equity of services throughout the City which will result in positive benefits for service users and carers as well as staff.

2.3 The overall aim in redesigning existing services will be:
- To provide increased support to General Practice;
- To enhance community mental health based provision;
- To support those who have significant or complex mental health needs;
- To support people at home as an alternative to inpatient admission;
- For those who do need inpatient care, to have a shorter stay in hospital;
- To achieve the financial saving targets that have been identified for Later Life services.

2.4 The redesign of Later Life Community Mental Health Services will release financial savings of £400k, mainly achieved through service management efficiencies, flexibility arising from existing staff vacancies and skill mix changes.

2.5 The expected savings will be off-set as a result of the investment of the risk share monies. The plans for how the risk share monies be invested were part of the public consultation exercise noting that £80k has already been used to fund 2 new social worker posts within Later Life inpatient services.
3. **Planned Expenditure of Remaining £220k Investment**

3.1 As reported in the November 2015 Trust Board report, respondents were asked as part of the Public Consultation Exercise what they thought of the following four ideas (which had been generated from pre-engagement activities) and to suggest any of their own ideas for how the £220k should be spent:
- Pay for more dementia support advisors
- Provide training for doctors and nurses at GP surgeries
- Provide training for carers to support other carers
- Develop more links with voluntary groups.

3.2 There was a consistent positive response to these four ideas with all ideas having over 78% of respondents supporting each of the ideas.

3.3 Additional ideas were suggested as follows (in no particular order):
- Admiral nurse within the Young Onset Dementia Service;
- Establishment of a practice development lead;
- Training in dementia in nursing homes, GP practices and acute hospitals;
- Inpatient psychology;
- Sessional input from a geriatrician for Maple ward;
- Strengthen links with 24-hr and intermediate care;
- Provision of pharmacy to Community Mental Health Teams (CMHTs);
- Establishment of care managers within CMHTs;
- More social workers;
- Increase transport facilities for service users and carers.

3.4 The Later Life Senior Management team considered all of the above ideas in terms of what would be most effective as part of the service design and how best to do this within the financial resources available.

3.5 Some of the areas which were suggested by respondents can be achieved without additional investment as part of the proposed redesign. This includes developing more links with voluntary groups, reviewing transport arrangements, supporting carers in the Victoria Park Centre, and strengthening links with 24 hour care. One of the other suggested ideas was to have more social workers noting that £80,000 has already been invested in two new inpatient social work posts.

3.6 In considering the feedback from the consultation and, with the implementation of the suggestions that require no additional investment, the later life management team propose that investment is made into the following roles, which best meet service needs and are in line with the feedback provided:
- 3 more Band 4 Dementia Support Advisors, one for each locality
- A Band 8A ‘Dementia Lead’ post to undertake training and other practice/service development
- 0.5 whole time equivalent (WTE) Band 8A Clinical Psychologist for inpatients (to add to the new 0.5 WTE inpatient psychology provision)
- Sessional input from a Geriatrician for Maple ward
- 0.8WTE Band 7 Community Pharmacist.

3.7 The later life management team presented the proposed expenditure plan alongside the proposed staff consultation document to the Executive Team in December 2015. The Executive Team accepted and supported the proposals and the staff consultation.
4. **Timeline and Planned Next Steps**

4.1 The key steps and the associated high level timeline are summarised in the following table, noting that steps that have been completed are shaded out. All the work to date has been done as per the expected timeline noting that the staff consultation commenced on 11th December 2015 which is earlier than the original planned date of 21st December 2015.

4.2 The next key activity, as part of the staff consultation process, is providing staff with the opportunity to attend individual meetings so that they can discuss the implications of the proposed changes for them as individuals, as well as seeking their views on the proposals overall.

<table>
<thead>
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<tr>
<td>Pre-consultation with Health Scrutiny Committee (HSC)</td>
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<td>Undertake Public Consultation - 8 weeks</td>
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<td>Analysis and digest of feedback - 2 weeks</td>
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<td>Outcome Report and Final Decision making by Trust Board - Part 1</td>
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<tr>
<td>Outcome Report – Feedback to Joint Clinical Commissioning Committee (JCCC)</td>
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<tr>
<td>Undertake launch events with staff</td>
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<td>Undertake Staff Consultation</td>
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<td>Initial feedback on key themes arising from Staff Consultation provided to Executive Team and Trust Board respectively</td>
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<tr>
<td>Consultation feedback provided to staff</td>
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<td>Implementation of redesign commences</td>
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<td>Update report to Trust Board</td>
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<td>Outcome Report - Feedback to HSC</td>
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5. **Recommendations**

The Trust Board is asked to:

- Note this report.
- Approve the planned expenditure for the investment of £220k from Manchester Clinical Commissioning Groups.

---

**Carol Harris**
Acting Director of Operations

**Maeve Boyle**
Strategic Programmes Manager

**Alison Marriott**
Acting Associate Director Later Life/ Clinical Director Psychological Services
# Trust Board Report

**Date of Trust Board:** 14th January 2016  
**Agenda Item:** 11

## Title of Report:
Volunteering Policy and Procedure

## Date Produced:
18 December 2015

### Author:
- **Name:** Anita Rolfe  
  **Title:** Chief Nurse and Director of Quality Assurance  
- **Name:** Patrick Cahoon  
  **Title:** Head of Patient Experience

## Purpose of Paper:
To provide Trust Board with an update on the Volunteer Policy, and to provide assurance that it meets requirements relating to the publication of the Lampard report following the Savile review

### Key Points:
- The Trust volunteer policy has undergone a full review in light of the Lampard review  
- Trust staff, service users, carers, the voluntary sector, commissioners and other local stakeholders contributed to a wider consultation on the revised policy to ensure that it was fit for purpose and could be delivered within current resources  
- Volunteering activity continues to develop within the Trust, and is now taking place within some inpatient, community, later life and recovery based services  
- The policy relates to volunteering. Separate arrangements are currently in place for specific service user groups  
- The ‘increased use of volunteers’ is one of 11 schemes within the 2015 Listening into Action programme at the Trust.

## Recommendation:
- To note the contents of the report

### Monitoring and assurance framework summary

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Any Action Required?  
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<td>To be advised of any future implications by Lead Directors through Board reports as and when required</td>
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Trust Board  
**Date:** 14th January 2016  
**Agenda Item:** 11
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Manchester Mental Health and Social Care Trust

Volunteering Policy and Procedure

1. Purpose of Report

1.1 The purpose of this paper is to provide Trust Board with an update on the Volunteer Policy, and to provide assurance that it is compliant with requirements relating to the publication of the Lampard report following the Savile review.

2. Introduction and background

2.1 On 26 February 2015, Kate Lampard published her second report following investigations into the abuse of individuals by Jimmy Savile on NHS premises. The Lessons learnt report looked into Jimmy Savile's role as both a volunteer and a fundraiser in the NHS; and how he abused his celebrity status to gain access, influence and control in a number of NHS settings over a period spanning across 50 years. The report took into consideration the arrangements and systems which have already been put in place which are targeted at strengthening patient care and safety; and reflects on areas of good practice and lessons learned in NHS trusts.

2.2 The report contained 9 key recommendations which were to be put in place to prevent any future reoccurrence of these issues. These ranged from the development of policies to manage visits by celebrities and regular reviews of safeguarding practices, through to ensuring that any volunteering policies and practices are fully fit for purpose, and satisfy robust requirements around identify and disclosure barring checks.

2.3 This report describes how the Trust volunteer policy has been reviewed and amended in light of the Lampard recommendations, and also describes the Trust approach to enabling volunteers to engage in Trust activities.

3. Discussion

3.1 A review of the Trust's approach to volunteering took place during April and May 2015. A range of actions occurred around this time including letters that were sent to service users, carers and existing volunteers, along with a number of discussions at the Trust Service User and Carer Forum. At the time there was unanimous support for the need to review the current systems. Service users and carers also welcomed the potential additional support that a revised approach to volunteering might offer, as well as an increase in opportunities for volunteering.

3.2 As part of this activity there was also an immediate purge on the use of Trust I.D. badges for service users, carers and current volunteers. This was to allow for consultation around the development of a revised volunteering policy and procedure which would ensure that adequate assurances could be provided that the necessary checks had been undertaken, that there was clarity around any volunteering roles and that appropriate support and supervision was in place for potential volunteers. Trust Board are advised to note that ongoing discussions are taking place with members of a local service user group as part of a separate review. The activities undertaken by this service user group therefore do not currently fall under the remit of the volunteering policy.
3.3 The Trust volunteering policy and procedure was then revised during June and July of 2015. This was then followed by a period of consultation that involved current volunteers, Trust staff (including operational, governance, learning and development and HR), service users and carers, the voluntary sector, commissioners and other local stakeholders including HealthWatch Manchester and local service user groups.

3.4 The Trust's volunteering policy and procedure describes the high esteem in which volunteers are held and highlights the many benefits associated with volunteering; these apply to the Trust, service users and carers, the wider community and to the individuals themselves who give up their own free time in order to make a difference.

3.5 The policy also recognises (as reflected in the Lampard review) that the involvement of volunteers can contribute to the organisational knowledge and understanding of the Trust which in turn informs the development of Trust’s broader policy and strategy and service delivery.

3.6 The Trust volunteering policy and procedure recognises that there are no central resources in place, e.g. a volunteering department, and has therefore been produced in a way that it allows operational teams and services to manage activity locally, but in a way that is consistent with an agreed Trust approach and that fully meets the requirements set out within the Lampard report. The policy describes the key elements of the required approach and includes the following elements:

**Planning a Volunteering Programme; the essential elements.**

- This section ensures that managers recruiting volunteers are clear about the nature of the activity, that it is sustainable and that it can be appropriately supported. It also asks managers to ensure that there is adequate resource to support volunteers, e.g. dedicated staff time and financial resource for any reimbursement.

**Preparation for Recruitment of Volunteers**

- This section provides advice on the need for role descriptions, the appropriate qualities that volunteers may need, support and training, risk assessment and recruitment procedures.

**Recruitment Procedures**

- This is a key section within the policy. It highlights that all volunteers should be over 16 years old and that for some volunteering activity it may be necessary to state 18 as a minimum age. It also sets out the importance of equality monitoring information, the need for references, a declaration of any criminal conviction and importantly, the need for Disclosure Barring Service (DBS) criminal record checks for volunteers.

**Recruitment**

- This section provides guidance on the practical steps necessary when recruiting volunteers including the need for face to face meetings/interviews, discussions around role and responsibilities, to highlight specific Trust policies that may be necessary (e.g. safeguarding), to provide proof of identity to ensure that the volunteer is suitable for the role and to be aware of any specific support or training that the volunteer may require.
Induction and Training

- This sets out the requirement that a personalised induction plan is required for each volunteer, depending on their role. Examples of specific support within the policy includes appropriate and relevant elements of Trust policies, procedures and induction briefings, an introduction to volunteer communications, supervision, and claiming expenses, discussion around personal development, including training needs, and identify development opportunities, the need for confidentiality and if appropriate, the need to attend elements of the Trust’s corporate induction programme.

Retention of Volunteers

- This section asks managers to consider the likely duration of a volunteer’s involvement and whether short term commitment is appropriate to the programme. It also sets out the need to maintain flexibility around the volunteer’s other commitments, to ensure regular support and supervision and the ability of volunteers to contact their supervisor/organiser easily and a requirements to keep volunteers routinely informed and involved in the wider programme, e.g. attending planning meetings.

Managing Problems

- This section of the policy describes the process for dealing with complaints and unacceptable behaviour. It sets out the role of local managers and associate directors, and any appropriate steps that may need to be taken if issues are not resolved locally.

Evaluation

- This section sets out the need for an evaluation of any volunteering programmes or activities, including the use of exit questionnaires, case studies, wellbeing measures and exit interviews.

3.7 Volunteering activity at the Trust has continued to be fully supported since the publication of the Lampard report and the introduction of the revised policy. Volunteering is taking place across a range of services with plans for a gradual increase in the coming months.

3.8 This includes the Trust’s South Manchester Healthy Living Network which has over 200 volunteer members who support health and wellbeing activities in South Manchester and increase awareness of services among older people through comedancing events, afternoon teas, men’s MOT health checks and promoting mental wellbeing among local people.

3.9 Within later life services, volunteers are supporting a befriending programme for younger people with dementia in the community.

3.10 Volunteering also takes place within inpatient services; there are currently a number of volunteers progressing into roles from the training programme cohort including activity working alongside the artist on Bronte ward, supporting work on the allotments at Park house and helping out with the ward library resource. Interest is being followed up via several other potential volunteers for similar roles. Volunteers
are also currently supporting the new Community Inclusion Service in the co-delivery of peer support training.

4. Conclusions

4.1 The Trust volunteer policy has undergone a full review in light of the Lampard review, and is now compliant with the specific volunteering recommendations set out within it. Key issues relating to clarity around the volunteer role, responsibilities of staff, identity and DBS checking and local support arrangements are all incorporated into the revised volunteering policy and procedure.

4.2 Trust staff, service users, carers, the voluntary sector, commissioners and other local stakeholders including HealthWatch Manchester and local lobby groups contributed to a wider consultation on the revised policy to ensure that it was fit for purpose and could be delivered within current resources.

4.3 Volunteering activity continues to develop within the Trust, and is now taking place within some inpatient, community, later life and recovery based services. Also, the ‘increased use of volunteers’ is one of 11 new schemes identified within the 2015 Listening into Action programme at the Trust. It is hoped that this will lead to an increase in both volunteering opportunities and activity within the future.

5. Recommendation

5.1 Trust Board is asked to note the contents of this report.

Patrick Cahoon
Head of Patient Experience

Anita Rolfe
Chief Nurse and Director of Quality Assurance
Manchester Mental Health and Social Care Trust

Trust Board Report

Date of Trust Board: 14th January 2016

Title of Report: Greater Manchester Devolution Strategic Plan Update

Date Produced: 16th December 2015

Author: Michele Moran
CEO
0161 882 1368

Purpose of Paper: The attached paper sets out the latest strategic plan for Greater Manchester.

Key Points: To note the vision, case for change and transformation agenda.

Action Required: To receive, note and offer comments.

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Executive Summary

The attached paper is presented to the Board of Directors setting out the current thinking in relation to the work that is taking place across the Greater Manchester Devolution agenda.

The paper was discussed by the Strategic Health and Social Care Partnership Board and includes the vision of a self-sustainability city, the case for change noting the poor health outcomes and complex landscape.

The contents set out the transformation agenda faced by the Health and Social Care services over the next five years.

Recommendations

The Board is asked to receive and note the paper.

Michele Moran
Chief Executive
16th December 2015
Taking charge of our Health and Social Care in Greater Manchester

The Plan
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In February 2015 the 37 NHS organisations and local authorities in Greater Manchester signed a landmark devolution agreement with the Government to take charge of health and social care spending and decisions in our city region.

We wanted to do this because we believe having the freedom to radically transform the health of our population and to build a clinically and financially sustainable model of health and social care is a huge opportunity, as well as a great responsibility.

Greater Manchester has the fastest growing economy in the country and yet people here die younger than people in other parts of England. Cardiovascular and respiratory illnesses mean people become ill at a younger age, and live with their illness longer, than in other parts of the country. Our growing number of older people often have many long term health issues to manage.

Thousands of people are treated in hospital when their needs could be better met elsewhere, care is not joined up between teams and is not always of a consistent quality. We also spend millions of pounds dealing with illnesses caused by poverty, loneliness, stress, debt, smoking, drinking, air quality, unhealthy eating and physical inactivity.

The £6 billion we currently spend on health and social care – and the way we spend it - has not improved this picture across Greater Manchester.

The challenge is significant; if we don’t start to act now to radically change the way we do things, by 2021 more people will be suffering from poor health and we will be facing a £2 billion shortfall in funding for health and social care services.

But like the challenge the opportunity is huge. Our goal is to see the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people in the towns and cities of Greater Manchester.

In order to achieve this, we know we need a radical change in how we build resilience in people and communities, as well as providing safe, consistent and affordable health and social care. We need to strike a new deal with people in Greater Manchester.

Our focus must be on our people and our places, not organisations. There will be a responsibility for everyone to work together, from individuals, families and communities as well as the approximately 100,000 staff working in the NHS and social care, to the voluntary sector and the public bodies.

We want our city region to become a place which sits at the heart of the Northern Powerhouse, with the size, economic influence and above all skilled and healthy people to rival any global city.
Put simply, skilled, healthy and independent people are crucial to bring jobs, investment and therefore prosperity to Greater Manchester. We know that people who have jobs, good housing and are connected to families and community feel, and stay, healthier.

So we need to take action not just in health and social care, but across the whole range of public services so the people here can start well, live well and age well.

We are taking charge of Greater Manchester through our strategy of growth and reform of public services. All 37 organisations in Greater Manchester are taking responsibility and working with their communities to understand how every person here can play their role.

We welcome the positive contribution of Healthwatch and patient groups as well as input from voluntary, social care and 3rd sector organisations. We look forward to continued and stronger partnership working as we implement the Plan.

We hope you will support our bold and ambitious Plan; the first of its kind in the country.

Lord Peter Smith  
Leader Wigan Council  
Chair of the Greater Manchester Health and Social Care Strategic Partnership Board

Dr Hamish Stedman  
Chair of NHS Salford Clinical Commissioning Group  
Chair of the Greater Manchester Association of Clinical Commissioning Groups

Ann Barnes  
Chief Executive Stockport NHS Foundation Trust  
Chair of the Greater Manchester NHS Provider Trust Federation Board

Dr Tracey Vell  
Chair of the Association of Greater Manchester Local Medical Committee  
GM Primary Care Representative

Sir Howard Bernstein  
Joint Chair of the GM Health and Social Care Devolution Programme Board  
Head of Paid Service  
Greater Manchester Combined Authority

Ian Williamson  
Chief Officer  
Greater Manchester Health and Social Care Devolution
Across Greater Manchester (GM) we are working together on the radical reform of public services. Our ambition is to improve outcomes for our people, increasing independence and reducing demand on public services. The £6 billion we currently spend on health and social care has not improved the long term outcomes for people living in GM.

GM faces an unprecedented challenge now, and over the next five years, in health and social care service provision. We know that if we don’t act now, not only will our outcomes remain worse than the rest of the country, but by 2021 we will have a £2 billion gap in our public service finances.

Our response to this is to place health and social care reform at the heart of our city region reform and growth agenda; healthy and independent people play a key part in enabling us to achieve our ambition for a growing and sustainable GM in the future.

In order to achieve this, we know we need radical change at scale in how we provide health and social care and a new deal with people in GM. Our focus must be on people and place, not organisations. This is critical in helping us to achieve our vision ‘to deliver the fastest and greatest improvement in the health and wellbeing’ of the 2.8 million people living across GM.

We need to take action across the whole range of care services; upgrading our approach to prevention, early intervention and self-care; redefining how primary, community and social services become the cornerstone of local care; standardising and building upon our specialist hospital services through the development of shared hospital services; and creating efficient back office support.

This plan explains how, as a system, we are going to approach and achieve this and how our transformation fund will help us change, to radically shift the nature of demand and reform service provision.
Our ambition for Greater Manchester

Our ambition is for GM to become a financially self-sustaining city region, sitting at the heart of the Northern Powerhouse with the size, assets, skilled and healthy population, and political and economic influence to rival any global city.

In April 2011, GM established the first combined authority in the country (GMCA), providing stable, efficient and effective governance of our strategic agenda through the ten local authorities in GM. In 2014, the Growth and Reform Plan, built on our long history of collaboration, was underpinned by a common commitment by all of our local authorities to increase the prosperity of the people of GM.

The 12 Greater Manchester clinical commissioning groups (CCGs) formed the Greater Manchester Association of CCGs (GMACCG) in 2013, building upon a strong history of collaboration between NHS commissioners in the region. It has been instrumental in planning and delivering a number of significant transformation programmes within GM including: stroke reconfiguration, primary care medical standards and Healthier Together.

GM also has a strong track record of collaboration with all of its key stakeholders, particularly business. The GM Local Enterprise Partnership (LEP) works constructively with the GMCA and with the extensive network of business organisations to ensure not only that business plays a full part in helping to shape the strategic direction of GM, but also through its participation in the Manchester Growth Company, where it plays an active role in overseeing the delivery of key investment and growth responsibilities.

The reform of health and social care is vital to improving GM’s productivity by helping more people to become fit for work, get jobs, get better jobs and stay in work for longer. It will also help to manage the demand on services created by an ageing population. Addressing together the issues of complex dependency will help those further away from the job market to move towards jobs and assist the low paid into better jobs. Reform of Early Years provision is key to increasing productivity of parents and, in the future, their children.
Why we need change

NHS England’s Five Year Forward View acknowledges that some improvements have been made in health and social care over the last 15 years: cancer survival is at its highest ever, early deaths from heart disease are down by over 40 per cent, and long waits for operations have reduced from 18 months to 18 weeks.

However, the current fragmented health and social care system has not enabled us to improve the lives of people in GM at a scale and pace to realise our ambitions. The challenge we now face is bigger than ever.

The health outcomes for GM people are worse than those in other parts of the country and health inequalities are deep-rooted. Older women in Manchester have the worst life expectancy in England. The high prevalence of long term conditions such as cardiovascular and respiratory disease mean that GM people not only have a shorter life expectancy, but can expect to experience poor health at a younger age than in other parts of the country. Our population has aged and our older population will increase by 25 per cent by 2025. As more people have developed multiple long term conditions the focus has shifted from curing illnesses to helping individuals live with chronic ill health.

Many people are treated in hospital when their needs could be better met in primary care or the community. There is too little coordination between urgent services and emergency services - A&E, ambulance, GP out of hours and NHS 111. There are real risks of significant market failure in domiciliary, residential and nursing care across social care and this impacts on system resilience and hospital discharge planning. There is a rising burden of illness caused by lifestyle choices like smoking, drinking and obesity. These changes have put the NHS and social care under increasing pressure and a growing number of people with multiple problems receive care that is fragmented or leads to wasteful duplication.

On present trends, if we do nothing, the GM health and social care system will face an estimated financial deficit of £2 billion by 2020/21. That pattern of rising demand is connected to our current organisation of services and the imbalance between preventive early help services and those which respond when crisis occurs. The scale of the challenge demonstrates why radical change is needed, both in the way services are delivered and in the way the public use them. This is why we must use this opportunity to take charge.
Reforming our services

On 1 April 2016 a new era in GM’s history begins when it becomes the first region in the country to have devolved control over integrated health and social care budgets, a combined sum of more than £6 billion. For the first time, health and social care will become integrated and local people will be taking charge of decisions on the health and care services for GM.

But GM is not just taking charge of health and social care provision. Fundamental to the success of the ground-breaking agreement between the Government and GM will be our ability to draw together a much wider range of services that contribute to the health and wellbeing of GM people.

The impact of air quality, housing, employment, early years, education and skills on health and wellbeing is well understood. In GM, General Practitioners (GPs) spend around 40 per cent of their time dealing with non-medical issues. Therefore GM is embarking on a large scale programme of whole-system public service reform, bringing together decision making, budgets and frontline professionals to shape services in ways that better support local people and communities.

With local services working together, focussed on people and place, we want to transform the role of public services and take a more proactive approach rather than responding to crises. We want to transform the way we use information, empowering our frontline workforce to make more informed decisions about how and when they work with individuals and families. Building on the principles of early intervention and prevention, GM aims to deliver the appropriate services at the right time, supporting people to become healthier, resilient and empowered.

This Plan shows that GM has seized this unique opportunity to shape its future, drawing on the assets of world-class public services, a strong business base, and healthy, strong communities. We are taking charge of our future, working together to help GM thrive.
What we think is needed

Our vision is ‘to deliver the fastest and greatest improvement in the health and wellbeing’ of the 2.8 million population of GM, creating a strong, safe and sustainable health and care system that is fit for the future. To do this we have focused on delivering change in two critical areas:

1. Creating a new health and care system

Our Plan is a national first. The devolution agreement means we can think differently and promote service and system change in ways that build on people’s views and strengthen local decision-making and accountability, to deliver significantly better outcomes.

We want to see the gap in health inequalities and finances reduced further and faster, for the first time, by providing joined up care from across the public sector and beyond.

We will take action across the whole range of care services, upgrading our approach to prevention, early intervention and self-care; redefining how primary, community and social services become the cornerstone of local care; standardising and building upon our specialist hospital services through the development of shared hospital services; and creating efficient back office support. These proposals are explained in Chapter 4.

By working together, unhindered by artificial and bureaucratic barriers, organisations will provide integrated care to support physical, mental and social wellbeing, improving the lives of those who need help most. Our new models of care will build on NHS England’s Five Year Forward View by re-orienting our health and care systems so that we focus on preventing the big health and care problems, like cancer, cardiovascular disease, diabetes and respiratory, but also social isolation and deprivation which undermine our prosperity as a city region, and investment in early years and employment.

We know a critical enabler of the transformation we are pursuing is a fit for purpose health and social care workforce. GM’s NHS and social care workforce is currently approximately 100,000 strong, but we know we need to address some skills and capacity shortages going forward in all parts of the system if we are to improve outcomes for people in GM.

The scale of change will impact significantly on our workforce and a key aspect of the Implementation Plan will focus on how our workforce becomes an enabler to support the delivery of our ambition. We need a workforce which is fit for purpose, able to adapt to changing demographics and embrace new models of care. We need a more flexible workforce with a breadth of skills and knowledge that enables us to transform, lead and develop new models of care.
2. Reaching a ‘new deal’ with the public

At the heart of our approach to devolution is the brokering of a new relationship with the people of GM.

The long term health and wellbeing of people will only be secured through a new relationship between people and the services they use; striking a new deal which needs both sides to deliver on its promises if we are going to transform the long-term health of GM.

In its simplest form public services will take charge of and responsibility for their localities. For example they will:

- Ensure there are a wide range of facilities within local communities including parks, open spaces, leisure, safe cycling routes, good quality housing.
- Ensure easy, timely access to good quality seven day a week primary care to screen, diagnose and treat and prevent disease as early as possible.
- Support families to bring up their children to have the best start in life through our Early Years New Delivery Model.
- Support all people to live well, supporting unemployed people into work or training and helping people benefit from the fastest growing economy in the UK.
- Assist people to age well; keeping healthy and connected to their neighbours for as long as possible at home.

At the same time the people of GM must take greater charge of, and responsibility for, their own health and wellbeing. This could include:

- Keeping active and moving at whatever stage of life.
- Registering with a GP and going for regular check-ups, taking charge of their own health and wellbeing.
- Drinking and eating sensibly, not smoking and encouraging their children to do the same.
- Taking time to be supportive parents, bonding with their babies and encouraging their children to be the best they can be.
- Taking advantage of training and job opportunities setting high aspirations for themselves and their families.
- Supporting their older relatives, friends and neighbours to be as independent for as long as possible.
- Getting involved in their local communities.

Devolution of health and social care to GM provides the first opportunity to tackle the historic fragmentation of leadership, planning and service delivery in our health and care services. By working collaboratively and planning together for change, we will improve services to increase the wellbeing of our people and create a strong, safe and sustainable health and social care service that is fit for the 21st century.
We recognise that we generally have worse health outcomes than England. We will therefore concentrate our efforts closing the gap between GM and England by raising population health outcomes to those projected for England in five years’ time, in other words we will go further, faster.

The impact of housing, employment, air quality, early years services, education and skills on health and wellbeing is well understood and we have organised our prevention and early intervention work around a life course approach – Start Well, Live Well and Age Well.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td><strong>START WELL</strong></td>
<td></td>
</tr>
<tr>
<td>More GM Children will reach a good level of development cognitively, socially and emotionally.</td>
<td>Improving levels of school readiness to projected England rates will result in 3250 more children, with a good level of development by 2021.</td>
</tr>
<tr>
<td>Fewer GM babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.</td>
<td>Reducing the number of low birth weight babies in GM to projected England rates will result in 270 fewer very small babies (under 2500g) by 2021.</td>
</tr>
<tr>
<td><strong>LIVE WELL</strong></td>
<td></td>
</tr>
<tr>
<td>More GM families will be economically active and family incomes will increase.</td>
<td>Raising the number of parents in good work to projected England average will result in 16,000 fewer GM children living in poverty by 2021.</td>
</tr>
<tr>
<td>Fewer people will die early from Cardio-vascular disease (CVD).</td>
<td>Improving premature mortality from CVD to projected England average will result in 600 fewer deaths by 2021.</td>
</tr>
<tr>
<td>Fewer people will die early from Cancer.</td>
<td>Improving premature mortality from Cancer to projected England average will result in 1300 fewer deaths by 2021.</td>
</tr>
<tr>
<td>Fewer people will die early from Respiratory Disease.</td>
<td>Improving premature mortality from Respiratory Disease to projected England average will result in 580 fewer deaths by 2021.</td>
</tr>
<tr>
<td><strong>AGE WELL</strong></td>
<td></td>
</tr>
<tr>
<td>More people will be supported to stay well and live at home for as long as possible,</td>
<td>Reducing the number of people over 65 admitted to hospital due to falls to the projected England average will result in 2,750 fewer serious falls.</td>
</tr>
</tbody>
</table>

We will ensure that we are addressing the health outcomes which are important to the people of GM. We will therefore engage with the public to refine, add to and amend our outcomes frame work as we develop our implementation plans.
On 25th February 2015, the Chancellor George Osborne, the Secretary of State Jeremy Hunt, NHS England Chief Executive Simon Stevens and the leaders of local authorities and NHS organisations in Greater Manchester announced ground-breaking plans for the devolution of health and social care as part of the Northern Powerhouse.

NHS England, 12 NHS Clinical Commissioning Groups, 15 NHS providers and 10 local authorities entered into a landmark Memorandum of Understanding (MoU) agreement to formally take control of the £6 billion of public money spent on health and social care to transform the system and deliver radical change over the next five years.

We have committed to work together ‘to deliver the fastest and greatest improvement in the health and wellbeing’ of people across GM.

We have already achieved significant progress together, through eight early implementation work streams (as detailed from p14), which have demonstrated our ambition, determination and capability to make rapid, system-wide service change.
Our journey

The GM Devolution Agreement was settled with the Government in November 2014. It describes how decisions around a range of public services (transport, planning and housing) would be devolved to GMCA, giving people and their local representatives control over decisions which have previously been taken at a national level.

The reform of health and social care is a key part of this and following the wider agreement, NHS England, the 10 GM local authorities, 12 CCGs and 15 NHS and foundation trusts agreed to work together to transform health and social care.

In February 2015, the Memorandum of Understanding (MoU) between the Government, the GM health bodies and local authorities and NHS England, gave local control over an estimated budget of £6 billion each year from April 2016. The MoU covered all services including acute care, primary care, community services, mental health services, social care and public health.

Leadership challenge

As part of the MoU we committed to the production, during 2015/16, of this Plan. This, aligned with NHS England’s Five Year Forward View, would describe how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent five years, subject to the resource expectations set out in the Five Year Forward View, appropriate transition funding being available and the full involvement and support of national and other partners.

The 37 statutory organisations involved in health and social care across GM (listed at the back of the document) have formally agreed to work together by taking control of the £6 billion of public money spent on health and social care in GM. Working within the NHS Mandate, associated national policy and quality assurance parameters, we will aim to deliver rapid and radical improvements over the next five years.

Following the formal agreement to work together, the leadership and governance arrangements in GM had to be developed at pace and scale to ensure the system could reach decisions together in a robust, fair and equitable way. These governance arrangements were designed and agreed with the full involvement of senior leaders across the health and social care system.

Following the signing in February, a Programme Board met for the first time on 20th March 2015 to oversee the transition to full health and social care devolution. Co-chaired by Sir Howard Bernstein, Head of Paid Service for the Greater Manchester Combined Authority and Simon Stevens, Chief Executive of NHS England it includes representatives from the NHS and local authorities in GM, and NHS England.
Early implementation priorities

We agreed a set of early implementation priorities as a GM system to help us to test our devolved arrangements and deliver change at pace and at scale.

In July 2015, we agreed and created a unified public health leadership for GM.

This is the first agreement of its kind in England and is between GM, NHS England and PHE to place a greater leadership emphasis and focus on prevention and early intervention to stop people in GM becoming ill, so that they can remain independent and have the best family, work and lifestyle opportunities to contribute to a transformational and sustainable shift in the health and wellbeing of the population.

By the end of 2015, everyone living in GM who needs medical help will have same day access to primary care services, supported by diagnostic tests, seven days a week.

In February 2014, we published our GM Strategy for Primary Care, which outlined our primary care commitments. As part of the delivery of this strategy, we developed the GM Primary Care Medical Standards, which will be implemented in the ten GM localities by December 2017.

In January 2016, we will extend our Working Well pilot to an additional 15,000 out of work GM people.

In March 2014, GM established a Working Well pilot through a unique agreement with Government, which supports people who have been unemployed for a long time back into sustainable employment.

Due to the success of the GM pilot, in January 2016, we will launch the expansion of the programme to improve support for a further 15,000 out-of-work people who face barriers to work. This approach across health, employment and skills is the first example of its kind in England.
We have started the implementation of four shared, single site services as a result of the Healthier Together programme. This will save up to 1,500 lives across GM over the next five years.

In 2012, the CCGs in GM embarked on a programme to develop single shared services (where care is provided by a team of clinical staff working together across a network of linked hospitals) for urgent and emergency care, acute medicine and general surgery across the acute trusts in GM because there was variation in outcomes for patients undergoing abdominal general surgery at different hospitals.

In July 2015, the 12 GM CCGs, through the decision making body the Committees in Common, agreed to have four shared, single site services. As a result, hospitals will work in partnership to form shared single services. One of the hospitals within each of the single services will specialise in emergency medicine and abdominal general surgery for patients with life-threatening conditions to ensure quality and safety standards are met and all hospitals can continue to provide care to their local population.

In September 2015, we launched Health Innovation Manchester – a partnership between leading healthcare research, academia and industry organisations across GM.

Health Innovation Manchester has been established to accelerate the discovery, development and implementation of new treatments and approaches, with a focus on improving health outcomes and generating economic growth. The combination of our research strengths, business base and ecosystem and devolution makes this a unique opportunity within the UK and globally. We aim to be one of the best regions in the world for partnerships with innovative lifescience companies, driving economic growth and improving health outcomes.

Getting new ideas tested, adopted and widely used takes too long in the NHS – sometimes up to 20 years. To overcome this, GM has taken this unique step to accelerate health innovation into the local health and social care system. It is already in a strong position with three teaching hospitals, a research-led university base, a critical mass of life science firms and skilled workers, and a large and diverse population.

We will identify and spread the interventions that will have the biggest impact on the greatest number of people in GM. We will work to source the rapid take up of innovations on a large scale and to achieve this, we will also work to create industry partnerships, to speed development and attract inward investment.

There are a number of key enabling platforms that GM has that will be further developed to support health innovation. The priorities are our informatics and clinical trial capability, which provide essential underpinning for discovering, developing and delivering new therapies. Work is already underway to identify those treatments or approaches that could be delivered at scale in the short term and bring short term benefits while also testing the innovation system. These will be chosen within the context of place-based priorities that focus on the particular health needs of the population.

We will work to develop a systematic programme of primary, secondary, and tertiary risk assessments using new technologies of genomics and health data. This will help us create new models of care based on prevention and prediction.
We will set caps on locum and agency expenditure and develop a skills and employment passport by April 2016 to enable more flexible movement of our workforce.

An agreement is being negotiated to cap locum and agency expenditure across GM by April 2016.

In November 2015, we launched the GM three year vision for learning disabilities to improve independence for people living with learning disabilities and their families across GM.

Following the Winterbourne View scandal, a national strategy was announced to close long term institutions for people with learning disabilities and care for them in their communities closer to home.

There are currently 150 people with learning disabilities from GM in hospital who could more appropriately live in the community. In addition some people are in hospitals far from GM and are therefore unable to maintain good contact with their families and friends. There is a wide variation between the localities in GM in how people access services such as health checks and day care. We also have a higher number of children with learning disabilities in hospitals, compared to the average for England and Wales.

Our vision sets out how we will provide each person with a learning disability with a supported place to live, as close to their homes and families as possible. This should help people with complex needs to live in local neighbourhoods, encourage the development of skills and of social relationships, support them at times of crisis, and foster choice and independence.

This GM programme will align to the work taking place at a locality level to improve services for people living with learning disabilities.
In March 2016, we will launch a five year GM programme – Dementia United, to improve the lived experience of people with dementia and their families.

Dementia causes immense suffering to the individuals and families affected. To provide effective support, integrated services are vital - across NHS and social care, hospital and community services and physical and mental health services. Without good access, good co-ordination and good support, suffering is increased and costs rise.

By 2021, it is estimated there will be nearly 35,000 people living with dementia in GM.

Nearly a third (30 per cent) will have severe symptoms, requiring 24 hour care. By 2021 the cost of caring for them is estimated to be around £375 million annually.

We will create a dementia service for GM that supports the delivery of the Prime Minister’s dementia challenge and serves as a beacon for the UK.

It will:
- identify patients early
- slow down deterioration through monitoring
- provide consistently high quality community care to prevent hospital admission
- provide consistently high quality hospital care to avoid increases in length of stay

Central to our five year programme is the theme of ‘connectedness’ within which we have identified three key areas - Monitor my Health, Enrich my World, Connect me to my Support System.

To deliver this, we will create a single commissioning framework to support the following:
- Preventing well – reducing the risk of dementia, for example through health checks for vascular dementia
- Diagnosing well – developing a “seek and treat” system offering early assessment
- Living well – establishing dementia friendly communities
- Supporting well – providing access to health and social care as necessary, to reduce emergency admissions and care home placements
- Dying well – ensuring people die in the place of their choosing

We will support people newly diagnosed with dementia, with a case worker who will provide increasing levels of support to them and their carers as the condition progresses.
A great example of how working together across GM can create improved services is the work we are doing on cancer. Our goal is to push GM's outcomes and survival rates to at least the national average and to ensure, through prevention, that fewer people have cancer.

GM has some of the very best cancer services and clinical outcomes in the country. One year survival rates have increased faster than elsewhere over the last 15 years and have now surpassed the average for England. But it also has some of the worst rates of premature death from cancer because of lifestyle factors for example smoking and delays in patients seeking help. More than a quarter (28 per cent) of cases of cancer are diagnosed in A&E, when it is often too late for treatment to be effective. We also know that how people access services varies across different places.

As part of a GM Cancer Strategy by 2021, our vision is that we will have:

- a single GM cancer commissioning organisation to manage and monitor cancer services across GM
- a system leader that will be accountable for integrating all elements of cancer prevention and care
- a strategy for partner engagement to drive improvement
- innovative models of care such as delivering services closer to home
- reduced delays in referrals for treatment
- improved outcomes and survival comparable with top European countries
- reduced inequity across the conurbation by tackling unacceptable variations in access and quality of care
- a clear focus on prevention and rapid access to diagnostics
- support for education and research
- consistent quality standards
- a financially sustainable service

We will run a three year pilot (2015 – 2018) spanning the entire spectrum of cancer care from public health and primary care through to diagnostics, treatment, long term support and end of life care.

We are leading the way in GM, with cancer services working with the Royal Marsden and University College London Hospitals within a single National Cancer Vanguard established to test out new models of care delivery across the entire cancer patient pathway. The aim of this is to bring significant improvements in outcomes and patient experience through a strengthened focus on early referral and rapid access to diagnostic services.
We have developed and agreed a GM Strategy for integrated mental health services across public service provision. Implementation of this strategy will commence from April 2016.

Mental illness can seriously affect the lives of individuals and their families. People with mental health problems are far more likely to suffer physical ill health. For example they are approximately three times more likely to use emergency care, often for reasons not connected with their mental state.

Health costs for people with long term conditions are at least 45 per cent higher if they also have a mental health problem. Up to 18 per cent of all NHS spending on long term conditions is linked to poor mental health – equivalent to £1.08 billion in GM. Employment rates are below the national average and sickness absence is high.

Life expectancy for those with severe mental illness is 10-15 per cent shorter than the general population.

There are many examples of good practice in mental health across GM but quality, access and support vary.

We will explore the integration of mental health service across the ten GM localities, and across the wider GM conurbation, with a single point of contact making it easier for service users and professionals to navigate.

Stronger links will be forged with the following programmes: Troubled Families, Working Well and Complex Dependency.

We are committed to achieving parity of esteem for people with mental health issues in GM through the development and agreement of a GM Mental Health Strategy. Through this we will focus on four priority areas:

- Prevention and early intervention through strengthened community services and public health campaigns
- Improved access through increased collaboration among services with 24/7 crisis support and shorter waits for psychological therapies
- Creating a sustainable system with common standards and payments for outcomes
- Integrating care across the life course and with a focus on delivering the right care at the right time in the right place
Chapter 3
Building and governing the Plan

Summary

Following the signing of the MOU in February 2015, harnessing the strong leadership across the GM system, we agreed that to transform our services we need to work across the pathway of intervention and support.

This means we are working together to agree and define how we:

- **Change our relationship with people**, helping them to stay well, care for themselves and prevent illness and intervene early
- **Transform care in localities** by integrating primary, community, acute, social and third sector care through the development of new locally accountable platforms with single integrated commissioning hubs to facilitate clinical co-ordination
- **Standardise and create consistent evidence based hospital services**
- **Redesign our back office support** to create the most efficient services we can
- **Create systems once at GM level which incentivise our new models of care** and support

This Plan has been built from ten locality plans, provider reform plans and a range of GM strategies; it is complementary to and driven by what’s happening in each local area. It has been developed with the input and support from national bodies and regulators, including NHS England, NHS Improvement (Monitor and the Trust Development Authority) and the Care Quality Commission.
Principles of the Plan

All of our plans are focussed on people and places rather than the different organisations that deliver services. This means we are thinking more innovatively about pulling services together and integrating them around people’s homes, neighbourhoods and towns.

Our plans are developed on the principles of co-design and collaboration, all 37 statutory GM organisations have been working together to agree how we do things once, collectively, to make our current and future services work better.

We aim to secure financial sustainability through our plans and service reform.

Each locality is putting the money we have for health and social care into pooled budgets, so we can buy health, care and support services once for a place in a joined up way.

We develop plans based on the principle of fairness to ensure that all the people of GM can have timely access to the support they require.

We are innovative in our approach, using international evidence and proven best practice to shape our services to achieve the best outcomes for people in the most cost effective way.

We aim to deliver the best quality, outcome based services within the resource available.

We have used this early work to begin to create a plan between commissioners and providers at a GM level and submitted a bid as part of the government’s Comprehensive Spending Review (CSR). This was our first piece of whole system modelling and financial planning and was submitted as part of the overarching Devolution CSR bid.
Building the plan

Our Plan for health and social care in GM is built on a history of collaboration between health and local authority partners, and we are used to working together.

We are working to ensure that we agree and take decisions in GM about GM at the right level - at neighbourhood, locality (there are ten localities in GM see below), cluster (more than one locality) or GM wide.

We are working to agree the most appropriate levels of service delivery at which to plan, take decisions and deliver.

This Plan marks a significant change in the approach to planning that has been in place in previous years, where each statutory organisation developed its plans separately. This Plan describes how the GM health, care and support system and its 37 statutory organisations will work together. They will still have their own plans, as statutory bodies, but these individual plans will be shaped by the strategic context of the locality plans as well as the overall GM Strategic Plan.

Following the signing of the MoU, we have worked with all of the national and regulatory bodies to develop our plans at locality and GM level across commissioners and providers. This includes NHS England, NHS Improvement (Monitor and Trust Development Authority), Public Health England (PHE), the Care Quality Commission (CQC), the National Institute for Health and Care Excellence (NICE), Health Education England (HEE), the Department of Health (DH), Her Majesty’s Treasury (HMT) and the Department for Communities and Local Government (DCLG). Their strong support and commitment has been vital in achieving rapid progress and we will continue to work with them to implement our plans. We have signed an agreement for how we will work with PHE as a devolved system and will sign agreements with the remaining national bodies before the end of March 2016.

The Plan is built from locality plans, NHS provider plans and GM work stream plans.

Locality plans

We have based this Plan on the ten localities - Bolton, Bury, Rochdale (including Heywood and Middleton) Manchester, Oldham, Salford, Stockport, Tameside (including Glossop), Trafford and Wigan.

Each of our ten localities has a place-based plan which will be signed off by their Health and Wellbeing Board.

The locality plans form the bedrock of what will be delivered in their area and set out how the savings from the integrated better
care models and prevention will be delivered. The plans have been developed from work already underway to develop Better Care Fund (the integration of health and social care funding) plans, but have been radically extended across public sector services to integrate social care, mental health and learning disability services.

Each locality will start to align the CCG and local authority commissioning functions from April 2016 to develop a single commissioning plan, pool budgets, integrate governance, decision-making and commissioning skills. Across GM we have committed to pool £2.7 billion. This will ensure the outcomes, that health and wider public services aim to achieve, are aligned.

The plans also outline the intention to create single service models in each locality delivered through integrated neighbourhood teams, to remove the fragmentation between services.

Work will focus on aligning primary and community care to ensure high quality re-ablement, rehabilitation, discharges and referral management.

Sharing these plans has enabled us to see where there is best practice in our localities, identify opportunities to scale up and roll out changes and determine the key priorities for delivery in the next five years and beyond to integrate our public service offer.

Each locality plan includes a place-based ambition to contribute towards the delivery of the wider GM ambition. They capture the full range of initiatives to improve health and wellbeing and many go beyond traditional health services to include work on housing, employment, Early Years, Troubled Families and community development.

NHS provider plans
All of the NHS providers in GM agree plans each year to run their services, including hospitals. These have always been agreed in individual organisations and with the people who regulate trusts (NHS Improvement - Monitor, Trust Development Authority). For the first time, the 15 individual provider plans have been shared across GM between providers and with commissioners. The providers are working together with their commissioners to deliver local requirements, but are also working on some key work streams together where this makes sense.

GM work stream plans
Work in our localities alone will not fully address our financial sustainability challenge and in some cases there can be a greater benefit to plan and commission services at a cluster or GM level. We are always striving to integrate and provide services at the level closest to where people receive them, but how we change some services and connect people to the growth and economic reform opportunities is better done once at a GM level. This approach enables us to understand when we need to propose bold ideas that can only be planned and commissioned at a cluster or GM level, but will need to be delivered in the context of our neighbourhoods and localities.

We have developed and agreed plans which are aiming to address some of the specific challenges that exist across all localities in GM, like mental health, cancer, high levels of unemployment and deprivation. We have focussed these on areas where it makes sense to do the thinking once and agree how we can improve health care and support for people. The GM strategies include:

- Primary Care
- Specialised services
- Mental Health
- Public Service Reform programmes
- Cancer
- Learning Disabilities
- Dementia
- GM information sharing: GM Connect
Agreeing how we work and take decisions

To successfully deliver our Plan and deliver the change that is required, the 37 statutory organisations involved in health and social care across GM have formally agreed to a new governance system – the first time this has been accomplished at this scale in England. This will enable GM to establish integrated leadership founded upon collaboration and evidence-based decisions about services delivered to GM people. Commissioning will be undertaken in accordance with statutory responsibilities at locality level or when it is most appropriate, by commissioners collaborating at GM level.

Our governance system is based on the principles agreed in the MOU:

- GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate
- Decisions will be taken at the most appropriate level
- GM will take decisions that are relevant to GM
- CCGs and local authorities will retain their statutory functions and their existing accountabilities for current funding flows
- Clear agreements will be in place between CCGs and local authorities to underpin the governance arrangements
- GM commissioners, providers, patients and public will shape the future of GM health and social care together
- All decisions about GM health and social care to be taken with GM as soon as possible

The new governance structure has:

- A Strategic Partnership Board (SPB) which sets the vision, direction and strategy for the GM health and social care economy
- A Strategic Partnership Board Executive (SPB Executive) which supports the SPB and will develop policy and make recommendations to the Board. It will be the engine that drives delivery of the Plan and ensures business at the Board is transacted efficiently
- A Joint Commissioning Board (JCB) which commissions services at the GM level to deliver the vision set out by the SPB. It will be the largest single commissioning vehicle in GM and will produce a commissioning strategy in line with the Plan. The decisions it takes will be joint and binding
- An NHS Provider Trust Federation Board where the 15 trusts in GM have joined together to allow them to work more effectively and efficiently
- An overarching Provider Forum which will bring together NHS and non-NHS providers (domiciliary providers, private sector health providers, voluntary and hospices) to be part of the development of new models of care
- Primary Care is represented at the SPB and SPB Executive and has also formed a Primary Care Advisory Group made up of representatives from Dentistry, General Practice, Pharmacy and Optometry

The members of these groups come from all 37 statutory GM health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the governance arrangements is that local commissioning will remain a local responsibility. The JCB will intervene in local decisions only where it agrees that it would be more efficient and effective for decisions to be made at a GM level.

Some national services (for example highly specialised services) will remain within the remit of NHS England, for practical and cost effectiveness reasons, and will be co-commissioned in many circumstances.

These arrangements will enable us to be clear about responsibility, accountability and assurance around the decisions that we take together.
Chapter 4

Health and social care reform

Summary

Our health and social care reform is built on the need to reimagine services across our whole care system.

By upgrading prevention and self-care we are proposing to change the way GM people view and use public services, creating a new relationship between people and public services. This means more people managing their health, looking after themselves and each other. This means increasing early intervention at scale and finding the missing thousands who have conditions, but do not know it yet. We want to work across GM to have standardised support that helps people to start well, live well and age well.

Through the transformation of community based care and support we are proposing to enhance our primary care services, with local GPs driving new models of care and Local Care Organisations (LCO) forming to include community, social care, acute, mental health services, the full range of third sector providers and other local providers such as schools. We want LCOs to be the place where most people use and access services, in their communities, close to home.

Through the standardisation of acute and specialist care we are proposing that NHS providers across GM increasingly work together and collaborate across a range of clinical services. We want a sector which is functioning to the best clinical pathways and the highest level of productivity so people get high quality care when they need it.

Through the standardisation of clinical support and back office functions we are proposing to redesign our services to meet the delivery and efficiency challenges of a redesigned care system. We want clinical support services which deliver at locality level and back office functions which drive the best possible service models for procurement, pharmacy and estate management.

In enabling better care we are proposing to work together to look at the most effective way to deliver our new care models and deliver standardised offers. We want a radically redesigned payment system to drive care in localities, we want technology to support this, we want an innovative and real time approach to research and development and we want one integrated approach to managing our public sector buildings.

The Plan
Reimagining services across our whole care system

It is widely accepted that GM will not meet the challenges it faces over the next five years through incremental change. Additionally, no single locality can deliver the scale of reform proposed here acting alone. Our transformation must be comprehensive, covering all aspects of care and support and all parts of GM.

Engagement with NHS commissioners, providers and local authorities, alongside best practice from national and international experts has identified five key areas for transformational change, as in the diagram below.

By upgrading prevention and self-care we are proposing to change the way GM people view and use public services, creating a new relationship between people and public services. This means more people managing their health, people looking after themselves and each other. This means increasing early intervention at scale and finding the ‘missing thousands’ who have diseases, but do not know it yet. We want to work across GM to have standardised support that helps people to start well, live well and age well.
Through the transformation of community based care and support we are proposing to transform our primary care services, with local GPs driving new models of care and Local Care Organisations (LCOs) forming to include community, social care, acute, mental health services and the full range of third sector providers. We want LCOs to be the place where most people use and access services, in their communities, close to home.

Each locality will have a joined up commissioning approach between the local authority and health partners, using pooled funds for a substantive proportion of the health and social care spend. Joint spending plans will be agreed to deliver shared improved outcomes for their local people.

These services will be delivered through the range of models described in the NHS England Five Year Forward View. The choice of model will be relevant to the local circumstances (multi-specialty community provider (MSCP), primary and acute care system (PACS), integrated care organisations (ICO), accountable care organisations (ACO) and accountable healthcare management organisations (AHMO)) but will hold a range of common features to ensure scale of impact. Across all the GM localities, we will refer to these as LCOs.

Through the standardisation of acute and specialist care we are proposing that NHS providers across GM increasingly work together and collaborate across a range of clinical services.

We want a hospital sector which is functioning to the best clinical pathways and the highest level of productivity which means that people get high quality care when they need it.

Through the standardisation of clinical support and back office functions we are proposing to redesign our services to meet the delivery and efficiency challenges of a redesigned care system. We want clinical support services which deliver at locality level and back office functions which drive the best possible service models for procurement, pharmacy and estate management.

In enabling better care we are proposing to work together to look at the most effective way to deliver our new care models and deliver standardised offers. We want a radically redesigned payment system to drive care in localities, we want technology to support this, we want an innovative and real time approach to research and development and we want one integrated approach to managing our public sector buildings.
1. Radical upgrade in population health

The future health of our children, the sustainability of the NHS and the economic prosperity of GM all now depend on a radical upgrade in prevention and public health, as the NHS England Five Year Forward View made clear.

Our progress in achieving wider public service integration is key to securing the health benefit of non-medical support and helping our health and care system function better. This can span from early help to crisis response across the whole public service, alongside the voluntary and community sector, to ensure our blend of support is as effective and appropriate as it can be.

For example, connecting health and care to housing providers will extend their established role in building communities and improving individual wellbeing by working in partnership across the region to support health services, particularly around prevention, early intervention and re-ablement. Additionally, GM is clear on the health benefit brought by the fire service as an expert in prevention and community engagement. Greater Manchester Fire and Rescue Service now acts as a prevention agent on behalf of all health and care partners whilst continuing to reduce demand relating to fire.

Our aim is to boost independence, improve health and reduce demand on services, through five key themes:

1: More people managing health: people looking after themselves and each other

The influence of people’s behaviour on health outcomes can be seen in everything from preventing illness through to the management of long term conditions. 60-70 per cent of premature deaths are caused by behaviours that could be changed and around 70-80 per cent of all people with long term conditions can be supported to manage their own condition.

Our ambition is to develop a whole systems approach to self-care, which can be adopted across localities. This will entail changes in commissioning, organisational and clinical processes, workforce development and the support provided to individuals and communities.

Key elements of our programme are:

- Working with Health Innovation Manchester to develop new digital technologies to allow people to track and analyse their own health data and to share this with others to aid prevention and management of long term illnesses
Large scale social marketing programmes, using behavioural insights, to support lifestyle change and engage the population to be more active in promoting their own and others’ health

Developing a GM framework for ‘patient activation’, motivating people to take control and supporting work to tackle health inequalities

Increasing the range and profile of self-care support programmes and train our workforce to deliver them

Working with Health Education England (HEE) to upskill our public sector workforce in key areas of practice such as self-management education, shared decision making, health coaching and patient activation

Working to embed social responsibility across our public sector

Implementing the evidence base for early detection of disease through screening and case finding to find the missing thousands who have a condition but have not yet been diagnosed. This will be supported by better information on a range of conditions including online advice, discussion forums and self-management programmes to empower people to look after themselves

Proactively reaching out to people registered on a GP list who do not attend GP practices, to engage with the community and create a cultural movement for health awareness and improvement

2. Increasing early intervention at scale – finding the missing thousands:

Late diagnosis causes unnecessary suffering and means diseases are harder and more expensive to treat. We only know about half of the preventable disease that exists in our population. The people with illnesses we - and often they - do not yet know about are called ‘the missing thousands’.

Finding people who already have, or who are at risk of developing, disease and successfully managing their condition(s) is crucial to prevent illnesses across GM and to reduce mortality, morbidity and inequalities in health.

Key elements of our programme are:

Bringing together our screening and immunisation commissioning and our public health people to form an integrated commissioning team

3. Starting Well – supporting parents to give their children the best possible start in life

GM has consistently recognised the importance of a child’s early years in achieving our long term ambition for growth and reform. Enabling parents to give their children the best possible start in life is essential in helping children reach a good level of development as measured by school readiness. Children who do not achieve a good level of development at age five will struggle in later years with social skills, reading, maths, physical skills and overall educational outcomes. They are more likely to experience difficulties with the criminal justice system, have poorer health and job prospects and ultimately die younger.

Across GM the percentage of children achieving a Good Level of Development (GLD) is 62.4 per cent compared with 66 per cent nationally. Within this there is significant variation across GM itself with some localities achieving 73.4 per cent whilst others only achieve 57.2 per cent. Creating consistency of achievement without stifling innovation and further progress in other areas is a key challenge to our GM programme.
Our Early Years New Delivery Model is based on consistent age appropriate assessment measures promoting early intervention and prevention, implemented through improved engagement with families with young children from pre-birth to school. This is supported by a series of evidence based interventions supporting short and long term benefits.

We will make sure children are ready to start school by:

- Prioritising delivery and effectiveness of universal and targeted services in the antenatal period and to children age 0-5 and their families
- Early identification of risks and developmental delays supported by evidence based assessments and interventions
- A GM wide approach to further improving high quality early education and child care and increasing the skills and qualifications of the early years and child care workforce
- Helping parents who are out of work to access education and training to help them towards work
- Focusing on prevention and early intervention through consistently high quality universal/early help services through maternity services, health visiting, Children’s Centres and early education providers
- Addressing health and social inequalities by improving the physical and emotional health and wellbeing of the 0-5 population and their families
- Delivering integrated commissioning and provision across all early years services focused on: parent and infant mental health; maternity/health visiting communication; speech, communication and language; social, emotional and behavioural pathway including parenting; high needs pathway for vulnerable children and complex families
- Further improving the quality of early education for 2, 3 and 4 year olds including effective support to providers to increase the accuracy and use of assessment tools and information to improve outcomes for the most vulnerable children, making best use of the Early Years Pupil Premium and supporting effective transition to primary school.

In July 2015, the Government and local authorities agreed to undertake a fundamental review of the way that all our services to children are delivered. As a trailblazer, the Government will support the GMCA to develop and implement an integrated approach to preventative services for children and young people by April 2017.

4. Living well in Greater Manchester ‘Good work – good health’

A healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy. We know that people in work tend to enjoy healthier lives than those out of work, and people with health conditions such as back pain, stress, depression and high blood pressure, find that getting back to work is often the best way to recover and that it isn’t always necessary to be 100 per cent fit before returning.

Approximately 683,000 adults in GM have a mental health or wellbeing issue which can affect everything from health, to employment, parenting and housing.

Key elements of our programme are:

- In partnership with employers, we will establish a workplace wellbeing charter which will provide employers, of all sizes and from all sectors, with a way of improving workplace health and wellbeing.
- We will roll out the Work for Health programme which helps patients to better manage their health conditions and to stay in work by training front line health staff to consider work as part of the therapeutic intervention, encouraging self-management and problem solving.
- We will launch a programme in a number of neighbourhoods to help older people into work.
- Expanding our Working Well programme will support up to 50,000 GM people who are
claiming a range of out-of-work benefits and experiencing barriers to employment. The programme will fundamentally change how skills, health and employment services function together.

- Establishing the Working Well Talking Therapies service, as part of our participation in the national Mental Health Trailblazer programme. This aims to improve employment and health outcomes for out-of-work claimants who face barriers to work due to common mental health conditions.
- Improving mental wellbeing and providing high quality mental health services as part of the overarching GM Mental Health Strategy.
- ‘Supporting Healthier Lifestyles’ will explore the potential of a devolved and flexible approach to licensing, regulatory compliance and enforcement, particularly in support of the proposal to introduce ‘Promoting Public Health’ as a fifth licensing objective across GM. This would enable localities to consider the impact of alcohol consumption on communities, proactively encourage licensed premises to promote responsible drinking and to play a key role in identifying and supporting those for whom alcohol is a problem.
- ‘GM Moving’ our physical activity strategy outlines a series of ten pledges that will add value locally and at a GM level. Already this has seen a significant increase in the number of opportunities to participate in recreational cycling, with 4,000 ride opportunities being delivered across GM by March 2016 through investment from the Department for Transport and British Cycling.

5. Helping people age well

GM has an ageing population and we know we need to focus on helping older people stay well longer and supporting them to cope better if they have a long term illness, especially dementia.

More than a fifth of GM’s 50-64 age group are out of work and on benefits, many because of ill health. The employment rate is 5.3 per cent below the England average and the gap has not narrowed for ten years. Unemployment imposes a significant burden on health and care services and the numbers in this age group are set to grow by 20 per cent in the next decade. Bringing the employment rate for 50-64 year olds up to the UK average would boost GM’s earnings by £813.6 million.

By 2021, it is estimated there will be nearly 35,000 people living with dementia in GM, a quarter (25 per cent) with mild symptoms, almost half (45 per cent) with moderate symptoms and nearly a third (30 per cent) with severe symptoms, requiring 24 hour care. The current cost of caring for them is estimated at £270 million annually, rising to £375 million in 2021. Integrated services are vital, without early diagnosis, good access, good co-ordination, and good support, suffering is increased and costs rise.

From April 2016, we will:

- Launch a programme in a number of neighbourhoods to help older people into work. The programme will be expanded as funds become available. We aim to increase the number of long term workless adults in employment by eight percent over five years.
- Establish the GM Ageing Well Hub to make GM an age-friendly city region. It will provide links to social movements to address social isolation and loneliness and have a focus on dementia.
- The Dementia United programme for GM that serves as a beacon for the UK, supporting people newly diagnosed with dementia with a case worker (further details are in Chapter 2).

FINAL DRAFT v11.3 • Dec 2015  Taking Charge of our Health and Social Care in Greater Manchester
GM has one of the highest rates of emergency hospital admission for conditions that would be better treated in the community. At any one time an estimated 2500 patients are in an acute hospital bed in GM, who could be treated at home or in a community setting, which would be preferable for the patient and more cost effective.

Fragmentation in services is seen most clearly in the referral into acute services and on discharge from them; between primary, community and social care, between those services and wider public services which can enhance health outcomes or prevent poor health emerging, such as housing, fire and rescue and employment services.

A key aim of combining the health and social care budgets is to enable care to be moved out of hospitals (where appropriate) into the community, closer to where patients want to be – at home. Even more significant however, will be our ability to radically reduce the demand for acute services through population level, integrated, community care and support which slows, or prevents altogether, the development of poor health.

Bringing GPs, community pharmacists, social workers, hospital doctors and community nursing teams together with a population focus, will help to make the connections between social and medical support, tackle loneliness and strengthen communities.

The sustainability of our hospital system will increasingly depend upon our ability to secure the right level of investment and capacity in community models to reduce demand on crisis and emergency services and facilitate reliable discharge home. The contribution to mainstream savings in this and the next Spending Review (SR) period are increasingly significant.

A focus on early intervention and prevention is a cornerstone of our approach to health and social care reform, ensuring we identify and treat early, reducing escalation of need. But this approach will only be successful if delivered alongside broader integration across local services. Across GM, we are seeking to tackle the complex issues that lead to escalating public service pressure in an integrated way. We will therefore not only bring together health and social care provision but a much wider range of organisations and services, tackling broader forms of complex public service demand.

Our ten localities and the neighbourhoods within them, will develop and design delivery models that fit the needs of their people and at a GM level. We will agree the core characteristics, common standards and key outcomes that those models will aim to deliver. A reformed system must recognise the limits of what formal care provision can offer and the important role of the ‘informal’ voluntary and community sector. The model of care needs to be
built around the person first and foremost, bridging some of the unnecessary splits between ‘health’ services and ‘social care’ services.

Primary care, social care and community services

Primary care is the driving force behind our prevention-focused approach within localities and across GM. Primary care is working to integrate and lead a wider public service community-based model, through the agreement of standards, which will be delivered within each locality of GM and the testing of new models of contracts for GPs, which promote prevention and self-management. This will be at the heart of a new model of care to predict and prevent ill health utilising the power of the registered list.

Social care, both publicly and privately provided, will be an integral part of the community service model working to reduce demand for acute services. Our new models will look to expand the role of services like leisure and libraries and further develop alternative and preventative community-based approaches from the voluntary and community sector. Assessment processes will concentrate on the individual and their aspirations, maximising what they can do, not what they cannot do.

GM needs a system of community care that enables people to step up / step down their support flexibly and easily, ensuring people receive the right type of care at the right time. Currently too many people are going into residential and nursing care, particularly from hospital, in part because of a lack of clear and planned alternatives.

We will make every contact with public services count by ensuring our staff are able to understand the needs of the people they come into contact with and signpost them to the most appropriate service(s) for their needs.

We will train our staff in recognising prevention, identifying risks, supporting discharge from hospital and transfer between services.

The development of our current and future workforce is core to the development of our community services to enable our staff to work with communities and support people to have the knowledge, skills and confidence to take an active role in managing their own health.

The establishment of fully integrated Local Care Organisations (LCOs)

The community service models chosen within each of our localities varies depending on the objectives they are trying to achieve, but the essential characteristics of the models are the same.

Health and social care providers will work collaboratively to provide care to a defined population (predominantly led by primary care). LCOs is a term developed at a GM level to describe how across GM, we will secure, in all parts of the conurbation, the principal features of a proactive, preventative, population health model, which delivers consistently high outcomes. It takes the best of local, national and international learning from Accountable Care Organisations and applies them to the GM context.

Primary care standards agreed at a GM level will be delivered within each locality to ensure that primary care drives our prevention-focussed approach within localities and across GM.

The LCO and its member organisations will be collectively accountable for delivery. The key elements of our programme from April 2016 are:

1. Enable conditions to be managed at home and in the community

People will only need to tell their story once and self-care will be encouraged and enabled.
We will introduce multi-disciplinary neighbourhood integrated care teams, built from clustered general practice, coordinating the care for a defined group of people (children and adults) using evidence-based pathways.

The locality approach will facilitate strengthened links with community groups and the voluntary sector and connect people to their local networks to promote independence and self-care.

The new models of provision in our localities will bring specialist acute-based consultants and nurses into the neighbourhood model via technology or face to face visits where necessary.

Technology has a critical role to play. Assistive technology like telecare can reduce the number of bed days and the level of home care needed. There is more detail later in this chapter.

2. Provide alternatives to A&E when crises occur

LCOs will develop models of care and support, which provide alternatives to hospital when crisis occurs. It is acknowledged that no community model could keep us all well all of the time, but it can provide safe, responsive and effective urgent care services that keep people out of hospital (unless it is appropriate for them to be there) and at home. Our community services in our localities will use different rapid response models, but they will all aim to achieve the same outcome to manage people as close to home as possible.

These local models will ensure that the estimated 2500 patients in an acute hospital bed in any given day in GM who do not need to be there, are treated more effectively and appropriately closer to home. The concept of ‘virtual beds’ is already an established model, a model of care that manages both step-up and step-down pathways for people with urgent care, rehabilitation and/or re-ablement needs.

We will ensure our system works to a common set of objectives, with an emphasis on improving outcomes and the principles of re-ablement. It will meet the aspirations of people with care and
support needs, support people to live well in the community, prevent people with significant health or care needs from having to use residential or nursing care and hospital; and help people with care needs maintain themselves in the community.

3. Support effective discharge from hospital

Our staff in our hospitals and in our community services work hard on a daily basis to ensure that patients are discharged in a safe and timely manner back to their chosen setting, but there are challenges due to different processes and requirements for the agencies concerned.

Our hospitals will work with the patient, their family/support networks and their GP to a planned date of discharge upon admission, they will ensure the patient is medically fit for transfer and then work with community services to ensure that the support services are in place when they transfer to their chosen next care setting.

We will build on work in our localities to introduce a standardised, streamlined discharge service and aim to develop an agreed GM discharge framework, which is focused on the standards that the people of GM expect to be delivered when patients are discharged and help them return home safely with a co-ordinated discharge plan.

4. Help people return home and stay well

It is important that patients leave hospital with a clear discharge plan that is communicated to their GP, families, relevant agencies and support networks within their community, with a clear understanding of who they need to contact if they are concerned.

This will require integrated working between integrated neighbourhood teams, GPs and hospital teams to agree care or support programmes.

Vanguards

In GM, NHS England has announced four Vanguards which are testing the implementation of new models of care to improve and integrate services as described in NHS England’s Five Year Forward View:

- Salford Together (Integrated primary and acute care system – PACS).
- Stockport Together (Multi-specialty Community Provider - MSCP).
- Salford and Wigan Foundation Chain (Multispecialty chain).
- Accountable Clinical Network for Cancer (ACNC).

In GM, we recognise that new models of care need to be implemented in all our localities to address our system challenges. This will require an open and transparent approach which supports innovation and the testing of new ideas. The Vanguards have enabled work within three localities and across GM to take forward the design and implementation of a variety of new models of care as described in NHS England’s Five year Forward View, and share their learning and the input from the national support team with the rest of the GM localities and our acute provider sectors.
There are 15 NHS trusts and foundation trusts providing acute, mental health and community care across GM. Their dedicated staff deliver high quality care to the population of the region in the face of growing demand and tight budgets.

The present system is, however, not financially sustainable and it does not deliver the consistently high standards our population deserve. The total forecast deficit for these provider organisations is forecast to be £1.4 billion by 2020/21 before taking account of cost improvements. NHS trusts in GM must change and evolve to meet today’s demands and the changing demands of the future.

Plans for our acute services will be developed with the public, patients and carers. They will be generated through the GM governance arrangements and by the Provider Trust Federation Board to enable greater collaboration between trusts.

The focus of work for trusts will cover:

- Improving the safety and quality of services
- Improving productivity: hospitals are drawing up plans to achieve efficiency savings of 2.5 per cent in 2016/17, and 2 per cent per annum in subsequent years
- Improving delivery: hospitals are working to introduce new care models to avoid emergency admissions and cut very long lengths of acute hospital stays. Trusts are working to deliver the four priority clinical standards for seven day working as part of the first phase of implementation by 2017
- Increasing collaboration: trusts have agreed to a programme of collaborative efficiency and to joint working to achieve significant savings targets

Whilst a large part of the improvement in GM will come from investment in and expansion of prevention and integrated primary and community services, we want to improve the quality, consistency and efficiency of services across the region and make sure there are adequate specialist staff present at the time of high risk procedures. Providers in GM are already working together to a greater extent, in order to spread good clinical practice. This focuses on maintaining local access to clinical services which might otherwise not be sustainable due to workforce shortages as well as achieving economies of scale through sharing services across GM. This ensures that the vast majority of acute care remains accessible in local hospitals whilst only the more complex treatments are provided in specialist centres.

The GM programme Healthier Together first initiated this concept with identification of urgent and emergency care, acute medicine and general abdominal surgery as a single service; taking the first step towards greater transformations that will be extended to other specialties.

GM will quickly establish the most appropriate governance form to secure provider collaboration through the development of groups, multi-site providers, lead provider arrangements and specialty service
chains building on our learning from national Vanguards. This will be essential to allow the benefits of standardisation to be achieved at scale. This reform can identify the best evidenced-based practices for patients and provide decision support systems for clinicians. This means that key scaled up functions can be delivered across organisations and operational delivery can continue to be taken forward within organisations and at neighbourhood level. This will provide better outcomes and implementing standardised processes across a chain or group of providers will deliver better care at lower cost.

Organisations with a strong track record of high performance, able to support their staff to assist in local improvement and with the capability to develop standardised operating procedures, will share their skills and knowledge with organisations to support standardisation across the acute sector.

GM will develop a framework to determine which services will be delivered at which level; neighbourhoods, localities, clusters and across GM. In summary:
- Care that does not require a hospital stay will be provided locally
- In-patient emergency care and all in-patient surgery would be organised at a cluster or group level.
- Highly specialised services requiring specialist skills and infrastructure will be organised at a GM level.

We know that basing clinical care protocols on evidence can help reduce variations in the delivery of care, increase the quality of our services and reduce cost. GM will proactively enhance and standardise care models and operating procedures across services beyond those which are included within the shared service model so that procedures of the same type will follow an agreed protocol.

GM Trusts will develop a culture for improving standards. Clinicians will have to justify deviations from the agreed evidence pathway and these deviations and the associated reasons will be continuously monitored and reviewed (by shared clinical governance arrangements) to determine if the pathways need to be improved, updated or amended. Clinical care protocols will provide a clear audit trail, which can be used to quickly spot anything unusual and any decline in performance, as well as providing real time insight into where improvements are needed. This data will be shared with commissioners and regulators. This approach relies on improved methods to collect data, which will be developed as part of this work. The adoption of evidence based protocols will be supported by the role of Health Innovation Manchester.

From April 2016, we will:
- **Deliver most services locally**, in conjunction with each LCO
- **Build on Healthier Together** to share acute services at scale. Providers will find new ways of partnering and collaborating to improve acute and specialist services delivered to patients. This will be achieved through consolidating services at a cluster and GM level
- **Agree cluster level services**. Trusts will work collaboratively to form cluster or group-level services, and clinical staff will work together across a network of hospitals within the shared single service. Based on clinical evidence, this will drive improvement in standards of care across all hospitals as they follow a consistent approach for care delivery
- **Agree GM level services**. These services will be provided in one network across GM, potentially across multiple sites, but with a lead service provider responsible and accountable for service delivery. We already have some services like this including adult major trauma, paediatric services, secure mental health and most recently the cancer Vanguard.
- **Develop standardised treatment and care pathways**. Protocol based care will enable staff to put evidence into practice by addressing the key questions of what should be done, when, where and by whom. This standardisation of practice reduces variation in pathways and will improve the quality of care uniformly across GM.
The development of standardised clinical support and back office services across GM is a critical part of our transformation work.

Back Office

Shared services are no longer a radical new idea; they are an accepted part of business strategy that has repeatedly demonstrated its value. All public sector organisations in GM have common business functions including: finance; technology; business intelligence; human resources; procurement; transformation and property services. As such there is an opportunity to generate significant efficiencies through organisational collaboration. GM will pursue the potential outlined in Lord Carter’s report and be an early, large scale delivery site for that work.

Developing a shared service model across GM will drive greater efficiency while delivering world class business solutions. A shared service centre will not only deliver consistency in back office functions across GM, but will deliver significant financial savings.

Care Co-ordination

GM is clear that the integration of health and social care commissioning, whether at a locality, cluster or GM level is key to delivering agreed and shared improvement outcomes for people. This joined up commissioning approach will deliver significant changes in commissioning activity, with a greater emphasis and investment in prevention and early intervention. This will allow GM commissioners to shift activity and expenditure from high cost parts of the system to (where appropriate) care and services delivered closer to people’s homes.

This will need to be underpinned by an effective means of care co-ordination to consistently track risk, activity, resources and outcomes across population segments. This will require the adoption of a whole system approach and the establishment of a multi-agency care co-ordination centre, encompassing primary, secondary and social care provision.

This would be able to:

- Track and co-ordinate patient care in a locality or cluster of localities
- Utilise real time demand data to support more proactive care planning
- Reduce the variability in patient or cohort costs by limiting or avoiding high cost episodes
Generate total patient costing information to support lower average patient costs as more efficient and preventative care is incentivised.

A central clinical team would work to reduce variations in care, ensure that care pathways are adopted consistently and refine pathways in line with the most effective interventions.

Shared Clinical Services

NHS providers are already working together on radically reviewing how shared clinical services could be provided at a pan GM level to enhance individual organisational efficiency. These are focussed on:

- Procurement of goods and services through improvement in economies of scale and reductions in product variation
- Review of Private Finance Initiative arrangements across GM in order to gain greater value from these contracts
- Revised pharmacy arrangements through the improvement of drug procurement, logistics and medicines optimisation
- Centralisation of back office functions by coordinating and providing these services at the appropriate geographical level
- Making better use of the public sector estate to ensure that estate owned and managed by NHS and local authorities is utilised efficiently and effectively, or disposed where it is not needed
- Appropriate centralisation of pathology and radiology services in line with the recommendations set out in Lord Carter’s ‘Review of Operational Productivity in Hospitals’

From April 2016, we will be developing:

- A single GM level shared service; bringing together a common platform for all of the public sector in GM
- A care co-ordination system for GM
- Implementing shared clinical support services across GM
The tolerance of variation across health and social care service provision is one of our biggest challenges. In GM, our approach will see us no longer accept this wide variation of outcomes and service standards within and between organisations. GM will need to deliver a significant programme of standardisation.

New care organisations

Health and social care providers in GM need to become more adept at standardisation and reliable implementation of best practice. Through our revised working arrangements, supported by our new governance structures, we will ensure that our new models of care remove tolerance to variation both in service delivery and standards.

There is growing consensus in GM that new organisational forms or delivery models will be required to enable integration and standardisation. To ensure that such integration and standardisation can occur, existing boundaries between organisations need to be removed. It is by removing these boundaries that efficiencies can be delivered and standardisation of service is achieved.

We will develop any changes with full discussion and, where appropriate, consultation.

It is clear that integration is required across different levels; horizontally across similar services and organisations, and vertically through different care settings.

There are a number of different options for organisational form, ranging from loose collaboration to full consolidation. Analysis of the potential options for the different types of integration has been undertaken and the table below represents the suggested models across each type of integration.
Contracts, payments and innovation

The successful delivery of new models of health and social care at locality, cluster and GM level will need to be driven through new, innovative, evidence-based contracting models and pricing mechanisms. The scope of these will need to be broad ranging covering all sectors and a wide range of providers.

The current Payment by Results system, agreed at a national level, albeit with local variation where appropriate, has created a system that incentivises different outcomes in different localities or providers. As a result it has failed to deliver whole system outcomes.

Whilst there will not be a one-size fits all approach, there will be a set of common principles across the whole of GM, and a defined list of options around contracting and payment choices. This will include primary care and specialised services as well as all the services currently commissioned by CCGs and local authorities. All models should:

- Incentivise cost reductions from efficiency improvements and effective demand management
- Incentivise integration within and across the health social and care system
- Facilitate a transparent and accountable pathway for patient outcomes
- Incentivise prevention to counter rising acute hospital care activity

It is recognised that the design of any such payment system will be complex and require specialist input through our partnerships established with national bodies including NHS Improvement, NHS England and DH.

Technology

In GM, many organisations still rely on inefficient paper based systems. Significant investment will be required to enable digital operation, without this investment it will not be possible to deliver a high quality efficient health and social care system.

Our new models of care will require technology enabled change. We will use technology to understand patient needs, and develop services more efficiently and effectively as a result. We want people to have greater access, ownership and responsibility over their own data, generating multiple ways to interact with the health and social care system and putting people at the heart of how their information is collected, stored and used. More effective use of information across organisations, driven by patient ownership, will reduce duplication and ensure more speedy access to the right services.

We want technology to support self-management, from staying well to living well with long term conditions. We need to share data and information across organisations on a day to day basis to support assessment, triage and integrated multi-agency case management.

The health and social care system in GM will work with the wider public sector on the implementation of our information sharing strategy GM-Connect. As part of the wider GM reform activity, GM-Connect will establish a new data commission for GM that will own the data sharing mandate and will deliver GM wide solutions for employees and people to access, update and analyse data. Implementation of GM-Connect will start in January 2016.

Accelerating discovery

Developing, testing and implementing new ideas takes too long. Fragmentation in funding, organisation approach and regulatory systems all slow up the process. This needs to change.

GM, supported by its three large teaching hospitals, a research-led university base, a critical mass of life science firms and skilled workers, and a large and diverse population, is putting innovation at the heart of its health and social care system.

Health Innovation Manchester will draw on the collective expertise of all partners from health and social care providers, academia and industry collaborators to address the health needs of the local population.
At the same time it will deliver economic benefits through manufacture and commercialisation. We aim to create one of the best regions in the world for innovative life science companies to be involved as partners. Additional detail on this is in Chapter 2.

Buildings

The estate varies significantly in terms of quality, condition and suitability. Some of the estate is in excellent condition providing state of the art facilities, whilst at the other end of the scale there are a lot of properties that are in very poor condition and no-longer fit for purpose.

Estates is a critical enabler of the GM health and social care transformation programme which must continue to be fully informed and led by frontline service strategy. Collaborative working across GM agencies is well established and effective however it is recognised that a lot more is required to improve health outcomes for the people of GM and to increase efficiency.

The public sector estate in GM is under-used. Making the best use of the property and space available is a key part of GM’s health and social care transformation plans. It is also vital to supporting our economic growth. The GM One Public Estate initiative is aimed at using public sector property assets as a single resource across organisations.

Integrating health and social care services across the region will mean changes are required to the buildings from which the services are delivered. A focus on prevention and care provided nearer to the home will mean that more facilities will be required in the community. This may result in the way that land is used at hospital sites changing as we need to ensure that our estate is able to respond to changing needs and demands of our people.

A rationalisation of our public sector estate will inevitably free up much needed space that is required to support our economic growth both through new housing and employment sites.

Current ownership and management of the public sector estate is complex. In the NHS, buildings are owned and managed by NHS trusts, foundation trusts, GPs, Community Health Partnerships, private landlords, NHS England and NHS Property Services.

To ensure we make best use of this estate we will develop a NHS Estates GM Delivery Team who will work closely with colleagues from across the public sector to deliver a ‘one public estate’ approach to property management.

A GM Strategic Estates Planning Board will be formed, which will be responsible for translating strategic requirements into a set of GM estates targets, ensuring it meets local health and social care needs. It will develop a clear framework to enable GM to make better investment decisions, for example in primary care, and to ensure that the buildings required to deliver new models of care can be realised.

To ensure we are able to reconfigure the GM public sector estate in a way that supports our transformed services we have requested that any receipts received from disposing of capital assets is be retained within GM for re-investment.

From April 2016, we will:

- Develop one public estate for GM and agreement of a framework to make estate investment decisions
- Develop the GM Estates Framework focusing on the following key elements:
  - Control - public bodies in GM have control over all estate policies, procedure, decision making and allocation of resources
  - Ability to incentivise - ability to retain and share savings and value released to fund change and align objectives across public bodies and departmental silos; introduction of locally aligned incentives
  - Funding – public bodies in GM have control over spending, receipts and associated revenue costs; pump prime funding for example to support asset rationalisation and improvements to the retained estate; ability to recycle savings and receipts for estates transformation
- Each locality will have a draft Strategic Estates Plan by the end of December 2015, which will be aligned to the locality and GM plan. In accordance with DH guidance with target savings/utilisations applied to each to deliver over a period of time and these will be further developed and implemented.
In order to achieve our ambitions, we need the £6 billion invested in health and social care to flow differently around our system. We have produced a detailed GM financial plan which shows how we see the £2 billion gap emerging over the next five years.

This integrated plan, the first of its kind, enables us to drive change within the transformation areas described earlier and outlines the actions we will take to close the £2 billion gap over the next five years.

Central to the delivery of the Plan is the ability to access the Transformation Fund (TF) from NHS England across our GM system. This will enable us to develop new models of care to change the nature of demand and keep services safe and sustainable, while we make this radical shift.
The financial challenge

The integration of health and social care is a fundamental part of the growth and reform strategy essential to GM’s priority of reducing unemployment, supporting people back into work, and providing growth through innovation. It is a key driver to ensure that the health and social care system becomes financially sustainable over time.

The population of GM is 2.8 million with forecast spend of £7.7 billion on health and social care services. This includes £6.2 billion on health services including mental health, GP services, specialist services and prescribed drugs and £1.5 billion on local authority, public health and social care services.

After taking into account the resources that are likely to be available and the pressures that the health and social care system will face over the next five years it is estimated that there will be a financial deficit of £2 billion by 2020/21. The scale of the challenge demonstrates why radical change is needed, both in the way services are delivered and in the way people use them.

Comprehensive Spending Review (CSR) assumptions

As described in chapter 2, the MoU outlined a ‘road map’ leading to full devolution on 1st April 2016. A key element of the MoU was the development of this Plan, including access to a Transformation Fund (TF) to enable us to deliver clinical and financial sustainability over the next five years. In order to support us to achieve this, the recent CSR settlement proposed the following for GM:

● A fair share of the additional funding of £8 billion that had been identified for health care nationally
● Funding to enable social care activity to continue at the current level in line with NHS England’s assumptions in the Five Year Forward View
● Additional one off transformation funding of £500m to support the delivery of the savings opportunities
● Access to capital funding to support areas such as the development of a single patient record and for the reconfiguration of the health and social care estate required

GM submitted a high level Strategic Financial Plan in August 2015 to Government and NHS England as part of the CSR. This set out how it intended to meet the clinical and financial challenges over the five year CSR period and what was specifically required to significantly close the £2 billion financial gap.
Alongside GM’s fair share of on-going funding in line with NHS England’s Five Year Forward View (which would close the gap by £700m) proposals were shown to deliver a further £1.5 billion of savings, after reprovision costs, from the following areas:

- £70 million from prevention
- £488 million from better care models delivered across NHS and local authority commissioners and providers
- £139 million from reform of NHS trusts
- £21 million from commissioner collaboration
- £836 million from NHS provider productivity savings and joint working

Delivering these changes is estimated to cost £200 million in capital charges leaving a net saving of £1.3 billion.

In addition to the above, benefits to the wider economy are expected through increased employment and productivity in the workplace, estimated at £160 million to £315 million.

The bridge diagram below summarises the Strategic Financial Framework that was submitted as part of the CSR.

The Plan describes how these savings will be achieved. Key to this is the implementation of the new models of care in line with the transformation themes outlined in chapter 4 of this document. These provide the framework for a radical transformation of health and social care and will significantly impact upon patterns of demand. These are grouped into five main themes:

- Radical upgrade in population health and prevention
- Transforming community based care and support
- Standardising acute and specialist care
- Standardising clinical support and back office services
- Enabling better care

The TF described in the CSR is required to support the delivery of the significant change
that GM will start to deliver from 1st April 2016. Achieving transformation of this nature requires critical enablers to be put in place, including an investment in the non-recurrent cost of putting new delivery models in place (including funding costs of staff development and new payment models), information and technology, community-based facilities and the renewal and adjustment to hospital capacity.

The TF will consist of £77m one off costs to enable delivery of change and £423m double running costs to support the implementation the new service models and change to existing models. In return for access to this funding, GM will deliver the £1.5bn cumulative savings, use of the fund will be fiscally neutral and GM would be clinically and financially sustainable by 2020/21.

Fundamental to the delivery of transformation is the work set out in the locality and provider plans which is underpinned by the pooling of budgets at scale at locality level, access to transformation funding for delivering the enablers and the dual running costs for moving to new models of care.

Financial assumptions to be agreed

The Strategic Financial Framework contains assumptions on:

- The future levels of funding available across health and social care
- Treatment of provider deficits
- Tariff deflator assumptions
- Level of transformation funding available

The expected changes to the above assumptions will have a significant impact on whether clinical and financial sustainability can be achieved during the five year period and on the development of detailed operational financial plans. The following key issues need to be resolved:

1. The level of the Transformation Fund (TF)

The amount of one off transformation funding was based on what was thought to be the minimum amount required to deliver the change to achieve clinical and financial sustainability over the five year period. If the amount or phasing changes then financial sustainability will not be achieved over the five years and will be reflected in commissioning and NHS provider organisations operating with financial deficits for a longer period.

The Strategic Partnership Board (SPB) Executive will propose allocation of the TF in accordance with criteria agreed and will secure independent assurance on each of these investments.

The use of the (TF) should be underpinned by the following principles:

- The total for the TF determined by NHS England is £450m. Work continues to finalise the detail of the financial and operational management arrangements.
- The governance of the TF will be the responsibility of the SPB. The TF will be focused on the delivery of the transformation programmes described in the Plan; all proposals will be independently verified to demonstrate value for money, strategic fit and robustness.
- The TF will be separate from the conventional funding allocation to CCGs, but at the appropriate time CCGs will be expected to agree with NHS England how their budgets are supporting the transformation programmes.
- NHS England has the right to determine the financing of the TF. However there must be the necessary degree of flexibility to enable the TF to deliver the transformation programmes set out in the Plan. To the extent that any national programmes are used to support the financing of the TF, then the TF will only fund those aspects of proposals which are wholly consistent with the transformation programmes in the Plan. To the extent that any proposals from these national programmes do not correspond to these programmes then these will fall for consideration by NHS England separately.
- Deficit management will be the responsibility of the NHS and will be outside the funding scope of the TF. GM will play a full part to ensure that detailed deficit arrangements are aligned to the Plan.
The TF will be subject to a performance management framework. Once the detailed profile has been agreed, GM will produce a full range of outcomes across health and social care to be delivered by the TF which will form part of the performance management framework, for agreement by HMT, NHS England and DH.

2. Estates
The CSR proposals assumed access to capital funding to support both the enablers such as development of a single patient record and for the reconfiguration of the estate required. The work includes funding for the recurring cost of capital, although the amount will vary depending on the phasing of the transformation funding and implementation of change. The proposal is based around the ability to bring together the estates function across GM into a single property management function and the ability to retain any capital receipts. How this is implemented, alongside the detailed work underway, will inform the exact nature of the investment required.

A key component of the work will be securing access to the national funding ‘pots’ which are available with a proposal that GM requirements are ‘earmarked’ subject to the production of a detailed business case to be agreed by NHS England, DH and HMT before the end of this financial year.

A high level strategy will be developed by the 31st December 2015 and from this a business plan and financial proposal will be developed by 31st March 2016 for discussion with HMT, DH and NHS England.

3. Social care
The underlying principle in the CSR is that the funding should enable the current level of activity, as per the logic in NHS England’s Five Year Forward View, to be delivered and for social care budgets to be maintained at their current level. For adult social care this represented additional funding of £180m for GM across the CSR period. This did not include funding for additional demographic pressures and the cost of implementing the changes to the minimum wage. The scale of the funding gap is linked to the overall outcome of the financial settlement so the numbers are subject to change.

There has always been some concern about how a national social care settlement could be responsive to the particular circumstances in GM, given the status on devolution. Discussions are ongoing as to the impact of the changes set out in the CSR. The early assessment is that the proposals leave GM with a shortfall of funding for 2016/17 and 2017/18.

The CSR announcement included two further areas for social care:

- The ability to raise an additional 2 per cent in council tax over and above the referendum limit
- Additional £1.5 billion Better Care Fund (BCF) monies that will go direct to local authorities

Council Leaders are considering a further radical step to pool funding for the five years for the CSR period to use the income generated from the ‘social care precept’, or equivalent income, to establish a platform for commissioning certain social care services on a GM wide basis. This is linked to there being a comprehensive settlement.

The additional BCF funding for local authorities will start to come on stream from 1st April 2017, with it being predominately back-loaded to the last two years of the CSR settlement. The phasing of the BCF nationally will not deliver what GM requires given that our transformation journey will start on 1st April 2016.

GM, after it has evaluated the impacts of the local government finance settlement on social care, will want to discuss with HMT, DH and DCLG the impact of the settlement on social care spend in the early years of the transformation programme and whether the funding is sufficient to enable the transformation objectives to be delivered.

Achieving transformation of this scale is a significant ambition, which will require leaders at all levels across GM to promote the need for change and the development of detailed implementation plans over the coming months.
We have already started implementing some of the changes we need across the system. A critical part of our work between January and March 2016 will be to engage with people across GM and staff working in the health and care system, about the direction of travel and the changes we are proposing. We have shared our thinking early so that people have a chance to be part of building our plans for the future.

We are developing a draft high level implementation plan which describes what we think will need to happen across the five years to create a clinically and financially sustainable GM health and social care system. There will be a detailed work programme for each of the transformation themes described in chapter 4, outlining specific deliverables in years one and two and higher level deliverables for years three to five. This will ensure we can continue to review, refine and if necessary refresh our work programme to reflect our system needs.

To find out more or get in touch with us please go to:

Website: www.gmhealthandsocialcaredevo.org.uk
Email: gm.devo@nhs.net
Twitter: @GMHSC_Devo
Implementing the Plan

We have a bold, clear and ambitious plan for GM. All partners are working together to understand how we can begin to deliver this plan.

Engaging people

Between January and March 2016, the partners across the ten localities of GM will be talking to their staff and local people about these plans. At the same time we plan to run events and talk to people about what would help them take charge of their own health and wellbeing – and get views on how we might support people to do this.

We will be doing this under our Taking Charge theme, which sets out the idea that GM is taking charge of a significant opportunity, as well as a significant challenge, and that as well as taking charge the people of GM must also take responsibility – at an individual, community and wider level.

Thousands of conversations about health and social care, preventing ill health and integration of services have been held in GM over recent years. They have included roadshows, citizen’s panels, workshops, online forums and many other outlets and events, organised by public bodies and the voluntary and community sector. The ideas set out in this Plan are the culmination of those conversations – and we will continue to build on them.

Examples include:

- In Bolton, the CCG launched “Let’s make it” with 120 events to give a voice to those who find it hard to get heard
- In Manchester, the voluntary sector has led 22 workshops on improving mental health services
- In Rochdale 225 people have helped shape the locality plan, covering children’s services and end of life care
- In Trafford, local people have been involved in creating a one-stop Care Co-ordination Centre for booking appointments, patient transport and learning about services

The people of GM recognise the challenges facing the health and social care services from an ageing population, advances in medicine and growing financial pressures. They accept that the rising demand for services must be slowed, and say the way to achieve this is for people to take more responsibility for their health.
Their priorities for the future, in relation to health and care services, include to:

- get appointments promptly and be seen within a reasonable time
- tell their story once and receive co-ordinated multidisciplinary care – with a single key worker
- have their families and carers involved
- have things explained, their questions answered and given choices about their care
- be supported to manage their own care
- have emotional and practical support recognised as important as medical treatment
- not to be blamed when costs and competing priorities interfere with their ability to look after their health
- have everything in place when they are discharged from hospital
- be treated with dignity and respect

We will build on this engagement with people – at a local and GM level - to continue to better understand what people need to take charge of their health and wider wellbeing in different places across GM.

As well as using traditional engagement approaches we are also exploring a web-based, crowdsourcing platform, and will link with national and potentially commercial partners, to ensure our engagement is as broad and deep as possible.

Engaging with Staff

There are approximately 100,000 staff working in health and social care services in GM and they are a critical group who are crucial to the success of our ambitions. Staff engagement will be led by their own organisations so they are able to put the wider GM work in the context of what's happening in their own organisations and are able to understand what this means for them, their families and the people they help care for.

Starting the work

Alongside the work we will be doing with people, we will also be working across public sector services in GM to begin to work through how we implement the changes described in this Plan.
Changes will happen across all parts of our health, care and support services. We are already starting to make some of these a reality as we begin to deliver different service models which are described in locality plans and to make better use of the resources we have to save across health and social care.

We know that we need to begin work now on some areas that will take time to change and deliver.

We will focus on in the next three months the following areas:
- Local health and social care system engagement
- Public engagement
- Locality and GM implementation planning
- LCO characteristics
- The application of the TF

The timescales for this work are mapped out below in a high level plan.

The implementation plan will describe the key deliverables for each part of the work that we are aiming to deliver by April 2016 and then years one and two, with an outline for years three to five.

Work to deliver this plan is happening now across our GM services. As we progress through the next three months of this work, we expect our plans to be built on, expanded and improved based on the views of people who use services across health, social care and support services.

A significant proportion of delivery activity will take place within our localities, working with our staff and our people to implement the reform in the context of local needs. Each locality will develop a Locality Implementation Plan by April 2016. Localities will be responsible for ensuring they have the capacity and capability to implement their reform plan, drawing on local and national expertise as appropriate.

We recognise the value in collaboration across GM, so in partnership with NHS England, we will create the GM health and social care team. This team will be small in number and flexible, with the ability to source expertise from within and out of GM to support delivery in the localities and at a GM level. It will be responsible for driving the devolution, reform and transformation agenda for the integration of health and social care services between 2016 – 2021.

<table>
<thead>
<tr>
<th>Transformation initiatives</th>
<th>Jan – Mar ‘16</th>
<th>Apr – Sep</th>
<th>Oct &gt;</th>
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<tbody>
<tr>
<td><strong>1. Population Health Prevention</strong></td>
<td>• Agree programme of prevention activity</td>
<td></td>
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<tr>
<td><strong>2. Community based care &amp; support</strong></td>
<td>• Create Local Care Organisations (LCOs)</td>
<td>• Primary care at scale</td>
<td>• Place based commissioning</td>
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<tr>
<td><strong>3. Standardise Acute Hospital care</strong></td>
<td>• Acute care collaborations</td>
<td>• Clinical engagement</td>
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<td><strong>4. Standardise Clinical support &amp; back office</strong></td>
<td>• Shared services</td>
<td>• Response to Carter</td>
<td>• Staff engagement</td>
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<tr>
<td><strong>5. Enablers</strong></td>
<td>• Agree HmM priorities</td>
<td>• Pricing &amp; contract model</td>
<td>• Common approach to IM&amp;T, Estates, Workforce</td>
</tr>
<tr>
<td><strong>Programme Implementation</strong></td>
<td>• Establish GM H&amp;SC Team</td>
<td>• Governance</td>
<td>• Communications Plan</td>
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From April 2016, the team will:

- Ensure delivery of the GM Financial Plan
- Oversee and drive governance across GM
- Enable the implementation of locality plans and ensure they support the direction of GM health and social care
- Assure the operational delivery of health and social care, in line with the devolved functions from NHS England, such as CCG assurance, plus specialised and primary care commissioning.
- Lead GM commissioning where agreed and endorsed by the SPB and JCB
- Sponsor, drive and facilitate GM transformational projects
- Facilitate GM population and cross sector involvement in health and wellbeing improvements
- Understand the overall performance and delivery of services across the whole system within GM and therefore, identifying and managing risk
- Establish effective working arrangements with health and social care regulators
- Lead on the development and delivery of public and political engagement

We will produce a refreshed version of the Plan at the end of March 2016 that includes more details of how we propose to change our services over the next five years.

Assurance, accountability and implementation

Greater Manchester is our ‘unit of planning’ and we are working to the principle that GM is assured once by national bodies as a place.

This approach does not compromise the statutory responsibilities of the 37 health and social care organisations in GM to the national bodies. However, as all of our ten localities are moving towards the establishment of pooled commissioning budgets, management arrangements, governance structures and the development of LCOs, they will operate in a different way and the assurance and accountability processes will need to support these developments.

It is recognised that further work is required to understand and agree what this means for each of the national bodies and how the individual processes could be brought together to achieve assurance of GM as a place. This will be worked through as part of the implementation planning and listening phase from January to March 2016.

Staying in touch and getting involved

We already have a range of ways to stay in touch with this work. These are:

Website:  [www.gmhealthandsocialcaredevo.org.uk](http://www.gmhealthandsocialcaredevo.org.uk)
Email:  gm.devo@nhs.net
Twitter:  @GMHSC_Dev0

Opportunities to engage in the work will be widely advertised following the publication of the Plan.
This five year Plan for the reform of health and social care in GM has been developed in consultation with and approved by the GM SPB. This board is chaired by Lord Peter Smith, the leader of Wigan Council and through the membership of that board it has support of the 37 statutory organisations in GM, listed below:

- Bolton Clinical Commissioning Group
- Bolton Hospital NHS Foundation Trust
- Bolton Metropolitan Borough Council
- Bridgewater Community Healthcare NHS Trust
- Bury Clinical Commissioning Group
- Bury Metropolitan Borough Council
- Central Manchester Clinical Commissioning Group
- Central Manchester NHS Foundation Trust
- Greater Manchester West Mental Health Foundation Trust
- Heywood, Middleton and Rochdale Clinical Commissioning Group
- Manchester City Council
- Manchester Mental Health and Social Care NHS Trust
- North Manchester Clinical Commissioning Group
- North West Ambulance Service NHS Foundation Trust
- Oldham Clinical Commissioning Group
- Oldham Metropolitan Borough Council
- Pennine Acute NHS Hospitals Trust
- Pennine Care NHS Foundation Trust
- Rochdale Metropolitan Borough Council
- Salford City Council
- Salford Clinical Commissioning Group
- Salford Royal NHS Foundation Trust
- South Manchester Clinical Commissioning Group
- Stockport Clinical Commissioning Group
- Stockport Metropolitan Borough Council
- Stockport NHS Foundation Trust
- Tameside and Glossop Clinical Commissioning Group
- Tameside Hospital Foundation Trust
- Tameside Metropolitan Borough Council
- The Christie NHS Foundation Trust
- Trafford Clinical Commissioning Group
- Trafford Metropolitan Borough Council
- University Hospitals of South Manchester NHS Foundation Trust
- Wigan Clinical Commissioning Group
- Wigan Borough Metropolitan Borough Council
- Wrightington, Wigan and Leigh NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust

Wider partners in the GM Plan:

- Greater Manchester Police
- Greater Manchester Local Medical Committee
- Greater Manchester Fire and Rescue Service
- Healthwatch
- Patient Groups
- Social Care and Residential Providers
- Voluntary Groups
- 3rd Sector Providers
#takingcharge

Website: www.gmhealthandsocialcaredevo.org.uk
Email: gm.devo@nhs.net
Twitter: @GMHSC_Devo
Date of Trust Board: 14th January 2016

Title of Report: Manchester Locality Plan

Date Produced: 29th December 2015

Author: Name: John Harrop
Title: Director of Strategy/Deputy Chief Executive
Tel: 0161 882 1133

Purpose of Paper: To provide an update on key elements of the Locality Plan

Key Points:
- The final version of the plan has not been received to date
- There has been further development of the 3 main pillars of the plan
- The Manchester Provider Group meets early in January to plan its response to the ‘one contract’ commissioner requirements for out of hospital services

Action Required: To note the contents of the report

### Monitoring and assurance framework summary

<table>
<thead>
<tr>
<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
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Any Action Required?

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1. Introduction

1.1 This paper takes account of the ongoing developments from the Manchester health Locality Plan and Living Longer, Living Better programme. It provides a brief update on the key developments and issues as they currently, or in the future, will affect the Trust and its services.

2. Manchester Locality Plan

2.1 The draft Manchester Locality Plan was shared with the Board at the November meeting and it was indicated that a further version of the plan would be produced by the end of the calendar year. This has not been finalised to date and is being revised during January to ensure that it aligns to the Greater Manchester Strategic Plan.

2.2 The Trust submitted comment on the late draft of the plan and a ‘public facing’ version is also being produced as part of the wider communication about the plan and how it fits with the Greater Manchester Devolution programme.

2.3 The Manchester Locality Plan (MLP) is an overarching document and incorporates a number of initiatives previously reported to Board including the Living Longer, Living Better (LLLB) programme. LLLB is now an integral part of the MLP. A number of the key aspects of the MLP are addressed below as a brief update on progress:

2.4 Single Hospital System

2.4.1 This is one of the 3 ‘pillars’ shown in the MLP and is aimed at ensuring there is a greater consistency in the way acute hospital services are delivered across the city. It affects the hospital services of North Manchester General Hospital, Manchester Royal Infirmary (and associated CMFT hospitals) and Wythenshawe Hospital. The 3 acute hospitals have committed to a single programme of review prior to decisions about the possible changes required. The review from December 2015 until March 2016 will develop an assessment of the potential benefits of a fully aligned hospital service model. It will involve extensive engagement with clinical staff through conference events and service specific work streams.

2.4.2 A second phase of the work will continue through to June 2016 and focus on a detailed appraisal of the most effective governance and organisational arrangements to deliver the potential benefits.

2.4.3 This independent review will be led by Sir Jonathan Michael who has previously been the Chief Executive of several major London teaching hospitals and prior to that was a Consultant Physician.

2.4.4 The single hospital system is expected to have implications for mental health services (the Trust) in that changes to either inpatient activity or more particularly A & E services which rely on psychiatric liaison could be re-organised. This being the case, whilst the statement issued to date by the acute Trusts does not make specific mention of mental health services, the Chief Executive, at the Health and Wellbeing Board and subsequently, has made the point that mental health services
should be included and the Trust has committed to contributing to, and supporting this process.

2.5 Single Commissioning System

2.5.1 A second pillar in the MLP is that of a more co-ordinated approach to commissioning. A single ‘Joint Commissioning Board’ is proposed and being developed between the 3 CCG’s and Manchester City Council (MCC). The Board will not be a separate commissioning body but would be a Board where each participant makes joint decisions that are building on each other. The key roles of the Board will be:

- To have regard to Manchester’s Locality Plan and the recommendations of the Health and Wellbeing Board
- To make commissioning decisions (or agree recommended decisions)
- To act under the delegated authority on behalf of the commissioning bodies

2.5.2 It is expected that the Board will be established and operational for the beginning of the 2016/17 financial year. The implications for the Trust arising from this closer working of the commissioners are not entirely clear at the present time. There is no specific mention of planned changes to the ‘citywide commissioning’ function, although this should be more aligned to the greater co-ordination of locality CCG and MCC commissioning. It is possible that this will become clearer when the specification developed for the proposed transaction has been seen. It should also be noted that during the process of agreeing the ‘commissioning intentions’ for 2016/17, separate notification was received that the approach to commissioning, particularly in relation to ‘place based care’, will result in different contractual arrangements being developed during 2016/17.

2.6 One Team/Place Based Care

2.6.1 The third pillar, as referred to within the Locality Plan is that of the ‘One Team’ development. This is to achieve the greater integration of health and social care services, ‘out of hospital’ and incorporating primary care. It is a clear requirement of commissioners that out of hospital services are delivered through a citywide model from April 2016 onwards. This was initially set out in the commissioners ‘One Team Place Based Care 2020 Design Specification’ in the summer of 2015.

2.6.2 Commissioners have established a project team to develop the ‘products’ necessary to support the implementation of the new service and contractual arrangements. A ‘One Contract’ for out of hospital services is the aim as mentioned in the previous section.

2.6.3 The work of the Practitioner Design Team is central to the production of the specification through the development of service models, initially for intermediate care and reablement, by the end of January 2016, and then for integrated neighbourhood teams by the end of March 2016.

2.6.4 The Manchester Provider Group (MPG) is required to produce a combined response to the ‘One Contract’ commissioner aim and has scheduled an independently facilitated workshop of its membership in early January. This will consider the organisational and governance issues to be addressed in working as a
more formal collaborative and produce a single response to the commissioners ‘One Contract’. The Trust is part of this process and it is important for the future of services that a full engagement of Trust senior officers continues so that there can be effective management and transition during the next 12 months and through any transaction process.

2.7 Primary Care Services

2.7.1 These services are represented at the Manchester Provider Group through the GP Federations, Local Medical and Local Pharmaceutical Committees.

2.7.2 Primary care representatives are supportive of the ‘one team’ approach and will bring their perspective of future possible models of delivery to the MPG workshop.

2.8 Summary

2.8.1 The Locality Plan sets out Manchester’s principal commissioning intentions and contributes to the plans being made as part of the Greater Manchester Devolution Agreement and Strategic Plan. The Locality Plan is the overarching document which incorporates the objectives of Living Longer, Living Better and particularly the ‘One Team’ approach.

2.9 Recommendation

2.9.1 To note.

John Harrop
Director of Strategy/Deputy Chief Executive

29th December 2015
Date of Trust Board: 14th January 2016  

### Title of Report:  
Public Consultation Regarding Proposed Service Retractions – Update

### Date Produced:  
22nd December 2015

### Authors:  
- John Harrop  
  Director of Strategy/  
  Deputy Chief Executive  
- Carol Harris  
  Acting Director of  
  Operations  
- Maeve Boyle  
  Strategic Programmes  
  Manager

### Purpose of Paper:  
This report is provided to update the Trust Board on the current position regarding the Public Consultation Exercise regarding the proposed service retractions, to share the final version of the consultation document and response form and to provide feedback following Manchester City Council’s Health Scrutiny Committee workshop held on 9 December 2015.

### Key Points:  
- The Public Consultation Exercise commenced on 8 December 2015 and will run until 21 February 2016.
- The Consultation document and response form has been widely distributed and a series of engagement events are planned throughout January 2016 to discuss the Trust’s proposals and to enable people to have the opportunity to let the Trust know their views.
- The waiting lists for the Psychosexual Service and Chronic Fatigue Programme have been temporarily closed to new referrals until the Trust Board has made a decision about the future of these services.

### Action Required  
The Trust Board is asked to:
- Note the report including the public consultation documentation and letters;
- Note the activities that have taken place since the commencement of the public consultation.

### Monitoring and assurance framework summary

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Manchester Mental Health & Social Care Trust
Public Consultation Regarding Proposed Service Retractions – Update

1. Purpose

1.1 This report is provided to update the Trust Board on the current position regarding the Public Consultation Exercise regarding the proposed service retractions, to share the final version of the consultation document and response form and to provide summary feedback following Manchester City Council’s Health Scrutiny Committee (HSC) workshop held on 9 December 2015.

2. Background

2.1 At the June 2015 Trust Board meeting, a paper was provided to inform the Trust Board of the context for delivering the Operations Directorate cost improvement programme savings and to gain approval for the planned approach.

2.2 At the September 2015 Trust Board meeting, the report submitted to the HSC was provided in full along with confirmation of support from Manchester Clinical Commissioning Groups’ (CCGs) Citywide Commissioning Team for the proposed service retractions.

2.3 At the October 2015 Manchester City Council’s Health Scrutiny Committee (HSC) meeting, the Trust presented these proposals. As part of the actions arising from this meeting, a morning workshop session was held by the HSC on 9th December 2015 to which the Trust, Manchester CCGs, Trade Unions and service user representatives were invited.

3. Feedback from the Health Scrutiny Committee Workshop

3.1 At the HSC workshop session, the Chief Executive presented the HSC with more information regarding the Trust’s financial position, overview of the 2015-16 cost improvement programme and further information relating to the impact of proposed service retractions and mitigation plans.

3.2 At this session, the Trust also distributed copies of the public consultation document and response form and re-affirmed how this documentation had been amended to take account of the HSC members comments from the October 2015 HSC meeting.

3.3 At the session, there was a representative from the media who reported the proceedings of the session as a ‘live feed’. The Trust representatives in attendance at the session were unaware that this was happening and thus were not in a position to factually correct some of the reported inaccuracies. For example, it is reported that the Trust did not plan to undertake a public consultation exercise which is not the case as reported in previous Trust Board papers and in the report presented to the HSC at the October 2015 meeting.

3.4 The Trust has been advised that the notes from the workshop session will be provided at the HSC meeting in January 2016 and these notes will be included as part of the feedback on the current Public Consultation Exercise (PCE). In addition, the Trust is planning to submit a supplementary report which will include correction of any reported factual inaccuracies.

3.5 The HSC Chair encouraged the union and service user representatives in attendance to make an active contribution to the PCE and let the Trust and Commissioners know their views by completing the response forms.
4. **Current Position**

4.1 Prior to the formal launch of the Public Consultation Exercise (PCE) on 8\textsuperscript{th} December 2015, the staff working in the services proposed for retraction and staff side representatives were sent the consultation document and response form. Copies of these documents are included at Appendix 1.

4.2 Following the HSC workshop session, a follow-up meeting was held on 10\textsuperscript{th} December 2015 with the staff working in the services proposed for retraction to update them on the outcome of the HSC workshop and to answer any initial queries regarding the public consultation exercise. In addition, it was re-affirmed that the staff consultation process would only commence after the decision has been made by the Trust Board to proceed with any proposed service retractions, which is dependent on the outcome of the PCE. It was agreed that regular meetings will be held to update this group of staff on progress and another meeting is planned for end of January 2016.

4.3 A follow-up letter was sent out to all service users who are on active caseloads and currently in receipt of the services that are proposed to be retracted and a commitment was made to write again by end of November 2015 – a copy is provided at Appendix 2.

4.4 A letter has been sent out to all those on the waiting lists for the Psychosexual Service and Chronic Fatigue Programme (CFP) – a copy is provided at Appendix 3.

4.5 The Trust in conjunction with the Manchester Clinical Commissioning Groups have written to all Manchester GP practices to advise them that the waiting lists for Psychosexual Service and CFP are temporarily closed to new referrals until the Trust Board has made the final decision about the future of these services. If any of these services are not stopped then the waiting list(s) would open again. A copy of the letter is provided at Appendix 4.

4.6 In the event that any referral letter is received for these two services and for the Specialist Affective Disorder Service, which has a relatively shorter waiting list compared with the other two services, the referral will be returned to the referrer and a central record will be kept regarding the referrals that have been returned.

4.7 An entry is being made on to the Amigos record for those who are on the active caseload so that other Trust professionals who are involved in a service user's care is aware of the communication that has been sent to service users – a copy is provided at Appendix 5.

4.8 Public engagement events have been arranged to take place in the three localities throughout January 2016 and Executive Directors (Acting Director of Operations, Director of Strategy/Deputy Chief Executive and Medical Director) will be involved in these events. Details of these events are given below.

4.9 Two additional engagement events are in process of being arranged to cover the Levenshulme/Longsight/Gorton areas as requested at the HSC workshop session.

4.10 Copies of the consultation document and response form have been sent out to all key stakeholder partners including the voluntary sector, Manchester GP practices, Manchester City Council councilors, service user and carer groups. In addition, a pro-active statement has been issued to the media contacts to make them aware of the current PCE and a poster has been sent to GP practices with the request for them to publicise the Trust’s PCE on display.

4.11 The Trust Board is asked to acknowledge and note the potential impact of the current position on both the service users on the active caseload and the staff who are working in the services proposed for retraction. Managers will continue to support staff.
Details of Planned Engagement Sessions

**Central Manchester**

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<th>Time</th>
<th>Address</th>
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<tr>
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<td>7.00 – 8.30pm</td>
<td>6 Mount Street, Manchester, M2 5NS</td>
</tr>
<tr>
<td>Gaddum Centre</td>
<td>18 January 2016</td>
<td>10.30am to 12noon</td>
<td>6 Great Jackson Street, Manchester, M15 6AX</td>
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**North Manchester**

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**South Manchester**

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<tr>
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5. **Recommendation**

5.1 The Trust Board is asked to:

- Note the report, including the public consultation documentation and associated letters
- Note the activities that have taken place since the commencement of the public consultation.

John Harrop  
Deputy Chief Executive/  
Direct of Strategy

Carol Harris  
Acting Director of Operations

Maeve Boyle  
Strategic Programmes Manager

*22nd December 2015*
This consultation is being led by Manchester Mental Health and Social Care Trust and is supported by the North, Central and South Clinical Commissioning Groups.

Mental Health Services –
Our Plans to Stop some of our Services

A Consultation with
People in the City of Manchester

8 December 2015 to 21 February 2016

This is a public consultation document. A consultation is when we ask people what they think about something.

In this document we:

- Explain the Trust’s financial situation and why we are planning to stop some of our services.
- Explain how these changes may affect you or someone you care for.
- Explain how you can let us know your views.
A MESSAGE FROM OUR SENIOR LEADERS

Manchester Mental Health and Social Care Trust (the Trust) provides specialist, community mental health, prison and public health wellbeing services as well as support services for people living within the City of Manchester. The Trust receives most of its money (about 67% of its total income) to provide these services from the North, Central and South Manchester Clinical Commissioning Groups (Manchester CCGs).

One of the Trust's responsibilities is to ensure that it saves money every year and only spends the money that it has available to spend. In previous years, the Trust has made these savings by doing things differently so that they cost less including reducing its back office functions.

However, it has not been possible to make all the required savings this year and it is simply not possible for the Trust to continue to do everything that it currently does with the money that it has available without affecting the quality of services. We do not want to provide services to a lower standard, so the Trust is left with no option other than to consider the stopping of some of the services that it provides.

The total savings the Trust has to make in 2015/16 is nearly £7million. To date the Trust has identified savings of £4million by further reducing the number of people who work in corporate departments, reducing the number of manager posts and the amount spent on estate.

The services that the Trust is planning to stop include:
- Benchmark
- The Chronic Fatigue Programme
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support Service (Employment Services working within Community Mental Health Teams)
- Psychosexual Service
- Specialist Affective Disorder Service.

There are two other services that contribute to the savings which are Perinatal Liaison Role and Station Road – Community Rehabilitation. By stopping all of these services, the Trust will be able to save £1.5million towards the total savings of nearly £7million. From this saving, £200k (two hundred thousand pounds) can be re-invested. Alternatively, this money could be used to fund one or more of the services that the Trust is planning to stop.

This document gives information about these services and why these services have been identified. It also asks for your views about the plans and for your ideas for how we should spend the re-investment monies. This documentation also explains how you can express your views and ideas.

We look forward to hearing from you.

Michele Moran
Chief Executive
Manchester Mental Health and Social Care Trust

Dr Martin Whiting
Chief Clinical Officer
On behalf of North, Central and South Clinical Commissioning Groups
HOW TO HAVE YOUR SAY

We would like to know your views and we are asking people who use the services, carers, local people, staff, community and voluntary sector organisations and others who have an interest in these services.

The consultation will run for 10 weeks from 8 December 2015. Further information is available on websites: http://www.mhsc.nhs.uk/about-the-trust/public-consultations.aspx or http://www.manchesterccgs.nhs.uk

You can call us on 0161 882 1074 and leave a message or write to us at 'Freepost MMHSCT' to request printed copies of this information.

Thank you.

Your views are important to us. There are lots of different ways to tell us what you think as shown below. Please decide which way suits you best and let us have your views by 21 February 2016.

E-mail your comments to: mentalhealth.servicechanges@mhsc.nhs.uk

By post: Freepost MMHSCT – you do not need a stamp

Complete the form online: http://www.mhsc.nhs.uk/consultationresponseform.aspx

Complete the response form that goes with this document

Come to one of our drop-in sessions (details are provided on the next page)

Or we can come along to one of your local meetings (contact details are provided on the next page)

Where you see text in green, a short description is given in the section called ‘Glossary of Terms Used’ – see pages 14 and 15.

Documents in Different Formats
If you require this document in a different Language, phone

Also for Large Print, Braille or another Language, phone 0161 882 1074.
Drop-in Sessions

We have arranged drop-in sessions for you to come along to discuss our proposals and tell us what you think. There are 3 sessions in each locality as follows:

Central Manchester

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<td>21 January 2106</td>
<td>7.00 – 8.30pm</td>
<td>Benchill Road, Wythenshawe, M22 8EJ</td>
</tr>
<tr>
<td>Wythenshawe Forum</td>
<td>22 January 2016</td>
<td>2.00 – 3.30pm</td>
<td>Forum Square, Wythenshawe, M22 5RX</td>
</tr>
<tr>
<td>Benchill Community Centre</td>
<td>27 January 2016</td>
<td>10.30am to 12noon</td>
<td>Benchill Road, Wythenshawe, M22 8EJ</td>
</tr>
</tbody>
</table>

How to arrange for us to come to one of your local meetings

We are happy to come along to local meetings to talk about our plans. Contact us by telephone on 0161 882 1074 and leave a message or by e-mail mentalhealth.servicechanges@mhsc.nhs.uk to arrange for us to attend your meeting.
WHY DOES THE TRUST NEED TO SAVE MONEY AND HOW MUCH FOR THIS YEAR?

As an NHS organisation, the Trust is like every other NHS organisation has to make savings every year and this is known within the NHS as the Cost Improvement Programme or CIP in short. A CIP is required as each organisation is expected to become more efficient every year, and so absorb the extra costs of pay and other expenses, for example, heating, lighting and drugs, for the same of amount of money. In recent years, this has been about 5% of the total income that the organisation receives.

As mentioned earlier, the Trust needs to save nearly £7million which represents 7% of the total income that the Trust receives. Part of this is as a result of receiving less money from Manchester City Council (MCC) due to the service cuts made by MCC for services provided by the Trust. As a result, the Trust has had some additional costs to pay in the form of redundancy payments to staff that provide these services. This costs the Trust £2.2million.

To date, the Trust has saved £4million by reducing the number of managers and making further efficiencies in back office functions. It is simply not possible for the Trust to continue to do everything that it currently does with the money now available without affecting the quality of how we do it. Therefore the Trust is left with no option other than to consider the stopping of some of the services that it provides.

HOW HAS THE TRUST MADE SAVINGS IN THE PAST?

In the past, the Trust has made its savings in a number of ways including:

- Relocating inpatient services on to 2 rather than 3 hospital sites without any loss of Manchester beds. This means that less money was spent on buildings including heating and lighting;
- Reducing the number of managers and making efficiencies in back office functions;
- Working more efficiently in clinical services, for example, having all our referrals coming into one team and helping our community staff to use their time in a better way with new technologies.

A SUMMARY OF THE SERVICES PROVIDED BY THE TRUST

In relation to this consultation, the Trust provides specialist, community mental health and support services for both adults and older adults living within the City of Manchester. Some of the services are described as ‘essential’ or core services which include A&E mental health liaison, inpatient beds, mental health home treatment teams and community mental health teams. These services are funded by Manchester CCGs.

These essential or core services are considered to be particularly important in that they:

- Meet the needs of people in acute mental health crisis
- Provide assessment, treatment and support for service users with the most complex and disabling conditions
- Assist with user, carer and community safety.

As well as the essential or core services, the Trust provides the following services:

- Mental health services to Manchester and Buckley Hall Prisons commissioned and funded by NHS England
- Specialist Mother and Baby Services commissioned and funded by NHS England
- Health and wellbeing services as commissioned by Manchester City Council
- A wide range of psychological therapies
- Services that support recovery
• Specialist services including Chronic Fatigue Programme, Psychosexual and Specialist Affective Disorder Services.

Further information about all of the Trust services can be found on the Trust’s website: http://www.mhsc.nhs.uk/services.aspx.

WHICH ARE THE SERVICES THE TRUST IS PLANNING TO STOP?

Here we will tell you what each service does now and how we plan to support service users who currently use this service when it is stopped.

Services that Support Recovery
The services that support recovery are:

- Benchmark
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support.

These services support service users who are also receiving essential or core services. They provide individual and group interventions that promote recovery, wellbeing and are often part of the service user's journey towards independence. These services are offered to service users on Care Programme Approach (CPA) or who meet the National Eligibility Criteria under the Care Act.

What do these Services do?

Benchmark

Benchmark is a service which offers training in woodworking and related skills aimed at developing transferable skills, achieving personal outcomes and opportunities for people to work within a commercial woodworking environment using the supported permitted earnings scheme. The company is a member of Social Firms UK and the Guild of Master Craftsman.

Benchmark provides woodworking activities for 31 people, costs £85k (eighty-five thousand pounds) per year to run and has 2 staff working in it.

Creative Wellbeing – Start and Studio 1

The Creative Wellbeing Services works with people to improve and maintain mental wellbeing through creative activities. Courses include ceramics, mosaics, painting, drawing, photography, textiles and mixed media with the aim of developing transferable skills and achieving personal outcomes over an 18 month period approximately.

Start also provides short 6-8 week courses in Mindfulness, Creative Wellbeing, and Mindfulness and Art, taking referrals for any service user who is currently known to the Trust.

These services are provided by 11 members of staff who work with 144 people. The service costs £331k (three hundred and thirty-one thousand pounds) per year to run.

Individual Placement and Support Service

This service also known as the employment services working in Community Mental Health Teams (CMHTs) is offered to service users on CPA. It offers personalised one-to-one support to people to help them to find, gain and maintain employment. The service provides continuous support, monitoring and advice to both the service user and employer for a time-limited period.
The service works has an **active caseload** of 72 people and is provided by 4 members of staff and costs £137k (one hundred and thirty-seven pounds) per year.

**Green Wellbeing**

This service provides a range of gardening and horticultural activities with the aim of developing transferable skills and achieving personal outcomes over an 18 month period approximately. The service works with community groups.

This service works with 14 people. The cost of this service is £49k (forty-nine thousand pounds) per year.

**What will be our plan to support current service users who use any of the ‘Recovery’ services described above?**

The large majority (91%) of the current service users already receive support from another Trust service and have a **care coordinator** or another Trust lead professional, for example, a psychiatrist. These services provide individual and group interventions that promote recovery and wellbeing, as part of the service user’s journey towards independence and, for majority of individuals; they do not take the lead for care.

Where any risk issues are identified, the care coordinator or lead professional is involved in working with the service user to maintain their safety.

The engagement with these services is intended to be time-limited. It is expected that the majority of current service users will be supported to complete their **programme of engagement** before the services are no longer provided. In the event where individuals have been unable to complete their programme, the coordinator would work with the service user to explore alternatives within the community, for example, voluntary or education opportunities.

**Chronic Fatigue/Pain Programme**

This service works with adults with a range of long term conditions where chronic fatigue and/or chronic pain are the primary problems. The service offers a pain course and a mindfulness course for chronic conditions. This aims to empower people to increase their self-management of pain and fatigue, reduce the day to day impact of their long-term condition on their daily life and work towards improving independence and increasing physical activity. It is provided by 3 part-time staff and costs £93k (ninety-three thousand pounds) per year.

At this point in time, the service has an active caseload of approximately 60 people and has 51 people on its waiting list.

**What will be our plan to support people who use this service?**

It is expected that all of the people on the active caseload will be supported to complete their programme of engagement prior to the service stopping.

Work is already underway to see how many people on the waiting list can be seen and have their programme of engagement completed.

Few of the people who use this service get support from another Trust service.

In future, any adult experiencing chronic fatigue/pain would need to see their General Practitioner (GP) and for some people, their GP may decide to refer them to other services.
**Specialist Affective Disorders (SADD)**

This service provides specialist assessment and treatment planning for adults aged 18 to 65 years who are under the care of secondary care teams in circumstances where secondary care clinicians require more specialist advice on the treatment and management of complex and/or treatment resistant conditions.

Treatment recommendations typically include psychological and social aspects as well as medication and physical treatments. A follow-up assessment is offered 6 months after the first assessment to assess the service user’s progress and give further treatment advice as required.

The service also provides a dedicated group for people with bipolar disorder.

Within this service, there are 3 clinicians and 2 administrative staff and approximately 20 people are currently receiving support from this service. The cost of this service is £175k (one hundred and seventy-five thousand pounds) per year.

There are approximately 20 people on a waiting list to receive specialist assessment or participate in the dedicated group for people with bipolar disorder.

**What will be our plan to support people who use this service?**

It is expected that the majority of the people on the current active caseload will be seen for assessment and have the opportunity for attending a six month follow-up appointment.

All of the current service users receive treatment or support from other Trust services and have a care coordinator or another Trust lead professional, for example, a psychiatrist, involved in their care.

The people already attending the group will be able to complete their programme of engagement.

**Psychosexual Service**

This service offers specialist assessment and treatment for most forms of sexual problems for both men and women. The service does not work with anyone whose behaviour may lead them to sexual offending.

Following specialist assessment, psychosexual therapy is provided on individual and couple basis.

Three part-time staff work in this service (equivalent to one full-time clinician) and one part-time post is vacant. The total cost of the service is £99k (ninety-nine thousand pounds) per year. Approximately 74 people are currently receiving treatment from this service. There are approximately 160 people on a waiting list to receive treatment and the current waiting time to be seen is up to 18 months.

**What will be our plan to support people who use this service?**

Due to improved treatment options, many GPs see and treat people in their GP surgeries that would have previously required referral to this type of service.

If this service stops, then there will be no replacement service available. This service is one of few specialist NHS psychosexual services that operate in the UK. There are limited services available for the treatment of sexual difficulties. Where no service exists, people are often required to pay for therapy and counselling from private or third sector organisations.

It is expected that the majority of people who are currently receiving treatment will be able to complete their programme of therapy prior to the service stopping. Unfortunately, it would not be possible to offer a full programme of therapy to everyone currently on the waiting list. Work is already underway to see how many people on the waiting list can be seen.
Few of the people who use this service get support from other Trust services.

In future, any adult experiencing any sexual difficulties would need to discuss their options with their GP in the first instance. It is possible that they could access support from other services who may expect a payment.

**Other Services Contributing to Trust’s Savings**

There are two other services that contribute to the £1.5million savings which are the perinatal liaison role and Station Road – Community Rehabilitation.

**Perinatal liaison role**

This Perinatal liaison role used to offer advice on referrals between the Trust’s Mother and Baby Service and maternity services in North, Central and South Manchester as well as offering education to other health professionals.

No service has been provided for a period of time. There is no direct impact for service users as direct clinical care or treatment was not provided by this role. Advice will continue to be offered by the Perinatal Psychiatrist and the Trust’s Mother and Baby inpatient services. By not recruiting to this role, this has resulted in a saving of £45k (forty-five thousand pounds) per year.

**Station Road – Community Rehabilitation**

The service offers residential rehabilitation for people with mental health problems and accepts referrals from inpatient and community services. Depending on each service user’s needs and requirements, they are able to move to a residential care house or supported housing.

There was a plan to withdraw the nursing and support staff from Station Road – Community Rehabilitation facility which is run in partnership with Creative Support. However, the Chief Executive of Creative Support has written to the Trust about their decision to withdraw their services and to de-register the service with the Care Quality Commission.

As a result of the withdrawal of Creative Support, the Trust is exploring with the registered social landlord of the 4 bedroom house to establish if the landlord is willing to take on the housing management which would mean that the service users would remain and only have a change of landlord.

The Trust is now in the process of exploring alternative employment for the nursing and support staff. No redundancies are planned. All the 13 service users have a care coordinator who is actively involved in their care. The care coordinator is supporting the finding of and making applications for alternative accommodation. Expected savings of £511k (five hundred and eleven thousand pounds) per year will be made.

**WHAT DECISIONS OR ACTIONS HAVE BEEN TAKEN SO FAR?**

The Trust and the Manchester CCGs have decided to temporarily close the waiting lists for the Chronic Fatigue Programme and Psychosexual Service. These Services already have long waiting lists. The waiting list will also be closed for the Specialist Affective Disorder Service for group work only.

These lists will remain closed until the Trust Board has made the final decision about the future of these services. This is because the waiting lists are already quite long. It is expected that this decision will be made by the Trust Board in March 2016 after all the feedback received during the consultation has been considered and reviewed.

If any of these services are not stopped then the waiting list(s) would open again.
The Trust Board has made the decision to re-invest £200k (two hundred thousand pounds) of the £1.5million savings. Some ideas about how this money could be used are given on the next page. You can let us know what you think of these ideas or suggest other ideas.

**How should we spend the re-investment money?**

As mentioned earlier, the Trust has £200k (two hundred thousand pounds) to re-invest. This money can be used in a number of ways:

1. To pay for one or more of the service(s) that are planned to be stopped up to the value of £200k in total;
2. To pay for one or more of the ideas that have been generated;
3. To pay for other ideas that are received as part of the consultation.

The costs of all the services are:

<table>
<thead>
<tr>
<th>Services proposed to be stopped</th>
<th>Cost</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>£85k</td>
<td></td>
</tr>
<tr>
<td>Creative Wellbeing</td>
<td>£331k</td>
<td></td>
</tr>
<tr>
<td>Individual Placement and Support Service</td>
<td>£137k</td>
<td></td>
</tr>
<tr>
<td>Green Wellbeing</td>
<td>£49k</td>
<td></td>
</tr>
<tr>
<td>Chronic Fatigue Programme</td>
<td>£93k</td>
<td></td>
</tr>
<tr>
<td>Specialist Affective Disorders</td>
<td>£175k</td>
<td></td>
</tr>
<tr>
<td>Psychosexual Service</td>
<td>£99k</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td><strong>£969k</strong></td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal liaison role</td>
<td>£45k</td>
<td></td>
</tr>
<tr>
<td>Station Road – Community Rehabilitation</td>
<td>£511k</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td><strong>£556K</strong></td>
</tr>
<tr>
<td><strong>Total – All Savings</strong></td>
<td></td>
<td><strong>£1,525k</strong></td>
</tr>
</tbody>
</table>

_\text{k} = \text{thousand pounds}_

The ideas for re-investment are:

- **Idea 1** – Align services with the community mental health teams and the **localities or hubs** to provide peer support training. This will involve supporting people who have experienced mental health problems to develop groups and networks in the community for people with **severe and enduring mental health problems**. This will involve the opportunity to develop roles for volunteers with lived mental health experience supported by community mental health staff.

- **Idea 2** – Invest in the voluntary sector to support people before they go into crisis. This would include a wrap around service for those entering or in therapy, self-referral and drop-in services and could support carers as well as members of any local communities. Similar to **Idea 1**, it would align services with the localities to provide peer support training. This will involve the opportunity to develop roles for volunteers with lived mental health experience supported by staff.

- **Idea 3** – Enhance the **community inclusion service** which supports people that have experienced mental ill health to move towards and maintain independent living and extend the remit of this service to include employment support.
As an example on how to spend the money, you may think it is best for the Trust to continue with an existing service (say Service A) (up to £100k) and then spend the other £100k on one of the ideas as described above.

You can let us know what you think of these ideas or suggest your ideas for how we should spend the rest of the money.

SOME QUESTIONS THAT HAVE BEEN ASKED SO FAR

As part of shaping our plans, we have talked with some of our service users, carers and staff. Some of the questions that they have asked us are shown below. If you have any other questions for us to answer, please do get in touch with us. You can contact us in a number of ways (see page 3 for more information).

How did you decide which services to stop?

The Trust’s senior managers and clinical leaders have had discussions and meetings over a number of months to consider and explore how best to save the money this year. Discussions took place to identify which of the Trust’s services could be considered as essential or core services and which services were needed to:

- Meet the needs of people in acute mental health crisis
- Provide assessment, treatment and support for service users with the most complex and disabling conditions
- Assist with user, carer and community safety.

The services which the Trust has identified to stop providing are considered not to be essential services as defined by the above criteria. However, it is recognised that these services are highly valued by service users who use them.

What happens if the Trust does not make the savings?

If the Trust does not make the expected savings, then the financial gap will be bigger and the Trust will have to find more money to save next year. In addition, the Trust may not meet one of its statutory responsibilities, which is to achieve a balanced budget.

Have staff been considered in these plans and will there be any job losses?

Staff have been considered in the Trust’s plans. The Trust will be aiming to find alternative jobs and staff will be redeployed into other posts where possible. However, the Trust does anticipate that it will need to make some staff redundant as some of the staff have qualifications which mean that finding suitable alternative jobs within the Trust may be difficult.

Has the Trust already made a decision to stop these services?

The Trust Board has not yet made the final decision about which services to stop in order to make the savings this year and meet one of its statutory responsibilities. The Trust Board plans to make its final decision in March 2016 and this consultation exercise is taking place to gain your views about:

- The Trust’s plans to stop providing the services (as listed on pages 5 to 8);
- How you think the Trust should re-invest the £200k (two hundred thousand pounds).
A report with a summary of all the feedback will be presented to the Trust Board to assist with its decision-making processes.

**About this Consultation**

Manchester Mental Health and Social Care Trust and Manchester Clinical Commissioning Groups will conduct this consultation exercise in accordance with the Consultation Principles (Cabinet Office). We seek to comply with the NHS England’s Good Practice Guide for Planning and delivering service changes for patients (December 2013).

Any complaints about this consultation can be made to:

**Manchester Mental Health and Social Care Trust**

- Write to us at this freepost address: Freepost MMHSCT

**Manchester Clinical Commissioning Groups**

- Write to us at this address: talkinghealthmanchester@nhs.net or FREEPOST RTGX-CSJT-CTKT, Manchester CCGs, Parkway Three, Parkway Business Centre, M14 7LU

**Confidentiality**

If you are responding on behalf of an organisation or you are representative of service users/the public e.g. an MP or councillor your response may be made available for public scrutiny. If you are responding in a personal capacity your response will be shared with decision-makers to enable them to consider your views fully, but will otherwise be kept confidential except as may be required by law.

If you would like to remain anonymous, please do not insert your name on the form but we would be grateful if you would fill in the other data so that we can assess how representative respondents are and whether there are differences to the answers given by different groups of people. If you would like to be kept informed of our work and wish your response to be confidential then please contact us separately with a request for us to keep you updated.

Your responses to this questionnaire are confidential and will be stored securely and managed in line with Data Protection Regulations. Any contact details that are given will not be included when the data is analysed. All personal details will be stored separately. However, if you disclose that you or someone else is at risk of harm, we have a duty to assess this and may need to contact you and/or other relevant persons.

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<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E mental health liaison</td>
<td>Accident and Emergency (A&amp;E) Mental Health Liaison is a service which provides assessment of your mental well-being if you attend your local A&amp;E department with a mental health problem.</td>
</tr>
<tr>
<td>Active caseload</td>
<td>This is the number of people open to the service and being seen at this point in time.</td>
</tr>
<tr>
<td>Back office functions</td>
<td>These are the services that support business of the Trust and include finance, estates, information technology (IT) and human resources.</td>
</tr>
<tr>
<td>Balanced budget</td>
<td>Refers to a budget in which all money received as income can pay for all the bills and additional costs, for example, salary increases, without going overdrawn.</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Bipolar disorder used to be called ‘manic depression’. Someone with bipolar disorder will have severe mood swings. These are usually last several weeks or months and are far beyond what most of us experience.</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td>A CPA Care Coordinator (usually a nurse, social worker or occupational therapist) is a person who oversees the development and management of the care plan together with the service user.</td>
</tr>
<tr>
<td>Care Programme Approach</td>
<td>Care Programme Approach (CPA) is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs.</td>
</tr>
<tr>
<td>Care Quality Commission</td>
<td>Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Their role is to make sure that health and social care services provide people with safe, effective, compassionate and high-quality care.</td>
</tr>
<tr>
<td>Community Inclusion Service</td>
<td>The Community Inclusion Service provides a range of flexible one-to-one support, peer support, and short courses. The approach of this service is to support people’s mental health and wellbeing, encouraging independence, developing peer support routes and learning of skills and strategies to positively manage the individuals mental health conditions.</td>
</tr>
<tr>
<td>Community Mental Health Teams (CMHTs)</td>
<td>A CMHT is a community based assessment and treatment service for people suffering with mental health problems. The people who work in a CMHT include mental health nurses, psychiatrists, social workers, occupational therapists, psychologists and support workers. These teams assess a person’s health and social care needs, provide treatments and help to manage and reduce risks.</td>
</tr>
<tr>
<td>Cognitive behaviour therapy</td>
<td>Also known as CBT, this is a talking therapy that can help to manage problems by helping people change the way they think and behave.</td>
</tr>
<tr>
<td>Cost Improvement Programme</td>
<td>Cost Improvement Programme (CIP) is the identification of schemes to increase efficiency and/or reduce expenditure.</td>
</tr>
<tr>
<td>Financial gap</td>
<td>This is the gap between what money we have and what we need in order to provide services and pay the bills.</td>
</tr>
<tr>
<td>Localities or hubs</td>
<td>Within Manchester, the plan is to provide a wide range of services based in local hubs within the 3 localities of Manchester. This is known as the One Team Place Based Care Model.</td>
</tr>
<tr>
<td>Mental health</td>
<td>Mental health is how we feel and how we cope with our emotions. This can be affected by different factors including life events such as relationship breakdowns, bereavement and work stress as well as mental health conditions such as depression or anxiety.</td>
</tr>
<tr>
<td>Mental Health Home Treatment Teams</td>
<td>These teams, also known as Crisis Resolution and Home Treatment Teams, provide an alternative to inpatient care by offering intensive treatment to service users in their own homes for a short period of time. The teams work with service users and their carers or families to find solutions and prevent relapses.</td>
</tr>
<tr>
<td>National Eligibility Criteria</td>
<td>This is national minimum threshold that adults are required to meet to be entitled to social care support as per the Care Act 2014. This replaces Fair Access to Critical Services (FACS) criteria which were used previously by local authorities.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Peer support</td>
<td>Peer support means people supporting each other on an equal basis, to offer something based on shared experiences. It is where people with lived experience of mental health problems provide support to other service users, both informally and through self-help and activist groups.</td>
</tr>
<tr>
<td>Programme of engagement</td>
<td>This means the planned activities and/or appointments between the health professional and service user or patient.</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery means different things to different people. It is about working towards your goals and having hope for the future.</td>
</tr>
<tr>
<td>Secondary care</td>
<td>GP services are known as primary care services. The next levels of services are known as secondary services. Some examples of secondary services are hospital care, emergency care (including out-of-hours) and community care for specific conditions. For the Trust, the majority of its mental health services are described as secondary care services.</td>
</tr>
<tr>
<td>Severe and enduring mental health problems</td>
<td>Some people may have a diagnosed mental health problem that will be ongoing for a long time during their life. This may include people with a psychotic illness such as bipolar disorder or schizophrenia but may also include other illnesses that cause considerable disability over a long time period.</td>
</tr>
<tr>
<td>Treatment resistant</td>
<td>This is where a person has not responded to the usual range of treatments offered. In these cases, other types of treatment need to be considered.</td>
</tr>
</tbody>
</table>
Response Form for Consultation on
‘Mental Health Services – Our Plans to Stop some of Our Services’

Question 1: Do you understand why the Trust has taken the approach to stop services that are not considered to be essential or core as described in ‘A Summary of the Services provided by the Trust’ on page 5 in the consultation document?

- YES
- Not Sure
- NO

Question 2: Do you have any other ideas on how the Trust could make the necessary savings? If yes, please write in the box:
Question 3: How should the Trust prioritise the re-investment of £200k?
Tick one option only:

Investment should be prioritised to keep one or more of the service(s) that are planned to be stopped up to the value of £200k in total; Go to Question 4

We should move resources away from these services into funding one or more of the ideas for re-investment; Go to Question 5

Question 4: If you think investment should be used to keep one or more of the services that are planned to be stopped, which services are the most important for the Trust to continue providing. From this list of services, please complete the sentences below.

Benchmark
Creative Wellbeing (Start and Studio 1)
Green Wellbeing
Individual Placement and Support Service
Chronic Fatigue Programme
Specialist Affective Disorders
Psychosexual Services

If more than one service is important to you, please let us know.

The service that is most important to me is .....................................................

The service that is least important to me is .....................................................

Question 5: If you think we should move resources away from these services into funding one or more of the ideas for re-investment, which ideas do you think that the Trust should consider:

Align services with the community mental health teams and the localities or hubs to provide peer support training. This will involve supporting people who have experienced mental health problems to develop groups and networks in the community for people with severe and enduring mental health problems. This will involve the opportunity to develop roles for volunteers with lived mental health experience supported by community mental health staff.

Good idea  □  Not Sure  □  Bad Idea  □
Invest in the voluntary sector to support people before they go into crisis. This would include a wrap around service for those entering or in therapy, self-referral and drop-in services and could support carers as well as members of any local communities. Similar to Idea 1, it would align services with the localities to provide peer support training. This will involve the opportunity to develop roles for volunteers with lived mental health experience supported by staff.

Enhance the community inclusion service which supports people that have experienced mental ill health to move towards and maintain independent living and extend the remit of this service to include employment.

Question 6: Do you have any other ideas on how the Trust should invest the £200k? If yes, please write in the box:
Question 7: Are there any other comments or suggestions on mental health funding and services you would like to make? If yes, please write in the box:
About You
Please complete this section to help us ensure we have feedback from a wide range of people. Please pick one of the answers in each question. You do not have to answer questions if you do not want to.

Are you a:

- Someone who uses mental health services
- A carer of a person who lives in Manchester and uses mental health services
- A carer
- Someone who works in mental health services
- Someone who volunteers in mental health services
- Someone who volunteers in another service
- Someone who lives in Manchester
- Someone who does not live in Manchester
- Prefer not to answer
- Other (Please write here)

How did you find out about this consultation?

- Through the internet
- Through the Trust’s website
- My doctor told me
- Prefer not to answer
- Someone from the voluntary sector told me
- My care coordinator told me
- A relative, friend or neighbour told me
- Other (Please write here)

What is your first part of your postcode? (eg. M21) __________________

Are you

- Man
- Woman
- Intersex
- Prefer not to answer

Do you identify with the gender you were assigned at birth (eg. Male or Female)?

- Yes
- No
- Prefer not to answer
How old are you?
- Under 16 years
- 16 – 25 years old
- 26 – 40 years old
- 41 – 64 years old
- 65 – 74 years old
- 75 years old and over
- Prefer not to answer

What is your relationship status?
- Single
- Civil partnership
- Married
- Prefer not to answer
- Life-partner
- Other (please write here)

Do you have a disability?
- Yes
- No
- Prefer not to answer

The legal definition of disability is ‘a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’. Some specific conditions deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements.

What is your Sexuality?
- Lesbian
- Gay
- Bisexual
- Heterosexual/Straight
- Prefer not to answer
- Other (please write here)

What is your ethnic group?
Pick one option that best describes your ethnic group or background
- White
  - English/ Welsh/ Scottish/ Northern Irish/ British
  - Irish
  - Gypsy or Irish Traveller
  - Any other White background, please describe _________________
- Mixed/ Multiple ethnic groups
  - White & Black Caribbean
  - White & Black African
  - White & Asian
  - Any other mixed/ multiple ethnic background, please describe _________________
- Asian/ Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
Any other Asian background, please describe
Black/ African/ Caribbean/ Black British
□ African
□ Caribbean
□ Any other Black/ African/ Caribbean background, please describe ________________

Other ethnic group
□ Arab
□ Any other ethnic group, please describe ________________

Do you have a religion or belief?
□ Yes □ No □ Prefer not to answer

If you have picked ‘YES’ please answer the next question.

What is your Faith or Religion?
□ Church of England □ Roman Catholic □ Muslim
□ Buddhist □ Hindu □ Sikh
□ Jewish □ Prefer not to answer □ Other (please write here)

Do you represent an organisation, for example, Health Watchdog?
□ No □ Yes (please state)

Thank you for taking the time to complete this form.

Please send the form back to us at Freepost MMHSCT
– you do not need a stamp.

Your views are very important to us.

We need to know your views by 21 February 2016.
Appendix 2: Copy of Follow-up Letter sent to Service Users on Active Caseloads

Manchester Mental Health & Social Care Trust
Chorlton House
70 Manchester Road
Chorlton-Cum-Hardy
Manchester
M21 9UN

15th December 2015

Dear

We wrote to you on 4th November 2015 to tell you about the paper which we had presented to Manchester City Council’s Health Scrutiny Committee and their request for us to undertake further work. This work has now been completed. The Trust has now started its Public Consultation about the proposals to close certain services to save money. This consultation will run until 21 February 2016.

As indicated in our previous letters, the services that we are planning to close (subject to outcome of the public consultation) are:

- Benchmark
- Creative Wellbeing / Start / Studio 1
- Chronic Fatigue Programme
- Green Wellbeing
- Individual Placement and Support Service (Employment Services working with Community Mental Health Teams)
- Psychosexual Services
- Specialist Affective Disorders (SSAD).

If you are in contact with any of the services listed above, your support will continue as agreed in your plan with your health care worker and contact will be made with you individually during the next few weeks to inform you of the best available options for you.

A copy of the consultation document has been sent with this letter to provide you with more information about our proposals. This information is also available on the Trust’s website: http://www.mhsc.nhs.uk/about-the-trust/public-consultations.aspx.

We look like to hear your views which are important to us. You can tell us your views by completing the response form and sending it back to us at Freepost MMHSCT. You do not need a stamp.

We need to know your views by 21 February 2016.

There are other ways to let us know your views which are explained on page 2 of our consultation document.

Yours sincerely

Dr JS Bamrah
Medical Director

Carol Harris
Acting Director of Operations
Appendix 3: Copy of Letter sent to Service Users on Waiting Lists for Pyschosexual Service and Chronic Fatigue Programme

Manchester Mental Health & Social Care Trust
Chorlton House
70 Manchester Road
Chorlton-Cum-Hardy
Manchester
M21 9UN

16th December 2015

Email: mentalhealth.servicechanges@mhsc.nhs.uk

Dear <insert Title and Surname>

As you will be aware, the NHS faces some tough challenges in the coming years so we are looking at how we might continue to provide a quality service to our patients/service users and cares within the finite resources that are available to Manchester Mental Health and Social Care Trust. This is the context of rising demand and costs.

Therefore, we are writing to let you know that we are planning to close some of our services and the Trust has recently started its Public Consultation about the proposals to close these services to save money. This consultation will run until 21 February 2016.

The services that we are planning to close (subject to outcome of the public consultation) are:

- Benchmark
- Creative Wellbeing / Start / Studio 1
- Chronic Fatigue Programme
- Green Wellbeing
- Individual Placement and Support Service
- Psychosexual Services
- Specialist Affective Disorders (SSAD).

It has been identified that you are the waiting list for the <insert service>. Prior to any service closure we will try to provide treatment as usual to as many people on the waiting list as possible. If we are unable to offer you treatment we will contact you directly to advise you of this and, if possible, provide you with advice regarding alternative treatment providers. Please note that we may not be clear as to who we can and cannot offer treatment to until after the consultation feedback has been considered by our Trust Board in March 2016.

A copy of the consultation document has been sent with this letter to provide you with more information about our proposals. This information is also available on the Trust’s website: http://www.mhsc.nhs.uk/about-the-trust/public-consultations.aspx.

We look like to hear your views which are important to us. You can tell us your views by completing the response form enclosed with this letter and sending it back to us at Freepost MMHSCT. You do not need a stamp. There are other ways to let us know your views which are explained on page 2 of our consultation document.

We need to know your views by 21 February 2016.

Yours sincerely

Dr JS Bamrah
Medical Director

Carol Harris
Acting Director of Operations
Appendix 4: Copy of Letter sent to Manchester GP Practices

North, Central and South Manchester Clinical Commissioning Groups

16 December 2015

Dear Colleague

Re: Temporary Closure of Waiting Lists – Chronic Fatigue Programme and Psychosexual Services provided by Manchester Mental Health and Social Care Trust

As you will be aware, the NHS faces some tough challenges in the coming years so we are looking at how we might continue to provide a quality service to our patients/service users and carers within the finite resources that are available to Manchester Mental health and Social Care Trust. This is of course in the context of rising demand and costs.

The Trust, supported by the Manchester Clinical Commissioning Groups (CCGs), has now started its Public Consultation about the proposals to close certain services (listed below) to save money.

These services are:
- Benchmark
- Creative Wellbeing – Start and Studio 1
- Chronic Fatigue Service
- Green Wellbeing
- Individual Placement and Support Service (Employment Services within Community Mental Health Teams)
- Psychosexual Service
- Specialist Affective Disorders.


The Chronic Fatigue Programme and the Psychosexual Service have long waiting lists. The Trust Board and the CCGs have decided to temporarily close these services to new referrals in order to focus the resources on the people who are already in the service and increase the likelihood of completion of their treatment if, following consultation the decision is made to close the service.

These lists will remain closed until the Trust Board has made the final decision about the future of these services which is expected to be made in March 2016 after all the feedback received during the consultation has been considered and reviewed.

The Trust will be commencing a review of those who are currently on the waiting lists for these services to see who can be seen and have their programme of engagement completed prior to any closure of services.

Yours sincerely

Carol Harris
Acting Director of Operations (Trust)

Craig Harris
Executive Nurse & Director of City Wide Commissioning & Quality (Manchester CCGs)

Enclosures:
- ‘Mental Health Services – Our Plans to Stop some of our Services’ Public Consultation Document
- Response Form
Appendix 5: Copy of Amigos Entry for those service users on Active Caseloads

Entry relates to extract from correspondence sent out to Service User on 15 December 2015 from Acting Director of Operations and Medical Director.

Entry inserted into patient record at request of Acting Director of Operations and Strategic Programmes Manager.

As indicated in our letters (dated 19.10.15, 04.11.15, 15.12.15), the services that the Trust is planning to close (subject to outcome of the public consultation) are:

- Benchmark
- Creative Wellbeing / Start / Studio 1
- Chronic Fatigue Programme
- Green Wellbeing
- Individual Placement and Support Service (Employment Services working with Community Mental Health Teams)
- Psychosexual Services
- Specialist Affective Disorders (SSAD).

If you are in contact with any of the services listed above, your support will continue as agreed in your plan with your health care worker and contact will be made with you individually during the next few weeks to inform you of the best available options for you.

A copy of the consultation document has been sent with letter dated 15.12.15 to provide you with more information about our proposals. This information is also available on the Trust’s website: http://www.mhsc.nhs.uk/about-the-trust/public-consultations.aspx.

We look like to hear your views which are important to us. You can tell us your views by completing the response form and sending it back to us at Freepost MMHSCT. You do not need a stamp. We need to know your views by 21 February 2016. There are other ways to let us know your views which are explained on page 2 of our consultation document.

End of entry
Title of Report: Integrated Quality Report

Date Produced: 31st December 2015

Author: Anita Rolfe, Chief Nurse and Director of Quality Assurance

0161 882 1061

Purpose of Paper: To update the Trust Board on the items considered by December Quality Board.

Key Points:
The paper provides an overview on the quality oversight of the organisations. December discussion points were
- Corporate Risk Register
- CQC Action Plan
- CQC Peer Review Process
- Revalidation
- Integrated Quality Report
- NHSLA Scorecard
- Student Nurse Placements
- Southern Health report

Action Required
Note the content of the report.

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<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
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Manchester Mental Health and Social Care Trust

Integrated Quality Report Summarising Quality Board Discussions

1.0 Introduction

This report provides an update to the Board on the issues considered by Quality Board in December 2015. This paper should be read in conjunction with the December Quality Board Minutes, that summarise the discussions held and the follow up actions required from the meeting.

2.0 Are Services Well Led?

2.1 Corporate Risk register

The Interim Patient Safety Manager (IPSM) updated Quality Board with the progress made in developing the Corporate Risk Register and Board Assurance Framework. The Interim Head of Patient Safety and Risk Management has met with the Acting Director of Operations, the Chief Nurse, the Director of Finance and the Director of Strategy / Deputy CEO to review the content of the draft Board Assurance Framework and to highlight which risks should be considered for inclusion in the Corporate Risk Register. The Director of Workforce and Organisational Development and the Medical Director were due to meet with the IPSM to complete the final review. A further strengthening of the Draft Board Assurance Framework and Corporate Risk Register (CRR) will take place in December and the CRR will be reviewed at Executive Team prior to the CRR being approved at Trust Board in January 2016.

2.2 External visits to the Trust

A letter from the Health Care Libraries Unit North was distributed with the Quality Board papers. The letter stated that the Trust’s library and knowledge service is now performing at 94% compliant with the national standards (compared to 82% in 2014) and has improved to a green rated service. The library staff were commended by Quality Board for the improvements they have made in the last 12 months resulting in a change from the amber rating in 2014.

2.3 CQC Action Plan

The Interim Patient Safety Manager outlined that there were 46 actions due for completion on, or for commencement by the 31st October 2015 and 36 actions due for completion on, or for commencement by the 30th November 2015.

Of the 46 actions required in October the Trust completed and submitted evidence for 44 of them and the other 2 were escalated to the Executive Team. Of the 36 actions required in November, the Trust completed and submitted evidence for 31 actions. At the time of this report the 5 actions outstanding are to be escalated to the Executive Team.

Evaluation of the evidence folder is taking place on a weekly basis. The Trust’s committees are being used to request progress updates to be submitted to maintain a focus on completion of the actions high on agendas across the Trust. Quality Board were advised that the integrated risk and clinical governance committee discussed the CQC action plan and its actions, with a requirement made of members to note the actions that they were responsible for progressing. The Interim Patient Safety Manager continues to work closely with the Trust Secretary to ensure that summary assurance from the evidence submitted demonstrates
completion/commencement of actions. Oversight will continue at the CQC Task and Finish Group and the Quality Board.

2.4 CQC Peer Review Visits

The Deputy Chief Nurse updated the Quality Board. Since August 2015, five services and twelve teams/clinical areas have undergone a CQC Peer to Peer review. The peer to peer inspections have identified a correlation with the themes identified during the CQC inspection earlier this year, and support the improvements that are progressing. The inspection teams have consisted of a range of professionals, commissioners and service users, and this has been a successful approach. The Trust Development Authority has expressed an interest in shadowing one of the inspections and dates have been forwarded to them. Following discussion regarding how the findings from the Peer reviews are fed back to frontline services, it was agreed, to additionally, share the information via the Operational Management Team, and the Quality Improvement Groups led by the Heads of Professions.

In October 2015, Mersey Internal Audit reviewed the internal CQC programme and awarded it a significant assurance audit opinion. The processes will be audited again in 2016 for assurance on how lessons learned from the internal CQC peer to peer inspections are being addressed and shared. Quality Board requested that an escalation process for any actions that are slow to progress be established and that a further detailed report will be reviewed by Quality Board in February 2016.

3.0 Are Services Safe?

3.1 Revalidation

The Deputy Chief Nurse advised Quality Board of the continued progress being made with the revalidation process. The Professional Nurse Forum oversight and leadership of revalidation at the Trust. Quality Board were made aware that all of the nurses due to revalidate in April 2016 have been contacted and workshops have been held for them so that they are fully aware of their personal and professional obligations. A revalidation resource site is also being developed.

The draft revalidation policy will be submitted to the Professional Nurses Forum and ET in January 2016. There was a discussion about the management of those nurses who for a number of reasons do not revalidate, and it was agreed that such discussions would be best to take place in an operational forum with issues appropriately escalated to ET.

3.2 Integrated Quality Performance Report (IQPR)

The Deputy Chief Nurse presented the report to QB which is in a different format to last months due to IT issues preventing the usual document to be collated in time for the meeting.

This third iteration of the Trust’s revised quality dashboard, outlined the quality data and supporting narrative for the following services:

- Adult Inpatient Services
- Urgent Care
- Adult Community and Social Inclusion
- Later Life Inpatient Services
- Later Life Rehabilitation
- Psychological Services
Quality Board noted that there were 5 Serious Incidents reported in November 2015 that were reported via STEIS. Of the 5 Incidents, 3 were reported by the Adult Community and Social Inclusion Division, 1 was reported by Urgent Care and 1 was reported by Psychological Services. The STEIS criteria under which these incidents were reported are as follows; 3 Unexpected Deaths, 1 Homicide and 1 attempted homicide. A SIRI review has been initiated for each of these Serious Incidents reported, and these will be managed through the usual Trust processes.

Of the 11 falls reported, 9 occurred within Later Life inpatient services, the other 2 occurred in Adult and Rehab Inpatient Services respectively. 10 of the falls reported were graded as causing either no harm or low harm, 1 fall within Later Life was graded as moderate harm. The falls continue to be monitored by the Head of Occupational Therapy and the Trust Falls Group. There were no pressure ulcers reported in November which demonstrates the Trust’s continued commitment to harm free care.

The total number of formal complaints received by the Trust during November 2015 was 19. This was a decrease of 7 compared to the same period last year. Themes for November include: discharge from services, Mental Health Act application, physical health and service changes. Quality Board considered that it would be useful to review the trends of month on month complaints per service as an enhancement to the report and to enable scrutiny of emerging trends. In November 2015 the Trust received two requests for investigation from the Ombudsman. One in relation to an historical death of a service user, and the other in relation to a treatment not being funded. The 19 PALs concerns related to 1 admission, 1 appointment, 1 assessment, 1 access to bed, 1 same sex breach, 1 change of worker, 2 communication/information, 3 discharge funding, 2 information, 1 medication, 1 service change, 3 support request, 3 waiting times and 1 welfare benefits. All were resolved.

There were 20 AWOLs from in Adult Services in November and 2 AWOLs occurred in Community and Social Inclusion Services. All patients were safely returned.

Quality Board were also made aware of the 4 new Coroners cases were in relation to A&E Liaison, Early Intervention, CMHT North/A&E Liaison and CMHT North West. There were 3 inquests that have been heard in relation to patients who had been known to Liaison South (took own life), Home Treatment Central (suicide) and Central West CMHT (open). There were no regulation 28s issued to the Trust from these inquests.

The Committee noted that safeguarding training within the prison was at 60%, and that this was a low position when compared to the other divisions. The safeguarding team is following this up with the prison and progressing with the training to improve take up by staff.

QB discussed the narrative contained within the IQP report and agreed that this report is to be generated early each month and then circulated to divisions for further narrative details and comments. It was agreed to share the report with the commissioners via the formal process of the Quality and Performance meetings. Quality Board also requested that the MHA, and DOLs training, as well as medication errors be included in the report in the future

3.4 Restrictive Practices

The Deputy Chief Nurse and Deputy Director of Quality Assurance presented the paper to Quality Board on the progress of the Trust’s response to the reduction of Restrictive Practices within the Trust’s Inpatient Wards. The term restrictive practices refers to:

- Restraint
- Seclusion
- Rapid Tranquillisation
- Blanket Restriction
The Trust is following national guidance and evidence to reduce the need to physically restrain a person. The Trust is particularly committed to eliminating the use of “prone restraints”, and evidence shows a significant decline in its use, with 36 recorded incidents for quarter 2, compared with 54 incidents in quarter 1. The overall increase in prone incidents since quarter 1 has been due to the use of this position to safely administer medication. Current activity being implemented to support a positive ward atmosphere is the removal of blanket restrictions around access to the garden areas so that patients can smoke. This has been received well by patients and staff, there has been a reduction in smoking in the dormitories, and there have been no restraints or violent incidents around smoking or any incidents in the courtyard. The Matrons have been working with AQUA to enable successful implementation of the reduction of blanket restrictions, and this work contributes to the Trust’s response to the CQC.

The Rapid Tranquilisation audit is due to be submitted to February Quality Board by the Chief Pharmacist and data from all wards will be included. It is intended that this audit will provide further assurance to board that safe practice is taking place. A Quality Improvement Group for restrictive practices has been established and the first meeting has already occurred. Quality Board requested that the CQC recommendations for Broadmoor be examined to inform the future restrictive practice policy.

3.5 Integrated Risk Management and Clinical Governance Committee Report

The purpose of the report is to inform the Quality Board of the detail of discussions at the Integrated Risk and Clinical Governance Committee, and was read in conjunction with the minutes of September’s committee.

3.6 Safer Staffing

The Deputy Chief Nurse presented the report which demonstrates the Trust’s Safer Staffing position for October 2015. The report considered Patient Experience through triangulation of incidents, complaints and concerns data in relation to staffing levels and reports on these by exception. Quality Board were advised that the report did not include Poplar Ward’s data, due to the opening of the ward not coinciding with the safe staffing return period for October.

Quality Board discussed where there were low fill rates of registered nurses on some inpatient wards, and that this was due to vacancies. Assertive recruitment continues to mitigate this position.

QB discussed the MDT approach to stepping down observations, in relation to those areas where there was overachievement of staffing against establishment. The Deputy Chief Nurse is working with the Medical Director and consultants to progress this approach. The revised policy is to be discussed at the consultant’s meeting attended by the Deputy Chief Nurse.

3.7 NHS Litigation Authority (NHS LA) Scorecard

The NHSLA Scorecard report informed Quality Board of the recent NHS LA publication in relation to claims received by the Trust during the period 1 April 2010 to 31 March 2015. The costs of meeting these claims are met through members’ contributions on a pay-as-you-go basis.

The Trust’s total number of clinical claims received for this period was 33 with a total value of £1,860,971.42 * and of these 49% were closed with no damages paid. Of the clinical claims settled the largest proportion of damages were awarded in cases where a patient had died and the case had been heard by the coroner.

* This figure has been reduced by 300k following coroner’s court hearing.
The total number of non clinical claims received was 55, with a total value of £683,756.78 and of these 49% were closed with no damages paid. Of these claims 36% were due to patient assaults; 18% slip, trips or falls and 16% workplace health and safety.

Quality Board agreed with the report’s recommendation that a joined up approach be implemented throughout the Trust to examine claims. It is expected that staff understanding the Trust’s claims profile will impact positively on patient safety. The CQC may ask for claims scorecards as part of its lines of intelligence monitoring data gathering in preparation for future inspection visits.

4.0 Are Services Effective?

4.1 Student Nurse Placements

The professional Head of OT presented a report to Quality Board which detailed student related issues within the Trust for the period 1st January to 31st August 2015. The Practice Educator Facilitator (PEF) continues to negotiate the new quotas calculated for Trusts as the quota allocated is directly related to Trust income. The Trust has managed to place all students requested by the University of Manchester and Salford in line with the quota calculated for the Trust.

There has been a slight increase in the return rate of Triennial Reviews, which is positive and meets the directive from the Nursing and Midwifery Council (NMC). As part of the NMC 2008 Standards, the Trust must conduct triennial reviews of all mentors, to ensure mentors identified on the "live register" have updated annually and met the requirements to mentor.

The student nurse evaluations scored an average of 4.65 and 4.72 across the 2 semesters measured out of a possible 5. (A higher score is better). Benchmarked information comparing the Trust to other Trusts is to be considered at a future Quality Board.

Each year Health Education North West set the Trust outcomes as a means of continuously improving the quality of education in practice. This year the Trust has returned a score of 92% (silver) compared to the previous year, 85% (Bronze). Quality Board noted this improvement, and also congratulated Cavendish Ward who won the Placement of the Year award from University of Manchester. Quality Board also congratulated the mentor from the Review Team who was nominated for the Best Mentor (Mental Health) Award by the University of Manchester.

4.2 Southern Health Report

The Chief Nurse provided a verbal update to Quality Board on the media coverage of the above report. The Chief Nurse advised Quality Board that the Mortality Committee paper that has been presented to October Quality Board summarised the Trust’s position. It was agreed that when the formal report was published that a review of Trust’s processes would occur and that a report would be considered at a future Quality Board and Trust Board.

5.0 Are Services Responsive?

Quality Board received the following minutes:

5.1 Patient Experience Committee Minutes
5.2 Operational Management and Performance Committee Minutes
5.3 Integrated Risk Management and Clinical Governance Committee Minutes
5.4 Heads of Professions Minutes were noted
6.0 Recommendation

To note the depth and breadth of the issues considered by Quality Board on Wednesday 16th December 2015.

Anita Rolfe
Chief Nurse and Director of Quality Assurance
31st December 2015
**Trust Board Report**

**Date of Trust Board:** 14th January 2016  
**Agenda Item:** 16

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| Author           | Name: Anita Rolfe  
                        Chief Nurse and Director of Quality Assurance |

**Purpose of Paper:**
- The purpose of this report is to provide Trust Board with details of November’s Safer Staffing position within the Trust’s inpatient settings.

**Key Points:**
- This paper demonstrates the Trust’s Safer Staffing position for November 2015 and reports on staffing levels that were above and below established levels by exception.
- Provides a comparison between Mental Health Trusts for staffing fill rates and the numbers of violent incidents reported.
- The triangulation of incidents, complaints and concerns data in relation to Staffing levels as a way of gauging any impact on patient experience.
- Progress in the use of the Hurst Tool is provided.

**Recommendation:** To understand the safer staffing position for November 2015.

### Monitoring and assurance framework summary

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<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
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| Link to Corporate Risk Register                          |                                                  | Strategy  
                                                                        Governance and quality Delivery |

**Any Action Required?**

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To include in 2015/16 Quality Account?  

- Yes  
- No  

Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?  

- Yes  
- No
1. Introduction

This report provides the Trust Board with details of the November 2015 Inpatient Safer Staffing position, and reports on staffing thresholds by exception. The threshold parameters are when staffing levels have been below 80% of establishment and above 120% of establishment. The thresholds have been arrived at based on comparative thresholds used by other mental health providers as outlined in the table below.

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<td>&lt;80%</td>
<td>&gt;120%</td>
<td>Pennine Care NHS FT</td>
</tr>
<tr>
<td>&lt;75%</td>
<td>&gt;120%</td>
<td>Humber NHS FT</td>
</tr>
<tr>
<td>&lt;70%</td>
<td>&gt;120%</td>
<td>Lancashire Care NHS FT</td>
</tr>
</tbody>
</table>

During November all wards except Anderson and Acacia demonstrated a theme of use of care staff above establishment on days and on nights.

<table>
<thead>
<tr>
<th>Ward</th>
<th>Use of Day Registered Staff against Est.</th>
<th>Use of Day “Care” Staff against Est.</th>
<th>Use of Night Registered Staff against Est.</th>
<th>Use of Night “Care” Staff against Est.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE</td>
<td>&gt; 120%</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>CAVENDISH</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>ANSON</td>
<td>Within limits</td>
<td>&lt; 80%</td>
<td>Within limits</td>
<td>Within limits</td>
</tr>
<tr>
<td>BLAKE</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>JUNIPER</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>Within limits</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>BRONTE</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>Within limits</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>LAUREL</td>
<td>Within limits</td>
<td>Within limits</td>
<td>Within limits</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>ELM</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>Within limits</td>
<td>&gt; 120%</td>
</tr>
<tr>
<td>MULBERRY</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
<td>&lt; 80%</td>
</tr>
<tr>
<td>REDWOOD</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>&gt; 120%</td>
<td>Within limits</td>
</tr>
<tr>
<td>SAFIRE</td>
<td>Within limits</td>
<td>&gt; 120%</td>
<td>Within limits</td>
<td>Within limits</td>
</tr>
<tr>
<td>POPLAR</td>
<td>Within limits</td>
<td>Within limits</td>
<td>Within limits</td>
<td>&gt; 120%</td>
</tr>
</tbody>
</table>

This report considers, by exception, why there had been use of staffing both above and below establishment. Furthermore, the report considers the patient experience through triangulation of incidents of violence and aggression, missed medications, falls. Also included in the report are complaints and concerns data. The triangulation of incidents, complaints and concerns data in relation to Staffing levels is included as a way of gauging any impact on patient experience.

Table 1 demonstrates the November safer staffing return made by the Trust to NHS England for upload on the 15th December 2015.
<table>
<thead>
<tr>
<th>Ward name</th>
<th>Day Average fill rate - registered nurses/midwives (%)</th>
<th>Day Average fill rate - care staff (%)</th>
<th>Night Average fill rate - registered nurses/midwives (%)</th>
<th>Night Average fill rate - care staff (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE</td>
<td>125.0%</td>
<td>115.8%</td>
<td>200.0%</td>
<td>148.9%</td>
</tr>
<tr>
<td>CAVENDISH</td>
<td>105.0%</td>
<td>262.9%</td>
<td>200.0%</td>
<td>282.2%</td>
</tr>
<tr>
<td>ANSON ROAD</td>
<td>105.0%</td>
<td>72.2%</td>
<td>103.3%</td>
<td>98.3%</td>
</tr>
<tr>
<td>ACACIA</td>
<td>104.0%</td>
<td>110.7%</td>
<td>100.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>BLAKE</td>
<td>97.8%</td>
<td>290.8%</td>
<td>200.0%</td>
<td>183.3%</td>
</tr>
<tr>
<td>JUNIPER</td>
<td>108.3%</td>
<td>159.2%</td>
<td>100.0%</td>
<td>170.0%</td>
</tr>
<tr>
<td>BRONTE</td>
<td>110.4%</td>
<td>158.9%</td>
<td>98.3%</td>
<td>165.0%</td>
</tr>
<tr>
<td>LAUREL</td>
<td>102.8%</td>
<td>118.9%</td>
<td>86.7%</td>
<td>178.3%</td>
</tr>
<tr>
<td>ELM</td>
<td>90.6%</td>
<td>126.7%</td>
<td>90.0%</td>
<td>178.3%</td>
</tr>
<tr>
<td>MULBERRY</td>
<td>98.0%</td>
<td>122.0%</td>
<td>170.0%</td>
<td>76.7%</td>
</tr>
<tr>
<td>REDWOOD</td>
<td>107.3%</td>
<td>130.7%</td>
<td>190.0%</td>
<td>98.9%</td>
</tr>
<tr>
<td>ANDERSEN</td>
<td>89.3%</td>
<td>84.2%</td>
<td>85.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>SAFIRE</td>
<td>86.1%</td>
<td>298.3%</td>
<td>105.0%</td>
<td>118.3%</td>
</tr>
<tr>
<td>POPLAR</td>
<td>100.0%</td>
<td>99.4%</td>
<td>98.3%</td>
<td>151.7%</td>
</tr>
</tbody>
</table>
2. Use of staffing resource against establishment

The use of staffing above establishment during November 2015 was predominantly used to deliver observations to maintain patient safety. During November 2015, there were 63 observation episodes reported on the weekly reports provided by the ward managers.

There were 16 reasons why patients were placed on observations. These reasons were in line with the Trust's policy for safe and supportive observations of patients. The most frequently used reason for implementing observations was when a patient presented as aggressive and a risk to others; this was recorded for 18 patients (31%). Vulnerability was recorded as the next highest reason with 6 (10%), patients requiring observations to keep them safe from others. 15 observations did not have a reason stated (25%). Reasons by ward for use of observations are outlined in section 3 of this report.

3. Actual Staff versus Establishment during November 2015.

3.1 Later Life

There were no serious incidents were reported within the Later Life Division in November 2015. Patients with dementia often present as more confused and agitated at night time, and this is reflected in use of additional staffing at night on both wards. The data provided for consideration below identifies that the staff have managed difficult situations in relation to violence and aggression with the staff that have been available.

3.1.1 Maple Ward

During the month of November, 5 patients were placed on observations on Maple Ward due to risk of falls, and one person for monitoring whilst receiving care in an Acute Provider setting. There was 1 complaint which related to a patient being assessed as needing rehydration treatment via intravenous infusion, and why this could not be done on Maple ward, the patient experienced a long wait for physical health care treatment in A&E, and the complaint is being progressed with the Acute Provider. (This type of care is currently not commissioned and is regarded as a specialist intervention for mental health staff that does not routinely have the skills to implement within the Trust's inpatient setting). There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured.
3.1.2 Cavendish

During the month of November, 10 patients were placed on observations on Cavendish for mitigating risks that included aggression towards others, vulnerability from others, physical health monitoring and falls risks. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured.

![Cavendish Ward - Actual vs Establishment](image1)

![Cavendish Ward - Incidents and Complaints](image2)

3.2 Rehabilitation Wards

There were no serious incidents reported within the Rehabilitation Wards in November 2015.

3.2.1 Anson Road

There remains a band 3 vacancy which impacts on low fill rate of unregistered day staff. This post remains vacant pending potential redeployment from a different service area. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured except medication. The Chief Pharmacist has followed the incidents up.

![Anson Road - Actual vs Establishment](image3)

![Anson Road - Incidents and Complaints](image4)

3.2.2 Acacia Road

The incidents of violence and aggression on Acacia were in relation to 1 patient who was placed on observations and later moved to PICU for his own safety. There are currently 1 x band 5 and 1 x band 3 vacancies; both are awaiting redeployments from a different service area. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured except for violence and aggression. The matron team are following this up as part of the Safe Wards initiative.
3.3 Adults of Working Age

There were no serious incidents during November 2015.

There were 4 complaints received. All were progressed as per Trust Policy. These included:

- 1 Bronte patient wishing to be discharged and feeling they were being held against their will
- 1 Bronte patient felt unhappy to engage in community activities as a condition of discharge.
- 1 Juniper patient and neglect of dental care
- 1 Elm patient who was admitted out of area

There were 2 PALS concerns relating to Bronte ward, where patients wanted to be discharged

The data provided for consideration below identifies that the staff have managed difficult situations in relation to violence and aggression with the staff that have been available.

3.3.1 Blake Ward

During the month of November, 6 patients were placed on observations for escort to Electro Convulsive Therapy (ECT), and to mitigate risks in relation to self harm, vulnerability and chaotic behaviours. This contributed to an increased use of unregistered staff on days and nights. Low fill rates of registered nurses on days have been contributed to by 2 x band 5 vacancies, both posts have now been recruited to, one awaits a start date and one is currently being inducted. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured.
3.3.2 Juniper Ward

1 fall was reported on Juniper Ward in November 2015, the fall was graded as resulting in no harm to the patient.

During November, 7 patients were placed on observations for reasons of vulnerability, risk to others and risk of AWOL.

The low fill rate of registered staff appears to be linked to 2 x Band 5 vacancies; both have been approved for recruitment to and are being progressed. There have been no incident reports of inadequate staffing, and the ward team are showing a maintenance position across all incidents measured except for violence and aggression. The matron team are following this up as part of the Safe Wards initiative.

3.3.3 Bronte Ward

During November 2015, 6 patients were placed on observations to mitigate risks associated with aggression and risk to others, wandersome and vulnerable, physical health needs and chaotic behaviours. This has triggered additional use of unregistered staffing above establishment. There have been 2 incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured.

3.3.4 Laurel Ward

During November 2015, 3 patients were placed on observations, for risks that included vulnerability and risk from others, and risk to others from aggression, the observations saw an increase in the use of unregistered staff on days and nights. 2 x band 5 vacancies were recruited to in November. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured except
violence and aggression. The matron team are following this up as part of the Safe Wards initiative.

3.3.5 Elm Ward

During November 2015, 12 patients were placed on observations for risks that included self harm, physical health needs and one patient presented with intoxication. This resulted in an increase in the use of additional unregistered staff. Low fill rate of registered staff was due to a band 6 vacancy and 4 x band 5 vacancies. The band 6 has been appointed to and awaits a start date. 2 x band 5’s have been appointed to, and work to progress recruitment to the other posts continues. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured.

3.3.6 Mulberry Ward

Mulberry used above establishment of care staff on days to support with delivering observations to 2 patients who required 2:1 observations for mitigation of risk. There was an increase in the use of staff above establishment on nights due to 3 night care staff being on sick leave at the same time. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured except violence and aggression. The matron team are following this up as part of the Safe Wards initiative.
3.3.7 Redwood Ward

During the November, 11 patients required observations to mitigate risks which included absconson, self-harm, vulnerability/at risk from others, risk to others and 1 patient required observation whilst in A&E. This resulted in an increase in the use of care staff on days. There has been one incident report of inadequate staffing, and the ward team are showing a maintained position across all incidents measured except violence and aggression. The matron team are following this up as part of the Safe Wards initiative.

3.3.8 Anderson Ward

No exceptions to report. There has been one incident report of inadequate staffing, and the ward team are showing a maintained position across all incidents measured.

3.3.9 SAFIRE

Above establishment of Care Staff on days is due to 7 patients having been placed on observations to mitigate risk to self and others during November. There have been no incident reports of inadequate staffing, and the ward team are showing an improved position across all incidents measured except violence and aggression. The matron team are following this up as part of the Safe Wards initiative.
3.3.10 Poplar Ward

There are no graphics to show for Poplar in this month’s report, but will feature in future reports. Poplar used above established levels of care staff on nights during November, this was to support 3 patients who were on observations due to risk to self and others, one of whom was an AWOL risk.

4. Incidents of Violence and Aggression

This has been the most commonly reported type of incident within the Trust’s inpatient settings between June and November 2015.

The NHS Benchmarking Network (Mental Health) 2015 demonstrates the Trust to be an outlier in reporting more incidents of physical violence to patients and staff per 100,000 occupied bed days. With the Trust reporting 419 incidents of violence to staff compared with a national mean of 206, and 333 incidents of violence towards patients compared with a national mean of 113.

<table>
<thead>
<tr>
<th></th>
<th>MMHSCT</th>
<th>Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence against staff</td>
<td>419</td>
<td>206</td>
</tr>
<tr>
<td>Violence against patients</td>
<td>333</td>
<td>113</td>
</tr>
</tbody>
</table>

A comparison of reported incidents of violence and aggression during 2014 (n=1153) compared with those reported in 2015 (n=1211) across all inpatient settings shows the increase in the reporting of such incidents to be only within AOWA inpatient settings.

The newly established Restrictive Practices Group is monitoring the implementation of “Safe Wards” and the “Restrain Yourself” project, which are evidence based approaches to reducing incidents of violence and aggression and use of physical interventions. The Restrictive Practices Group is promoting the “Safe Wards” approach in collaboration with the
Learning and Development team to effect a reduction in incidents of this type. The Restrictive Practices group reports to the Quality Board.

5. Next Steps re Safer Staffing for the Trust

In late summer 2015 the Chief Nursing Officer for England recommended that we now look towards multi-professional inpatient staffing rather than a narrower focus on nursing or midwifery numbers. Staffing levels should be based on the needs of patients, not on traditional professional and organisational boundaries. In response, the Trust’s Multi-Disciplinary Team (MDT) Safer Staffing Group has met twice, and has continued to progress the trial of the Hurst Tool (a measure to gauge if you have the ‘correct’ staff number for the acuity of patient being cared for) staffing numbers within inpatient settings. The MDT Safer Staffing Group also continues to progress consideration of alternative approaches to observation via meaningful activity, with planned work around this agenda on-going.

The trialling of the Hurst Tool has demonstrated so far that the staffing used above establishment has been in keeping with the assessed levels of dependency of inpatients on the wards. However, it was acknowledged that levels of dependency may lend themselves to subjectivity. A further meeting is to take place in February 2016 to consider inpatient case studies against each one of the Hurst levels of dependency so that a standardised measure for inpatient levels of dependency and acuity can be agreed.

Alongside this, work is being progressed to agree a measurable standard for agreeing observations in order to facilitate objectivity in their prescription and review. The outcomes will be reflected within the Trust’s policy for safe and supportive observations of patients by end of February 2016.

6. Recommendations:

The Board is asked to note the safer staffing position for November 2015.

Anita Rolfe, Chief Nurse and Director of Quality Assurance
31st December 2015
Trust Board Report

Date of Trust Board: 14th January 2016

Title of Report: CQC Task and Finish Group Report on the timely completion of actions in line with the timelines set out in the CQC action plan.

Date Produced: 24 December 2015

Author: Name: Anita Rolfe, Chief Nurse and Director of Quality Assurance
Tel: 0161 882 1061

Purpose of Paper: To inform Board of the outcome of the CQC Task and Finish Group
To advise of the achievement of milestones set out in the action plan.

Key Points:

Within the CQC action plan were 46 actions due for completion on, or for commencement by the 31st October 2015 and 36 actions due for completion on, or for commencement by the 30th November 2015.

Of the 46 actions required in October the Trust managed to complete and submit evidence for 44 actions. Of the 36 actions required in November, the Trust has achieved and submitted evidence for 33 actions.

It was agreed at the Executive Team Meeting that the 2 actions outstanding as of 31st October in relation to Must Do 13 would be deferred to January 2015.

It was agreed at the Executive Team that the 3 actions outstanding as of 30th November in relation to Must Do 2 and Should Do 2 would be deferred to January 2015.

Recommendations

Trust Board is asked to note the progress made with the completion of actions and the oversight that has taken place by the CQC Task and Finish Group.

Monitoring and assurance framework summary

<table>
<thead>
<tr>
<th>Reference/Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
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<tbody>
<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
<td>All corporate and strategic objectives for the Trust.</td>
</tr>
<tr>
<td>Link to Corporate Risk Register</td>
<td>All identified corporate risks.</td>
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<th>Yes</th>
<th>Yes Detail in report</th>
<th>N/A</th>
<th>Comment</th>
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<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>--------------------------------</td>
<td>-----</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>To include in 2015/16 Quality Account?</td>
<td>√</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
<td>√</td>
<td></td>
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</tbody>
</table>
Manchester Mental Health and Social Care Trust

CQC Task and Finish Group Update

1. Purpose

1.1 The purpose of this report is to inform Board of the progress made with the completion of the CQC action plan actions and the outcome of the CQC Task and Finish Group held on Thursday 3rd December 2015. The updated CQC action plan is incorporated into this report.

2. Introduction

2.1 The CQC Task and Finish Group has been established to provide assurance to the Trust Board that the Trust’s action plan is progressing in line with the agreed timescales.

3. Update

3.1 At the meeting held on the 3rd December, there were a total of 36 actions to review that were due for completion, or for commencement by the 30th November 2015. There were also two actions that were carried over from October 2015 that were escalated to Executive Team. Of the 36 actions due in November, 33 actions have evidence submitted to support the assurance that actions have been completed or have commenced and are underway. Please see the attached document which highlights the progress has been made.

3.2 Of the five actions that remain outstanding, it was requested that extensions be granted by the Executive Team to January 2016 to allow adequate completion. It was also requested that an additional action in relation to Should Do 2 which is due for completion on the 31st December be deferred to February 2015.

3.3 Following the Task and Finish Group, the Interim Head of Patient Safety and Risk Manager has liaised with the individuals who provided verbal reassurance of action completion to gain written evidence of the action, to enable the action plan to be kept on track in line with the action plan

3.4 Evaluation of the evidence folder is happening on a daily/weekly basis. Various forums are being used to request progress updates to be submitted to keep the focus on completion of the actions high on agenda’s across the Trust. Integrated risk and clinical governance committee (IRCGC) discussed the CQC action plan, and the expectation from divisional leads, and heads of profession to progress the actions they are involved with. Oversight of the progression of the action plan will continue at the CQC Task and Finish Group and the Quality Board.

4. Recommendations

4.1 The Board is asked to note that there is submitted assurance evidence to agree the achievement of 44 out of the 46 actions due for the 31 October and 33 out of the 36 actions due for 30th November 2015. The Board is asked to note the deferral of the 5 actions noted in this report to be completed by end of January 2016. The progression of the action plan is on track.
CQC CIOH Inspection Summary Action Plan

September 2015
### Version Control

<table>
<thead>
<tr>
<th>Version (s)</th>
<th>Approval</th>
<th>Author</th>
<th>Date</th>
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<tr>
<td>Drafts v1-3</td>
<td>Collation and consultative review as part of development process</td>
<td>AR</td>
<td>1st-22nd September 2015</td>
</tr>
<tr>
<td>v3</td>
<td>Updates in light of meeting with MCC and CCG</td>
<td>AR</td>
<td>23rd September 2015</td>
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<td>v4</td>
<td>Formatting and numbering amended</td>
<td>AT</td>
<td>25th September 2015</td>
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<tr>
<td>v5</td>
<td>Updated following receipt of Final Reports from CQC – Requirement Notices, Must Do and Should Do actions updated.</td>
<td>AT</td>
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<td>Additional comments incorporated following meeting on 25th September 2015</td>
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<td>v7</td>
<td>Timeline column inserted and corresponding dates added. Referencing checked.</td>
<td>AT</td>
<td>28th September 2015</td>
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<tr>
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<td>Final for Quality Board approval</td>
<td>AR</td>
<td>20th October 2015</td>
</tr>
<tr>
<td>v9</td>
<td>Action plan for submission to the CQC</td>
<td>AR</td>
<td>21st October 2015</td>
</tr>
</tbody>
</table>

**Action plan submitted to CQC** 23rd October 2015

### Key

- **Delivered – No further action**: Assumed as being managed within normal business in future and is not revisited by this action plan
- **On track – Actions underway; no issues**: If actions are not completed within the stated timeline, converts to “Some Issues” the next working day
- **Some issues – Actions underway; however, some issues needing attention**: If actions are not completed within the stated timeline, converts to “Not on track to deliver” the next working day.
- **Not on track to deliver – Urgent action required**: Urgent action taken by the lead Director with daily reports to the Chief Executive until the action is back on track
### About the Trust

Manchester Mental Health and Social Care is the main provider of specialist mental health, social care and health and wellbeing services to the people of Manchester. It is the only mental health Trust located within the city’s boundaries and its catchment area is coterminous with that of Manchester City Council and the city’s three Clinical Commissioning Groups. We serve a culturally and socially diverse population of over 511,000, our workforce of approximately 1500 staff cared for more than 14,000 people last year and we have an annual turnover of £104m. We are a market leader in research and innovation, with the second largest mental health research income of all Mental Health Trusts in the U.K.

### How We Are Learning

The Trust has recently been audited by Mersey Internal Audit for how we learn throughout the Trust. The audit opinion was **Significant Assurance**; however there were a small number of medium and low level recommendations made that resonate with this CQC report. The Trust has improved how it learns and continues to steadily improve. The quality team is being strengthened with the appointment of a quality lead for community services in October 2015, which will enable the mirroring of the inpatient matron role across community.

### What are we doing?

#### Summary

The Trust welcome feedback and always want to learn and develop to improve services

- The Trust received the report from the Chief Inspector of Hospitals in September 2015, with the overall outcome being **Requires Improvement**
- The Trust is pleased to report that, there were no enforcement actions brought against the Trust.
- The overall quality of clinical care was rated as ‘**Good**’.
- The trust was rated as ‘**Requires Improvement**’ for safe, effective, responsive and well led.
- The Improvements the Trust have been requested to deliver can be characterised as the following

<table>
<thead>
<tr>
<th>“MUST Do” Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Chief Inspector made a number of recommendations, which the Trust MUST undertake to improve Patient Experience at the Trust. The MUST Dos are described in detail within this action plan. The Board of Directors have reviewed the Action Plan at the September Board Meeting and are supportive of the proposed actions for improvement. It is intended that the Board will oversee the progress of the action plan to completion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“SHOULD Do” Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are also a number of actions which the CQC has advised the Trust should implement to further strengthen and improve the quality of the services it provides</td>
</tr>
<tr>
<td>The Trust will provide the same level of rigour to the implementation of the Should Do Actions alongside the Must Do Actions</td>
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</table>

#### Partnership Working

- Manchester Mental Health and Social Care Trust welcome the support of key partners such as the Trust Development Authority and Health and Social Care Commissioners in achieving the outcomes within this action plan. Offers of expert resource where needed has been offered by the Trust Development Agency
- This action plan will be underpinned by other strategic processes within the Trust such as the Clinical Strategy, The Quality Strategy, The Workforce Strategy and the Estates Strategy.

#### Quality Summit Discussions and feedback
TDA Feedback
- All organisations (CQC, TDA, CCG, NHSE) need to work together to stop the Trust having to develop multiple forms of the same information.

CCG Feedback
- Crisis and place of safety, there is a need to work with organisation, however help from wider system partners is necessary to address the issues
- The CCGs queried if there had been a mixed sex breach on Cavendish ward. CQC stated what was seen and that it was rectified by the Trust at the time. MMHSCT added that when the Trust tried to report it, the centre advised them that it was not a reportable breach, so no further action was taken following this discussion.
- The CCGs have queried the CQC comment regarding "Insufficient resources to manage the incident management function of the Trust". The response from the Trust is that the systems and processes have been audited since the CQC visit and a Significant Assurance audit opinion was awarded by MIA
- The CCG’s asked “How will the trust risk register be shared with Commissioners because some of the things on the register such as lack of pharmacist support in community is concerning?” The published Board papers regularly include the risk register. The link for the board papers is on the Trust website

NHSE Feedback
- There is a need to ensure that the process is facilitative
- NHSE Risk Summit planned for 27th October 2015 –with expected outcomes that the process is now closed down.
- Professional nurse leadership support can be available to the Trust.
- Dissemination of learning - need to demonstrate, consistently evidence it to patients/carers/commissioners. Later Life community services is a good practice exemplar.

General Feedback on specific points in the action plan
- There were other suggestions made that have been incorporated into the action plan as items specific to individual actions points

Other Feedback
- Areas of good practice were highlighted such as good working relationship with social care, physical healthcare, person centred care, almost without exception good service user feedback
- Very pleased to see all good for caring.
### Part A - MUST Do Actions

<table>
<thead>
<tr>
<th>Regulation/Requirement notice</th>
<th>‘The Must Do ‘Summary of action required</th>
<th>Actions</th>
<th>Timeline</th>
<th>Assurance/evidence</th>
<th>What good looks like</th>
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<tbody>
<tr>
<td>Requirement Notice 1</td>
<td>Person – centred care in community services for adults of working age – Lead – Chief Nurse and Director of Quality Assurance</td>
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<td>Status: On Track</td>
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</table>
| (1a) The provider did not ensure that each patient had an effective recovery focussed care plan and discharge plan in place to make sure they did not remain in services longer than is clinically appropriate. | **Must Do 1:** The trust must ensure that there are effective recovery focussed care plans and discharge planning in place for each patient to make sure patients do not remain in services longer than is clinically appropriate. | In order to ensure that the Trust has effective, recovery focused care plans and discharge planning in place for each patient, the Trust has established a system to review and implement high quality:  
- Recovery focussed care plans  
- Discharge plans  
- Discharges and Finished Consultant Episodes  
  Caseload checklist to be used by team managers to systematically review all care records commenced.  
  Team managers will work with individual care coordinators to bring improvements. Project management and weekly review to be maintained by Acting Director of Operations. Project plan in place.  
  Full audit report on progress to be submitted by the Heads of Profession to Quality Board. | Each patient will have a recovery focussed care plan and discharge plan in place.  
Those Patients needing to be discharged in a timely manner in line with their discharge plan will be discharged, with discharges expected from September onwards to ensure patients do not stay in services longer than is clinically appropriate. | |
<p>| <strong>External support</strong> Commissioners to support review of GP services to enable step down of patients where appropriate (shared care). CCG Primary Care leads to support GP practices. CCG GP lead for Mental Health to support GPs where needed CCGs are working with GPs on the improvement of meds management to support step down. | | | | | |</p>
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<td><strong>Person – centred care in community services for adults of working age</strong> Lead - Medical Director</td>
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<td>Status: On Track</td>
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<td><strong>Requirement Notice 1</strong> (1b) The provider did not ensure that care and treatment was delivered and reviewed in line with CPA best practice guidance. This included medical representation at patients’ CPA reviews. Report states: “There was a lack of medical input into CPA reviews which often consisted of the care coordinator and the patient only. Staff told us they ‘piggy backed ‘onto the back of outpatient appointments in order to facilitate CPA reviews”</td>
<td><strong>Must Do 2:</strong> The trust must ensure that care and treatment is delivered in line with CPA best practice guidance. This includes medical representation at patients’ CPA reviews.</td>
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<td><strong>Audit of CPA process to monitor changes by professional Head of OT, attendance to be undertaken by end of October and reported for December 2015</strong></td>
<td>The Medical Director and Chief Nurse to issue a joint communication to remind all staff within this area of the need to meet good practice guidelines for CPA.</td>
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<td>Care and treatment is delivered in line with CPA best practice guidance with medical representation at patients’ CPA reviews.</td>
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<td>CPA meetings have medical representation commencing with immediate effect. Evidence via CPA minutes.</td>
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<td>Joint communication issued by communications team</td>
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<td>Audit of CPA process</td>
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<td>Training Records</td>
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<td><strong>External Support</strong> Peer review to be arranged with MH provider in Jan 2016 to benchmark improvement GMC have offered training/focussed informal workshops re professional obligations -professional requirements are.</td>
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<td>Requirement /Requirement Notice</td>
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<td><strong>Requirement Notice 1</strong></td>
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<td>(1b) The provider did not ensure that care and treatment was delivered and reviewed in line with CPA best practice guidance. This included medical representation at patients’ CPA reviews and ensuring patients were discharged from hospital without their community care coordinator and consultant’s knowledge and involvement.</td>
<td><strong>Must Do 6:</strong> The trust must ensure that patients are discharged from hospital in line with the CPA guidance and with their community care coordinator and consultant’s knowledge and involvement.</td>
<td>There is now a system in place for Managers to cascade and support information from the professional heads and matrons to ensure implementation of the standards.</td>
<td>20-Oct-15</td>
<td>Refresh of advice to be provided by 02/10/15 and then routine audit to follow up implementation</td>
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<td>The Acute and Urgent Care Board has established a system to ensure that Team Managers and Ward Managers will ensure discharge arrangements meet CPA guidance and that consultants and care coordinators have knowledge of and are involved in the discharge. Reinforcement of the requirement will also be cascaded through team meetings and managerial supervision.</td>
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<td>20-Oct-15</td>
<td>Acute and Urgent Care Board Minutes</td>
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<td>The Medical Director is to discuss the expected changes with clinicians to ensure that best practice improvements are made.</td>
<td>From 31-Oct-15</td>
<td>Team Managers supervision notes – will demonstrate that the checklist has been applied to all cases</td>
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<td>The Head of OT and the Matron team to commence audit cycle of compliance with the CPA best practice discharge arrangements to monitor the whole process.</td>
<td>20-Oct-15</td>
<td>Team meeting minutes from September 2015</td>
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<td>The Medical Director will be included in audit feedback in order to ensure improvements in clinician response is made.</td>
<td>From 31-Oct-15</td>
<td>As part of routine audit cycle from October 2015</td>
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<td>31-Dec-15</td>
<td>CCG agreement to complete an audit of CQC compliance in Quarter 4 of 2015/16</td>
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<td>Patients are discharged from hospital in line with CPA best practice guidance</td>
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| **Person-centred care in acute wards for adults of working age and psychiatric intensive care units at Park House and Laureate House**  
Lead – Chief Nurse and Director of Quality Assurance | | | | | Status: Delivered |
| **Requirement Notice 2**  
(2a) Care plans were not always person-centred and did not reflect personal preferences. Patients had not been provided with relevant information and support when they need it to make sure they understand the choices available to them.  
(2b) Assessments were not always being reviewed regularly and whenever needed throughout the person’s care and treatment. | **Must Do 14:** The trust must ensure that care plans are holistic, personalised and patient focused.  
*Report states:*  
“Many Care plans were not holistic, personalised or recovery focussed”  
“The care plans were regularly reviewed” |  
There is now a system in place for operational managers to receive and cascade support information from the professional heads and matrons to ensure implementation of the standards. This will be done via supervision and team meetings.  
Matrons will audit  
- Person centred approach  
- Reflection of patient’s personal preferences  
- Information provided to patients as part of the care planning process  
- Patient’s understanding of the choices offered to them  
**Review of assessments**  
| **20-Oct-15 Achieved**  
**01-Nov-15 Achieved** | **Best practice cascade Supervision Notes Team meeting minutes**  
**01-Nov-15 Achieved** |  
**Audit cycle is routinely reviewing implementation** |
| **External Support** CQC guidance on sourcing best practice care plans that can be used as a learning tool with staff | | | | | Care plans that are holistic, personalised and patient focused.  
Standards are cascaded and monitored on an ongoing basis |
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| **Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units** Lead – Chief Nurse and Director of Quality Assurance | **Must Do 13:** The trust should ensure patients' have access to activities to meet their needs effectively | **Actions:**  
- Review Trust ward activities standards and guidance – update and disseminate as required.  
- Embed service user engagement in planning delivery by ensuring that regular safe wards mutual help meetings are in place  
- Audit of the content of safe wards mutual help meetings with evidence that activity choice and access if discussed  
- Improvement of ward activity resources inducing:  
  - Resubmission of application for exercise facility within North Manchester Site  
  - Embed library facility on all wards  
  - Accessible internet for service users in place  
  - Regular review of review of ward activity data and report omissions to ward managers.  
- Audit of ward activity resources.  
- Peer-to-Peer groups established and embedded as part of Trust CQUIN.  
- Improve staff confidence and skills in providing access to and delivering ward activities through:  
  - Ward activities training developed.  
  - Occupational Therapists deliver training and model best practice standards for delivery.  
- Increase capacity of ward staff to deliver activities.  
  - Review of ward activities, staffing levels, safe observations and incidents to recommend a future model of delivering ward activities | **Timeline:**  
- 20-Oct-15 Achieved  
- 31-Oct-15 Achieved  
- 31-Dec 15  
- 31-Oct-15 Achieved  
- 31-Oct-15 Achieved  
- 31-Oct-15 Achieved  
- 30-Nov-15 Deferred to Jan 16  
- 31-Dec-15  
- 31-Dec-15  
- 31-Dec-15  
- 31-Dec-15  
- Jan-16 | **Assurance/evidence:**  
- Revised guidance and standards developed and disseminated  
- Records of safe wards mutual help meetings  
- Audit of the content of safe wards mutual help meetings  
- Peer-to-Peer group (CQUIN) reports  
- Ward activities training delivered.  
- Audit of ward activity resources  
- Review of ward activity data  
- StarWards data collection completed | **What good looks like:**  
- Patients’ have access to activities to meet their needs effectively.
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<tr>
<td></td>
<td>Ensure data collection and monitoring is robust.</td>
<td></td>
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<td>Jan-16</td>
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<td></td>
<td>StarWards data collection tool reviewed and revised – <a href="#">January 2016</a></td>
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<td>March-16</td>
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<td></td>
<td>Develop Reference group for Acute services.</td>
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<td>March-16</td>
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<td>All wards complete the revised StarWards data collection tool.</td>
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<td>April 2016</td>
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<td>Service user regular attend the Ward Activities steering group</td>
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<td><strong>Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units</strong> Lead – Chief Nurse and Director of Quality Assurance</td>
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<td><strong>Status: On Track</strong></td>
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<tr>
<td><strong>Requirement Notice 2</strong> (2c)Where the trust shares responsibility for providing care and treatment with other services through partnership working, a clear care and/or treatment plan, which includes agreed goals, must be developed and made available to all staff and others involved in providing the care.</td>
<td><strong>Must Do 16:</strong> The trust should identify how patients will have access to psychological intervention and therapies in accordance with published research and guidance.</td>
<td>The Trust will carry out a review of all psychological services provision with commissioners to inform what services need to be commissioned to deliver this action. Review report completed and service redesign to be considered by end of the financial year.</td>
<td>31-Dec-15</td>
<td>Review report completed and service redesign commissioned.</td>
<td>Access to psychological therapies is in accordance with published research and guidance, and is appropriately commissioned.</td>
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<tr>
<td><strong>External Support</strong> This will be dependent on appropriate commissioning of services by the CCG. Commissioner review of psychological services by 31 Dec15 to inform future commissioning.</td>
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| Requirement Notice 2 | (2c) Where the trust shares responsibility for providing care and treatment with other services through partnership working, a clear care and/or treatment plan, which includes agreed goals, must be developed and made available to all staff and others involved in providing the care. | **Must Do 17:** The trust should ensure they work effectively with other professionals | **Work to strengthen existing SOPs to guide and signpost access to professionals that support patient care.**
SOP completed and in place by **December 2015.** | **31-Dec-15** | **Updated SOP in place** | The Trust works effectively with other professionals. |
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<td><strong>Requirement Notice 2</strong></td>
<td>(2d) There were not nutritional and hydration assessment Completed to support the wellbeing and quality of life.</td>
<td>Matrons, (supported by the Head of Social Work) as part of their rounds to review the understanding of MCA with ward staff on Laurel and Elm</td>
<td><strong>To commence 31/10/15 Achieved</strong></td>
<td>Matron team minutes</td>
<td>Nutrition and hydration assessments undertaken when required.</td>
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<td></td>
<td><strong>No corresponding Must or Should Do action.</strong></td>
<td>Physical health lead nurse to provide advice on managing the nutritional needs of patients on Elm and Laurel. Report to be provided to IRGC</td>
<td><strong>31/10/15 Achieved</strong></td>
<td>Ward team minutes</td>
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<td></td>
<td><em>Report states:</em> “Staff on Laurel and Elm wards had a confused understanding of the MCA. A patient who was nutritionally Compromised was assessed as lacking capacity. Staff Struggled to motivate this patient who routinely declined breakfast and lunch so was given a supplement shake instead. No best interest meeting had been arranged despite evidence that the patient continued to lose weight.”</td>
<td></td>
<td><strong>IRCGC minutes</strong></td>
<td>November 2015</td>
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<td>Good governance in community services for adults of working age Lead – Chief Nurse and Director of Quality Assurance</td>
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<td><strong>Requirement Notice 3</strong></td>
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<td>Must Do 3: The trust must ensure that incidents are investigated in line with trust policy and there are robust systems in place to make sure learning or good practice is shared within and across the service.</td>
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<td><strong>Report states:</strong></td>
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<td>“Staff we spoke to told us there was no or limited feedback from incidents. Incidents were discussed in team meetings or supervision but with no formal structure”</td>
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<td>The Risk manager to work with the community services managers to further develop the systems that investigate incidents in line with Trust policy, and to ensure that learning and good practice is shared within and across the Trust.</td>
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<td>Thematic analysis of community incidents to be completed by the Heads of Professions and the Risk Manager, and a learning theme to be led by each Head of Profession and managed in conjunction with the Learning and Development service. Education and Training leads to support with the coordination of training where required.</td>
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<td>Automatic Incident Feedback to be established using Datix to ensure staff are informed regarding remedial actions that have been taken.</td>
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<td>Pulse survey to be established to evaluate access to lessons learned information.</td>
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<td><strong>Commenced 14-Sep-15. Initial workshop held 21-Sep-15 Achieved</strong></td>
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<td><strong>From 31-Oct-15 Achieved</strong></td>
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<td></td>
<td><strong>Workshops for community services followed by rolling programme of events. Initial workshop to be held for community managers</strong></td>
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<td><strong>The themes from Serious Incidents are being led by each Head of Profession and are to be cascaded across all services</strong></td>
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<td><strong>Programme of updating community services of the learning that is required to commence, using effectiveness days, newsletters, midday mail and team brief.</strong></td>
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<td><strong>All incidents will be investigated in line with Trust Policy</strong></td>
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<td><strong>Workshops will have commenced with ongoing attendance to be reported on November 15</strong></td>
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<td><strong>Pulse check to be undertaken by November 2015</strong></td>
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<td><strong>Reduction in incidents as a result of this learning from April 2016</strong></td>
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<td>Pulse survey results</td>
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<td>Mersey Internal Audit have audited ‘learning’ from incidents and have returned a significant assurance opinion.</td>
<td>Achieved 20-Oct-15</td>
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<td><strong>External Support</strong></td>
<td>The Trust has sourced a practice exemplar from another Trust that will be used to inform the Thematic Analysis process being implemented by the Heads of Profession.</td>
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<tr>
<td><em><strong>Good governance in community services for adults of working age</strong></em> Lead – <strong>Director of Workforce and Organisational Development</strong></td>
<td><strong>Must Do 4:</strong> The trust must ensure that all staff receives mandatory training and appraisals in line with trust policy.</td>
<td>Review of staff skills, competencies and experience to be reviewed by the Acting Acute Services Manager and the Deputy Chief Nurse. Director of Workforce and OD to support with any learning and development required for this group of staff. To benchmark compliance targets for mandatory training and personal reviews (appraisals) with other Trusts and review own targets. To ensure that no service is below a minimum of 75% compliance for mandatory training and 50% for personal appraisals. To improve the compliance with mandatory training by the provision of targeted support and action planning to services with less than the above stated compliance. To escalate non-improvement in compliance to directorate managers for action in accordance with policy, Action will include timed, individual performance monitoring to ensure sustained improvements. To achieve Trust overall target in relation to mandatory training and personal review compliance With regard to continuing professional development (CPD), to ensure that all operational services have submitted Development Plans comprising the CPD requirements to meet service user needs and that these are appropriately prioritised To further develop clinical supervision uptake across the Trust by: • Reviewing the content of the supervision training • Delivering the revised training programme</td>
<td>31-Dec-15</td>
<td>Report that identifies skills competencies and experience. 31-Dec-15</td>
<td>Training and development plan completed 20-Oct -15 Achieved</td>
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**Status:** On Track

All staff will receive mandatory training and appraisals in line with Trust Policy.
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<td></td>
<td>Supervision steering group members liaising with ward managers to identify and address barriers to uptake</td>
<td>Review recruitment processes. Review JDs on ongoing basis to ensure the core skills required for particular job roles are standardised</td>
<td>31-Dec-15</td>
<td>Head of OT report on the uptake of clinical supervision and delivery of training.</td>
<td>Head of OT report on the uptake of clinical supervision and delivery of training.</td>
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<td></td>
<td>Through recruitment training, ensure managers are testing out skills and competencies, not just time served in role</td>
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<td>Director of workforce and Organisational Development (OD) to oversee actions and report on progress.</td>
<td>Director of workforce and Organisational Development (OD) to oversee actions and report on progress.</td>
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<td>Values based recruitment – through recruitment training ensure managers are exploring the attitude of staff to service users, working as part of a team, managing conflict etc and not just their clinical skills.</td>
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<tr>
<td>Requirement Notice 3 (3c)</td>
<td>The trust did not ensure there were systems in place to effectively monitor, improve and evaluate the quality of service provision across the service, including feedback from patients.</td>
<td><strong>Must Do 5:</strong> The trust must ensure there are systems in place to effectively monitor, improve and evaluate the quality of service provision across the service. <strong>Report states:</strong> “There was limited evidence of a consistent approach to improvement. There was little evidence to show how the service monitored and improved service provision by the use of audits, performance or quality outcome measures”</td>
<td>The risk manager and the deputy chief nurse, and Informatics to expedite the production of team dashboard. Quarterly aggregation and analysis of incidents, claims, complaints and other patient feedback to be reported to Quality Board. Service users and carers feedback to be included in the team dashboards. Identification of local quality champions at team level to ensure that the dashboards are used to improve practice. The matrons and the community managers to use the dashboard benchmarking information as a discussion item for action within community team meetings with team managers to review the dashboards. Matron to review “hotspots” with teams as they occur. Team managers to discuss the improvements required from the dashboards with teams</td>
<td>20-Oct-15 Achieved 11-Nov-15 Achieved From 31-Oct-15 Achieved From 31-Oct-15 Achieved</td>
<td>Team dashboards on display in community offices Quarterly aggregation presented to Quality Board that shows an improving position Named quality champion displayed alongside the team dashboard Team Managers meeting Minutes/ Team meeting minutes Matron Round Summary Mersey Internal Audit have audited ‘learning’ from incidents and have returned a significant assurance opinion on 23/09/15</td>
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**External Support** MCC children’s services template regarding local peer review to be sourced to enable pace of implementation
<table>
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<tbody>
<tr>
<td>Requirement Notice 4</td>
<td><strong>Must Do 11:</strong> The trust must ensure</td>
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<td>that there is an effective system in</td>
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<td>Ward dashboards on</td>
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<td></td>
<td>place to monitor and analyse incidents.</td>
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<td>display</td>
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<td><strong>Report states:</strong> “There was no evidence of effective analysis of these incidents in order to facilitate and promote shared learning or good practice”</td>
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<td>Quarterly aggregation presented to Quality Board that shows an improving position</td>
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<td>(4a)</td>
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<td>Named quality champion displayed alongside the ward dashboard</td>
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<td></td>
<td>In some of the areas visited there were not systems or processes to assess, monitor, and improve the quality and safety of the service</td>
<td></td>
<td></td>
<td>Ward Managers meeting Minutes</td>
<td>The Trust has an effective system in place to monitor and analyse incidents. Team leadership is effective and learning is applied and adhered to by staff</td>
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<td></td>
<td>Matrons Round Summary</td>
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<td></td>
<td>Team meeting minutes</td>
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<tr>
<td>Good governance in inpatient adults of working age – Laureate House</td>
<td>Lead – Chief Nurse and Director of Quality Assurance</td>
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<td></td>
<td>Mersey Internal Audit have audited ‘learning’ from incidents and have returned a significant assurance opinion on 23/09/15 Achieved</td>
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<td><strong>Requirement Notice 4</strong></td>
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<td>(4b) Some wards did not have systems and processes that enable them to identify and assess the risks to health after and/or welfare of people who use the services</td>
<td><strong>Must Do 18:</strong> The trust must have an effective governance system to ensure improvements are made</td>
<td>Ward Managers Meetings will be restructured to incorporate a review of ward dashboards to focus on improvement areas.</td>
<td>From 31-Oct-15 Achieved</td>
<td>Divisional Quality Exception Report.</td>
<td>There are effective governance systems in place to effectively identify and implement improvements.</td>
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<td></td>
<td><strong>Report states:</strong> “The local governance processes did not always enable identification of where services need to improve; where they did, no effective action plan was formulated”</td>
<td>The teams at Laureate House will routinely review the quality of service provision through the evaluation of incident, complaint, claims and patient feedback information on a monthly basis at Divisional Governance Meetings.</td>
<td></td>
<td>Refreshed quality strategy Top level themes reviewed by IRCGC/IRCGC minutes Quality Board Minutes</td>
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<td>Subject specific steering groups chaired by Heads of Professions to oversee the learning against themes from serious incidents.</td>
<td>From 31-Oct-15 Achieved</td>
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**External Support** Assistance sought from a local trust who has achieved outstanding for this domain to facilitate pace of implementation.
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<tr>
<td>Mental Health Crisis Services and Health Based Places of Safety Lead  – Acting Director of Operations</td>
<td>Requirement Notice 4</td>
<td>Must Do 7: The trust must ensure that environmental risk assessments for ligature points of SAFIRE unit are updated to include the grab rails in the bathroom and the use of plastic bags in the patients’ bins.</td>
<td>31-Aug-15 Achieved</td>
<td>SAFIRE risk register to reflect the risks identified</td>
<td>Environmental risk assessments for ligature points on Safire include grab rails in the bathroom and the use of plastic bags in patient bins.</td>
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<td>Good Governance in Acute Wards for Adults of Working Age</td>
<td>Lead – Acting Director of Operations</td>
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**Requirement Notice 4**

(4c) Where risks had been identified, the service had not always introduced measures to reduce or remove the risks within a timescale that reflects the level of risk and impact upon people using the service

**Must Do 9:** The trust must ensure that where environmental risks have been identified action is taken to ensure the safety and well-being of patients.

*Report states:* “on some wards, staff did not have a clear line of sight to all patients”

- The committee work plans reflect that Risk registers are reviewed monthly in the divisional meeting and six monthly in Integrated Risk Management and Clinical Governance Committee.
- Plans to remove such risks are to be considered and implemented.
- The reviews will focus on the actions to mitigate and eradicate the risks to ensure that these are delivered in order to manage the risks and ensure wellbeing and safety.
- Health and Safety Officer to discuss with each ward and complete an environmental safety assessment with the ward manager. The ward manager to include any issues as part of the ward risk register for escalation. Equipment such as mirrors to be sourced to improve line of sight.

| | | | 20-Oct-15 Achieved | | Risk register review will have commenced with an update on the mitigations to be reported. Health and Safety review of all wards will be completed |
| | | | 30-Nov-15 Achieved | Environmental Safety Assessments and associated actions have been completed. |
| | | | 30-Nov-15 Achieved | Health and Safety Committee Minutes |

**Risk Registers at ward and divisional level**

**Risk Registers at ward and divisional level**

**Risk Registers at ward and divisional level**

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<td><strong>Community Based Mental Health Services for Older People</strong> Lead – Medical Director</td>
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<td><strong>Requirement Notice 5</strong></td>
<td>At the office base of the north east and north west community older people mental health teams, the arrangements for recording the stocks of medication and ensuring safe access to medication were not adequate.</td>
<td><strong>Must Do 22:</strong> The trust must ensure that appropriate arrangements are in place for the storage and recording of medication in community older peoples’ services. <strong>Report states:</strong> “North East and North West teams, the locked room was not fully supervised because it was outside of the restricted access area”</td>
<td>Arrangements in line with Trust policy ensure weekly link nurse audits are underway to address prescribing and storage of medicines. The lead nurse for medicines management will issue a reminder to all teams via the medicines link nurses in September and address the issue at the medicines management study day. The team manager is responsible for checking medicines management arrangements within services on a daily basis.</td>
<td><strong>20-Oct -15 Achieved</strong></td>
<td>Community medicines management SOPs in place. <strong>30-Sep-15 and ongoing Achieved</strong></td>
<td>There are appropriate arrangements in place for the storage and recording of medication in community older peoples services. <strong>31-Oct-15 Achieved</strong></td>
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<td>Anson Road Lead - Medical Director</td>
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<td>Requirement Notice 6</td>
<td>The MHA medication records were incorrect on Anson ward regarding their agreed medication limits on the T2 and T3 certificates when checked against the medication prescribed to patients. There was no evidence that the responsible clinician had informed patients about the purpose or side effects of the medication.</td>
<td>Must Do 19: The trust must ensure that medication records and the agreed medication limits of patients detained under the MHA are correct at Anson ward. Also, that patients are informed about the purpose or side effects of their medications.</td>
<td>Pharmacist has been appointed to work at Anson road 2 sessions per week from 1st October 2015</td>
<td>The new pharmacist in post is to demonstrate the improvements made from the support received by Anson Road at the Medicines Management Committee as part of usual business</td>
<td>Medication records and agreed medication of patients detained under the MHA are correct and Anson Road. Patients will be informed about their purpose and the side effects of their medications.</td>
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<td>Report states:</td>
<td>Staff on Anson Ward had not prescribed or administered medication safely. Two patients out of nine reviewed had medicine charts with a higher dose of medicine prescribed than agreed</td>
<td></td>
<td>Lloyds will support Anson road with 3 days a month additional pharmacist and technician input to ensure that resolving any medication supply issues is not impacting on the clinical role of the new appointment. Pharmacist will continue to work with ward manager to implement medication groups on commencing work to ensure side effects are discussed and documented.</td>
<td>20-Oct -15 Achieved 20-Oct -15 Achieved 20-Oct -15 Achieved</td>
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<td>Requirement Notice 7</td>
<td>Must Do 10: The trust must ensure privacy and dignity is promoted</td>
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<td>The use of shared bays did not ensure that when people receive care and treatment they were treated with dignity and respect at all times.</td>
<td>Standards regarding how each ward manages privacy and dignity in shared bays will be developed with patients, matrons and ward staff. Standards to be cascaded and monitored on an ongoing basis from November using staff supervision meetings and ward meetings. Audit by the matrons will have commenced. Ongoing compliance against privacy and dignity achievements to be reported by matrons and PALS service. Discussion in ward community meetings. Standards to be clearly displayed in each dormitory and advised to patients on admission.</td>
<td>From 31-Oct-15 Achieved From 31-Oct-15 Achieved From 30-Nov-15 Achieved From 31-Oct-15 Achieved</td>
<td>Review of standards to be submitted to Integrated Risk Management and Clinical Governance Committee in December 2015 Matron Audit commenced Ward meeting minutes PALS report on patient experience to be shared with ward staff by Ward Managers.</td>
<td>Privacy and dignity is promoted consistently.</td>
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<td><strong>Older people’s wards at Park House Lead – Chief Nurse and Director of Quality Assurance</strong></td>
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<td><strong>Requirement Notice 8</strong> Cedar and Maple wards had kitchen fridges with broken door seals and thermometers which did not record an accurate temperature. Temperatures were seen to be operating above the maximum safe storage for food and dairy products</td>
<td><strong>Must Do 23:</strong> The trust must ensure that Cedar and Maple wards have the kitchen fridges safety tested and door seals replaced to ensure the fridges are operating at safe temperatures, operating temperatures monitored, recorded and kept in a clean state. <strong>Report states:</strong> “On Maple ward the fridge temperature was recorded as operating above the maximum safe temperature since October 2014, and that the ward were waiting for estates to respond. On Cedar ward the fridge door seal was also damaged”</td>
<td>Cedar Ward is closed Maple Ward fridge has been replaced in September 2015 All inpatient wards to regularly check their fridge as part of their daily infection control audit.</td>
<td><strong>30-Sep-15 Achieved</strong></td>
<td>Both fridges now removed Infection control report refers to the monitoring of fridge temperatures at the DIPC meeting</td>
<td>Cedar and Maple wards have the kitchen fridges safety tested and door seals replaced to ensure the fridges are operating at safe temperatures, operating temperatures monitored, recorded and kept in a clean state.</td>
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<td>Older people’s wards at Park House and Laureate House</td>
<td>Lead – Chief Nurse and Director of Quality Assurance</td>
<td>Training for staff on Maple and Cavendish Wards during October then ongoing throughout the year. (Cedar Ward is closed)</td>
<td>From 31-Oct-15 Achieved</td>
<td>Training Attendance Records</td>
<td>Mental Health Act documentation is completed correctly for patients on Cavendish and Maple wards.</td>
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<tr>
<td>Requirement Notice 9</td>
<td>The Mental Health Act and Code of Practice and Mental Capacity Act Deprivation of Liberty Safeguards were not being adhered to.</td>
<td>Matron audit of compliance with MHA processes on these 2 wards.</td>
<td>From 01-Nov-15 Achieved</td>
<td>Audit outcome</td>
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<td>Must Do 24: The trust must ensure that Mental Health Act documentation is completed correctly for patients on Cedar, Cavendish and Maple wards to ensure people are being supported to understand their rights, their medication is authorized, their leave is approved and their detention is legally supported by the appropriate documentation being in place.</td>
<td>The Chief Nurse and the Director of Adult Services from MCC to meet to discuss how the DOLS process can be improved. Head of Social Work to advise all ward areas on process to expect once an application has been submitted. The Trust and MCC to work closely together to monitor the response of MCC in relation to DOLS will work with the Trust on DOLS and tightening of process.</td>
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<td>Manchester Safeguarding Adults Board oversight for DOLS</td>
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<td><strong>Ward managers did not monitor staff clinical supervision to ensure it was compliant with the trust protocol.</strong>&lt;br&gt;• We found that 50% of staff had completed their annual appraisals on Acacia ward</td>
<td><strong>Must Do 20:</strong> The trust must ensure all qualified nursing staff have appropriate clinical supervision.</td>
<td>The clinical supervision plan to be provided by the ward managers to the Chief Nurse.&lt;br&gt;Clinical Supervision plan to have commenced for those staff currently not accessing.&lt;br&gt;The appraisal plans to be provided by the ward manager of Acacia to the Director of Workforce and OD.&lt;br&gt;The Professional Head of OT to support the ward managers in compiling their clinical supervision plans for all staff.&lt;br&gt;Supervision steering group supports each ward.</td>
<td>30-Nov-15 Achieved&lt;br&gt;30-Nov-15 Achieved&lt;br&gt;30-Nov-15 Achieved&lt;br&gt;30-Nov-15 Achieved&lt;br&gt;20-Oct -15 Achieved</td>
<td>Clinical Supervision plan&lt;br&gt;Audit against plan&lt;br&gt;Audit of overall plan&lt;br&gt;Anson Road registered nursing staff will each have an identified clinical supervisor</td>
<td>All qualified nursing staff have appropriate clinical supervision plan in place.</td>
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<td><strong>Acute wards for adults of working age:</strong> Lead – Chief Nurse and Director of Quality Assurance</td>
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<td><strong>Requirement Notice 11</strong></td>
<td><strong>Must Do 12</strong>: The trust must ensure there is sufficient staff with appropriate skills and competence to meet the needs of patients' at all times.</td>
<td>Review of staff skills, competencies and experience to be reviewed by the Acting Acute Services Manager and the Deputy Chief Nurse Direct of Workforce and OD to support with any learning and development required for this group of staff To benchmark compliance targets for mandatory training and personal reviews (appraisals) with other Trusts and review own targets To ensure that no service is below a minimum of 75% compliance for mandatory training and 50% for personal reviews. To improve the compliance with mandatory training by the provision of targeted support and action planning to services with less than the above stated compliance. To escalate non-improvement in compliance to directorate managers for action in accordance with policy, Action will include timed, individual performance monitoring to ensure sustained improvements. To achieve Trust overall target in relation to mandatory training and personal review compliance. With regard to continuing professional development (CPD), to ensure that all operational services have submitted Development Plans comprising the CPD requirements to meet service user needs and that these are appropriately prioritised. To further develop clinical supervision uptake across the Trust by: • Reviewing the content of the supervision training</td>
<td>31-Dec-15</td>
<td>Report that identifies skills competencies and experience Training and development plan completed Performance report Revalidation programme already underway that will enable improvement in achievement Managerial Supervision minutes Performance report CPD plans received by L&amp;D Head of OT report on the uptake of clinical supervision and delivery of training</td>
<td>There is sufficient staff with appropriate skills and competence to meet the needs of patients' at all times.</td>
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</table>
|                                |                                          | • Delivering the revised training programme  
|                                |                                          | • Supervision steering group members liaising with ward managers to identify and address barriers to uptake  
|                                |                                          | Review recruitment processes  
|                                |                                          | Review JDs on ongoing basis to ensure the core skills required for particular job roles are standardised  
|                                |                                          | • Through recruitment training, ensure managers are testing out skills and competencies, not just time served in role  
|                                |                                          | • Values based recruitment – through recruitment training ensure managers are exploring the attitude of staff to service users, working as part of a team, managing conflict etc and not just their clinical skills.  
|                                |                                          | Specific examples of workforce development include  
|                                |                                          | • MDT decision to prescribe and reduce observations that enables all staff to manage risks on the ward.  
<p>| | | |
|                                |                                          |                                                   |
|                                |                                          |                                                   |                                                   | Director of workforce and Organisational Development (OD) to oversee actions and report on progress |</p>
<table>
<thead>
<tr>
<th>Requirement/Requirement notice</th>
<th>‘The Must Do ‘Summary of action required</th>
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</thead>
<tbody>
<tr>
<td><strong>Acute wards for adults of working age</strong> Lead – Chief Nurse and Director of Quality Assurance</td>
<td>Review of staff skills, competencies and experience to be reviewed by the Acting Acute Services Manager and the Deputy Chief Nurse.</td>
<td></td>
<td>31-Dec-15</td>
<td>Report that identifies skills competencies and experience</td>
<td>There is sufficient staff with appropriate skills and competence to meet the needs of patients’ at all times.</td>
</tr>
<tr>
<td></td>
<td>Director of Workforce and OD to support with any learning and development required for this group of staff.</td>
<td></td>
<td></td>
<td>Training and development plan completed</td>
<td></td>
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<td></td>
<td>To benchmark compliance targets for mandatory training and personal reviews (appraisals) with other Trusts and review own targets.</td>
<td></td>
<td></td>
<td>Performance report</td>
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<tr>
<td></td>
<td>To ensure that no service is below a minimum of 75% compliance for mandatory training and 50% for personal reviews.</td>
<td></td>
<td></td>
<td>Revalidation programme already underway that will enable improvement in achievement</td>
<td></td>
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<td></td>
<td>To improve the compliance with mandatory training by the provision of targeted support and action planning to services with less than the above stated compliance.</td>
<td></td>
<td></td>
<td>Managerial Supervision minutes</td>
<td></td>
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<td></td>
<td>To escalate non-improvement in compliance to directorate managers for action in accordance with policy, Action will include timed, individual performance monitoring to ensure sustained improvements.</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>To achieve Trust overall target in relation to mandatory training and personal review compliance.</td>
<td></td>
<td></td>
<td>CPD plans received by L&amp;D</td>
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<tr>
<td></td>
<td>With regard to continuing professional development (CPD), to ensure that all operational services have submitted Development Plans comprising the CPD requirements to meet service user needs and that these are appropriately prioritised.</td>
<td></td>
<td></td>
<td>Head of OT report on the uptake of clinical supervision and delivery of training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To further develop clinical supervision uptake across the Trust by:</td>
<td></td>
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<tr>
<td>Regulation /Requirement notice</td>
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<td></td>
<td></td>
<td>• Reviewing the content of the supervision training</td>
<td></td>
<td>Director of workforce and Organisational Development (OD) to oversee actions and report on progress</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Delivering the revised training programme</td>
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<td>• Supervision steering group members liaising with ward managers to identify and address barriers to uptake</td>
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<td>• Values based recruitment – through recruitment training ensure managers are exploring the attitude of staff to service users, working as part of a team, managing conflict etc and not just their clinical skills.</td>
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<tr>
<td>Requirement Notice 12</td>
<td>In several clinical areas the beds provided were in bays.</td>
<td>Must Do 21: The trust must provide a plan of how bed bays can be replaced with single rooms. The plan should include the interim measures that will be put in place to ensure the privacy and dignity of the patients using shared accommodation is improved.</td>
<td>Standards regarding how each ward manages privacy and dignity in shared bays will be developed with patients matrons and ward staff.</td>
<td>From 30-Nov-15 Achieved From 30-Nov-15 Achieved From 30-Nov-15 Achieved From 30-Nov-15 Achieved Privacy and Dignity Standards received at Integrated Risk Management and Clinical Governance Committee.</td>
<td>Privacy and Dignity Standards received at Integrated Risk Management and Clinical Governance Committee.</td>
</tr>
<tr>
<td></td>
<td>The beds in these areas were only separated by curtains.</td>
<td></td>
<td></td>
<td></td>
<td>Matron Audit will have commenced with ongoing compliance against privacy and dignity achievements to be reported on by matrons and PALS.</td>
</tr>
<tr>
<td></td>
<td>There was no clear guidance in the ward information about how the dormitories operate.</td>
<td></td>
<td></td>
<td></td>
<td>Ward meeting minutes – PALS report on patient experience.</td>
</tr>
<tr>
<td></td>
<td>The curtains in these areas were not drawn around the bed spaces at all times.</td>
<td></td>
<td></td>
<td></td>
<td>Ward meeting minutes – PALS report on patient experience.</td>
</tr>
<tr>
<td></td>
<td>There was no guidance for those patients sharing a dormitory to ensure people are respectful of each other’s privacy and dignity.</td>
<td></td>
<td></td>
<td></td>
<td>Ward meeting minutes – PALS report on patient experience.</td>
</tr>
</tbody>
</table>

**External Support**

Reconsideration by the CQC of the requirement for full change to be made, due to the organisational changes that are likely to occur in 2016. Commissioner and TDA support for this plan is also required. The GM locality plan and associated resources to enable estates reconfiguration is a possible source of support from commissioners.
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<tr>
<td><strong>Requirement Notice 13</strong></td>
<td>At SAFIRE ward, care was provided in mixed sex accommodation, which did not meet the guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP).</td>
<td><strong>Must Do 8:</strong> The trust must ensure that it provides care in line with the same sex accommodation guidance. Report states: “Bathroom, shower room and toilets were not identified as gender specific. No separate day/dining area was provided for female patients.”</td>
<td>Signs added to bathroom, shower room and toilets to clearly identify as gender specific following inspection in April 2015. Estates to undertake minor adjustments to enable a female only lounge. Creation of a safe environment to enable female only lounge to be provided on SAFIRE by end of November 2015</td>
<td><strong>20-Oct -15 Achieved</strong>&lt;br&gt;<strong>From 31-Oct-15 Achieved</strong>&lt;br&gt;<strong>30-Nov-15 Achieved</strong></td>
<td>Divisional Governance Report to detail the action taken for gender specific lounges Female patients using the female only lounge on SAFIRE</td>
</tr>
<tr>
<td><strong>Safire ward at Park House  Lead - Acting Director of Operations</strong></td>
<td>Status: On Track</td>
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Manchester Mental Health and Social Care Trust  
CQC CIOH Inspection Summary Action Plan – V11
### Part B - SHOULD Do Actions

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<tr>
<td>Community Based Mental Health Services for Adults of Working Age <strong>Lead – Chief Nurse and Director of Quality Assurance</strong></td>
<td><strong>Should Do 1:</strong> The trust should ensure that the recording of information to support risk management is consistently recorded in patients’ care records.</td>
<td>Operational managers will cascade and support information on good recording of risk from the professional heads and matrons to ensure implementation of the standards. This will be shared via supervision and team meetings.</td>
<td><strong>From 31-Oct-15 Achieved</strong></td>
<td>Risk management information is consistently recorded in patients’ care records.</td>
</tr>
<tr>
<td></td>
<td>Service manager will instruct team managers to use management supervision to check that information is recorded accurately and consistently to support risk management.</td>
<td></td>
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<tr>
<td></td>
<td>The Community Quality Lead will develop and implement an audit process once in post.</td>
<td><strong>From 31-Oct-15 Achieved</strong></td>
<td>Audit of case notes identifies consistent recording in patient’s care records.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To include on external audit schedule in <strong>2016/17</strong></td>
<td>Dec-15</td>
<td>First audit cycle to commence December 2015 with ongoing audits.</td>
<td></td>
</tr>
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<tr>
<td><strong>Community Based Mental Health Services for Adults of Working Age</strong> Lead – Chief Nurse and Director of Quality Assurance</td>
<td><strong>Should Do 2</strong>: The trust should ensure consistent use of caseload weighting tool measures to be used. Operational managers to identify and agree the caseload weighting tool measures to be used. Team managers will assist by providing the information needed against the caseload weighting measures to be used. The Head of Occupational Therapy is to support the process and provide an analysis of information once received from the team managers. Caseload redistribution to be considered where appropriate to do so, by the Director of Operations.</td>
<td>30-Nov-15 (Deferred to Jan 16) From 30-Nov-15 (Deferred to Jan 16) To have commenced 31-Dec-15 (Deferred to Jan 16)</td>
<td>Caseload weighting measures applied to each team’s caseload and are reported and discussed at Heads of Profession meetings and community divisional meetings. Heads of Professions Meeting Minutes. Audit reporting cycle results will be available from December 2015 onwards.</td>
<td>Consistent use of caseload weighting measures in the allocation of caseloads will allow for equity of caseload distribution.</td>
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</tbody>
</table>

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<tr>
<td><strong>Community Based Mental Health Services for Adults of Working Age</strong> Lead - Acting Director of Operations</td>
<td><strong>Should Do 3</strong>: The trust should ensure that access to psychological therapies is equitable across all services. The Trust will carry out a review of all psychological services provision with commissioners to inform what services need to be commissioned to deliver this action. Review report completed and service redesign to be considered by end of the financial year.</td>
<td>31-Dec-15 (31-Mar-16)</td>
<td>Review report completed and service redesign commissioned.</td>
<td>Access to psychological therapies is in accordance with published research and guidance, and is appropriately commissioned</td>
</tr>
</tbody>
</table>

*External Support* This will be dependent on appropriate commissioning of services by the CCG. Commissioner review of psychological services by 31 Dec15 to inform future commissioning.
### The ‘Should Do’ Summary of action required

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<tr>
<th>Mental Health Crisis Services and Health Based Places of Safety</th>
<th>Lead – Chief Nurse and Director of Quality Assurance</th>
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</thead>
<tbody>
<tr>
<td><strong>Should Do 4</strong>: The trust should ensure that information is provided at the ward door of SAFIRE ward as to how patients who are informal can leave the ward</td>
<td>Notice put in place.</td>
</tr>
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</table>

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<tr>
<th>Mental Health Crisis Services and Health Based Places of Safety</th>
<th>Lead – Acting Director of Operations</th>
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<tr>
<td><strong>Should Do 5</strong>: The trust should ensure that blanket restrictions placed on the use of the outside space for patients on SAFIRE unit are reviewed based upon an individual risk assessment.</td>
<td>Ward Manager to use management supervision to ensure that individual risk assessments on all patients include access to outside space.</td>
</tr>
<tr>
<td></td>
<td>Ward Manager will report to Divisional Board on completion. Divisional Board will determine the frequency of updates to monitor sustainable improvements.</td>
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<tr>
<td><strong>Mental Health Crisis Services and Health Based Places of Safety</strong> Lead – Chief Nurse and Director of Quality Assurance</td>
<td><strong>Should Do 6</strong>: The trust should ensure that staff are provided with equipment, which will enable them to summon assistance if required.</td>
</tr>
<tr>
<td><strong>Mental Health Crisis Services and Health Based Places of Safety</strong> Lead – Director of Workforce and Organisational Development</td>
<td><strong>Should Do 7</strong>: The trust should ensure that all staff complete the mandatory training.</td>
</tr>
<tr>
<td></td>
<td>Local Security Manager reviewed all available equipment in August 2015. All wards have sufficient pieces of equipment to issue to each staff member. Ongoing monitoring by Health and Safety Committee.</td>
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<tr>
<td></td>
<td>To benchmark compliance targets for mandatory training and personal reviews (appraisals) with other Trusts and review own targets</td>
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<td>To ensure that no service is below a minimum of 75% compliance for mandatory training and 50% for personal reviews</td>
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<td>To escalate non-improvement in compliance to directorate managers for action in accordance with policy, Action will include timed, individual performance monitoring to ensure sustained improvements.</td>
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<td>To achieve Trust overall target in relation to mandatory training and personal review compliance</td>
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<tr>
<td><strong>Mental Health Crisis Services and Health Based Places of Safety Lead – Acting Director of Operations</strong></td>
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</tbody>
</table>
| **Should Do 8**: The trust should ensure that copies of paperwork for detained patients are made before the original paper work leaves the ward. The trust should ensure that a copy of the AMHP report is available in the patients file. | This action is within the standard operating procedures for inpatient wards (SOP). SAFIRE will implement the SOP and the associated admission, transfer and discharge checklist from August 2015. (This issue had been identified by the Trust prior to the receipt of the action plan and corrective action had already been taken) | Aug-15 Achieved | The audit planned for October 2015 will provide assurance of implementation  
Audit reported to the Divisional Board. | Copies of paperwork for detained patients made before the original paper work leaves the ward with copies of the AMHP report available in the patients file. |

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</tbody>
</table>
| **Should Do 9**: The trust should ensure that roles and responsibilities regarding patient care are clear between the acute and mental health trust. | The Chief Nurse and Medical Director to liaise with peers from local acute Trusts to agree local responsibilities.  
Development of standardised agreements. | 30 - Nov-15 Achieved | Standardised agreements achieved and in place across all relevant organisations. | Roles and responsibilities regarding patient care are clear between the acute and mental health trusts. |

**External Support**  
Cooperation from other provider organisations to be sought.
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<tr>
<td><strong>Should Do 10</strong>: The trust should develop an audit system that monitors patients who receive treatment from the HTT for longer than six weeks to ensure patients are receiving the most appropriate service and are not being disabled by service provision when it is not needed.</td>
<td>The specialist practitioner for urgent care will develop a system to review patients, who have been with the HTT for 6 weeks or longer, with the Area Team Managers and consultants. The review will include the determination of whether care is to be continued or should be transferred to a more appropriate service. Establish a baseline of patients that have been on the caseload for more than 6 weeks. An audit will be established and undertaken. Audit will be included on the Audit Forward Plan for 2016/17.</td>
<td>31-Oct-15 Achieved From Nov-15 Achieved April 2016</td>
<td>Review process in place. A trajectory of reducing numbers of patients under the Home Treatment Team Care for longer than 6 weeks. Audit Reports</td>
<td>Patients receive appropriate care and do not stay on the HTT caseload for more than 6 weeks.</td>
</tr>
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<td><strong>Should Do 11</strong>: The trust should ensure that the daily handover of information is done without interruption.</td>
<td>The Area Team Manager for Home Treatment will develop local standards for handover with teams in line with the Clinical Handover of Care Policy. The Community Quality lead will observe handovers to ensure standards have been implemented.</td>
<td>20-Oct-15 Achieved From 01-Dec-15</td>
<td>Community Quality Lead Report</td>
<td>Daily handover of information is done without interruption.</td>
</tr>
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<td><strong>Long Stay/Rehabilitation Mental Health Wards for Working Age Adults – Anson Road</strong> <strong>Lead - Medical Director</strong></td>
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<td>Status: Delivered</td>
</tr>
<tr>
<td><strong>Should Do 12</strong>: The trust should make sure that patients at Anson ward have a consistent approach to their medical treatment.</td>
<td>Appointment of lead clinician during summer of 2015</td>
<td>20-Oct -15 Achieved</td>
<td>Lead clinician appointed in August 2015.</td>
<td>Patients have a consistent approach to their medical treatment at Anson Road</td>
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<tr>
<td><strong>Should Do 13</strong>: The trust should make sure that patients are involved with the development of their care plans on Anson ward.</td>
<td>The Ward Manager will through management supervision ensure that named nurses are developing care plans with service users. The Community Lead for Quality will carry out care plan audits from November 2015.</td>
<td>20-Oct -15 Achieved From Nov-15 Achieved</td>
<td>Management supervision records. Community Lead for Quality audits reported to the Chief Nurse.</td>
<td>Anson Road patients are involved with the development of their care plans.</td>
</tr>
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<tr>
<td><strong>Should Do 14:</strong> The trust should ensure that staff at Anson ward are able to find all the patient information</td>
<td>Ensure all staff are aware of how to access patient care records using Amigos.</td>
<td>20-Oct-15 Achieved</td>
<td>Management supervision records</td>
<td>Staff at Anson Road are able to find all patient information</td>
</tr>
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| **Should Do 15:** The trust should ensure that patients have access to psychological therapies, to help them recover from their mental health problems and regain the skills and confidence to enable them to live successfully in the community. | The Trust will carry out a review of all psychological services provision with commissioners to inform what services need to be commissioned to deliver this action  
Review report completed and service redesign to be considered by end of the financial year. | 31-Dec-15  
31-Mar-16 | Review report completed and service redesign commissioned. | Access to psychological therapies is in accordance with published research and guidance, and is appropriately commissioned |

**External Support** This will be dependent on appropriate commissioning of services by the CCG. Commissioner review of psychological services by 31 Dec15 to inform future commissioning.
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<tr>
<td><strong>Should Do 16</strong>: The trust should ensure that a local rehabilitation care pathway for patients with complex mental health needs is agreed and implemented at Anson ward.</td>
<td>The rehabilitation pathway and service specifications are currently being agreed as part of the established Rehabilitation Task and Finish Group. Implementation will commence in January 2015 and reported to the Division’s Quality and Governance meetings in February 2016</td>
<td>31-Dec-15 Jan 16</td>
<td>Quality and Governance Minutes Rehabilitation Pathway document</td>
<td>Local rehabilitation care pathways for patients with complex mental health needs are agreed and implemented at Anson Road.</td>
</tr>
<tr>
<td><strong>Long Stay/Rehabilitation Mental Health Wards for Working Age Adults Lead – Acting Director of Operations</strong></td>
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<tr>
<td><strong>Should Do 17</strong>: The trust should ensure that patients who are risk assessed and safe to do so have access to the internet on the wards.</td>
<td>Managers will develop a local agreement for access to the internet on Acacia and Anson Road through mobile devices. Available mobile devices The Trust IT Strategy indicates that wifi provision will be available for inpatients from 2017.</td>
<td>30-Nov-15 2015 Dec 15 2017</td>
<td>Divisional Quality and Governance Meeting receives local agreement for consideration. Mobile Devices available WIFI access</td>
<td>Patients that are safe to do so have access to internet on the wards.</td>
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<td>The ‘Should Do’ Summary of action required</td>
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<tr>
<td><strong>Long Stay/Rehabilitation Mental Health Wards for Working Age Adults</strong> Lead – Chief Nurse and Director of Quality Assurance</td>
<td>To review the approach to delivering mandatory training in order to take the training to the teams to increase compliance. L&amp;D to work collaboratively with Operational Team to take training to the wards/community bases – <strong>from October 2015</strong> Baseline of compliance established at MHA-60% and MCA-58% - Achieved</td>
<td><strong>From 31-Oct-15 Achieved</strong></td>
<td>Staff have access to MHA and MCA training. 80% achievement by December 2015. 95% achievement by March 2016</td>
<td>Improved trajectory of staff attendance figures for MHA and MCA training.</td>
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<td><strong>Should Do 18:</strong> The trust should ensure that staff have access to MHA and MCA training.</td>
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| **Community Based Mental Health Services for Older People Lead - Chief Nurse and Director of Quality Assurance** | **Should Do 19**: The trust should ensure there are clear processes in place to ensure that risk is monitored and reviewed regularly.  
Risk Management Strategy in place articulating the clear process for the monitoring and review of risk.  
Later Life Manager to undertake a full review of the Later Life Risk Register to strengthen treatment plan.  
Later Life Divisional Governance Meeting to review divisional risk registers on a monthly basis to review adequacy of management plans.  
Later Life Divisional Managers to present Divisional Risk register to the Integrated Risk Management and Clinical Governance Committee on a quarterly basis. | **20-Oct-15 Achieved**  
**20-Oct-15 Achieved**  
**20-Oct-15 Achieved**  
**20-Oct-15 Achieved** | Annual Audit of Risk Management Strategy included in Risk Management Annual Report  
Risk Registers review at Integrated Risk Management and Clinical Governance Committee  
Divisional Governance Meeting minutes  
Integrated Risk management and Clinical Governance Committee minutes. | There are clear processes in place to ensure that risk is being monitored and reviewed regularly. |
| **Community Based Mental Health Services for Older People Lead – Acting Director of Operations** | **Should Do 20**: The trust should ensure there are clear processes in place to ensure that care needs are monitored and reviewed regularly.  
The Later Life Team Managers will through management supervision ensure that care coordinators develop care plans with service users and that these are monitored regularly.  
The Community Quality Lead will develop and implement an audit process when in post from December 2015 | **From 31-Oct-15 Achieved**  
**From 31-Dec-15** | Management supervision records.  
Audit process | There are clear processes in place to ensure that care needs are monitored and reviewed regularly. |
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<td><strong>Community Based Mental Health Services for Older People Lead – Acting Director of Operations</strong></td>
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<td><strong>Should Do 21</strong>: The trust should work with its partner agencies to ensure information stored is not duplicated or at risk of being missed.</td>
<td>The community based older people’s teams use of Amigos and the social care staff’s use of Micare to be reviewed by the Heads of Profession to ensure that information is consistent.</td>
<td>31-Dec-15</td>
<td>Review completed</td>
<td>Recommendations included in the IT strategy</td>
</tr>
<tr>
<td><strong>External Support</strong></td>
<td>MCC as commissioner of this service to be requested to support this change with appropriate resource or solution by 31- Mar-16</td>
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<tr>
<td><strong>Should Do 22</strong>: The trust should take steps to address the amount of staff time lost due to computer systems and time spent travelling.</td>
<td>The Trust has taken interim steps to address the amount of staff time lost due to computer systems and time spent travelling with the roll out of the mobile working programme. The Trust will further the work to enable the ability to write up contacts when staff are mobile will be delivered later this year.</td>
<td>20-Oct 15 Achieved</td>
<td>Access to enter information into Amigos from the tablet devices. The IT programme has seen the roll out of over 600 ‘tablet’ devices to community services Staff travel time to and from base should significantly diminish Conference call facilities Email protocol and meeting protocol in place</td>
<td>The Trust provides an IT infrastructure that supports mobile working that reduces the amount of staff time lost due to computer systems.</td>
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<td>Should Do 23: The trust should ensure staff are consistent in using the system provided to maintain their personal safety.</td>
<td>Lone Worker Policy to be fully implemented by team managers. Any staff member identified as a lone worker has access to and is encouraged to use Argyll. Through managerial supervision and joint union encouragement. Team managers to record instances where lone workers do not use Argyll and to follow up in managerial supervision.</td>
<td>30- Nov -15 Achieved</td>
<td>The Trust currently has over 600 staff registered on the lone working system across all services provided in the community Argyll Database populated with all staff details. LSMS bi monthly report to Health &amp; Safety Committee. Monthly usage report sent to Performance Board. Attendance records at training for new starters and refresher sessions for staff.</td>
<td>Staff are consistent in using the system provided to maintain their personal safety.</td>
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<td><strong>External Support</strong></td>
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<td>Staff side colleagues requested to reinforce the need to adhere to the Lone Worker Policy with members from 01-Nov-15</td>
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<td><strong>Older people’s wards at Park House Lead – Chief Nurse and Director of Quality Assurance</strong></td>
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<td>Should Do 24: The trust must ensure fridges used for storing medicines are maintained and cleaned regularly</td>
<td>The infection control team along with the lead nurse for prescribing have a monitoring programme of all fridges in use. Spot checks have occurred in September 2015 followed by the routine audit programme</td>
<td>20-Oct 15 Achieved</td>
<td>Report by the IPC team to the Infection Prevention and Control meeting as part of the annual DIPC plan.</td>
<td>fridges used for storing medicines are maintained and cleaned regularly</td>
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<td><strong>Wards for Older People With Mental Health Problems Lead- Acting Director of Operations</strong></td>
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<td><strong>Should Do 25</strong>: The trust should ensure food left in fridges in correctly labelled to show a date opened and a use by date.</td>
<td>Ward Managers to ensure all food is clearly labelled and to audit compliance with immediate effect. Infection control team to routinely audit as part of audit cycle.</td>
<td>20-Oct 15 Achieved</td>
<td>Ward monitoring and ward audits IPC audit to chief nurse</td>
<td>Food left in fridges is correctly labelled to show date opened and use by date.</td>
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<td><strong>Wards for Older People With Mental Health Problems Lead – Medical Director</strong></td>
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<td><strong>Should Do 26</strong>: The trust should ensure prescribed medicines of the same type but with different batch numbers and expiry date are not stored in one box, when a new supply had been received from the pharmacy.</td>
<td>Chief Pharmacist to issue reminder to ward managers advising all qualified nursing staff that the medicines policy states that medicines stay in their original container. Pharmacy Technicians to continue to check as part of top up expiry date checking process.</td>
<td>20-Oct 15 Achieved</td>
<td>Memo cascaded and to be repeated 01/11/15 Ongoing “top ups” fortnightly per ward</td>
<td>Systems in place to ensure prescribed medicines of the same type but with different batch numbers and expiry date are not stored in one box.</td>
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<tr>
<td>Wards for Older People With Mental Health Problems Lead- Acting Director of Operations</td>
<td><strong>Should Do 27:</strong> The trust should ensure staff working on wards for older people can clearly articulate through patient centred care planning how they are supporting patients to keep safe in terms of the ligature risks on the ward.</td>
<td>Ward Managers will ensure through management supervision that individual patient care plans include risk assessments that reflect the environmental risks presented by ligature risks on the ward.</td>
<td>20-Oct 15 Achieved</td>
<td>Supervision records Inpatient care plans Patient Risk Assessments</td>
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| **Wards for Older People With Mental Health Problems Lead- Acting Director of Operations** | **Should Do 28:** The trust should ensure patients in the services have regular access to and input from clinical psychologists as part of their assessment, treatment and recovery as recommended by the national institute for health and care excellence (NICE). | The Trust will carry out a review of all psychological services provision with commissioners  
Review report completed and service redesign to be considered by end of the year. | 31-Dec-15  
31-Mar-16 | Review report completed and service redesign. | Access to psychological therapies is in accordance with published research and guidance, and is appropriately commissioned |
<p>| <strong>External Support</strong> Commissioner review of psychological services whole service offer by 31Dec15 to inform future commissioning arrangements | | | | | |</p>
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<td><strong>Wards for Older People With Mental Health Problems Lead – Chief Nurse and Director of Quality Assurance</strong></td>
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<td><strong>Should Do 29</strong>: The trust should ensure that where patients are subject to a deprivation of liberty safeguards that the authorisations pending agreement from the local authority are kept under review, updated as needed and decisions about time limitations is communicated to the relevant managers.</td>
<td>The Head of Social Work has established a system with ward managers that enables review of DOLs applications made. An audit has been completed with ward managers. Further support to improve understanding and consistent application is to be provided to the Later Life teams by Head of Social Work and the Mental Health Act team. Head of Social Work will collaborate with MCC with immediate effect to improve communication of decisions about time limitations.</td>
<td>20-Oct-15 Achieved 20-Oct-15 Achieved From 31-Oct-15 Achieved</td>
<td>System in place Audit report results MCC Contract Meeting minutes</td>
<td>Where patients are subject to a deprivation of liberty, their authorisations are reviewed in a timely manner, are updated as needed and communication to relevant managers is robust.</td>
</tr>
<tr>
<td><strong>External Support</strong></td>
<td>MCC are required to support the delivery of this action with timely authorisation of DOLs applications</td>
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### Wards for Older People With Mental Health Problems Lead – Medical Director

#### Should Do 30: The trust should follow guidance on dementia friendly environments. Research from Bradford and Stirling universities could be more widely used to promote dementia friendly environments.

**Deputy Director of Nursing and the Matrons to review the work already completed in relation to developing dementia friendly environments.**

**The Later Life Matron to work with the Operational Staff to make further improvements as identified in the above review.**

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<td>From 31-Oct-15 Achieved</td>
<td>All further developments reported through Later Life Divisional Governance Meeting.</td>
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<td>Later Life Divisional Governance Meeting minutes</td>
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<td>Integrated Risk Management and Clinical Governance Committee minutes</td>
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### Substance Misuse Services – Brian Hore Unit Lead – Chief Nurse and Director of Quality Assurance

#### Should Do 31: The trust should increase the security and accountability for all people entering the Brian Hore unit.

**LSMS has completed a security review with the substance misuse services manager.**

**The Director of Operations is to consider the recommendations from the report and will report action taken.**

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<td>Achieved 20-Oct 15</td>
<td>LSMS Report received by Executive Team by 15/09/2015 Director of Operations to report to Executive Team on 02/10/15</td>
<td>Security and accountability for all people entering the Brian Hore Unit is increased.</td>
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<td><strong>Substance Misuse Services – Brian Hore Unit Lead- Acting Director of Operations</strong></td>
<td><strong>Should Do 32:</strong> The trust should ensure staffing levels are adequate to accommodate unexpected sickness or ensure contingency plans are developed so prevent lone working.</td>
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<td>Protocol to be developed including first, attempt to cover with bank staff, (develop a list of suitably skilled bank staff to support short notice cover at BHU who are employed by MMHSCT at least for this purpose.</td>
<td>30-Nov-15 Achieved</td>
<td>Safe staffing protocol submitted to Director of Operations Argyll Database populated with all staff details. LSMS bi monthly report to Health &amp; Safety Committee. Monthly usage report sent to Performance Board.</td>
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<tr>
<td></td>
<td>Lone Worker Policy to be fully implemented by the team manager at the Brian Hore Unit.</td>
<td>30-Nov-15 Achieved</td>
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<td></td>
<td>Any staff member identified as a lone worker has access to and is encouraged to use Argyll.</td>
<td>20-Oct 15 Achieved</td>
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<td><strong>Substance Misuse Services – Brian Hore Unit Lead- Acting Director of Operations</strong></td>
<td><strong>Should Do 33:</strong> The trust should ensure all groups of people using the service have up to date recorded risk assessments and management plans.</td>
<td></td>
<td>Supervision records Management care plans Management plans include risk assessments</td>
</tr>
<tr>
<td></td>
<td>The Brian Hore Unit Manager will ensure through management supervision that individual management plans include risk assessments.</td>
<td>30-Nov-15 Achieved</td>
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<tr>
<td><strong>Substance Misuse Services – Brian Hore Unit Lead – Medical Director</strong></td>
<td><strong>Should Do 34:</strong> The trust should ensure individual prescription numbers are recorded in a central location to enable an effective audit trail</td>
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<td></td>
<td>The Chief Pharmacist has a robust system in place to ensure recording of individual prescription numbers. The team manager is ensuring implementation of recording procedure</td>
<td><strong>20-Oct 15</strong></td>
<td><strong>Chief Pharmacist records.</strong></td>
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<td></td>
<td></td>
<td><strong>Achieved</strong></td>
<td><strong>Team Records</strong></td>
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<tr>
<td><strong>Substance Misuse Services – Brian Hore Unit Lead – Chief Nurse and Director of Quality Assurance</strong></td>
<td><strong>Should Do 35:</strong> The trust should ensure all groups of people using the service have individual, up to date and recovery focused care plans.</td>
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<td>The Brian Hore Unit Manager will ensure through management supervision that individual management plans are up to date and recovery focused.</td>
<td><strong>30-Nov-15</strong></td>
<td><strong>Supervision records</strong></td>
<td>All groups of people using the service have individual, up to date and recovery focused care plans.</td>
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<td><strong>Achieved</strong></td>
<td><strong>Management care plans</strong></td>
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<td></td>
<td><strong>Management plans are recovery focused</strong></td>
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<td><strong>Perinatal Services Lead – Acting Director of Operations</strong></td>
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<td><strong>Should Do 36:</strong> The trust should ensure that there is a comprehensive visiting policy in place with thorough risk assessments where special considerations are required. In particular relating to fathers remaining on the ward through the night.</td>
<td>The ward has not allowed overnight visitors since 27/03/2015. An overnight visitor’s protocol has been developed and implementation is available for use when the flat is needed. Protocol to be approved by the Adult of Working Age Divisional Board by November 2015</td>
<td>20-Oct 15 Achieved 20-Oct 15 Achieved 30-Nov-15 Achieved</td>
<td>Divisional Board minutes</td>
<td>Comprehensive visiting policy in place where special considerations are required</td>
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<td><strong>Should Do 37:</strong> The trust should ensure that fridge temperatures on the ward are checked daily and temperatures recorded</td>
<td>The Ward Managers in conjunction with the infection control team and lead nurse for prescribing have a monitoring programme in place for all fridges in use. Spot checks occurred in September 2015 and are to be followed by the routine audit programme</td>
<td>20-Oct 15 Achieved 20-Oct 15 Achieved</td>
<td>Report by the IPC team</td>
<td>All fridges in use within the Trust are maintained and cleaned regularly.</td>
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<tr>
<td>Perinatal Services Lead- Chief Nurse and Director of Quality Assurance</td>
<td><strong>Should Do 38</strong>: The trust should ensure there is a robust system for monitoring the availability of mobile alarms for staff use.</td>
<td>Local Security Manager reviewed all available equipment in August 2015. All wards have sufficient pieces of equipment to issue to each staff member. Ward managers continue to monitor the availability of alarms, and the Health and Safety Committee oversee availability.</td>
<td><strong>20-Oct 15</strong> Achieved</td>
<td>Audit reported by LSMS completed in August 2015</td>
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<td>Perinatal Services Lead- Chief Nurse and Director of Quality Assurance</td>
<td><strong>Should Do 39</strong>: The trust should ensure there is provision to review the reduction of levels of observations every day including the weekend period.</td>
<td>The Deputy Director of Nursing will undertake a review of practice in relation to observation levels. Acting Acute Inpatient Services Manager will ensure the findings of the review are implemented.</td>
<td><strong>20-Oct 15</strong> Achieved</td>
<td>Report to October Quality Board</td>
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<td><strong>Perinatal Services Lead - Chief Nurse and Director of Quality Assurance</strong></td>
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<td><strong>Should Do 40:</strong> The ward should ensure that care plans are individualised to meet the needs of patients.</td>
<td>The Ward Manager will through management supervision ensure that named nurses are developing individualised care plans with service users. The matron will carry out care plan audits.</td>
<td>20-Oct 15 Achieved</td>
<td>Management supervision records. Matron audits reported to the Chief Nurse Royal College of Psychiatrists Quality Network report.</td>
<td>Patients have individualised care plans in place.</td>
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<td></td>
<td>Status: Delivered</td>
</tr>
<tr>
<td><strong>Should Do 41:</strong> Patients should always be offered a copy of their care plan and this should be clearly recorded.</td>
<td>The Ward Manager will through management supervision ensure that named nurses are developing care plans with service users and recording that service users are offered a copy. The matron will carry out care plan audits.</td>
<td>20-Oct 15 Achieved</td>
<td>Management supervision records. Matron audits reported to the Chief Nurse Royal College of Psychiatrists Quality Network report.</td>
<td>Patients are always offered a copy of their care plan and this is clearly recorded.</td>
</tr>
<tr>
<td>The ‘Should Do’ Summary of action required</td>
<td>Actions</td>
<td>Timeline</td>
<td>Assurance /evidence</td>
<td>What good looks like</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------</td>
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<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Perinatal Services Lead – Director of Workforce and Organisational development</strong></td>
<td></td>
<td></td>
<td></td>
<td>Status: On Track</td>
</tr>
<tr>
<td><strong>Should Do 42</strong>: Mandatory training should be undertaken to the standard set by the trust.</td>
<td>To ensure that the service is achieving a minimum of 75% compliance for mandatory training. To improve the compliance with mandatory training by the provision of targeted support from the ward manager To escalate non-improvement in compliance to directorate managers for action in accordance with policy</td>
<td>31-Dec-15</td>
<td>Performance report Managerial Supervision minutes Royal College of Psychiatrists Quality Network report.</td>
<td>All staff complete mandatory training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The ‘Should Do’ Summary of action required</th>
<th>Actions</th>
<th>Timeline</th>
<th>Assurance /evidence</th>
<th>What good looks like</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perinatal Services Lead- Chief Nurse and Director of Quality Assurance</strong></td>
<td></td>
<td></td>
<td></td>
<td>Status: Delivered</td>
</tr>
<tr>
<td><strong>Should Do 43</strong>: Clinical and managerial supervision should be undertaken, structured and recorded in accordance with the trust policy.</td>
<td>Ward Manager to ensure staff have access to clinical and managerial supervision in accordance with Trust Policy.</td>
<td>From 31-Oct-15 Achieved</td>
<td>Evidence that staff are accessing clinical and managerial supervision. Management supervision records</td>
<td>All staff are properly supported and supervised.</td>
</tr>
<tr>
<td>The ‘Should Do’ Summary of action required</td>
<td>Actions</td>
<td>Timeline</td>
<td>Assurance /evidence</td>
<td>What good looks like</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Perinatal Services Lead – Medical Director</strong></td>
<td><strong>Should Do 44</strong>: The ward should consider how the administration of medication is improved, monitored and audited for accuracy. The Chief Pharmacist has a process to monitor the omitted doses. There is a monthly audit undertaken by medicines link nurse that is fed back to the ward. Ward takes part in the omitted doses research which commenced in September 15 sponsored by Manchester university.</td>
<td>20-Oct 15 Achieved</td>
<td>Monthly audits to ward manager Data collection over 4 months by ward pharmacist</td>
<td>Administration of medicines is monitored and audited for accuracy</td>
</tr>
<tr>
<td><strong>Perinatal Services Lead- Acting Director of Operations</strong></td>
<td><strong>Should Do 45</strong>: The ward should consider an appropriate space for clinical examinations of mothers and their babies other than the mother’s bedrooms by providing an examination couch in the clinical room. The Ward Manager will review the available space and provide a proposal for an examination room.</td>
<td>31-Dec-15</td>
<td>Availability of an examination couch.</td>
<td>There is an appropriate space for clinical examination within the perinatal service.</td>
</tr>
</tbody>
</table>
# Trust Board Report

**Date of Trust Board:** 14 January 2016  
**Agenda Item:** 18

<table>
<thead>
<tr>
<th>Title of Report:</th>
<th>Corporate Risk Register Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Produced:</td>
<td>23rd December 2015</td>
</tr>
<tr>
<td>Author</td>
<td>Name: Anita Rolfe&lt;br&gt;Chief Nurse and Director of Quality Assurance</td>
</tr>
</tbody>
</table>

**Purpose of Paper:**

To present the Summary Corporate Risk Register to the Trust Board, including the following that were proposed by the Executive Team on 22\textsuperscript{nd} December 2015:

- 7 Proposals for removal of risks from the Corporate Risk Register (CRR)
- 4 Proposals for replacement risks be added to the Corporate Risk Register
- 6 Proposals for new additions to the Corporate Risk Register
- To note 12 Risks which continue to pose a risk to the Trust which are being managed

**Key Points:**

1. The CRR is the comprehensive document used to manage risk. A new summary version has been produced following previous discussions at Board.
2. There are a number of proposals for addition, removal and replacement for the Trust’s Risk Register which are outlined in Sections 1 to 3 of this report.
3. The format of the summary document is explained in its cover sheet.

**Recommendation:**

The Trust Board is asked to approve all proposals and note the contents of the Corporate Risk Register as recommended by the Executive Team on 22\textsuperscript{nd} December 2015.

## Monitoring and assurance framework summary

<table>
<thead>
<tr>
<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
<td>Strategy Governance and quality Delivery</td>
</tr>
<tr>
<td>Link to Corporate Risk Register</td>
<td>Any Action Required?</td>
</tr>
</tbody>
</table>

**Have all implications been considered?**  
Yes  
**Detail in report:**  
Yes  
**N/A:**  
Comment
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>√</td>
<td>No</td>
</tr>
<tr>
<td>Financial</td>
<td>√</td>
<td>&quot;</td>
</tr>
<tr>
<td>Human Resources</td>
<td>√</td>
<td>&quot;</td>
</tr>
<tr>
<td>IM&amp;T</td>
<td>√</td>
<td>&quot;</td>
</tr>
<tr>
<td>Estates</td>
<td>√</td>
<td>&quot;</td>
</tr>
<tr>
<td>Users and Carers</td>
<td>√</td>
<td>&quot;</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>√</td>
<td>&quot;</td>
</tr>
<tr>
<td>To include in 2015/16 Quality Account?</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>
Manchester Mental Health and Social Care Trust

Corporate Risk Register Summary

1.0 Introduction and Background

1.1 Risk management is an integral part of Manchester Mental Health and Social Care Trust’s (MMHSCT) management activity and is a fundamental pillar in embedding high quality, sustainable mental health services for the people it serves. As a complex organisation delivering a varied range of services in a challenging financial environment, it is accepted that risks are an inherent part of the day-to-day life at the Trust.

1.2 The tools that the Trust uses to manage risks allow for the effective prioritisation of management activity against the most significant threats to the Trust’s principle objectives. In undertaking risk management activity, the Trust seeks to assure itself that it is on track to achieve its principle objectives and where not, it is taking the necessary action.

1.3 This covering report and the appended Corporate Risk Register Summary is the first iteration of a revised reporting tool for use by the Board of Directors. This report provides a summary of the Trust’s Corporate Risk Register including a progress update as to the current management of the risks recorded on the Corporate Risk Register, an assurance grading which has been agreed via the Executive Team Meeting and a trajectory which takes account of whether the risks recorded on the Risk Register are likely to get better, stay the same or get worse. Included within the report are a number of proposals which have been recommended by the Executive Team at the meeting on the 22nd December for the Trust Board to approve.

1.4 A full version of the Corporate Risk Register is accessible on the Trust’s Intranet and is refreshed and updated monthly by the Trust’s Executive Directors in line with the Trust’s Risk Management Strategy.

2.0 Progress Update

2.1 At the Executive Team meeting held on 22nd December 2015 a full review of the Trust’s Corporate Risk Register was undertaken and the following proposals are recommended for the Trust Board to approve:-

- 7 Proposals for removal of risks from the Corporate Risk Register
- 4 Proposals for replacement risks be added to the Corporate Risk Register.
- 6 Proposals for new additions to the Corporate Risk Register
- To note 12 Risks which continue to pose a risk to the Trust which are being managed.
3.0 Recommendation

3.1 The Trust Board is asked to approve all proposals and note the contents of the Corporate Risk Register as recommended by the Executive Team on 22nd December 2015.
Summary

The Corporate Risk Register is a tool used by the Trust's Board to provide oversight and challenge to the Trust's operational risk management activity.

Contained within this summary report are 3 sections. Section 1 details the risks that are currently recorded on the Corporate Risk Register and provides a summary of the current position and progress made in mitigating these risks. Section 2 details risks which are proposed for removal from the Risk Register, including those risks which are to be replaced with updated risk assessments. Section 3 details the risks that are proposed for inclusion within the Corporate Risk Register.

All Risks have been fully updated and reviewed by the Executive Team meeting on 22nd December 2015.

The Trust Board is asked to approve all proposals and note the contents of the Corporate Risk Register as recommended by the Executive Team on 22nd December 2015.

Key

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>CEO</td>
</tr>
<tr>
<td>Director of Finance</td>
<td>DOF</td>
</tr>
<tr>
<td>Acting Director of Operations</td>
<td>ADO</td>
</tr>
<tr>
<td>Chief Nurse and Director of Quality Assurance</td>
<td>CN&amp;DQA</td>
</tr>
<tr>
<td>Director of Workforce and Organisational</td>
<td>DWOD</td>
</tr>
<tr>
<td>Development</td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td>MD</td>
</tr>
<tr>
<td>Director of Strategy and Deputy Chief Executive</td>
<td>DS&amp;DCEO</td>
</tr>
</tbody>
</table>

Key: Current Risk Score
- Low Risk Score 8 and below
- Medium Risk Score 8 -14
- High Risk Score 15 and above

Key: Level of Assurance
- Adequate Assurance
- Limited Assurance
- Inadequate Assurance

Arrows
- Risk is expected to maintain the same grade
- Risk is expected to reduce (get better)
- Risk is expected to increase (get worse)
## Section 1 - Current Corporate Risk Register

<table>
<thead>
<tr>
<th>Objective Reference</th>
<th>Risk Assessment Number</th>
<th>Risk Owner</th>
<th>Proposed New Risks To Be Added Pending Approval</th>
<th>Action Plan in Place / Yes</th>
<th>Risk Source</th>
<th>Inherent Risk Score</th>
<th>Residual Risk Score</th>
<th>Assurance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPF</strong></td>
<td>CR11</td>
<td>DOF</td>
<td>Failure to deliver full efficiency requirement would mean that financial plans are not met resulting in significant financial pressure and our ability to remain a sustainable and viable Trust.</td>
<td>Yes</td>
<td>External</td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

**Progress:** December 2015
- For 2015/16, a deficit of £5.8m is forecast which incorporates an agreed contribution of £300k towards the TDA stretch target which the Trust is aiming to achieve.
- An £8.6m Working Capital Facility was established in July to support the position; the DH has now advised the maximum usage of this facility will be restricted to £4.113m. The Trust will be applying to DH for further cash support.
- The Trust is in a Gateway process in relation to future sustainability

| **PPF** | CR14 | MD | The absence of a commissioned pathway for 16/17 years olds creates a risk in A&E for Urgent Care Teams. This is due to the unavailability of suitable accommodation to keep the young person safe. The absence of commissioned pathway creates difficulty for all staff who are then faced with the problem of how best to meet the patients needs. | Yes | Local Assessment/Observation | 12 | 9 |               |

**Progress:** This risk continues to have an impact on the Trust when a patient presents to A&E. Controls continue to be operated, and the Board remain sighted when incidents occur

| **PPF** | CR15 | MD | The absence of a commissioned pathway for people with a Learning Disability creates a risk in A&E for Urgent Care Teams. This is due to the need to assess those with challenging behaviour to identify if there is a Mental Health condition present. In those cases where there is no mental health issue, the absence of a commissioned pathway creates difficulty for all staff who are then faced with the problem of how to meet the patients needs. | Yes | Local Assessment/Observation | 12 | 9 |               |

**Progress:** This risk continues to have an impact on the Trust when a patient presents to A&E. Controls continue to be operated, and the Board remain sighted when incidents occur
| PPF | CR16 | CN&DQA | IF the Trust fails to fully implement the Care Act 2014 Then the Trust may be exposed to judicial review, litigation and financial penalties.  
Main areas of risk include; potential increase in requirement for assessment for social care support and provision of services; potential increase in request for carer assessment and provision of support services; if requirement for provision of advocates is not fully satisfied this may leave Trust liable for litigation; increased risk of judicial reviews during ‘settling in’ period of Care Act with challenges to eligibility criteria; increased requirement to assess young people in transition between children and adult services; requirement to assess and provide social care services for all prisoners within Local Authority area; changes to safeguarding eligibility criteria will increase referrals / requirement to make enquiries and investigate allegations of abuse. | Yes | External: Legislative Change | 16 | 12 |
| Progress: | 1. Trust is currently non complaint with Care Act 2014 for carer assessment only  
2. New carer assessment form agreed and designed  
3. The current capacity issues informatics and castings holding up development |

| PPF | MCC1 | DOF | The scale and pace of de-investment from existing services commissioned by MCC and the associated costs of workforce reduction puts at risk the delivery of the Trust's business plan. Systems and services are likely to be destabilised at a time they are under increased pressure to meet the growing needs of the most vulnerable people and communities. The risk arises from impact of significant cuts and the service redesign work that falls within the remit of the TRPB. These are cuts in health and wellbeing services and Recovery and Connect / Supporting People. Two other services area will be part of tendering processes - Brian Hore Unit/CAT and PARS (Physical Activity Referral Service). | Yes | Local Assessment/Observation | 20 | 20 |
| Progress: | 1. Service changes associated with Recovery & Connect / Supported people funded services and Wellbeing services are being implemented. The Trust has incurred redundancy costs of £2m plus salary costs of £0.9m in 2015/16.  
2. PARS – no confirmation of the level of funding for 2016/17 has been received from MCC. The Trust is taking steps to reduce the level costs to within an estimated funding envelope of £350k.  
3. Drug & Alcohol Services – the Trust has not submitted a response to the Tender and is awaiting notification of the new provider in order to begin the transfer of Alcohol Services. The Trust will cease providing the service from the 1st April 2016.  
4. Dual Diagnosis – MCC have notified the Trust of a £58k reduction for 2016/17 and the Trust is developing an affordable service offering. |

| EO | CR3 | ADO | Risk to community staff as Trust wide compliance with Argyll Lone Working System is below 50% which leaves non complying staff at risk in the community and unmonitored by Argyll control room. | Yes | Compliance Report | 16 | 12 |
| Progress: | 1. This remains a risk for the Trust and was highlighted again through the CQC inspection report. Risk score has been increased to reflect this.  
2. The Chief Nurse has written to all members of staff regarding the expectation that staff use the Argyll system  
3. Non-compliance with the Argyll system is to be followed up within management supervision. |

| EO | MM11 | MD | Lack of resource dedicated to NICE leads to guidelines, HTAs and quality standards not being implemented thus affecting the quality of care provided. | Yes | Compliance Report | 20 | 20 |
| Progress: | 1. CP continues to undertake NICE role in the interim.  
2. It is anticipated that additional resource may be required to facilitate the process. |
| EQ | CR10   | ADO | Inability to effectively manage the admission, hospital stay and discharge of patients in a timely manner will lead to patients who need admission being placed out of area, thus not receiving care close to the family and friends. This could also result in significant financial risk to the Trust with the 2014/15 risk share agreement which locates all the costs of OOA beds within the Trust within a defined financial envelope. | Yes | Quality Board | 25 | 10 |
| --- | --- | --- | --- | --- | --- | --- |
| Progress: | The position is stable; however it is recommended that this risk remain on the Corporate Risk Register. | | | | | | |

| EQ | CR7   | DOF | Failure to manage the cost of out of area beds within the funding transferred to the Trust under risk share with Manchester CCGs | Yes | Finance Committee | 20 | 16 |
| --- | --- | --- | --- | --- | --- | --- |
| Progress: | • A spike in activity was recorded in Q1 with a resulting overspend of £1.8m.  
• Private acute – activity is currently forecast at 6 beds for the remainder of the year (against a planned figure of 5 beds).  
• Private PICU – activity is currently forecast at 4 beds for the remainder of the year (against a plan of 1 bed).  
• The current overall forecast against the risk share for 2015/16 is an overspend of £2.2m. | | | | | | |

| EQ | CR6   | DWO | Poor staff engagement leading to reduced service quality and reputational damage. | Yes | Staff Survey | 20 | 12 |
| --- | --- | --- | --- | --- | --- | --- |
| Progress: | 1. Themes have been identified from LIA and work is progressing  
2. Role descriptions developed and agreed for LIA sponsors and influencers. New sponsors appointed and new leadership and support arrangements in place.  

| EQ | CR8   | MD  | Pharmacist focussed on in-patient settings increases the risk of medicines incidents in community settings due to lack of specialist advice: | Yes | Incidents | 16 | 16 |
| --- | --- | --- | --- | --- | --- | --- |
| Progress: | 1. Controls continue to be operated.  
2. Risk scoring is appropriate. | | | | | | |

| EQ | MM08  | MD  | role of Accountable Officer for CDs, ability of the new provider to deliver appropriate governance and CD accountability not considered as part of the new prison contracts leading to clinical, legal, time and financial risks | Yes | Local Assessment/Observation | 20 | 15 |
| --- | --- | --- | --- | --- | --- | --- |
| Progress: | 1. The Trust has continued exposure to this risk  
2. Governance arrangements continue to be implemented within Prison Services | | | | | | |

Corporate Risk Register Summary – December 2015
### Section 2 – Proposals for removal from the Corporate Risk Register

<table>
<thead>
<tr>
<th>Objective Reference</th>
<th>Risk Assessment Number</th>
<th>Risk Owner</th>
<th>Proposed New Risks To Be Removed Pending Approval</th>
<th>Action Plan in Place</th>
<th>Risk Source</th>
<th>Inherent Risk Score</th>
<th>Residual Risk Score</th>
<th>Assurance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPF</strong></td>
<td></td>
<td>ADO</td>
<td>A decision was made by Manchester City Council to commission a new service model which would financially cost less than the service currently provided by Recovery and Connect/Supporting People services. Given that the service is reduced there will be an probable impact on the quality and breadth of what the service can provide. There is a risk to employment for staff and a risk to the business of the Trust. Following the decommissioning of the above services funded by Manchester City Council(MCC) The Trust submitted a report proposing an alternative to decommissioning all services and requesting that MCC consider a proposal of a new service.</td>
<td>Yes</td>
<td>External</td>
<td>25</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>EQ</strong></td>
<td></td>
<td>ADO</td>
<td>Gateway service in period of transition may result in referrals being delayed or sent to the inappropriate team, could result in reputational damage or service user safety</td>
<td>Yes</td>
<td>Local Assessment/Observation</td>
<td>16</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>EQ</strong></td>
<td></td>
<td>ADO</td>
<td>Risk is that the Community Teams have a over-reliance on agency staff and are unable to keep up with the demands for the requirements of CMHT services and a number of teams are managing a list of cases waiting for allocation</td>
<td>Yes</td>
<td>Local Assessment/Observation</td>
<td>20</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>EQ</strong></td>
<td></td>
<td>CN&amp;D QA</td>
<td>Failure to complete action plans and embed Learning points from Serious Incidents Requiring Investigation(SIRIs) will impact on patient care in the future.</td>
<td>Yes</td>
<td>External: Francis Report</td>
<td>16</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>EQ</strong></td>
<td></td>
<td>CN&amp;D QA</td>
<td>The Trust is currently in the NHS England &quot;Risk Summit Process&quot;. There was a Risk Summit held on 4 September 2014, which indicated there were concerns regarding the following areas: 1. Safeguarding 2. Urgent Care (long waits in A&amp;E) 3. Decreasing Trust Performance.</td>
<td>Yes</td>
<td>External Concern</td>
<td>12</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Progress:**
1. Recovery and Connect Services have been discontinued.
2. It is recommended that this risk be closed and removed from the Corporate Risk Register

**Progress:**
1. Controls continue to be operated
2. No significant change to risk level
3. It is recommended that this risk be removed from the Corporate Risk Register and de-escalated to the Adult Community and Social Care Divisional Risk Register.

**Progress:**
1. Continued reduction in agency usage.
2. Increased turnover of waiting list.
3. It is recommended that this risk is removed from the Corporate Risk Register and is monitored via the Divisional Risk Register for Adult Community and Social Care Division.

**Progress:**
1. It is recommended that this risk be closed and replaced with Risk Proposal 5.

**Progress:**
1. The Trust has been stepped down from the NHS Risk Summit process.
2. It is recommended that this risk be closed and removed from the Corporate Risk Register.
<table>
<thead>
<tr>
<th>EQ</th>
<th>Date</th>
<th>Department</th>
<th>Description</th>
<th>Impact</th>
<th>Responsible Officer</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQ</td>
<td>November 2014 HOPs</td>
<td>CN&amp;D QA</td>
<td>Increased levels of acuity at AMHP Hub, plus limited AMHP resource resulting in inability to prioritise assessments effectively and in timely manner. Risks to both Trust and MCC</td>
<td>Yes</td>
<td>External Concern</td>
<td>16 9</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td>1. Resource has been increased. 2. Referrals continue to be responded to in timely manner. 3. It is recommended that this risk is removed from the Corporate Risk Register</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ</td>
<td>PSCG Complex Dec 2014</td>
<td>ADO</td>
<td>Waiting list pressures at Step 4 (Complex cases) creating significant clinical risk. Unable to offer timely psychological therapies to people with complex emotional adjustment disorders who are likely to present with significant risk issues</td>
<td>Yes</td>
<td>External Concern</td>
<td>16 16</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td>1. It is recommended that this risk be removed from the Corporate Risk Register and replaced with Risk Proposal 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ</td>
<td>PSCG15</td>
<td>ADO</td>
<td>Waiting list pressures in specific services impacting on service delivery.</td>
<td>Yes</td>
<td>Internal Review</td>
<td>16 16</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td>1. It is recommended that this risk be removed from the Corporate Risk Register and replaced with Risk Proposal 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ</td>
<td>March 2015 Quality Board</td>
<td>DWO</td>
<td>Non-compliance with Trust mandatory training targets presents a risk to safe service delivery.</td>
<td>Yes</td>
<td>Compliance Report</td>
<td>9 6</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td>1. The position with Mandatory Training remains stable, it is recommended that this risk is removed from the Corporate Risk Register.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIP</td>
<td>CR9</td>
<td>DS&amp;D CEO</td>
<td>Uncertainty of longer term commissioning requirements. Possible retendering of Trust's Services in part or in whole leading to uncertainty in Trust five year plan.</td>
<td>Yes</td>
<td>Local Assessment/Observation</td>
<td>25 10</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td>1. It is recommended that this risk be removed from the Corporate Risk register and replaced with Risk Proposal 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIP</td>
<td>H&amp;WCGS September 2013</td>
<td>DOF</td>
<td>Manchester City Council (MCC) has informed the Trust of a radical reform of Public Health Commissioned Services at a significantly reduced cost. A number of other services are going to be decommissioned from the Trust. This will lead to a financial impact on the Trust.</td>
<td>Yes</td>
<td>External: MCC Commissioners</td>
<td>16 12</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td>1. It is recommended this risk is removed from the Corporate Risk Register</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Proposed Additions to the Corporate Risk Register

<table>
<thead>
<tr>
<th>Objective Reference</th>
<th>Risk Assessment Number</th>
<th>Risk Owner</th>
<th>Proposed New Risks To Be Added Pending Approval</th>
<th>Action Plan in Place</th>
<th>Risk Source</th>
<th>Inherent Risk Score</th>
<th>Residual Risk Score</th>
<th>Assurance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPF</td>
<td>Proposal 1</td>
<td>DS&amp;D CEO</td>
<td>IF the IT and Informatics Departments receive demands on their resources in excess of their capacity THEN the ability to deliver requirements within necessary timescales is jeopardised</td>
<td>Yes</td>
<td>Local Assessment/Observation</td>
<td>16</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Update:</td>
<td></td>
<td></td>
<td>New risk proposed for addition to the Corporate Risk Register.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>EQ</td>
<td>Proposal 2</td>
<td>ADO</td>
<td>IF the service fails to effectively manage the waiting list at step 4, THEN patients will not be seen within clinically appropriate timescales, leading to possible clinical deterioration whilst patients are waiting to be seen.</td>
<td>Yes</td>
<td>External Concern</td>
<td>16</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Update:</td>
<td></td>
<td></td>
<td>1. Clinical activity expectations (15 attended appts per wte per week) agreed with commissioners and NHS England support team June 2015. 2. Complex cases South wait-list reduced to &lt; 20 people. Dedicated sessions to be provided to Central service to assist with wait-list management and improve equity city-wide. 3. Activity from all new patients seen by Complex Cases Psychology Service from 1st Nov reported to IAPT pathway. Data to be reviewed with commissioners January 2016.</td>
<td></td>
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</tr>
<tr>
<td>EQ</td>
<td>Proposal 3</td>
<td>ADO</td>
<td>Historic waiting lists and shortfall in commissioned capacity result in Trust being unable to meet IAPT national and local key performance indicators</td>
<td>Yes</td>
<td>Internal Review</td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Update:</td>
<td></td>
<td></td>
<td>1. Month on month increase in numbers of people entering therapy. 2. Programming issues prevent reporting of MHP activity to IAPT data pathway 3. Increase in referrals and waiting-lists 4. Commissioners to appeal refusal of national wait-list funding. 5. Four x agency staff commenced in post to back-fill maternity leave 6. Reduction in average number of sessions per completed treatment episode as requested by commissioners 7. Reliable improvement scores routinely reported on performance reports 8. Revised cancellation policy introduced at commissioner request 9. Individual targets set for clinicians re numbers entering / leaving therapy 10. Revised referral activation process commenced to reduce DNAs. 11. Commissioners requesting monthly presentation of PTLs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ</td>
<td>Proposal 4</td>
<td>CN&amp;D QA</td>
<td>IF the Trust fails to deliver the improvements required as detailed within the CQC Action Plan THEN the Trust may be exposed to further regulatory action and potential adverse reputational impact.</td>
<td>Yes</td>
<td>External: CQC Report</td>
<td>20</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Update:</td>
<td></td>
<td></td>
<td>46 actions were due for completion in October 2015, 36 actions were due for completion in November 2015. Of the 82 actions expected to be completed, 75 have been achieved. The actions that have not been achieved are to be escalated to the Executive Team.</td>
<td></td>
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</tr>
<tr>
<td>EQ Proposal 5</td>
<td>CN&amp;D QA</td>
<td>IF the Trust fails to adequately manage the Serious Incident Requiring Investigation (SIRI) Process THEN the Trust will limit its opportunities to identify improvements and to learn lessons.</td>
<td>Yes</td>
<td>External: Francis Report</td>
<td>16 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update: A letter was received by the Director of Nursing and Quality Assurance from the commissioners highlighting concerns in the operation of the SIRI process. In particular the following was highlighted: - The Quality of Part A reviews - Timeliness of RCA Submissions This risk entry has been created to note the controls the Trust has put in place to resolve the commissioners concerns and will be monitored until the position improves.</td>
<td></td>
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<tr>
<td>EQ Proposal 6</td>
<td>CN&amp;D QA</td>
<td>IF the Trust fails to comply with the CPA process or fully implement care centred care plans THEN patients may be under the care of the Trust for longer than necessary leading to poor patient experience.</td>
<td>Yes</td>
<td>External: CQC Report</td>
<td>16 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update: This Risk has presented itself following the CQC inspection. It is recommended that this risk be kept on the register until improvements are noted.</td>
<td></td>
<td></td>
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<tr>
<td>EQ Proposal 7</td>
<td>CN&amp;D QA</td>
<td>IF the Trust fails to fully implement the requirements of the Mental Health Act and Mental Capacity Act THEN the Trust will fail in consistent application leading to potential inappropriate detentions and legislative breaches</td>
<td>Yes</td>
<td>External: CQC Report</td>
<td>16 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update: This Risk has presented itself following the CQC inspection. It is recommended that this risk be kept on the register until improvements are noted.</td>
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<tr>
<td>EQ Proposal 8</td>
<td>CN&amp;D QA</td>
<td>IF the Trust fails to appropriately manage the Physical Health needs of its patients THEN patients may come to harm which could lead to increased SIRIs, complaints and claims and may lead to regulatory action.</td>
<td>Yes</td>
<td>External: CQC Report</td>
<td>20 16</td>
<td></td>
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<tr>
<td>Update: This Risk has presented itself through the analysis of SIRI reviews and was identified through the CQC inspection report. It is recommended that this risk be included on the register until improvements are noted.</td>
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<tr>
<td>ES Proposal 9</td>
<td>MD</td>
<td>IF the Trust fails to recruit/retain sufficient numbers of consultant psychiatrists THEN the Trust will be required to fill shifts using locum consultants leading to potential adverse impacts on financial objectives and may jeopardise the Trust's ability to maintain the highest quality of patient care.</td>
<td>Yes</td>
<td>Local Assessment/ Observation</td>
<td>20 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update: New risk proposed for addition to the Corporate Risk Register.</td>
<td></td>
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<tr>
<td>WIP Proposal 10</td>
<td>DS&amp;D CEO</td>
<td>IF the Trust Development Authority (TDA) led transaction process is protracted or causes instability THEN this may result in: -Increasing high financial cost - Senior manager staff turnover</td>
<td>Yes</td>
<td>Local Assessment/ Observation</td>
<td>16 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update: New risk proposed for addition to the Corporate Risk Register.</td>
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</tbody>
</table>
**Trust Board Report – Executive Summary**

**Date of Trust Board:** 14th January 2016

**Title of Report:** The Practice and Impact of Schwartz Rounds®

**Date Produced:** 4th January 2016

**Authors:**
- Dr Rosemary Clarke
  Consultant Psychiatrist in Psychotherapy
  Tel: 0161 277 1120
- Dr Sean Lennon
  Consultant Old Age Psychiatrist
  Tel: 0161 998 7070
- Dr JS Bamrah
  Medical Director
  Tel: 0161 882 1061

**Purpose of Paper:**
- Schwartz Rounds® have been running successfully in the U.S. for fifteen years across 200 sites;
- In the U.K. they have been trialed from 2009;
- They have been shown to improve staff confidence in certain situations and lead to a more empathic environment of care;
- At this Trust, Schwartz Rounds® have been conducted successfully from March 2013;
- This paper gives information about the procedure, staff feedback and comments;
- The Board is asked to approve funding for a further two years, as well as further action points as detailed in our recommendations.

**Key Points:**
- Schwartz Rounds® have clinical validity;
- Continued funding would ensure that there is a focus on elements of care which may not be delivered elsewhere in training.

**Action Required**
The Trust to approve the recommendations made in this paper.

### Monitoring and assurance framework summary

<table>
<thead>
<tr>
<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>Link to Corporate Risk Register</td>
<td>n/a</td>
</tr>
<tr>
<td>Have all implications been considered?</td>
<td>Yes</td>
</tr>
<tr>
<td>Legal</td>
<td>√</td>
</tr>
<tr>
<td>Financial</td>
<td>√</td>
</tr>
<tr>
<td>Human Resources</td>
<td>√</td>
</tr>
<tr>
<td>IM&amp;T</td>
<td>√</td>
</tr>
<tr>
<td>Estates</td>
<td>√</td>
</tr>
<tr>
<td>Users and Carers</td>
<td>√</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>√</td>
</tr>
<tr>
<td>To include in 2015/16 Quality Account?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Manchester Mental Health and Social Care Trust
The Practice and Impact of Schwartz Rounds®

1. Background to Schwartz Rounds®

1.1 Schwartz Rounds® have been running in the US for over fifteen years, across 200 sites. Lown and Manning (Academic Medicine Volume 85.No 6 June 2010) conducted an assessment at six sites offering the Rounds® to investigate the psychosocial and emotional aspects of clinical care on patient interactions, teamwork and support for round providers.

1.2 The Rounds® have successfully been trialed in UK healthcare with Cheltenham and Royal Free Hospitals being the pilot sites from October 2009 to October 2010. Goodrich (2011) reports that when comparing pre and post-pilot responses participants’ agreement with statements concerning the following areas increased:

- Staff confidence in handling sensitive issues
- Their beliefs in the importance of empathy
- Their actual empathy with patients as people
- Their confidence in handling non-clinical aspects of care

1.3 In the U.K. a comprehensive report by Farr and Barker (2015)¹ establishes the usefulness of the Rounds® for Health and Social Care staff.

1.4 Their openness to expressing thought, questions and feelings about patient care with colleagues makes the experience of caring for mentally ill patients more holistic.

1.5 The Rounds® are now franchised in the UK through the Point of Care, now an independent Charitable Trust from the King’s Fund.

2. MMHSCT and Schwartz Rounds®.

2.1 The Trust Board gave backing to introducing Schwartz Rounds® to Manchester in 2013, placing us in the vanguard of early adopters of the Rounds which are routine in some of the highest performing US hospitals. We were then one of only three Mental Health trusts in the UK and the sole adopter in the North West healthcare economy.

2.2 Since Board approval, the Rounds® have Facilitator/Clinical leads in Dr Rosie Clarke and Dr Sean Lennon and back up from Professor Damien Longson. A steering group was formed of members derived from a variety of professions represented within the Trust.

2.3 The role of the Steering group was to raise the profile of the Rounds® within the Trust among staff networks, assist with finding cases and importantly ensuring that the Rounds® maintained a high level management support within the organization.

2.4 Administration and Publicity have been ably handled by the Trust Communications Team with Midday Mail advertising each round and the Medical Education Team at NMGH who have provided accommodation for the Rounds®, further publicity, organised catering and collated feedback.
2.5 The Rounds® took place on the third Thursday of the month at NMGH starting at 1pm and finishing promptly at 2pm. A light buffet lunch funded by the Trust is provided for attendees from 12.30.

2.6 Attendance was recorded on arrival and all participants signed a confidentiality agreement to protect any patient information which is heavily disguised and kept to a minimum. Importantly the confidentiality extends to discussing staff too, so that there is a safe atmosphere in which to explore the personal impact of delivering healthcare.

2.7 Each month a panel of four or five staff members presented a topic or situation with each member having been prepared by the facilitators beforehand. Nearly all the teams who have presented have identified the preparation process as very helpful in fostering Team relationships and a sense of common purpose.

2.8 Following the initial presentation by panel the audience will be asked to respond. The idea is that the panel stories create a resonance with colleagues, allowing staff to access the emotional tolls and rewards of healthcare, connecting them to the values that prompted them to enter the field, reducing the sense of isolation (“no-one else feels like this”) and the sharing of strengths and resilience.

2.9 We have delivered 18 Rounds® since March 2014. These are detailed in the table below.

<table>
<thead>
<tr>
<th>DATE and FACILITATORS</th>
<th>TITLE</th>
<th>TOPIC</th>
<th>STAFF GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 20th 2014 RC/SL</td>
<td>“When I can’t do right for doing wrong”</td>
<td>The challenges of caring for a detained patient who resists all attempts to assist her and often violent and abusive to staff</td>
<td>Bronte Ward</td>
</tr>
<tr>
<td>April 17th 2014 RC/SL</td>
<td>“Safe as houses”</td>
<td>A challenging home visit where staff felt under threat and the resilience from working in a caring and cohesive team</td>
<td>Later Life CMHT</td>
</tr>
<tr>
<td>May 15th 2014 RC/SL</td>
<td>“A memorable patient”</td>
<td>Staff discuss patients from their careers who made an impact</td>
<td>Consultant. Senior Nurse, Support worker</td>
</tr>
<tr>
<td>June 19th 2014 RC/SL</td>
<td>“72 hours on SAFIRE”</td>
<td>Staffs discuss a particularly trying period on an acute short stay unit.</td>
<td>SAFIRE ward</td>
</tr>
<tr>
<td>July 17th 2014 RC/SL</td>
<td>“An inappropriate admission?”</td>
<td>Admission of patient with particularly challenging behaviour and the compassion evoked in staff despite considerable obstacles</td>
<td>An acute ward</td>
</tr>
<tr>
<td>Date</td>
<td>Title</td>
<td>Description</td>
<td>Author</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>September 18th 2014</td>
<td>“It's time to say goodbye”</td>
<td>Enforced separation of mum and baby on Perinatal unit and effect upon staff.</td>
<td>Andersen</td>
</tr>
<tr>
<td>October 16th 2014</td>
<td>“The impact of Coroner’s court”</td>
<td>Staff describe their responses to four patient deaths and the impact of attending coroner’s court.</td>
<td>Mulberry Ward</td>
</tr>
<tr>
<td>November 20th 2014</td>
<td>“Facing death together”</td>
<td>Staff discuss managing inpatient expected deaths dealing with the death, links to their own personal bereavements and the importance of providing dignity and respect.</td>
<td>Cavendish Ward</td>
</tr>
<tr>
<td>December 18th /January 15th round</td>
<td>“My inspiration/my hero”</td>
<td>Trust Exec team</td>
<td>Cancelled due to TDA urgent meeting</td>
</tr>
<tr>
<td>February 19th 2015</td>
<td>“Dealing with death”</td>
<td>Staff managing the death of loved patient who had periods of extreme anguish.</td>
<td>Later life staff</td>
</tr>
<tr>
<td>March 26th 2015</td>
<td>“Only a student”</td>
<td>Nursing and medical students describe experiences, perspectives and impact</td>
<td>Nursing and medical students</td>
</tr>
<tr>
<td>April 23rd 2015</td>
<td>“The unwanted care plan, the vodka and the cat”</td>
<td>Caring for an alcohol dependent man in his final months</td>
<td>Community Alcohol Team</td>
</tr>
<tr>
<td>May 21st 2015</td>
<td>“Walking the high wire”</td>
<td>Working with highly risky substance misuse patients over years: the fall out on staff of high mortality and motivations to work with this patient group</td>
<td>Dual Diagnosis Team</td>
</tr>
<tr>
<td>June 18th 2015</td>
<td>“Starting out”</td>
<td>The impact and personal challenges of commencing clinical work in Mental Health nursing.</td>
<td>Student nurses</td>
</tr>
</tbody>
</table>
### Achievements and Outcomes

3.1 The Trust has successfully embedded Rounds® for nearly two years now. This is no mean feat in a relatively small and geographically spread out workforce. Attendances have been in keeping, perhaps somewhat higher, than that found in non-acute trusts. From March 2014 we have delivered 18 Rounds® in total or nine Rounds® per calendar year so far which is in keeping with guidance from the Point of Care. Our feedback is consistently good with staff who attend rating the Rounds® highly and valuing the space provided to talk about the personal impact if the work they do in a secure setting. Feedback from last 12 months is available but sample feedback for four sessions is included in the Appendix 1. We have attracted staff from a wide variety of disciplines, care groups and from both inpatient and community settings, adults of working age and older adults. The impact of suicides, violence, Mental Health legislation and death, dementia and substance misuses have all been brought by staff.

3.2 The Trust’s Clinical Strategy² speaks of a “commitment to providing respectful, dignified and compassionate care” and aspires to “improve the experience of staff working at the Trust because this is known to have a positive effect upon outcomes for patients.”

3.3 Schwartz Rounds® have contributed to this strategy by promoting a space for staff where the emotional impact of their work can be shared and acknowledged. It is striking within the Rounds® how caring staff are for not only patients but when can also be for one another and how powerful the experience of having one's labours both professional and emotional recognised and validated. Time and time again staff have gone on to share their personal motivations for working in Mental Health and touching incidences of being personally moved to “go the extra mile” and behave with compassion and humanity in very difficult circumstances.
3.4 Some anonymised excerpts from the Rounds®:

- “I made her look nice then opened the window to let her spirit out-I would have done that for my Nan and hope someone does that for me when my time comes…”
- “We just really felt for his Mum trying to look after him-it might not have been right place for an admission but I came into nursing to help others not leave someone in such state…”
- “Our Manager and Consultant were fantastic in supporting us through this…”
- “I have children that age too-I felt so sad for them, what they were going through…”
- “It’s something you have do working in Mental Health…I didn’t think it would be good to talk about it but it really helped…”
- “People think it is all just playing with cute babies they don’t see how hard it can be for the staff.”
- “I have had my own mental health issues and wondered how people might judge me…”
- “It made me want to give up after twenty years of working in this field…support from others really helped…”

3.5 The Care Quality Commission recently rated the Trust as “Good” in the “Caring” domain. Schwartz Rounds® have supported the development of a caring, humane and kind workforce in a modest but consistent way over the past two years. The impetus for the Rounds® came from response to a presentation on Intelligent Kindness and staff asking for this Schwartz forum to be developed. Compassionate Care resonates with our staff and indeed it makes sense to them that staffs that are cared for by their organisation will be warmer and more compassionate in their patient interactions promoting a virtuous cycle of attachment and genuine involvement.

4. Feedback collection (Appendix 2)

4.1 At the end of each Round® participants fill out a feedback form immediately afterwards. This includes ample space for narrative return as well as categories to be rated.

4.2 Rating categories are as follows:

1. The case discussed today was relevant to my daily work clinical work.
2. I gained Knowledge that will help me in caring for my patients.
3. Today's Round® will help me work better with my colleagues.
4. The overview and presentation of the case was helpful to me.
5. The open discussion was helpful to me.
6. The facilitators helped the discussion today.
7. I have gained insight into how others think/feel in caring for others.
8. I plan to attend Schwartz Centre Rounds® again.
9. Please rate today's Schwartz Centre Round®.
10. How did you hear about the Schwartz Centre Rounds®?

4.3 The scored items were all rated for every Round® as over 90% rating as good/excellent/exceptional. Narrative comments are included in each monthly feedback.
4.4 Below is included the narrative feedback from the May 2015 Round:

<table>
<thead>
<tr>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent – precious opportunity to discuss important issues, feelings that are often kept in for self-preservation! Does it help to keep a lid on the box or are we banking more stress for the future?</td>
</tr>
<tr>
<td>• Such inspirational people and stories. This has made me think about my practice and has increased my insight into my own emotions and the importance of supporting those I work with.</td>
</tr>
<tr>
<td>• It was interesting to see how everyone connected and related to the talks in a human way</td>
</tr>
<tr>
<td>• An excellent presentation. Highlights the importance of having support form colleagues and supervisors to combat the effects of the work we do and the isolation we often feel. Thank you</td>
</tr>
<tr>
<td>• The session was much more emotional than I had expected, very interesting to hear the passion of the practitioners on the panel and audience</td>
</tr>
<tr>
<td>• Very informative with honest emotional contact</td>
</tr>
<tr>
<td>• Reassuring to hear others reacting. Emotional cost</td>
</tr>
<tr>
<td>• Discussion got out of context which could have been brought back earlier on</td>
</tr>
<tr>
<td>• Excellent input and discussion</td>
</tr>
</tbody>
</table>

4.5 Such feedback is pivotal to demonstrating and understanding the effect of Schwartz on Trust staff. The example above illustrates many of the key responses from staff who have attended Schwartz Rounds®. It is fairly clear here that the participants found the Round helpful, inspiring and connected them to fellow staff members. These are exactly the experiences and values that we hoped that adopting Schwartz Rounds® would bring to our Trust.

4.6 Round® attendance has varied from 41 to 12 staff members, excluding facilitators. Average attendance is around 20. This is in keeping with attendances found at nonacute sites where the average is 16.

5. Challenges

5.1 Continuing the Schwartz Rounds® will of course have a financial implication for the Trust. The renewal of the franchise and support from the Point of Care will be £3,150 + VAT for another 2 year subscription. As a member we will also be able to continue to use the ‘Schwartz Centre Rounds®’ name, a brand associated with a growing evidence-base and increasingly recognised by authorities such as NHS England, CQC and Health Education England. Schwartz Rounds® are an indicator of an organisation’s continued and sustained commitment to value and support staff. As a member, we will be listed on the Point of Care website alongside the other, newer, organisations that have a contract to run Rounds®. We will be able to display the Point of Care logo in relevant publications and publicity materials. Established organisations that decline membership may continue to hold Rounds® but must stop calling them Schwartz Rounds®. At this point, access to the benefits of the scheme and community will cease.

5.2 We will also have access to online resources with all staff in our Trust having access to a password protected area of the website found here: www.pointofcarefoundation.org.uk/Schwartz-Community. The website offers a growing number of downloadable resources for sites established in the running of Schwartz Rounds®. For example, you can find suggestions for Rounds® topics, tips for sustainability, trouble-shooting and skills development resources.
5.3 Publicity for the Rounds® is done internally by Trust Communications Team and Medical Education at NMGH who also organise the lunch which is an integral part of the Schwartz Rounds® experience.

5.4 The original budget included monies for backfill for staff to attend. To date there have been no claims for backfill from ward or community settings. Managers have rostered staff to cover the Rounds® and indeed staff have volunteered to come in free of charge on their day off to be present on panels.

5.5 Facilitation has been by Dr Clarke and Dr Lennon with the very occasional cover by Professor Longson and one occasion by Ms Joanne Greenwood. Going forward there will be no holiday or emergency cover for Drs Clarke and Lennon. This involvement will be included in job plans for both Consultants. It is however a priority to recruit at least two more facilitators within the organisation to help with not only the facilitation on the day of the Rounds® but the considerable work in finding a panel and preparing the presentations beforehand with debriefing if required. Our renewed subscription means that for every year of membership, we can train an additional facilitator or clinical lead. This means we already have facility to train two more facilitators without additional costs beyond any travel and subsistence to and from London. As an established organisation, the person will attend one day of facilitator training, which focuses on skills development.

5.6 The Point of Care Medical Education continue to collate feedback for us and we note that the new contract has clearly specified intervals for reporting which will need to be agreed with Medical Education staff.

6. Recommendations

We would recommend the following to the Trust Board:

1. The Trust is requested to agree to renew the Schwartz Franchise for further two years at a cost of £3150 plus vat, plus catering costs.
2. Approve facilitator training for two suitable persons at no additional cost to the Trust (except for travel expenses).
3. Notification of Trust staff and Point of Care of all dates for 2016 Rounds® by end of January 2016.
4. Six monthly data collection and interim report to be produced and shared with Trust Board and Point of Care by July 2016.
5. Trust to consider including Schwartz provision as part of CPD for Trust staff. Heads of Professions to be asked by Schwartz Facilitators to consider this before April 2016.
6. Trust to consider proposing Schwartz provision as part of future CQUIN for maintaining and promoting staff compassion culture.

Dr Rosemary Clarke  
Consultant Medical Psychotherapist and Lead Consultant, Community Central

Dr Sean Lennon  
Consultant Old Age Psychiatrist

Dr JS Bamrah  
Medical Director

December 31st 2015
Appendices:

1. Trust Schwartz feedback.
   


   Schwartz Rounds® feedback form.docx

References:

1. Implementing Schwartz Rounds® in Community and Mental Health Services: How can process of group reflection support Health and Social Care Staff? M Farr & R Barker, June 2015. Department of Social and Policy Sciences, University of Bath and the Point of Care Foundation:

   Bath University
   Schwartz Report - sua

2. Trust Clinical Strategy
**Trust Board Report – Executive Summary**

**Date of Trust Board:** 14th January 2016  
**Agenda Item:** 20

<table>
<thead>
<tr>
<th>Title of Report:</th>
<th>Health and Social Care Clinic – Evaluation of Pilot Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Produced:</td>
<td>4th January 2016</td>
</tr>
</tbody>
</table>

**Authors:**

- Ilsa Finigan  
  Acting Associate Director, Adult Community & Social Inclusion  
  Tel: 0161 882 2094

- Mark Gorman  
  Acting Service Manager, Adult Community & Social Inclusion Community Teams  
  Tel: 0161 882 2095

**Purpose of Paper:**

- To provide an evaluation of the Health and Social Care Clinic pilot which was initiated with the North West Community Mental Health Area Team in February 2015

**Key Points:**

- Creating Care coordinator capacity
- Reducing waiting lists
- Supporting recovery focused care planning and timely discharge from care coordination

**Action Required**

- Trust Board is asked to:
  - Note the report
  - Note the progress of the Health and Social Care Clinic Pilot Project

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**Monitoring and assurance framework summary**

<table>
<thead>
<tr>
<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>Link to Corporate Risk Register</td>
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<table>
<thead>
<tr>
<th>Any Action Required?</th>
<th>Yes</th>
<th>N/A</th>
<th>Comment</th>
</tr>
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<tbody>
<tr>
<td>Have all implications been considered?</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Legal</td>
<td>√</td>
<td>No</td>
<td>To be advised of any future implications by Lead Directors through Board reports as and when required</td>
</tr>
<tr>
<td>Financial</td>
<td>√</td>
<td>“</td>
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<td>Users and Carers</td>
<td>√</td>
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<tr>
<td>Equality and Diversity</td>
<td>√</td>
<td>“</td>
<td>“</td>
</tr>
</tbody>
</table>

| Yes | No |
| To include in 2015/16 Quality Account? |

| Yes | |
| Have the principles of the NHS Constitution been reflected in the decisions and actions proposed? |
1. **Introduction**

1.1 The background to the development of the Health and Social Care Clinic pilot project was one of a pressing need to develop capacity within the North West Community Mental Health Area Team which was carrying an expansive caseload and operating a waiting list for care coordination. The aim of the pilot project was to enable the process of ‘stepping down’ service users from the North West Community Mental Health Area Team (CMHAT) to GP Practice (Primary Care) by providing an intermediary service which supports a refocus of provision for service users, with the aim of facilitating a recovery focused transition to GP Primary Care services.

2.2 It was hypothesised that the pilot project would support throughput and thereby develop capacity with the North West CMHAT by stepping down service users who no longer require secondary care interventions set against the context of the CPA eligibility framework.

2.3 It was also hypothesised that the pilot project would ultimately promote confidence with our GP stakeholders that service users with a previous history of severe mental health needs can be safely managed within Primary care, and also that their route back to secondary care services can easily be navigated where a service user’s mental health shows evidence of subsequent deterioration.

2.4 Prior to the implementation of the North West Health and Social Care Clinic a briefing letter was distributed to all GP Practices linked to this CMHAT offering an overview of the pilot and inviting contact with the author should this give rise to any concerns (Appendix 1).

2.5 Alongside this pilot a different work stream was initiated with the support of the CCG (Dr. Ruth Thompson), also aimed at creating capacity within the North West Area team, via which GP Practices were asked to participate in the shared care agreement for service users whose only remaining identified need was the continued administration of a prescribed depot injection.

2. **Eligibility Criteria**

The Health and Social Care Clinic was primarily aimed at service users who fulfilled any one of the criteria defined below, but no service user should be excluded if it is considered by all relevant parties that they no longer require CPA interventions and that admission to the clinic may be of value in supporting transition to the GP Primary Care service.

- Service users who fit the profile of cluster 11 or cluster 12 and have consistently maintained this profile for at least 12 months. The service user will therefore require no psychotropic medication, or will have been on a stable dose for the preceding 12 months.
- Service users who have a funded social care package and whose only identified need is an annual review of this care package.
- Service users who currently have no identified needs that require secondary care provision but who have S.117 status and require a minimum annual review.
- Service users who are clinically stable and who are maintained on a clozapine medication regime. (However, a protocol is under development with a view to this cohort being monitored via the Clozapine Treatment Suite).
3. Referral Procedure

3.1 Appropriate referrals for the Health and Social Care Clinic have been identified through the process of Management Supervision during which it is established that all documentation (CPA/Mancas/Honos/Clustering) is current and readily available on the Amigos recording system.

3.2 Subsequently, any service user considered to be a suitable candidate for the Health and Social Care Clinic had their potential referral discussed with them directly, along with any identified carer, and any other professionals identified in the CPA framework.

3.3 Subject to agreement from all parties concerned a direct admission to the clinic would then take place and the service user would transition from the North West CMHAT CPA caseload to the North West Health and Social Care Clinic caseload distinguished on the Amigos recording system by the development of a distinct coding system.

4. Service Offer

Initial Appointment

4.1 Service users were offered an initial appointment, and where appropriate (but not in all cases) a projected date for transition to Primary Care was agreed, and documented in a summary clinic letter to the GP.

4.2 Service users also received a locality-specific resource pack which included information relating to socially inclusive activities, community facilities, citizenship information, and how to access advice in relation to state benefit entitlement.

Ongoing Review

4.3 Following the initial appointment the service user’s needs were reviewed at agreed intervals by a Lead Professional, in this case a Community Psychiatric Nurse (CPN), who was supported by a Support, Time and Recovery (STR) worker whose role was to ensure that a service user’s level of social inclusion met their own expectations.

Recording

4.4 Following each review the Lead Professional completed a risk follow-up based on clinical presentation and ensured that this was documented on the Amigos recording system in keeping with timescales prescribed by the Trust’s Data Quality Policy.

4.5 Further, a clinic summary letter using an agreed template letter (Appendix 2) was completed by the Lead Professional and sent to the service user and their registered GP summarising current concerns/progress and the ongoing management plan, and made readily available on the Amigos recording system.

5. Third Sector Contributors

A number of third sector organisations provide input to the Health and Social Care Clinic linked with the North West CMHAT:

- SHELTER provide housing advice, and a volunteer from the same organisation is also present to support people with the completion of housing related forms.
- MIND provide welfare rights advice.
- CREATIVE SUPPORT offer tenancy related support and advice.
6. **Peer Support**

The clinic is supported by a dedicated Peer Support Lead employed by MIND. Referrals for Peer Support are processed through the Lead and there are 10 such referrals being processed at this time.

7. **Health and Social Care Clinic Template Letter**

A fit for purpose template letter was designed through a brief Task and Finish project involving a representative from each of the six CMHATs across the City and following several iterations was implemented in August 2015 (Appendix 2).

8. **Formal Complaints**

Two formal complaints have so far been received in relation to the Health and Social Care Pilot:

- A complaint was received directly from the carer of a service user who had been stepped down to the Health and Social Care clinic. The complaint concerned the fact that the carer had not been informed of this step down process. This oversight was immediately addressed, an apology offered, and a lesson learned.
- A complaint was received, also from a carer, who had been informed of the step down process, but had been concerned that the process would result in loss of entitlement to S.117 after care entitlement. The carer received an apology that the process had not been sufficiently communicated, and reassurance that S.117 entitlement would be preserved. Again, a lesson was learned regarding the importance of clear communication to both service users and carers.

9. **Service Evaluation**

9.1 The North West Health and Social Care Clinic has been evaluated in a number of ways, as follows:

- The Pilot was presented to the Trust’s Service User and Carer forum at the Medical Education Centre on 22nd June by Astrid Sarsfield (North West CMHAT Manager).
- The Pilot was also presented to the Manchester Alliance Community Charter (MACC) on two separate occasions in July and August.
- The Pilot was presented to GPs and Commissioners by Mark Gorman and Ilse Finigan at the CCG Parkway Offices on two separate occasions, 16th September, and 17th November. The presentations produced positive feedback from these stakeholder groups.

**Service-User evaluation**

9.2 The process of service-user evaluation of the Health and Social Care clinic is underway with two service-users having been identified via the Trust's Head of Patient Experience who have agreed to their participation. However, the process has been temporarily delayed as the service users concerned are both temporarily unavailable due to personal reasons.

9.3 The evaluation will take the form of a simple exit questionnaire for users of the clinic, whereby attendees can answer a series of questions on a sliding scale from strongly agree to strongly disagree: for example, were you made to feel comfortable; is there a plan in place; are you satisfied with the plan. The final wording of the questions is yet to be agreed with the service user evaluators.
Recovery Star

9.4 The Clinic Lead Professional supports service users to complete the 10 point recovery star assessment at the points of entry to and exit from the service. This self assessment tool allows service users to chart and recognise their own progress during their time within the Health and Social Care clinic.

10. **Extension of the Pilot Project**

10.1 The impact of the North West Health and Social Care Clinic pilot project was monitored closely during the initial six month period and whilst there was a small number of formal complaints (8.0 above) it was noted that the initiative had enabled the North West CMHAT to provide allocated care coordinators to service users who had previously been held on a waiting list as the demand for care coordination had exceeded capacity.

10.2 In light of the successful initial impact of the North West Health and Social Care Clinic it was considered appropriate to extend the pilot to the remaining five CMHATs across the City, and this roll-out occurred during September 2015.

10.3 The roll-out was preceded by the distribution to all GP Practices of the briefing letter referred to in 1.0 (above) offering an overview of the pilot and inviting contact with the author should this give rise to any concerns (Appendix 1).

10.4 The six Health and Social Care Clinic pilot projects are based in community settings within each of the geographical areas that the teams serve.

11. **Health and Social Care Clinic Uptake**

<table>
<thead>
<tr>
<th>TEAM</th>
<th>START DATE</th>
<th>SERVICE USERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW</td>
<td>February 2015</td>
<td>80</td>
</tr>
<tr>
<td>CW</td>
<td>September 2015</td>
<td>34</td>
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<tr>
<td>SM</td>
<td>September 2015</td>
<td>11</td>
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<td>NE</td>
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<td>29</td>
</tr>
<tr>
<td>CE</td>
<td>October 2015</td>
<td>17</td>
</tr>
<tr>
<td>NM</td>
<td>November 2015</td>
<td>0</td>
</tr>
</tbody>
</table>

The above table represents the number of service users that have been stepped down from CPA to the Health and Social care Clinic for each of the six Area Teams.

12. **Recommendations**

Trust Board is asked to:

- Note the report
- Note the progress of the Health and Social Care Clinic Pilot Project

Ilsa Finigan         Mark Gorman
Acting Associate Director Acting Service Manager
Adult Community & Social Inclusion Adult Community & Social Inclusion –
                                      Community Teams
Appendix 1

Dear Doctor,

Re: Mental Health and Social Care Clinics

I am writing to you in my capacity as Acting Service Manager (Area Teams and Assertive Outreach) and to inform you of a new Trust initiative which is to be piloted by the North West Area Team. In brief, the pilot will involve a weekly Health and Social Care Clinic, initially based at Park House (NMGH). The aim of the Clinic is to enable the process of ‘stepping down’ service users from the Area Team to GP Practice, by providing an intermediary service which supports a recovery focused transition.

The service user cohort for the focus of this pilot project will be those that fit the profile of Cluster 11, and will have maintained that profile for at least 12 months. In addition, the cohort will also have been on a stable medication regime for the past 12 months with no concerns regarding compliance. It is considered that the maximum length of stay within this new service will be 12 months, but for some service users this may be a shorter time scale.

As the service user’s registered GP you will be kept informed of individual progress throughout their stay with the Clinic, and at the point of discharge.

For a period of 6 months following discharge from the Health and Social Care Clinic you will be able to request a review by contacting the Clinic directly should you have any concerns.

The pilot project will be subject to ongoing review and evaluation by the Trust, from a service-user’s perspective, and we would of course welcome feedback from GP Practices.

It is intended that this initiative will be launched in mid-January 2015.

If you have any concerns or questions please do not hesitate to make contact.

Yours Sincerely
Appendix 2

Dear (SERVICE USER NAME)

Re: NHS No

Address

Thank you for attending the Health and Social Care clinic on (Date of Appointment). As you are aware, the purpose of asking you to attend this clinic is to support your mental health recovery journey to a point where your care can eventually be managed by your GP. This letter is a summary of your progress to date as discussed with you at your appointment, and a copy will be sent to your GP Practice so that they are also kept informed of your progress.

Section 117 After-Care Entitlement (Yes or No):

Diagnosis:

Medication:

Mental state examination:

Appearance and Behaviour:

Mood:

Thoughts:

Perception

Cognitive Examination:

Insight:

Risk Assessment:

Risk to self:

Risk to others:

Risk of vulnerability and exploitation:

Alcohol or illicit drug use:

Physical Health:

Social Inclusion:

State Benefits: (maximised or requiring review)

Housing:
Recovery Star:
The Recovery Star was discussed with you at your appointment and allows you to rate your own progress on a scale of 1 to 10 in the following areas:-
(10 is no problem, 1 is a problem)

Managing mental health - Score =
Physical health and self care - Score =
Living skills - Score =
Social networks - Score =
Work - Score =
Relationships - Score =
Addictive behaviour - Score =
Responsibilities - Score =
Identity and self esteem - Score =
Trust and hope - Score =

Plan: (Including provisional discharge date, if appropriate):

Next Appointment:  Your next appointment at the Health and Social Care clinic is at (TIME) on (Date).

Yours sincerely,

Health and Social Care Clinic

Area Team Contact Details
Crisis Line (Out of Hours)
Performance Monitoring 2015/16
Revenue and Capital Financial Report for the period ended
30th November 2015

Date of Trust Board: 14th January 2016  Agenda Item: 21


Date Produced: 30th December 2015

Author: Sam Simpson
Director of Finance
Tel: 0161 882 1381

Purpose of Paper: To update the Board on the Revenue and Capital financial position for the period ended 30th November 2015 and the forecast outturn position for 2015/16.

Key Points:

- The Trust is reporting a year to date deficit at the end of November of £3.939m against a profiled plan of £4.487m deficit. (This compares to a year to date deficit of £3.909m against a profiled plan of £4.383m deficit at the end of October).

- At Month 8 the Trust is reporting a £5.8m deficit forecast outturn for 2015/16 which incorporates the forecast reduction agreed with the TDA.

- The Trust has identified a potential £300k slippage/deferral of capital expenditure in 2015/16 and awaits further information from the TDA on the revenue impact.

- The Department of Health has advised that the Trust’s access to the RWCF will be restricted to the value of the stretch target (£4.113m). The Trust is finalising its application to the Department of Health for further cash support which may be required over and above this level.

Action Required: The Board is asked to note the contents of this report, the financial position as at 30th November 2015 and the level of forecast outturn deficit for 2015/16.

Monitoring and assurance framework summary

<table>
<thead>
<tr>
<th>Reference / Link to Corporate Objective/s &amp; Risks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be effective, efficient, and sustainable</td>
<td>Ensure financial targets are met.</td>
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</table>

<table>
<thead>
<tr>
<th>Link to Corporate Risk Register</th>
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<tbody>
<tr>
<td>C/12/12</td>
<td>Failure to deliver full efficiency requirements would mean the financial plans are not met.</td>
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</tbody>
</table>

<table>
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<tr>
<th>Have all implications been considered?</th>
<th>Yes</th>
<th>Yes - Detail in report</th>
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<th>Comment</th>
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<tbody>
<tr>
<td>Legal</td>
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<td></td>
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<tr>
<td>Human Resources</td>
<td>√</td>
<td></td>
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<td></td>
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<tr>
<td>IM&amp;T</td>
<td>√</td>
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<tr>
<td>Estates</td>
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<tr>
<td>Users and Carers</td>
<td>√</td>
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<tr>
<td>Equality and Diversity</td>
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<tr>
<td>To include in 2014 Quality Account?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
<td>√</td>
<td></td>
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</table>
Manchester Mental Health and Social Care Trust

Performance Monitoring 2015/16

Revenue and Capital Financial Report for the period ended 30th November 2015

1 Introduction

1.1 The purpose of this report is to advise the Board of the Trust’s financial position at the end of November 2015 and to provide an update on the current risks associated with achieving the financial targets for 2015/16.

1.2 The Income and Expenditure summary is set out in Appendix 1. The information has been restated to clearly show the gross CIP position previously included within the income, pay and non pay positions.

2 In-year position

<table>
<thead>
<tr>
<th>Plan: £4.487m deficit</th>
<th>Actual: £3.939m deficit</th>
<th>Variance: £0.548m lower deficit than planned</th>
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<tbody>
<tr>
<td>• Small income and expenditure deficit of £30k recorded in the month of November.</td>
<td></td>
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<tr>
<td>• Small reduction in overall private bed usage in November (overall average 7 beds for the month compared to 9 in October).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Over-spending: additional temporary staffing needed for the observation levels required in inpatient services, medical locum usage &amp; CIP gap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Under-spending areas: mitigation against over-spending areas, mainly driven by vacancies and non-pay under-spending across operational services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The profile of the future costs (relating to known recruitment, restructuring and other non-pay) are forecast to be at the planned level and as such this level of under-spending is not predicted to continue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• This compares to a year to date deficit of £3.909m against a profiled plan of £4.383m deficit at the end of October.</td>
<td></td>
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</tbody>
</table>

3 Forecast

£5.8m deficit incorporating agreed contribution to TDA stretch target

Restructuring costs

• c£2m spent to date relating to changes to MCC commissioned services (plus in-year pay costs of £0.9m).

• Forecast remains at £3m:
  o Further reductions to income and additional restructuring costs are anticipated as a result of the further cuts to the public health grant.
The timing of restructuring costs associated with the service retraction proposals is now uncertain. The current forecast assumes costs will be accounted for in Quarter 4, any slippage in this would result in the Trust recording a lower overall deficit for 2015/16. It is not anticipated that the associated cash will be required in 2015/16.

### Risk Share

- **Forecast total expenditure £7.5m:** £2.2m overspend against the planned £5.3m
  
  A targeted piece of work is underway to understand overall bed usage over the last four years including the drivers of changes to activity and the impact of the investment in Home Treatment, Gate-keeping, Bed management and Patient Flow.

### Inpatient services

- **Overspends driven mainly by patient complexity and associated observation levels:** forecast overspend £2.0m compared to £1.3m in plan.

### Medical

- **Locum usage:** £1.1m to cover consultant vacancies and gaps in the junior doctor on-call rota.

## 4 Forecast Stretch Target/ Capital to Revenue Transfer

4.1 The initial stretch target allocated by the TDA for 2015/16 was a reduction to the deficit of £1.987m. Following correspondence and discussion of the financial risks, an agreed £0.3m reduction to the deficit has been incorporated into the forecast. Actions to determine delivery against this target are being worked through.

4.2 The TDA has asked the Trust for areas of potential slippage or deferral of capital expenditure in 2015/16 and a potential £300k has been identified. At Month 8 this has been reflected as a reduction in the capital expenditure forecast for 2015/16, the TDA are indicating they will issue an improvement to the revenue position at Month 9. This will enable the Trust to reduce its forecast income and expenditure outturn deficit by £300k.

## 5 Financial Risk Rating

NHS Trust Development Authority Financial Risk Rating: the Trust’s overall rating has been assessed as RED based on the assessed planned deficit for 2015/16.

## 6 Cost Improvement Programme (CIP) Performance

6.1 The plan for 2015/16 included a CIP target of £6.9m against which schemes of £4.6m in year, £6.5m full year effect, were identified; leaving a shortfall of £2.3m (£0.4m full year effect). In addition, local pressures of £3.8m were identified resulting in the planned deficit of £6.1m.

6.2 Following discussion at the Health Scrutiny Committee (HSC) on the 29th October 2015, and a workshop on the 9th December 2015, delivery of savings from service retraction schemes will be delayed until 2016/17. The Trust is in discussion with commissioners about the actions to be taken in response to the HSC and the impact for the forecast outturn and in year cash requirements will be determined.
<table>
<thead>
<tr>
<th>Category</th>
<th>Original 2015/16 Plan</th>
<th></th>
<th>Forecast Delivery</th>
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<tbody>
<tr>
<td></td>
<td>In year £m</td>
<td>Full Year Effect £m</td>
<td>In year £m</td>
<td>Full Year Effect £m</td>
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<td>Operational efficiencies</td>
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<td>2.9</td>
<td>2.7</td>
<td>2.9</td>
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<tr>
<td>Medical staffing efficiencies</td>
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<td>0.0</td>
<td>0.0</td>
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<td>Estate rationalisation / SLA review</td>
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<td>0.7</td>
<td>0.4</td>
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<td>Station Road – service change*</td>
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<td>0.5</td>
<td>0.1</td>
<td>0.5</td>
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<tr>
<td>Service retraction proposals*</td>
<td>0.2</td>
<td>1.0</td>
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<td>1.0</td>
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<tr>
<td>(supported by commissioners)</td>
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<td></td>
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<tr>
<td>Other service retraction proposals</td>
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<tr>
<td>Total</td>
<td>4.6</td>
<td>6.5</td>
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<td>Original Target Set</td>
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<tr>
<td>Gap</td>
<td>(2.3)</td>
<td>(0.4)</td>
<td>(3.0)</td>
<td>(1.4)</td>
</tr>
</tbody>
</table>

* Proposals submitted to Health Scrutiny Committee 29th October 2015

7 Capital Programme (Appendix 2)

7.1 Year to Date Expenditure.

<table>
<thead>
<tr>
<th>Current YTD Plan: £1.794m</th>
<th>Actual YTD Expenditure: £1.229m</th>
<th>Variance: £565k behind plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year to date expenditure primarily attributable to IT equipment replacement programme (£148k), Adult Wards Window Replacement (£142k) and Poplar Ward refurbishment (£730k).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>This compares to £1.148m actual year to date expenditure against a year to date plan of £1.398m at the end of October.</strong></td>
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</table>

7.2 Forecast Expenditure

<table>
<thead>
<tr>
<th>Plan: £2.364m</th>
<th>Forecast: £2.064m</th>
<th>Variance: £300k under plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential slippage totalling £300k has been identified within the 15/16 capital programme and has been offered to the NHS TDA for capital to revenue transfer.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>This has been reflected within the forecast capital expenditure.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8 Statement of Financial Position (Appendix 3)
8.1 Cash (Appendix 4)

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.03.15</td>
<td>£2.394m</td>
</tr>
<tr>
<td>30.11.15</td>
<td>£3,041m</td>
</tr>
<tr>
<td>31.03.16</td>
<td>£1m</td>
</tr>
</tbody>
</table>

- A Revolving Working Capital Facility (RWCF) for £8.6m was established from July to enable the Trust to access cash financing as required to meet its liabilities as they fall due.
- RWCF usage to date is £3.380m, with further usage expected during December 2015.
- The Department of Health has advised that the maximum limit for the RWCF will be restricted to the value of the Trust’s stretch target (£4.113m).
- It is anticipated that the Trust will reach a draw down level equivalent to this valueduring January 2016.
- The Trust expects to be able to access any further cash support required via an application to the Department of Health for temporary revenue PDC up to a maximum of a further £4.113m.
- A detailed review of the cash requirements for the final quarter of the year is currently being undertaken in order to finalise the Trust’s application.
- The forecast cash balance of £1m is the maximum permitted at year end for organisations with a RWCF in place.

8.2 Working Balances

<table>
<thead>
<tr>
<th>Debtor Days</th>
<th>Creditor Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Trade Debtors / Income x 365)</td>
<td>(Trade Creditors / Expenditure x 365)</td>
</tr>
<tr>
<td>11 days</td>
<td>33 days</td>
</tr>
</tbody>
</table>

9 Recommendation

The Board is asked to note the contents of this report, the financial position as at 30th November 2015 and the forecast outturn deficit for 2015/16.

Sam Simpson
Director of Finance
30th December 2015

APPENDICES

- Appendix 1 Income & Expenditure Summary
- Appendix 2 Capital Programme
- Appendix 3 Statement of Financial Position
- Appendix 4 Cashflow
**Income & Expenditure Summary**
For 8 Months to 30th November 2015

<table>
<thead>
<tr>
<th>Year to Date</th>
<th>Full Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>Actual</td>
</tr>
<tr>
<td>£000</td>
<td>£000</td>
</tr>
</tbody>
</table>

**Total Income (gross excluding CIP)**

(69,442) (70,138) (696) (104,227) (105,093) (866)

**Expenditure**

- Pay 54,615 53,588 (1,027) 81,528 80,443 (1,085)
- Non Pay 18,762 19,899 1,137 28,157 28,843 946
- Restructuring Costs 2,093 1,881 (212) 3,000 3,000 0
- Provisions for other liabilities and charges 0 18 18 0 278 18

**Total Expenditure (gross excluding CIP)**

75,470 75,386 (84) 112,685 112,564 (121)

**CIP**

(2,723) (2,484) 239 (4,643) (3,950) 693

**EBITDA**

3,305 2,764 (541) 3,815 3,521 (294)

**Depreciation & Amortisation**

918 986 68 1,889 1,889 0

**Dividends**

115 115 0 173 173 0

**Interest payable**

153 86 (67) 229 229 0

**Interest receivable**

(4) (12) (8) (6) (12) (6)

**(Surplus) / Deficit for Period**

4,487 3,939 (548) 6,100 5,800 (300)
## 2015/16 CAPITAL PROGRAMME

**APPENDIX 2**

as at 30 November 2015

<table>
<thead>
<tr>
<th></th>
<th>Initial Annual Plan</th>
<th>Current Annual Budget</th>
<th>Forecast Annual Expenditure</th>
<th>YTD Plan at 30 November</th>
<th>Actual Expenditure at 30 November</th>
<th>Variance to YTD Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>IT Schemes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Equipment Replacement</td>
<td>300</td>
<td>300</td>
<td>271</td>
<td>181</td>
<td>148</td>
<td>33</td>
</tr>
<tr>
<td>Data Centre</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>81</td>
<td>40</td>
<td>41</td>
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<tr>
<td>Digital Medical Records</td>
<td>800</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Windows 7</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>67</td>
<td>0</td>
<td>67</td>
</tr>
<tr>
<td>Wi-Fi</td>
<td>80</td>
<td>80</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fax Alternatives</td>
<td>60</td>
<td>60</td>
<td>64</td>
<td>62</td>
<td>64</td>
<td>(2)</td>
</tr>
<tr>
<td>Qpulse</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anti-virus</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Centralised Scanning</td>
<td>85</td>
<td>85</td>
<td>55</td>
<td>37</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>IT Software</td>
<td>0</td>
<td>75</td>
<td>75</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prison</td>
<td>0</td>
<td>0</td>
<td>75</td>
<td>50</td>
<td>0</td>
<td>50</td>
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<tr>
<td><strong>Total IT Schemes</strong></td>
<td>1,695</td>
<td>970</td>
<td>860</td>
<td>527</td>
<td>287</td>
<td>240</td>
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<tr>
<td><strong>Estate Schemes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Backlog Maintenance</td>
<td>248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estates Developments</td>
<td>421</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult Ward Windows</td>
<td>0</td>
<td>245</td>
<td>145</td>
<td>97</td>
<td>142</td>
<td>(45)</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>17</td>
<td>1</td>
<td>16</td>
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<tr>
<td>Privacy &amp; Dignity</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Anti-ligature Work</td>
<td>0</td>
<td>77</td>
<td>77</td>
<td>57</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Clinic Room - Temperature Control</td>
<td>0</td>
<td>50</td>
<td>50</td>
<td>39</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>Inpatient Ward Refurbishment</td>
<td>0</td>
<td>857</td>
<td>809</td>
<td>585</td>
<td>730</td>
<td>(145)</td>
</tr>
<tr>
<td>Air Locked Ward Entrances</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Victoria Park Refurbishment</td>
<td>0</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>0</td>
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<tr>
<td><strong>Total Estate Schemes</strong></td>
<td>669</td>
<td>1,292</td>
<td>1,144</td>
<td>823</td>
<td>942</td>
<td>(119)</td>
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<tr>
<td><strong>Medical Equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECT Machines</td>
<td>0</td>
<td>60</td>
<td>60</td>
<td>40</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>ECG Machines</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td><strong>Total Medical Equipment</strong></td>
<td>0</td>
<td>80</td>
<td>60</td>
<td>40</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Contingency</td>
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<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,364</td>
<td>2,364</td>
<td>2,064</td>
<td>1,390</td>
<td>1,229</td>
<td>161</td>
</tr>
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</table>
## STATEMENT OF FINANCIAL POSITION
as at 30 November 2015

<table>
<thead>
<tr>
<th></th>
<th>As Per Audited Accounts</th>
<th>YTD Position</th>
<th>Forecast Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31 March 2015</td>
<td>30 November 2015</td>
<td>Movement</td>
</tr>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>17,609</td>
<td>17,891</td>
<td>282</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>180</td>
<td>142</td>
<td>(38)</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>7,413</td>
<td>8,195</td>
<td>782</td>
</tr>
<tr>
<td><strong>TOTAL NON CURRENT ASSETS</strong></td>
<td>25,202</td>
<td>26,228</td>
<td>1,026</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>4,863</td>
<td>4,015</td>
<td>(848)</td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>2,394</td>
<td>3,000</td>
<td>606</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>7,257</td>
<td>7,015</td>
<td>(242)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>32,459</td>
<td>33,243</td>
<td>784</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>(10,779)</td>
<td>(12,469)</td>
<td>(1,690)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(425)</td>
<td>(425)</td>
<td>0</td>
</tr>
<tr>
<td>Provisions</td>
<td>(546)</td>
<td>(481)</td>
<td>65</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS / (LIABILITIES)</strong></td>
<td>(4,493)</td>
<td>(6,360)</td>
<td>(1,867)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS less CURRENT LIABILITIES</strong></td>
<td>20,709</td>
<td>19,868</td>
<td>(541)</td>
</tr>
<tr>
<td><strong>NON CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>(3,764)</td>
<td>(3,764)</td>
<td>0</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(3,421)</td>
<td>(6,538)</td>
<td>(3,117)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(285)</td>
<td>(285)</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td>13,239</td>
<td>9,281</td>
<td>(3,958)</td>
</tr>
<tr>
<td><strong>FINANCED BY TAXPAYERS’ EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Dividend Capital</td>
<td>14,302</td>
<td>14,302</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>(9)</td>
<td>(3,967)</td>
<td>(3,958)</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>1,328</td>
<td>1,328</td>
<td>0</td>
</tr>
<tr>
<td>Pension Reserve</td>
<td>(2,382)</td>
<td>(2,382)</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL TAXPAYERS EQUITY</strong></td>
<td>13,239</td>
<td>9,281</td>
<td>(3,958)</td>
</tr>
</tbody>
</table>
Contents

Contents ....................................................................................................................................................... 2
How To Interpret The Report ........................................................................................................... 3
Executive Summary ...................................................................................................................................... 4
Key Indicators ............................................................................................................................................... 7
Charts ......................................................................................................................................................... 11
Argyll .......................................................................................................................................................... 17
Safer Staffing Return .................................................................................................................................. 18
How To Interpret The Report

The direction of the arrow indicates whether performance has improved since the previous period:

↑

An arrow pointing upwards indicates that performance has improved

→

An arrow pointing to the right indicates that performance is unchanged

↓

An arrow pointing downwards indicates that performance has deteriorated

The colour of the arrow indicates the RAG status of the indicator against a national or locally agreed target:

↑

A green arrow indicates that performance is above or equal to target

↑

An amber arrow indicates that performance is below target (by less than or equal to 5%)

↑

A red arrow indicates that performance is significantly below target (>5% below target)

↑

A white arrow indicates that there is no national or locally agreed target
Executive Summary

1. Delayed Transfers Of Care

The number of delays has increased this month and performance is at 3.2% for all delays and 2.8% excluding social care delays. This equates to a total of 8 service users delayed at the snapshot date at the end of November. Performance according to the Monitor definition of the indicator was 3.2% in November compared to 2.4% in October.

The number of bed days lost due to reportable delays (i.e. delays that meet all of the relevant criteria to be formally categorised as a Delayed Transfer of Care and reported externally) increased from 166 in October to 233. A further 389 bed days were lost due to non-reportable delays compared to 426 in October. 74% of bed days lost were on adult wards with 79% attributable to housing including supported tenancy. The majority of these delays are outside of the control of Trust Services and discussions continue with commissioners around the need for a whole system response plan.

2. Out Of Area Bed Placements

During November there were 6 out of area Adult Acute bed placements and six out of area PICU placements.

3. Length Of Stay

The median length of stay for the Adult Mental Illness specialty decreased from 26 days in October to 15 days in November which is 3 days below the 18 day HES national average. The median for the Later Life specialty increased from 58.5 days in October to 90 days in November which is 38 days above the 52 day HES national average.

The median length of stay for Adult Acute wards decreased from 60 days in October to 26 days in November against the local target of 25 days. The mean length of stay for Adult Acute wards decreased from 80 days in October to 54 days in November against the local target of 50 days.

One factor which contributes to the high length of stay reported for patients discharged from Adult Acute wards is patients who are transferred from a Rehab Ward to an Acute Ward within the same inpatient spell and patients stepped down from a PICU Ward to an Acute Ward within the same spell. 4 out of the 63 discharges in November fell into this category and discussions are ongoing to ascertain whether or not the periods that service users spend on PICU or Rehab wards should be excluded from the reported Adult Acute length of stay.

The readmission rate within 30 days of discharge (from acute wards and SAFIRE) increased from 7.3% in October to 8.0% in November. The actual number of readmissions remained static at 8 in November with 5 out of the 8 readmissions previously discharged from SAFIRE rather than acute wards. All readmissions continue to be routinely reviewed by acute care staff.

4. CRHT Gatekeeping

Performance has remained static at 100% in November from 100% in October. This is above the 95% target. 26 out of 26 admissions were gatekept in November and the year to date performance is currently 98.5%.
5. **A&E 4 Hour Waits**

The number of Trust-attributable 4 hour waits increased from 77 in October to 85.5 in November. The main causes of 4 hour waits were delays awaiting the Other MHA Assessment, MHLT Assessments and delays awaiting a bed which together made up 59% of Trust-attributable waits.

The monitoring of 1 hour breaches is a Quality Requirement in the contract and the target is that 70% of referrals have an assessment starting within 1 hour of the referral being received. The Trust was above target this month and performance increased from 80.8% in October to 82.8% in November.

6. **PbR & Clustering**

The figure measured is that of users with a valid in date cluster. Performance in this indicator decreased from 81.8% in October to 81.1% in November.

Performance remains good in some areas with Later Life CMHTs at 91.7% and Adult Area Teams at 87.5%.

Consultant performance is lower with Later Life consultants at 80.5% and Adult consultants at 69.2%.

7. **CPA 7 Day Follow-Up**

Performance has increased from 95.2% in October to 98.6% in November and is over the 95% target. There was one breach in the Adult Division.

8. **CPA Review Within 12 Months**

Performance has decreased from 95.8% in October to 95.2% in November but continues to be above target. The percentage of the CPA caseload where there has been a review in the last 12 months and the review was circulated to the service user is 83.6%. The Later Life care group is currently under target and has decreased from 95.0% in October to 92.6% in November. The Adult Community care group is above target but has decreased from 95.9% in October to 95.2% in November.

9. **Communication to GP of A&E Attendance**

Detailed analysis of this metric showed that refinements in the data collection were required to accurately reflect the true position. Performance has decreased from 89.1% in October to 87.3% in November against a target of 95%. A number of scenarios where a letter wasn't being sent have been identified and the Remedial Action Plan has been updated and presented to Quality Board.

10. **Feedback to GP referrers**

Feedback to GP referrers is provided directly to them via the Integrated Care Gateway (ICG), the electronic system used by GPs to refer to all secondary care providers. Performance dipped markedly in May and June after a change to the Gateway Service was implemented on 11th May. Gateway began recording activity on Amigos differently as part of the new streamlined referral management process.

Performance increased from 98.9% in October to 99.5% in November. The Trust is above the 95% target.
11. Argyll

As requested by Board, the figures and associated performance for use of the Argyll system are shown. Since the beginning of the reporting of this through the performance meeting, there has been a failure to meet the performance target. Latterly there have been questions as to the validity of the target figures shown and in addition to the actions being taken to address poor use of Argyll by some individuals. A review is being undertaken to establish whether the target figures are appropriate or not. If it is amended, the reasons for this will be explained in the report.
# Key Indicators

<table>
<thead>
<tr>
<th>Item</th>
<th>Target Or Benchmark</th>
<th>2014/15</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Performance Compared To Previous Month/RAG</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA 7 Day Follow up</td>
<td>95%</td>
<td>97.2%</td>
<td>95.2%</td>
<td>98.6%</td>
<td>Up</td>
<td>Performance has increased from 95.2% in October to 98.6% in November, which is over the 95% target. There was one breach in the Adult Division.</td>
</tr>
<tr>
<td>CPA Review Within 12 Months</td>
<td>95%</td>
<td>95.9%</td>
<td>95.8%</td>
<td>95.2%</td>
<td>Down</td>
<td>Performance has decreased from 95.8% in October to 95.2% in November but is slightly above target. The percentage of the CPA caseload where there has been a review in the last 12 months and the review was circulated to the service user is 83.6%. The Later Life care group is currently under target and has decreased from 95.0% in October to 92.6% in November with 6 out of 8 teams above target and 2 at 100%. The Adult Community care group is above target and has decreased from 95.9% in October to 95.2% in November with 10 out of 12 teams at or above target and 4 above 97%.</td>
</tr>
<tr>
<td>Delayed Transfers of Care</td>
<td>7.5%</td>
<td>4.1%</td>
<td>2.1%</td>
<td>3.2%</td>
<td>Down</td>
<td>The number of delays has increased this month and performance is 3.2% for all delays and 2.8% excluding social care delays. This equates to a total of 8 service users delayed at the snapshot date at the end of November, 7 excluding social care delays. Performance according to the Monitor definition of the indicator was 3.2% in November compared to 2.4% in October.</td>
</tr>
<tr>
<td>CRHT: Gatekeeping</td>
<td>95%</td>
<td>96.1%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>Up</td>
<td>Performance has remained static at 100% from last month and is above the 95% target. 26 out of 26 admissions were gatekept and year to date performance is currently 98.5%.</td>
</tr>
<tr>
<td>Adult: Median Length of Stay (Days)</td>
<td>18</td>
<td>11</td>
<td>26.0</td>
<td>15.0</td>
<td>Up</td>
<td>The median length of stay for the Adult Mental Illness specialty has decreased from 26 days in October to 15 days in November which is 3 days below the 18 day HES national average. The median length of stay for Adult Acute wards only has decreased from 60 days in October to 26 days in November and the mean length of stay for Adult Acute wards only has decreased from 80.4 days in October to 54 days in November.</td>
</tr>
<tr>
<td>Later Life: Median Length of Stay (Days)</td>
<td>52</td>
<td>75</td>
<td>58.5</td>
<td>90.0</td>
<td>Down</td>
<td>The median length of stay for the Old Age Psychiatry specialty has increased from 58.5 days in October to 90 days in November which is 38 days above the 52 day HES national average.</td>
</tr>
<tr>
<td>Category</td>
<td>October (%)</td>
<td>November (%)</td>
<td>Improvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults: Bed Occupancy</td>
<td>85%</td>
<td>97.7%</td>
<td>99.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Later Life: Bed Occupancy</td>
<td>85%</td>
<td>94.0%</td>
<td>98.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults in contact with secondary MH Services in settled accommodation</td>
<td>75%</td>
<td>80.1%</td>
<td>79.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults in contact with secondary MH Services in employment</td>
<td>4.5%</td>
<td>5.0%</td>
<td>5.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Emergency Care: A&amp;E 4 Hour Waits</td>
<td>N/A</td>
<td>849.5</td>
<td>77</td>
<td>85.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Occupancy excluding leave for Adult Acute wards has increased from 97.7% in October to 99.7% in November.
- Occupancy excluding leave for Later Life Acute wards has increased from 94.0% in October to 98.3% in November.
- Performance has decreased from 80.1% in October to 79.9% in November but continues to be above the 75% target. The percentage of service users with no accommodation status recorded has increased from 2.1% in October to 2.3% in November.
- Performance has remained static this month at 5.0% this month and continues to be above target. The IPS service works with the Early Intervention service provided by RDASH and, as indicated in previous reports, service users care coordinated by RDASH are now included in the calculation. The percentage of service users in Trust services (i.e. excluding Early Intervention) with no employment status recorded remains low at 1.8% in November. Including Early Intervention the percentage of service users with no employment status recorded is 3.1%.
- The number of Trust-attributable 4 hour waits increased from 77 in October to 85.5 in November. The main causes of 4 hour waits were delays awaiting MHLT Assessments, and delays awaiting a bed and Other MHA Assessment which together made up 59% of Trust attributable waits.
- The monitoring of 1 hour breaches is a Quality Requirement in the contract and the target is that 70% of referrals have an assessment starting within 1 hour of the referral being received. The Trust was above target this month and performance increased from 80.8% in October to 82.8% in November.
<table>
<thead>
<tr>
<th>Quality Item</th>
<th>Target</th>
<th>2014/15</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>RAG</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Complaints Upheld</td>
<td>N/A</td>
<td>29</td>
<td>0</td>
<td>1</td>
<td>↓</td>
<td>Compared with November 2014 there was a decrease from 3 to 1 of upheld complaints in November 2015.</td>
</tr>
<tr>
<td>Number of Complaints Referred To The Ombudsman</td>
<td>N/A</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>→</td>
<td>Compared with November 2014 the number of complaints referred was the same as November 2015.</td>
</tr>
<tr>
<td>AWOLs From Ward</td>
<td>&lt; 15</td>
<td>8</td>
<td>8</td>
<td></td>
<td>↑</td>
<td>The monthly figure shows the actual number of AWOLs each month. The target is for this to be under 15 (amber) and under 12 (green). In November, there were 8 recorded AWOLs on DATIK (Green) compared with 8 last month.</td>
</tr>
<tr>
<td>Increase in reporting grade harms</td>
<td>&lt; Last Year</td>
<td>65.8%</td>
<td>75.1%</td>
<td></td>
<td>↑</td>
<td>The monthly figure shows the number of incidents in this financial year to date as a percentage of the number of incidents in the same period in the previous financial year. All Grade harms are included.</td>
</tr>
<tr>
<td>Data completeness: identifiers</td>
<td>99%</td>
<td>99.7%</td>
<td>99.8%</td>
<td>99.8%</td>
<td>↑</td>
<td>Performance has remained static at 99.8% in November from 99.8% in October and continues to be above the 99% target.</td>
</tr>
<tr>
<td>Data completeness: outcomes for patients on CPA</td>
<td>50%</td>
<td>80.6%</td>
<td>82.7%</td>
<td>81.9%</td>
<td>▼</td>
<td>Performance has decreased from 82.7% in October to 81.9% in November and continues to be well above the 50% target.</td>
</tr>
<tr>
<td>PDR Item</td>
<td>Target</td>
<td>2014/15</td>
<td>Oct-15</td>
<td>Nov-15</td>
<td>RAG</td>
<td>Commentary</td>
</tr>
<tr>
<td>% of Caseload with a valid in-date cluster</td>
<td>N/A</td>
<td>N/A</td>
<td>81.8%</td>
<td>81.1%</td>
<td>↓</td>
<td>The percentage of case load with a valid in-date cluster decreased from 81.8% in October to 81.1% in November.</td>
</tr>
<tr>
<td>IAPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery Rate</td>
<td>60%</td>
<td>21.7%</td>
<td>19.8%</td>
<td></td>
<td>▼</td>
<td>The Recovery Rate has decreased from 21.7% in October to 19.8% in November but remains below the 50% target. From January 2015 the figures used to calculate the Recovery Rate include activity recorded against the IAPT data standard by counsellors who joined the IAPT pathway in late 2014.</td>
</tr>
<tr>
<td>% Referrals With Treatment Within 6 Weeks</td>
<td>75%</td>
<td>23.7%</td>
<td>22.1%</td>
<td></td>
<td>↑</td>
<td>These standards are part of the first set of mental health access and waiting time standards which are being introduced during 2015/16. All IAPT providers will be expected to work towards these standards throughout 2015/16 for achievement by 1st April 2016.</td>
</tr>
<tr>
<td>% Referrals With Treatment Within 18 Weeks</td>
<td>65%</td>
<td>52.6%</td>
<td>55.2%</td>
<td></td>
<td></td>
<td>In November 22.1% of service users who completed treatment in the month were seen within 6 weeks and 55.2% within 18 weeks.</td>
</tr>
<tr>
<td>Workforce and Organisational Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Staff Sickness Absence</td>
<td>4%</td>
<td>6.76%</td>
<td>4.90%</td>
<td>5.28%</td>
<td>▼</td>
<td>The overall Trust sickness absence rate for November 2015 was 5.28%, which is 1.23% above the Trust target of 4%. This equates to 2,432 FTE calendar days lost. This is an increase of 0.29% from October which was 4.69%. Compared to November 2014 (5.08%), this is a decrease of 1.10%.</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>90%</td>
<td>69%</td>
<td>76%</td>
<td>78%</td>
<td>↑</td>
<td>The report produced each week provides figures for the Mandatory Care skills (which reflect the Care Skills Framework) as well as figures for all the identified mandatory training. In terms of the Mandatory Care Skills the figure has increased to 82% at the end of November. The overall mandatory training figures have increased by 2% to 78%. By separating these two figures, managers can action any non-compliance.</td>
</tr>
<tr>
<td>PDR Completion Rate</td>
<td>90%</td>
<td>61%</td>
<td>65%</td>
<td>71%</td>
<td>↑</td>
<td>Compliance is currently at 71%. This has increased by 6% since the end of October. Further to the Organisational Development manager writing to all staff who were non-compliant, a further email is being sent to all managers of services that are below 60% compliant in line with the CQC Action Plan.</td>
</tr>
</tbody>
</table>
## Monthly Quality Requirements

<table>
<thead>
<tr>
<th>Reference</th>
<th>Details</th>
<th>Threshold</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>RAG</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>CB_B17</td>
<td>Number of validated EMSA breaches</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td>There is one breach so far in 2015/16.</td>
</tr>
<tr>
<td>NR3</td>
<td>Completion of a valid NHS Number in mental health and acute commissioning data sets submitted via SUS</td>
<td>99%</td>
<td>99.9%</td>
<td>99.9%</td>
<td></td>
<td>Performance has remained static at 99.9% from last month, and continues to be above target.</td>
</tr>
<tr>
<td>NR4</td>
<td>Completion of Mental Health Minimum Data Set ethnicity coding for all detained and informal Service Users</td>
<td>90%</td>
<td>92.2%</td>
<td>92.3%</td>
<td></td>
<td>The figures shown are taken from the primary submissions as the final refresh figures are only available several months in arrears. Performance continues to be above target for November at 92.3%.</td>
</tr>
<tr>
<td>NR5</td>
<td>Completion of IAPT Minimum Data Set - outcome data for all appropriate Service Users</td>
<td>90%</td>
<td>89.6%</td>
<td>87.8%</td>
<td></td>
<td>The figures shown are taken from the primary submissions as the final refresh figures are only available several months in arrears. Performance was below target for November at 87.8%.</td>
</tr>
<tr>
<td>GMQ9</td>
<td>All Serious Incident investigations to be completed and issued to Commissioners within 45 working days from date of incident (60 days for homicides)</td>
<td>100%</td>
<td>86.0%</td>
<td>14.0%</td>
<td></td>
<td>Currently subject to a remedial Action Plan with commissioners. Performance is below target at 17%. This equates to 1 out of 7. Extension requests were submitted to Commissioners due to difficulties experienced allocating lead investigators. Unfortunately, these requests have not been accepted.</td>
</tr>
<tr>
<td>GMQ10</td>
<td>All Serious Incidents to be notified to Commissioners within 2 working days of the provider being notified (but not longer than 72 hours)</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td>Currently subject to a remedial Action Plan with commissioners. Performance continues to be at target at 100%.</td>
</tr>
<tr>
<td>M2</td>
<td>A&amp;E 12 Hour Breaches From Decision To Admit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Performance is on target with no breaches so far in 2015/16.</td>
</tr>
<tr>
<td>M3 a</td>
<td>% of A&amp;E attendances where GP has been notified of attendance within 24 hours</td>
<td>95%</td>
<td>89.1%</td>
<td>87.3%</td>
<td></td>
<td>The performance has decreased from 89.1% in October to 87.3% in November and continues to be below target.</td>
</tr>
<tr>
<td>M3 b</td>
<td>% of GP referrals to Gateway where GP has been notified of outcome within 21 days</td>
<td>95%</td>
<td>98.9%</td>
<td>99.5%</td>
<td></td>
<td>The performance for November has increased to 99.5% from 9.9% in October.</td>
</tr>
<tr>
<td>M5</td>
<td>Effectiveness: % of readmissions of less than 7 days out of total hospital admissions</td>
<td>TBC</td>
<td>1.1%</td>
<td>1.5%</td>
<td></td>
<td>This was an indicator in the CQC Intelligent Monitoring Report in November 2014 and is currently at 1.5% compared to 6% in June. A lower value in this indicator is better so this is a slight improvement in performance.</td>
</tr>
<tr>
<td>M7</td>
<td>Responsiveness: Length of stay &lt; 7 days – informal patient as proportion of all informal patients</td>
<td>TBC</td>
<td>14.3%</td>
<td>10.0%</td>
<td></td>
<td>This was an indicator in the CQC Intelligent Monitoring Report in November 2014 and is a new local Quality Requirement for 2015/16. A threshold has yet to be agreed with commissioners but performance is currently at 1.5% compared to 6% in June. A lower value in this indicator is better so this is a slight improvement in performance.</td>
</tr>
<tr>
<td>M11a</td>
<td>% of patients referred to A&amp;E Liaison with an assessment commenced within 1 hour of the referral</td>
<td>70.0%</td>
<td>80.8%</td>
<td>82.8%</td>
<td></td>
<td>In previous years this Quality Requirement stated that 91.5% of referrals to A&amp;E Liaison should have an assessment starting within two hours of the referral being received. In 2015/16 the requirement has changed and the standard is now that the assessment should start within one hour of referral rather than two. The threshold for this requirement has been agreed at 70% and the Trust was above target this month at 82.8%.</td>
</tr>
</tbody>
</table>
Charts

1. Delayed Transfers Of Care

2. Length Of Stay
3. Bed Occupancy

4. CRHT Gatekeeping
5. A&E Waits

The following table is cases where patients were not admitted or discharged from A&E within the 4 hour waiting time target. It is important to note that the 2 waits over 12 hours are where the total wait time in A&E exceeded 12 hours and are not all breaches of the national target that requires a patient to be admitted within 12 hours of the decision to admit.
6. PbR & Clustering

[Graph showing percentage of caseload clustered over time with various data points.

7. CPA 7 Day Follow-Ups

[Graph showing 7 day follow-ups for trust performance.

[Another graph showing 7 day follow-ups by care group.

8. CPA Review Within 12 Months

9. Service Users In Settled Accommodation

10. Service Users In Employment

Integrated Performance Report – November 2015

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11. Quality Requirement M3a (Communication to GP of A&E Attendance)

<table>
<thead>
<tr>
<th>Month</th>
<th>Indicator Value</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec '14</td>
<td>23.5%</td>
<td>80%</td>
</tr>
<tr>
<td>Jan '15</td>
<td>30.8%</td>
<td>80%</td>
</tr>
<tr>
<td>Feb '15</td>
<td>40.8%</td>
<td>80%</td>
</tr>
<tr>
<td>Mar '15</td>
<td>60.8%</td>
<td>80%</td>
</tr>
<tr>
<td>Apr '15</td>
<td>48.8%</td>
<td>80%</td>
</tr>
<tr>
<td>May '15</td>
<td>51.6%</td>
<td>95%</td>
</tr>
<tr>
<td>Jun '15</td>
<td>78.7%</td>
<td>95%</td>
</tr>
<tr>
<td>Jul '15</td>
<td>80.9%</td>
<td>95%</td>
</tr>
<tr>
<td>Aug '15</td>
<td>86.1%</td>
<td>95%</td>
</tr>
<tr>
<td>Sep '15</td>
<td>76.8%</td>
<td>95%</td>
</tr>
<tr>
<td>Oct '15</td>
<td>85.1%</td>
<td>95%</td>
</tr>
<tr>
<td>Nov '15</td>
<td>87.8%</td>
<td>95%</td>
</tr>
</tbody>
</table>

![Clinical Communication - Communication to GP of A&E Attendance (M3a)](image)

12. Quality Requirement M3b (Communication to GP of Outcome of Referral to Gateway)

<table>
<thead>
<tr>
<th>Month</th>
<th>Indicator Value</th>
<th>Target</th>
</tr>
</thead>
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<tr>
<td>Dec '14</td>
<td>71.4%</td>
<td>85%</td>
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<tr>
<td>Jan '15</td>
<td>89.3%</td>
<td>85%</td>
</tr>
<tr>
<td>Feb '15</td>
<td>83.9%</td>
<td>85%</td>
</tr>
<tr>
<td>Mar '15</td>
<td>94.3%</td>
<td>85%</td>
</tr>
<tr>
<td>Apr '15</td>
<td>91.8%</td>
<td>85%</td>
</tr>
<tr>
<td>May '15</td>
<td>79.8%</td>
<td>85%</td>
</tr>
<tr>
<td>Jun '15</td>
<td>48.3%</td>
<td>85%</td>
</tr>
<tr>
<td>Jul '15</td>
<td>99.4%</td>
<td>85%</td>
</tr>
<tr>
<td>Aug '15</td>
<td>98.4%</td>
<td>85%</td>
</tr>
<tr>
<td>Sep '15</td>
<td>99.4%</td>
<td>85%</td>
</tr>
<tr>
<td>Oct '15</td>
<td>98.4%</td>
<td>85%</td>
</tr>
<tr>
<td>Nov '15</td>
<td>98.4%</td>
<td>85%</td>
</tr>
</tbody>
</table>

![Clinical Communication - Communication to GP of Outcome of Referral to Gateway (M3b)](image)
### Argyll - Amber Log Ons For Adult CMHTs

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Central East Area Team</td>
<td>1602</td>
<td>206</td>
<td>208</td>
<td>222</td>
<td>395</td>
<td>314</td>
<td>344</td>
<td>338</td>
<td>353</td>
<td>297</td>
<td>266</td>
<td>182</td>
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<tr>
<td>Central West Area Team</td>
<td>1689</td>
<td>98</td>
<td>109</td>
<td>100</td>
<td>142</td>
<td>116</td>
<td>124</td>
<td>135</td>
<td>147</td>
<td>123</td>
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<tr>
<td>Homeless Team Central</td>
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<td>7</td>
<td>5</td>
<td>11</td>
<td>15</td>
<td>40</td>
<td>48</td>
<td>46</td>
<td>56</td>
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<td>North East Area Team</td>
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<td>255</td>
<td>252</td>
<td>301</td>
<td>410</td>
<td>331</td>
<td>378</td>
<td>348</td>
<td>380</td>
<td>327</td>
<td>423</td>
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<td>North Mersey Area Team</td>
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<td>72</td>
<td>81</td>
<td>203</td>
<td>219</td>
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<td>220</td>
<td>250</td>
<td>211</td>
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<tr>
<td>North West Area Team</td>
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<td>60</td>
<td>74</td>
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<td>107</td>
<td>171</td>
<td>210</td>
<td>205</td>
<td>228</td>
<td>195</td>
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<tr>
<td>Review Team North</td>
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<td>24</td>
<td>23</td>
<td>28</td>
<td>18</td>
<td>25</td>
<td>18</td>
<td>46</td>
<td>42</td>
<td>28</td>
<td>61</td>
<td>64</td>
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<tr>
<td>South Mersey Area Team</td>
<td>1518</td>
<td>167</td>
<td>193</td>
<td>151</td>
<td>353</td>
<td>434</td>
<td>416</td>
<td>423</td>
<td>459</td>
<td>459</td>
<td>443</td>
<td>417</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>8746</strong></td>
<td><strong>876</strong></td>
<td><strong>915</strong></td>
<td><strong>954</strong></td>
<td><strong>1610</strong></td>
<td><strong>1610</strong></td>
<td><strong>1613</strong></td>
<td><strong>1728</strong></td>
<td><strong>1888</strong></td>
<td><strong>1683</strong></td>
<td><strong>1793</strong></td>
<td><strong>1521</strong></td>
</tr>
</tbody>
</table>

### Argyll - Amber Log Ons For Later Life Teams

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHT Central Later Life (East &amp; West)</td>
<td>952</td>
<td>64</td>
<td>90</td>
<td>47</td>
<td>87</td>
<td>110</td>
<td>106</td>
<td>145</td>
<td>113</td>
<td>175</td>
<td>115</td>
<td>75</td>
</tr>
<tr>
<td>CMHT South Later Life Hall Lane &amp; Stables</td>
<td>492</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>25</td>
<td>132</td>
<td>110</td>
<td>129</td>
<td>127</td>
<td>99</td>
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<td>136</td>
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<tr>
<td>CMHT East &amp; West North + Merit Team</td>
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<td>182</td>
<td>201</td>
<td>152</td>
<td>185</td>
<td>200</td>
<td>254</td>
<td>308</td>
<td>321</td>
<td>258</td>
<td>250</td>
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<tr>
<td><strong>Grand Total</strong></td>
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<td><strong>207</strong></td>
<td><strong>297</strong></td>
<td><strong>442</strong></td>
<td><strong>470</strong></td>
<td><strong>582</strong></td>
<td><strong>561</strong></td>
<td><strong>532</strong></td>
<td><strong>522</strong></td>
<td><strong>471</strong></td>
</tr>
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### Argyll - Amber Log Ons For Mental Health Home Treatment Teams

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Safer Staffing Return

The fill rate is calculated by dividing the number of "planned (established) staff hours" which the ward budgets are set with by the "actual worked staff hours" and is completed in the same manner as the data entry onto the UNIFY system for national analysis and comparison. This is the data that is submitted onto the Unify system.

This can result in the fill rate being in excess of 100% where wards have run with higher staffing levels due to increased level of required patient observations and levels of acuity. There are also some areas where this has been noted to be below 100%. These are discussed later in the paper but can include the reason that the ward was at lower levels of occupancy than it is established to run at and therefore required lower levels of staffing or a local review of staffing has resulted in local changes agreed through line managers.

The report included the outcomes of a review of inpatient 1:1 observations and considered the patient experience in relation to staffing levels. In May 2015 the joint Unions asked for a breakdown of nurse to patient ratios and skill mix on each inpatient ward. This information has been provided and will be further discussed and continue to be monitored at the regular monthly meetings the Chief Nurse has put in place with the Joint Unions.

In support of delivering reductions in Agency usage the Department of Health have commissioned a staffing toolkit which provides practical advice, guidance and templates to help Trusts improve their internal controls and better balance safe staffing / patient care and reduce agency spend.

As the UNIFY figures are uploaded on the 15th of the Month, it was suggested that the dates of QB meetings be re-arranged so that more up to date figures would be available. The Chief Nurse to action the change of dates.
## HR Narrative

### Workforce & Organisational Development Performance Narrative

January’s report would normally be a quarterly position for the period October – December, however, due to there being no Board in December and the meeting in January taking place earlier than normal, it is not possible to provide both the December monthly position or data reflecting the full quarter of October to December. Therefore, this report contains information on the position at the end of November 2015, which would have been provided to December Board. Going forward the data for the quarter October to December will be included in the end of year Workforce Performance report to Board in April which will cover the period October through to 31st March.
Sickness Narrative

The overall Trust sickness absence rate for November 2015 was 5.28%, which is 1.28% above the Trust target of 4%. This equates to 2,432 FTE calendar days lost. This is an increase of 0.29% from October which was 4.99%. Compared to November 2014 (6.38%), this is a decrease of 1.10%.

In the previous 6 months from June – November, the Trust sickness rate fluctuated from the highest at 5.46% in June to the lowest at 4.73% in August.

The 12 month sickness rate from December 2014 to November 2015 is 5.49%, which is a decrease of 0.46% when compared to the previous 12 months (5.95%).

The top 3 reasons for sickness in November 2015 were Anxiety/stress/depression/other psychiatric illnesses (24.1%), Other known causes (15.7%) and Injury/fracture (8.8%).

66% of sickness in November 2015 was due to long term sickness and 34% was due to short term.

The HR team is now fully established and will be working more closely with managers to ensure that absence is managed consistently throughout the Trust. Audits will take place from January to ensure the sickness policy is being followed and that managers are consistent in their management of it. These audits will consist of RTW documentation and to ensure that absence files are complete to ensure that escalation through the policy is consistent.

Management of sickness absence training will take place again from February to ensure that managers and deputies are aware of their role in the management of sickness processes and to ensure that the policy and standard Operating Procedure are adhered to. This training will take place locally with the HR Assistant and HR Business Partners for that division to build supportive relationships.

The reason for absences being classified as “other known causes” (instead of the true reason for sickness) will be audited and changed accordingly to ensure employees are being supported appropriately to enable a timely return to work.
Bank & Agency

Bank and Agency usage and associated expenditure is monitored at the monthly QIPP meeting and at ECP on a fortnightly basis. Monitor and TDA have introduced caps on the rates an Agency can charge for a worker and this came into effect on 23rd November 2015. It is a requirement to inform Monitor and TDA of breaches to the cap on a weekly basis. To date we have reported a small number of Junior Doctors shifts as being paid slightly above the cap, as well as a small number of Band 6 A&E liaison nurses shifts having to be paid over the cap in order to ensure safe service provision. Whilst we have attempted to negotiate with the agency concerned compliance with the cap they have reduced to reduce the rate for this particular skill set in view of it being in short supply. A further reduction in the rate cap will be introduced in April 2016 which if negotiations do not occur at national level may increase the risk of non compliance by the Trust.

During Nov 2015, an average of 422 nursing in-patient shifts were filled each week, this is an increase to the previous period of 376 shifts in Oct. This has increased compared to the same period last year which was seeing an average of 380 filled shifts. Over the last 12 months, the average number of filled shifts per week has been 421.

The average in-patient weekly bank, agency and overtime spend during Nov was £80.1k which is an average increase of £10.8k a week when compared to Oct (£69.3k). There was an average of 472 shifts requested each week over this period compared to 397 requested last period. These have been filled with 48% agency workers, 42% bank workers and 11% went unfilled. Last period (Oct) the fill ratio was 45% agency workers and 50% were filled by Bank. The Trust is evaluating the use of the e-rostering system and monitoring the benefits which include the ability for bank workers and agencies to view and book available shifts online, with the aim of reducing agency spend. Of the average weekly in-patient spend over the period (£80.1k); agency expenditure accounted for £48.2k, bank £24.5k and overtime £7.3k.

The Trust is currently recruiting to 53 substantive inpatient vacancies (which includes 16 Support Workers, 23 Staff Nurses, 1 Acute Care Services Managers, 1 Ward Manager, 3 Deputy Ward Managers, 1 Clinical Practice Lead, 1 Locum Consultant, 3 Occupational Therapists and 3 Ward Clerks, 1 Med Secretary) In addition, we are currently recruiting to 25 administrative vacancies across the Trust.

There are 26 bank support workers currently going through recruitment checks after the last round of recruitment that took place in November.

Of the 472 average weekly requested shifts 83% were for Support Workers and 17% were Staff Nurses. The main reason for the temporary staffing requests continues to be observations / acuity with this having decreased in Nov to 61% from Oct at 64% and 67% in Sept. Shifts requested for reason of vacancy cover has increased to 27%, an increase when compared to 20% in Sept and Oct. The shifts requested for reason short term sickness cover remains at 9% in this period, the same as the last period, and the reason for shift request to cover for long term sickness also remains at 2%.
The total monthly agency expenditure within the Adult Community Teams affected by CSR during Nov was £68.2K; in Oct it was £95.2K. To show an average weekly spend this would equate to £15.7K in Nov and £21.9K per week in Oct. The £68.2k is broken down as follows; social workers £35.8K, community nurses £31.5K and admin £1,185. In addition there was £543.00 attributable to qualified bank nurses and £1,603 attributable to admin bank. There was £2,641 in overtime expenditure. There are a further 13 substantive vacancies being recruited to within the adult community teams.

Total agency Social Worker expenditure in the month of Nov was £55.9k and in Oct it was £92.5k. If shown as a weekly average this equates to £12.9K in Nov compared with £21.3K in Oct. The £55.9 is attributed as Adult Community Teams (63%), Later Life (20%) and Urgent Care teams (11%) and Prison healthcare (6%) although all of the Prison spend is rechargeable and therefore not a spend and only here for reporting purposes. The Trust is currently in the process of recruiting to 13 social work vacancies (10 within Adult CMHTs, 2 in South MHHTT and 1 in the Homeless team).

The monthly expenditure for medical locums in November was £206K which is a decrease of £45K when compared with October. £10K is attributable to A&E Liaison spend. £53.1K was spent on external trainees to cover gaps in the on-call rota, which is a decrease of £13.7K compared to October. There was a slight increase of £1.9K in Prison service spend in November, which was £41.6K. The spend within the Early Intervention Service was £10.4K, which is continued cover for a speciality doctor vacancy. The total spend for Consultant and Staff Grades was £90.4K which is a reduction of £22.6K compared to October.

Admin & Clerical total bank and agency expenditure for the month of Nov was £32.7K, a decrease when compared to Oct which was £68K due to a reporting error last month and correction this month. Of the £32.7K, bank admin is attributable to £5.2K and agency £27.4K.
**Job Planning update**
The position remains unchanged since the end of October. During January, each Consultant that has an outstanding job plan will be contacted, along with the Clinical Director and Associate Director, to ask for reasons for non-compliance so these can be reported back to the Board. The Medical Director will then decide on the necessary course of action.

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Discounted: 2 – new in post consultants

### Specialties

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Discounted: 1 temporary Trust locum

Clinical Academics: 2 do not require a job plan

Note: 1 Specialty Doctor within the division - job plan received

### Total Figures

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Plus 1 specialty doctor - Job Plan received.
Mandatory Training

To support compliance efforts, Mandatory Training continues to be reported weekly in addition to the usual monthly report. This system has improved the accuracy and timeliness of the information captured on the reports and the time-lag between completion and what is reported has reduced to a maximum of 1 week. Managers continue to be asked to check that the information in the reports and inform Organisational Development (OD) of any anomalies.

The report produced each week provides figures for the Mandatory Core skills (which reflect the Core Skills Framework) as well as figures for all the identified mandatory training. In terms of the Mandatory Core skills the figure has increased to 82% at the end of November. The overall mandatory training figures have increased by 2% to 78%. By separating these two figures managers can action any non-compliance.

Insulin and PbR are steadily increasing in compliance (72% and 59% respectively).

The areas where compliance has risen significantly this month are:

- Mental Health Act (increased from 65% to 69%)
- Mental Capacity including consent (increased from 60% to 68%)
- Deprivation of Liberty Safeguards (increased from 61% to 68%)
- NEWS (increased from 55% to 71%)

Adult Mental Health division’s compliance commendably rose to 88% at the end of November following a consistent focus over the past few months by staff and managers.

Particular attention continues to be given to divisions that remain below 75% in accordance with annual business plan objective metrics and the CQC Action Plan. This has included arranging extra training dates, offering workbooks and addressing inconsistencies with data.
Personal Reviews

Compliance is currently at 71%. This has increased by 6% since the end of October. Further to the Organisational Development Manager writing to all staff who were non-compliant, a further email is being sent to all managers of services that are below 50% compliant in line with the CQC Action Plan.

A Personal Review compliance report is sent to managers mid month, in addition to the usual monthly report. Any Personal Review completed and submitted to OD is inputted by the end of each week (Friday) and is reflected in the report which is run twice each month. Again, this system has improved the accuracy and timeliness of the information captured on the reports however we continue to ask Managers to check that the information in the reports are correct and inform OD of any anomalies.

Included in the report is explanation that personal review compliance is monitored against incremental dates and the link to the online tutorial is available to illustrate this. In practice, this means that to be considered compliant within the report, reviews must be conducted no earlier than 8 weeks before staff incremental dates and no later than the actual incremental date. This is regardless of when reviews were last completed and whether these have occurred within the past 12 months. For personal reviews that are submitted but are not in sync with the incremental date, feedback is given by OD of what action to take to assure compliance.

Personal review training sessions continue to be offered and are well received and an online video tutorial is now available on both the homepage of the intranet and the Personal Review section of the intranet.

Targeted emails have been sent to staff that were due their Personal Review within the next eight weeks to remind them, this intervention will continue every two months.

Turnover

The Trust's turnover rate for the period December 2014 to November 2015 was 16.66%, which was an increase of 2.30% compared to the previous 12 months (14.36%). The rate for November 2015 was 1.73%, an increase of 0.50% compared to October.

42% of leavers between September and November had between 2 – 5 years service with the Trust (based on FTE), however, this is in part due to the large number of Trainee Clinical Psychologists leaving in September at the end of their 3 year program. Without these leavers, there would have been more leavers (29%) with 5 – 10 years service leaving the Trust (21.05 FTE).
Title of Report: NHS Trust Development Authority Monthly Submissions

Date Produced: 17th December 2015

Author:
Name: John Harrop
Title: Deputy Chief Executive/Director of Strategy

Name: Alexa Taylor
Title: Project Manager

Tel: 0161 882 1381

Purpose of Paper:
To provide the Board with an overview of the NHS Trust Development Authority’s (NHS TDA) monthly submissions.

Key Points:
- Monthly submissions made by the Trust to the NHS Trust Development Authority.
- Submissions cover Monitor Board Statements and Compliance with Monitor License Conditions.
- Internal evidence documentation has been created to provide assurance.
- The submissions are presented on a quarterly basis to the Trust Board with prior reports in June and September 2015.

Action Required
To note the contents of the report

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<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
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<td>Link to Corporate Risk Register</td>
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<th>To be advised of any future implications by Lead Directors through Board reports as and when required</th>
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<td>To include in 2015/16 Quality Account?</td>
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<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions proposed?</td>
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Manchester Mental Health and Social Care Trust

NHS Trust Development Authority Monthly Submissions

1. **Introduction**

This report is the third update to the Board to provide a brief overview of the monthly submissions made by the Trust to the NHS Trust Development Authority (NHS TDA).

2. **Background**

Following the establishment of the NHS TDA and the publication of the initial Accountability Framework in April 2013, the NHS TDA require Trust's to undertake a monthly Self-Certification process which is based on compliance to a number of the conditions within Monitor’s Provider Licence and Board Statements.

3. **Monthly Submissions**

The monthly submissions are made by the Trust by the last working day of each month and relate to compliance in the previous month. The returns are made via webforms which ensure the submission is made immediately.

3.1 **Board Statements**

The NHS TDA state their role is to ensure, on behalf of the Secretary of State, that NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope. In order to assess this, the Trust is required to confirm compliance against Board Statements relating to clinical quality, finance and governance.

3.2 **License Conditions**

As the Accountability Framework is designed to ensure Trusts are ready for the Foundation Trust application process and Monitor assessment, the Trust is also required to confirm compliance against Monitor’s Provider License conditions.

4. **Assurance Processes**

As the Trust is only required to confirm compliance and is not able to provide any additional information via the webform submissions, in order to ensure assurance can be provided to support compliance and ensure the process is more robust, internal documents which list the evidence available for assurance have been produced.

These documents are sent out to the relevant leads for both the Board Statements and License conditions for review on a monthly basis and are updated where required to ensure the assurance evidence is up to date. The documents have been included as appendix 1 (this submission covers November 2015 as submitted at the end of December 2015). Following review, the updated assurance documents and returns are provided to the Chief Executive for sign off prior to submission.

5. **Summary**

The Trust has made all the submissions of the Board Statements and License Conditions as required and has implemented a system to ensure regular review and assurance evidence. It has been agreed that going forward, the Trust Board will receive a quarterly update on the submissions made.
6. Recommendations

The Board is requested to:

- Note the contents of this report

John Harrop  
Deputy Chief Executive/Director of Strategy  
17 December 2015
### Board Self Certification Statements

**For Internal Use Only**

<table>
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<th>Board Statement</th>
<th>MMHSCT Compliance</th>
<th>Timescale for Compliance</th>
<th>Assurance/ Further Action Required</th>
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| 1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA’s oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients. | YES               | N/A                      | • Integrated Quality Report  
• Integrated Performance Report  
• Incidents reporting and process  
• CQC peer review processes  
• Clinical audits  
• Matron visits  
• PLACE assessments  
• NHSLA  
• Quality Account completed April 2015  
• Safe Staffing  
• CQC report published October 2015  
• MIAA significant assurance opinion of Lessons Learned September 2015  
• MIAA significant assurance opinion of Serious Incident Management and processes September 2015  
• MIAA significant assurance opinion of CQC Peer Review Process September 2015  
• Stood down from NHSE Risk summit process in October 2015 |
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<th>MMHSCT Compliance</th>
<th>Timescale for Compliance</th>
<th>Assurance/ Further Action Required</th>
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| 2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission’s registration requirements.                                                               | YES               | N/A                      | • As above. In addition:  
  • CQC Quality Summit on 29/09/15  
  • Ongoing CQC MHA visits  
  • Peer review of CQC KLOES to continue internally  
  • CQC Peer Review Process monitored at Quality Board                                                                                                                                                             |
| 3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.                              | YES               | N/A                      | • Board approved revalidation process  
  • Revalidation group (including system of registration)  
  • Register of S12 Doctors  
  • Annual renewal of GMC status  
  • Appraisal process in place                                                                                                                                                                                |
| 4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.                                                | YES               | N/A                      | • Monthly financial performance report to Board  
  • Bimonthly Finance & Investment Committee meetings  
  • All contracts were in place for 2014/15 and new contracts signed for 2015/16  
  • Specifically considered by Board as part of 2014/15 Annual Accounts process  
  • The Trust’s external auditors concluded that it was appropriate for the Trust to prepare its 2014/15 accounts on a going concern basis  
  • For 2015/16, a deficit of £5.8m is forecast which incorporates an agreed contribution of £300k towards the TDA stretch target which the Trust is aiming to achieve. |
<table>
<thead>
<tr>
<th>Board Statement</th>
<th>MMHSCT Compliance</th>
<th>Timescale for Compliance</th>
<th>Assurance/ Further Action Required</th>
</tr>
</thead>
</table>
| 5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times. | YES | N/A | • Monthly submissions to NHS TDA against accountability framework  
• Monthly Integrated Delivery Meetings  
• Ongoing engagement in the transaction process via the Sustainability Steering Group. |
| 6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner. | YES | N/A | • Board Assurance Framework in place including reportable issues log  
• Corporate risk register reviewed monthly by Quality Board and quarterly by Trust Board which includes identified assurances and controls in place |
| 7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance. | YES | N/A | • As above |
| 8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit | YES | N/A | • Risk Management Strategy and processes  
• Recently reviewed Corporate Risk Register |
<table>
<thead>
<tr>
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<th>Timescale for Compliance</th>
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</thead>
</table>
| committee recom mendations accepted by the board are implemented satisfactorily. | | | • Developing Board Assurance Framework  
• Ongoing review of mitigations at QIPP and performance meetings  
• Ongoing review of audit actions with re-audits undertaken when required  
• Two Year and Five Year plans submitted to NHS TDA including planning process. |
| 9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury ([www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)). | YES | N/A | • Included in Board approved annual report and accounts  
• Reviewed by Mersey Internal Audit  
• Reviewed by PwC (External Audit) as compliant. |
| 10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward. | YES | N/A | • Monthly Operational Performance Management Committee  
• Monthly Performance report to Board  
• Internal Quality and Performance group established to ensure ongoing oversight of targets and measures. |
| 11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit. | YES | N/A | • The Trust reported level 2 or above against the requirements of the Information Governance Toolkit March 2015 submission. |
| 12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies. | YES | N/A | • Register of Interest maintained and updated  
• Declarations of interest made at the start of meetings.  
• Chair appointment process completed – new chair commenced August 2015  
• Two new Non Executive Directors |
<table>
<thead>
<tr>
<th>Board Statement</th>
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<th>Assurance/ Further Action Required</th>
</tr>
</thead>
</table>
| 13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability. | YES               | N/A                      | • Regular appraisals by the Chair/Interim Chair
• Ongoing Board Development Programme
• Regular Board Away Days
• Non-Executive Director attendance at external training and information events
• Board members have to make an annual fit & proper person declaration                                                                                                                                 |
| 14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.              | YES               | N/A                      | • Thorough recruitment and selection process
• Regular objective reviews and appraisals
• Consistent achievement of targets
• Executive Team and Senior Management have relevant qualifications
• Clear processes in places to deliver plans including committee structures, reporting processes and escalation framework.
• Triangulation of information                                                                                                                                                                           |
## Trust Compliance against License Conditions

*For Internal Use Only*

<table>
<thead>
<tr>
<th>License Condition</th>
<th>Description</th>
<th>MMHSCT Compliance</th>
<th>Timescale for Compliance</th>
<th>Assurance</th>
</tr>
</thead>
</table>
| G4: Fit and proper persons                             | This condition requires that licences do not allow unfit persons to become or continue as Governors or Directors. “Unfit persons are: undischarged bankrupts, individuals who have served a prison sentence of three months or longer during previous five years, and disqualified directors. A company may also be an unfit person”. | YES                | N/A                       | • Recruitment and appointment process  
• Board Register of Interests  
• Currently not applicable in terms of governors.  
• Board members have to make an annual fit & proper person declaration |
| G5: Monitor guidance                                   | This condition requires licensees to have regard to any guidance that Monitor issues.                                                                                                                                                 | YES                | N/A                       | • The Trust complies with all current, mandatory Monitor (most recently the RAF) and NHS TDA guidance and would always consider Monitor’s best practice guidance as and when they are published|
| G7: Registration with the Care Quality Commission      | This condition reflects the obligation in the Health and Social Care Act 2012 for licensees to be registered with the CQC. This condition allows Monitor to withdraw the licence from providers whose CQC registration is cancelled and who therefore cannot continue to lawfully provide services. | YES                | N/A                       | • CQC Quality Summit on 29/09/15  
• Ongoing Registration with the CQC  
• Unannounced visits  
• Regular updates to Trust Board via Integrated Quality Report  
• CQC Visit March 2015  
• Roll out of Peer Review process for CQC compliance  
• Significant Assurance opinion for |
<table>
<thead>
<tr>
<th>License Condition</th>
<th>Description</th>
<th>MMHSCT Compliance</th>
<th>Timescale for Compliance</th>
<th>Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8: Patient eligibility and selection criteria</td>
<td>The condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals, or determining the manner in which services are provided to that person.</td>
<td>YES</td>
<td>N/A</td>
<td>• Information regarding Gateway Service and Trust services published on the Trust website&lt;br&gt;• Redrafted protocol for CMHT acceptance criteria.&lt;br&gt;• New Standard Operating Procedures for Outpatients.</td>
</tr>
<tr>
<td>P1 – Recording of information</td>
<td>Under this licence condition, Monitor may require licensees to record information, particularly information on their costs, in line with approved guidance Monitor will publish. This licence condition may also require licensees to record other information, such as quality and outcome data, in line with Monitor guidance and for the purpose of carrying out Monitor’s pricing functions.</td>
<td>YES</td>
<td>N/A</td>
<td>• Monthly Finance Board report which includes supporting narrative regarding I&amp;E, variances, and financial position</td>
</tr>
<tr>
<td>P2: Provision of information</td>
<td>Under this condition, once the information has been recorded in line with P1, Monitor can then require licensees to submit this information.</td>
<td>YES</td>
<td>N/A</td>
<td>• The Trust would comply with Monitor’s requests for information.&lt;br&gt;• All requests for information from the NHS TDA have been responded to in a timely manner.</td>
</tr>
<tr>
<td>P3: Assurance report on submissions to Monitor</td>
<td>Under this condition Monitor may require licensees to submit an assurance report confirming the accuracy of the data they have provided under P2.</td>
<td>YES</td>
<td>N/A</td>
<td>• The Trust would comply with Monitor’s requests for assurance reports.&lt;br&gt;• All requests for assurances and accuracy of data from the NHS TDA have been responded to in a timely manner.</td>
</tr>
<tr>
<td>License Condition</td>
<td>Description</td>
<td>MMHSCT Compliance</td>
<td>Timescale for Compliance</td>
<td>Assurance</td>
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<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>P4: Compliance with the National Tariff</td>
<td>Licensees are required to charge for NHS services in line with the National Tariff except where approval in writing has been received from the Regulator.</td>
<td>YES</td>
<td>N/A</td>
<td>• For 2015/16 the Trust opted for ETO tariff option.</td>
</tr>
<tr>
<td>P5: Constructive engagement concerning local tariff modifications</td>
<td>This licence condition requires licensees to engage constructively with Commissioners and to try and reach a local agreement before applying to Monitor for a local modification.</td>
<td>NO</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; April 2016</td>
<td>• Not applicable to MH Trusts yet. Local modifications relate to agreement to make changes to a national price, there is no national price for Mental Health services.</td>
</tr>
</tbody>
</table>
| C1: The right of patients to make choices | This condition:  
• Requires licensees to tell their patients when they have a choice of provider and to tell them where they can find information about the choices they have – this must be done in a way that is not misleading  
• Requires that information and advice that licensees provide to patients about their choice of provider does not unfairly favour one provider over another and is presented in a manner that helps patients to make well-informed choices  
• Prohibits licensees from offering gifts and benefits in kind for patient referrals or for the commissioning of services | YES | N/A | • The Trust complies with the patient choice requirements of the NHS Constitution.  
• Trust Board received a Board paper on the NHS constitution and the Director of Workforce and Organisational Development is the Executive lead.  
• Patient surveys and opinions are reviewed regularly.  
• The Trust is leading on the GM 16/17 integrated Provider and Commissioner Quality Requirement standard for Patient Choice. |
| C2: Competition oversight | This condition prohibits the licensee from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent it is against the interests of health care users. | YES | N/A | • The Trust is cognisant of the Competition Act and Merger Laws and responds accordingly.  
• The Trust is not engaged in any agreements which may restrict |
<table>
<thead>
<tr>
<th>License Condition</th>
<th>Description</th>
<th>MMHSCT Compliance</th>
<th>Timescale for Compliance</th>
<th>Assurance</th>
</tr>
</thead>
</table>
| It also prohibits the licensee from engaging in other conduct which has the effect of preventing, restricting or distorting competition to the extent it is against the interests of health care users. | YES                                                                                                                                          | N/A              | competition.                                                             | • As a Health & Social Care Trust, the Trust continues to work in an integrated manner with commissioners and partner organisations.  
• Member of Living Longer Living Better citywide integration programme. |
| IC1: Provision of integrated care | This condition requires the licensee to not do anything that could be reasonably be regarded as detrimental to enabling integrated care.  
The purpose of this licence condition is to enable Monitor to step in where integrated care is not being delivered, in spite of decisions and efforts made by Commissioners. |                                                               |                          |                                                                                                                                   |
Manchester Mental Health and Social Care Trust

Trust Board Report

Date of Trust Board: 14th January 2016  Agenda Item: 24

<table>
<thead>
<tr>
<th>Title of Report:</th>
<th>Proposal for Scrutiny Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Produced:</td>
<td>30th December 2015</td>
</tr>
<tr>
<td>Report of:</td>
<td>Name: Samantha Simpson</td>
</tr>
<tr>
<td></td>
<td>Title: Director of Finance</td>
</tr>
<tr>
<td></td>
<td>Tel: 0161 882 1381</td>
</tr>
<tr>
<td>Author:</td>
<td>Name: Michelle Hughes</td>
</tr>
<tr>
<td></td>
<td>Title: Trust Secretary / Corporate Affairs Manager</td>
</tr>
<tr>
<td></td>
<td>Tel: 0161 882 1366</td>
</tr>
<tr>
<td>Purpose of Paper:</td>
<td>To seek the Board’s support for the existing Finance and Investment Committee to be replaced with a Scrutiny Committee.</td>
</tr>
<tr>
<td>Key Points:</td>
<td>• The current financial position of the Trust requires greater scrutiny by the full Board with sufficient time for in depth review of specific plans and risks.</td>
</tr>
<tr>
<td></td>
<td>• A Scrutiny Committee with membership comprising all Board members and chaired by the Trust Chair would facilitate this.</td>
</tr>
<tr>
<td></td>
<td>• The existing Finance &amp; Investment Committee would be removed as a sub-committee of the Board and all duties transferred to other committees or management meetings.</td>
</tr>
<tr>
<td>Action Required</td>
<td>To approve the proposals as set out in the report.</td>
</tr>
</tbody>
</table>

Monitoring and assurance framework summary

<table>
<thead>
<tr>
<th>Reference/Link to Corporate Objectives &amp; Risks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Trust Corporate and Directorate Annual Objective(s)</td>
<td>To be effective, efficient, and sustainable</td>
</tr>
<tr>
<td>Link to Corporate Risk Register</td>
<td></td>
</tr>
<tr>
<td>Have all implications been considered?</td>
<td>Yes</td>
</tr>
<tr>
<td>Legal</td>
<td>√</td>
</tr>
<tr>
<td>Financial</td>
<td>√</td>
</tr>
<tr>
<td>Human Resources</td>
<td>√</td>
</tr>
<tr>
<td>IM&amp;T</td>
<td>√</td>
</tr>
<tr>
<td>Estates</td>
<td>√</td>
</tr>
<tr>
<td>Users and Carers</td>
<td>√</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>√</td>
</tr>
<tr>
<td>To include in Quality Account?</td>
<td>√</td>
</tr>
<tr>
<td>Have the principles of the NHS Constitution been reflected in the decisions and actions?</td>
<td>√</td>
</tr>
</tbody>
</table>
Manchester Mental Health & Social Care Trust

Trust Assurance Framework
Proposal for Scrutiny Committee

1. Introduction

There are currently 5 sub committees of the Board and 7 committees (see schematic at Appendix 1). The Assurance Framework has remained in place and largely unchanged since it was updated in preparation for Foundation Trust (FT) status and has not been reviewed since leaving the FT pipeline.

2. Current Assurance Framework

At the request of the Chair, options have been considered in relation to the number and appropriateness of sub-committees and Non Executive involvement. The five sub-committees are listed below outlining their current chairmanship, Terms of Reference (ToR), and membership. Where changes are proposed these have been indicated * and further detail found in section 3 below.

<table>
<thead>
<tr>
<th>Sub committee</th>
<th>Current Chair</th>
<th>Proposed changes to ToR</th>
<th>Proposed changes to Membership?</th>
<th>Currently Reports to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Board</td>
<td>Non Executive Director</td>
<td>No</td>
<td>No</td>
<td>Part I Board</td>
</tr>
<tr>
<td>Transformation Programme Board (TPB)</td>
<td>CEO **</td>
<td>No</td>
<td>No</td>
<td>Part I Board</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>Non Executive Director</td>
<td>No</td>
<td>No</td>
<td>Part I Board</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>Trust Chair</td>
<td>No</td>
<td>No</td>
<td>Part II Board</td>
</tr>
<tr>
<td>Finance &amp; Investment Committee</td>
<td>Non Executive Director*</td>
<td>Yes * (see below)</td>
<td>Yes*</td>
<td>Part I Board*</td>
</tr>
</tbody>
</table>

** With regards to the Transformation Programme Board, it has been agreed, for the time being, that the CEO will chair and the nominated Non Executive Director (NED) will continue to attend.

3. Rationale for Change

The Finance & Investment Committee is currently established to be chaired by a NED and minutes presented to the public Board meeting, along with Quality Board and TPB minutes. Only one NED is a member of the Finance & Investment Committee.

Financial performance is considered at the Board with all NEDs through the monthly finance report.
The current financial position of the Trust and the need for a financial recovery plan requires greater scrutiny by the full Board with sufficient time for in depth review of specific plans and risks.

It is proposed that the Finance & Investment Committee is removed as one of the 5 sub-committees of the Board and replaced with a Scrutiny Committee with membership comprising all Board members and chaired by the Trust Chair. This would have the following advantages:

- The committee would be a forum to:
  - provide the full Board with assurance on financial plans (revenue and capital) to ensure they are consistent with the overall Trust objectives;
  - review the financial recovery plan and cost improvement plans, ensuring they are developed to deliver recurrent financial balance;
  - review delivery against the financial plans
  - review the capital investment programme
  - review the estates strategy to support the Trust’s objectives

- Dedicated time would be available to give opportunity for an in depth exploration of emerging and identified risks.

The membership and structure of the proposed scrutiny committee would enable it to be used as a forum for an in depth review of areas, other than finance, by the full Board.

The frequency would be a minimum of 4 per year but the emergence of risks to be scrutinised would determine whether additional committees need to be arranged in year. This, combined with the proposed change to the informal board arrangements, will allow the optimum use of the input and time of the NEDs.

The Terms of Reference for the proposed Scrutiny Committee are attached as Appendix 2.

4. Other Considerations

The proposals focus on ensuring clear scrutiny of key issues by Board and the strengthening of reporting lines.

The duties of the existing Finance & Investment Committee have been reviewed by the Director of Finance and would be incorporated into the proposed Scrutiny Committee, the Audit Committee or Executive Team meetings; supported by senior management forums.

The scope of the existing QIPP programme board will be reviewed to determine what would be monitored and reported through the Transformation Programme Board, Executive Team or the Board.

These proposals do not change any of the other committees reporting to sub-committees of the Board or take account of any future plans Chairs of Committees have for the future which will be progressed through annual committee effectiveness reviews.

However, consideration may be given at this time to ensure the 5 sub committees of the Board are sufficient as the Trust moves towards a major transaction period.
5. **Summary of Proposals**

- The proposals reflect a strengthening of financial scrutiny by the whole Board and provide a forum for scrutiny of other key corporate issues.
- The changes will ensure a Non Executive Director chair of each of the 5 sub committees of the Board. (Note the interim arrangement for TPB)
- A newly formed Scrutiny Committee will replace the Finance and Investment Committee, and be chaired by the Trust Chair and will report to Part II Board.
- Any change to Committees and their purpose in the assurance framework would need to be reflected in the Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions. The proposed changes are set out in Appendix 3.
- Consideration to be given to whether any committees should be given greater prominence in view of a transaction.

6. **Governance – Best Practice**

The Foundation Trust Network’s publication “*The Foundations of Good Governance - Compendium of Best Practice*” in reference to Board Committees states:

> “The [Health & Social Care] Act requires that NHS Foundation trusts establish an Audit Committee and a Nomination and Remuneration Committee, but with these exceptions the starting point when considering committees needs to be that no committee of the Board has the automatic right to exist. Committees exist because the Board has identified a need for them and has therefore delegated certain tasks or duties to them. In some cases committees will be task and finish groups, but others will be standing committees with a continuing remit….. Whatever committee structure the Board decides on, it is vital that as well as supervising the work of its committees, the Board keep under review the need for each committee to continue. Each committee’s terms of reference and membership will also need to be reviewed annually.”

7. **Next Steps**

To seek the support of Board:-

- To approve amendments to the Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions at sections 1.2.14, 4.8.4 and Decisions/Duties delegated by the Board to Committees.
- To approve the Terms of Reference for the Scrutiny Committee.
- To hold the first Scrutiny Committee on Thursday 11th February 2016.

John Scampion  
Chair  
30th December 2015

Sam Simpson  
Director of Finance

APPENDICES

- Appendix 1 – Current Committee Structure
- Appendix 2 – Proposed Terms of Reference for Scrutiny Committee
- Appendix 3 – Proposed changes to Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
Manchester Mental Health & Social Care Trust
Current Committee Structure

Trust Reporting Framework

Board of Directors
Chair: Chairman

Audit Committee
Chair: NED

Finance & Investment Committee
Chair: NED* (*vacant)

Remuneration Committee
Chair: NED

Transformation Programme Board
Chair: CEO

Quality Board
Chair: NED

QIPP Programme Board
Chair: CEO

I&IT
Chair: Director of Strategy / Deputy CEO

Workforce & Operational Development
Chair: Director of Workforce & OD

Research & Innovation
Chair: Medical Director

Integrated Risk Management & Clinical Governance Committee
Chair: Chief Nurse and Director of QA

Patient Experience Committee
Chair: Chief Nurse and Director of QA

Operational Management & Performance Committee
Chair: Director of Operations
### Constitution & Authority
The Trust Board has established a Scrutiny Committee as a formal committee of the Trust Board to support them in their responsibilities for financial management.

The Committee will also provide a forum for Board scrutiny of other key corporate issues as agreed by the Chair.

### Overall Aim/Purpose
The purpose of the Scrutiny Committee is to provide a forum for scrutiny by the Board of finance, and other key risks, with sufficient time for in depth review of specific plans and risks.

### Scope & Duties Functions
The current financial position of the Trust and the need for a financial recovery plan requires greater scrutiny by the full Board with sufficient time for in depth review of specific plans and risks.

The Scrutiny Committee will:
- provide the full Board with assurance on financial plans (revenue and capital) to ensure they are consistent with the overall Trust objectives;
- review the financial recovery plan and cost improvement plans, ensuring they are developed to deliver recurrent financial balance;
- review delivery against the financial plans
- review the capital investment programme
- review the estates strategy to support the Trust’s objectives
- Dedicated time will be made available to give opportunity for an in depth exploration of emerging and identified risks.

### Membership
The Chair of the Trust will Chair the Scrutiny Committee

The Scrutiny Committee shall comprise of the following:
- All Non-Executive Directors
- Chief Executive
- Director of Finance
- Medical Director
- Director of Strategy/Deputy Chief Executive
- Director of Workforce & Organisational Development
- Chief Nurse & Director of Quality Assurance
- Acting Operations Director

### Responsible to:
Trust Board
| **Frequency of meetings** | The Scrutiny Committee will meet quarterly  
No fewer than 3 annually. |
|--------------------------|------------------------------------------------------------------|
| **Quorum**               | No business shall be transacted at the meeting unless one third of Board members are present.  
The Chair and the Director of Finance (or Deputy) shall attend each meeting. |
| **Agenda & Papers**      | • The agenda shall be determined by the Chair supported by the Director of Finance as the lead Director for the Committee.  
• The agenda shall be circulated one week prior to the meeting.  
• The Committee Secretary shall take the minutes for the Committee. |
| **Reporting**            | The minutes of the Committee meetings shall be submitted to the private Trust Board for consideration at the next available meeting. |
| **Record Keeping**       | T:\Committees\Scrutiny Committee is the shared drive/file path |
| **Monitoring**           | A review of attendance and effectiveness will be undertaken at 12 monthly intervals |
| **Review**               | The Trust Board will review the Terms of Reference on an annual basis. |
| **Date reviewed/Agreed** | January 2016 |
| **Date of next review**  | January 2017 |
## SECTION A
### INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

<table>
<thead>
<tr>
<th>Current</th>
<th>Change Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.14 &quot;Finance &amp; Investment Committee” means a Committee to provide the Trust Board with an objective review of both the financial position and the financial management of the Trust and oversee the delivery of financial targets. Also to provide assurance to the Board that systems, processes and procedures are developed, implemented and maintained to deliver effective financial management.</td>
<td>1.2.14 “Scrutiny Committee&quot; means a committee to support the Trust Board in its responsibilities for financial management and other key corporate issues as agreed by the Chair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current</th>
<th>Change Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8.4 Finance &amp; Investment Committee</td>
<td>4.8.4 Scrutiny Committee</td>
</tr>
<tr>
<td>The purpose of the Finance &amp; Investment Committee is to provide the Trust Board with an objective review of both the financial position and the financial management of the Trust and oversee the delivery of financial targets. Also to provide assurance to the Board that systems, processes and procedures are developed, implemented and maintained to deliver effective financial management.</td>
<td>The purpose of the Scrutiny Committee is to provide a forum for scrutiny by the Board, of finance, and other key risks, with sufficient time for in depth review of specific plans and risks.</td>
</tr>
<tr>
<td>Current</td>
<td>Change Required</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>FINANCE &amp; INVESTMENT COMMITTEE</strong></td>
<td><strong>FINANCE &amp; INVESTMENT COMMITTEE</strong></td>
</tr>
<tr>
<td>The Committee will:</td>
<td>The Committee will:</td>
</tr>
<tr>
<td>1. review the effectiveness of financial systems/controls.</td>
<td>provide the full Board with assurance on financial plans (revenue and capital) to ensure they are consistent with the overall Trust objectives;</td>
</tr>
<tr>
<td>2. review key accounting policies and practices.</td>
<td>review the financial recovery plan and cost improvement plans, ensuring they are developed to deliver recurrent financial balance;</td>
</tr>
<tr>
<td>3. review/respond to the findings of external financial reviews as appropriate.</td>
<td>review delivery against the financial plans</td>
</tr>
<tr>
<td>4. review the effectiveness of the Trust’s financial management information systems (e.g. budget, actual, forecast).</td>
<td>review the capital investment programme</td>
</tr>
<tr>
<td>5. undertake, at least annually on behalf of the Board, a review of the Trust’s Standing Orders, Standing Financial Instructions and Schemes of Delegation.</td>
<td>review the estates strategy to support the Trust’s objectives</td>
</tr>
<tr>
<td>6. monitor compliance with IFRS and GAAP and report back to Board as appropriate on accounting policy changes and financial management implications.</td>
<td>Dedicated time will be made available to give opportunity for an in depth exploration of emerging and identified risks.</td>
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<tr>
<td>7. monitor progress re the development / implementation / maintenance of the financial systems, processes and procedures necessary to achieve Foundation Trust status.</td>
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<tr>
<td>8. monitor progress in relation to the delivery of cost improvement programme savings and that financial plans are developed to ensure recurrent financial balance.</td>
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<tr>
<td>9. review all finance related audit reports and monitor action plans in relation to areas of system weakness.</td>
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<tr>
<td>10. ensure a comprehensive budgetary control framework that accords with guidance and legislation</td>
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<td>11. review financial plans and strategies and ensure they are consistent with overall Trust objectives and plans</td>
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<td>12. approve budget-setting timetable processes and recommend revenue budgets to the Trust Board</td>
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<td>13. monitor financial performance against budgets and financial targets and ensure any corrective action is taken</td>
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<tr>
<td>14. ensure financial management resources are appropriate and of high quality</td>
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MINUTES

1. **Declaration of Interests**
   None declared.  

2. **Apologies**
   Mary Smith, Professional Head of Social Work and Safeguarding
   Joanne Greenwood, Deputy Chief Nurse/Deputy Director of Quality Assurance
   Dr Parveen Sharma, Lead Consultant (Community Adult – North)
   Dr JS Bamrah, Medical Director
   John Harrop, Director of Strategy/Deputy CEO
   Dr Sean Lennon, Lead Consultant (Later Life)
   Alison Marriott, Clinical Director Psychological Services/Acting Associate Director Later Life
   Sam Simpson, Director of Finance

3. **Minutes of Meeting – 8 October 2015**
   The minutes of the meeting were agreed as a true record.

4. **Matters Arising/Action Log**
   The action log was reviewed and will be updated for the next meeting.

5. **Devolution Manchester Mental Health System Update**
   The Chief Executive updated the meeting on the following:
TDA – Transaction Process
Workshops have now been completed and KPMG has completed the options appraisal. The proposal will be considered at the TDA Board (Private) Meeting on 19th November 2015. The Chief Executive emphasised the importance of continuing with business as usual during the transaction process.

Devolution Manchester
KPMG have been contracted by Devolution Manchester to look at the overall system in Manchester. In order for this work to be meaningful it is important for there is a ‘clear financial envelope’ to work within and what is required to be delivered. A workshop has taken place but no feedback has yet been received from it.

The governance structure for the wider devolution work is close to being signed off. The decision-making process has yet to be ratified and Monitor are involved due to complexity relating to licencing arrangements of Foundation Trusts. Clarification is still required regarding where the governance processes for voluntary sector organisations and Trust Boards and organisational decision-making processes.

Locality Plan
The Plan for Devolution Manchester will comprise of 10 locality plans. The latest version of the Manchester locality plan has been circulated and members were asked to review the 4 main sections relating to mental health and feedback any comments to the Chief Executive.

Stockport/Tameside and Salford are looking to go down the Accountable Care Organisation (ACO) route. It is still unclear as to where Primary Care will fit into this however discussions are taking place.

Within the Manchester locality plan, the 3 main components which have been agreed by the Health and Wellbeing Board are:
- One commissioning structure in Manchester to be in place by April 2016.
- Out of Hospital Community Services – looking to have one provider for provision
- Single Hospital System involving the 3 Manchester Acute Hospitals.

Through all of the proposed work it is recognised that mental health is important and that this needs to be incorporated throughout the system.

Commissioners have given an indication that they are considering a procurement process for the Out of Hospital Community Services. There is some clarity required regarding Healthier Together and its fit with Single Hospital System. However, Health and Wellbeing Board’s decision regarding the Single Hospital System was noted.

The Health & Wellbeing Board membership is being reviewed and it is likely that the Board membership will comprise Trust Chairs/Non-Executive Directors and a sub-board to be established with Trust Chief Executives as members.

A public/staff consultation around the community work is due to begin in January 2016.

Discussion followed the update with the following comments being made:
- It is important for mental health users to be consulted with prior to any decisions made regarding delivery of services.
- The transaction process for the Trust will not address its financial gap.
- The NHS as a whole won’t receive any more money as part of the comprehensive
spending review with £259m deficit forecasted.
- Manchester’s financial deficit for 2016/17 will be £290m.
- Expectation is for Manchester to achieve £2billion savings over a 5 year period.
- The Trust is looking at how best to maximise its use of Estates assets.
- Expectation that there will be clear service specifications from commissioners for all
  services in the future as well as the associated financial envelope for these services.

The Board **noted** the verbal update and of the continued challenge not only for the Trust
but for Manchester as a whole.

<table>
<thead>
<tr>
<th>6. Service Retractions for 2015/16 Update and Proposals for £200k Reinvestment</th>
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<tbody>
<tr>
<td>The Chief Executive thanked the Acting Director of Operations, Strategic Programmes</td>
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<tr>
<td>Manager and others for the work undertaken in preparation for the Health Scrutiny</td>
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<tr>
<td>Committee. The meeting noted the Health Scrutiny Committee’s recommendations for</td>
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<td>the Trust whilst noting that this Committee doesn’t have the authority to make decisions</td>
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<tr>
<td>regarding the proposed retractions.</td>
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<tr>
<td>The Chief Executive advised that there will be two half day seminars taking place with</td>
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<tr>
<td>first one focusing on Trust’s retractions in more detail and second one will be considering</td>
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<tr>
<td>the future of Mental Health services in Manchester.</td>
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<tr>
<td>Acting Director of Directors advised that the consultation process will inform the public</td>
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<tr>
<td>about the services proposed for retraction and ask them whether there is a service they</td>
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<td>would like to remain which amounts to the value of £200k re-investment or to re-invest</td>
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<td>into other areas. It is also important that the public are provided with all the relevant</td>
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<tr>
<td>information to enable an informed opinion to be made.</td>
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<tr>
<td>The meeting noted ultimately the decision will be made by the Trust Board and the</td>
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<td>importance that the public is provided with all the information so they can make informed</td>
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<td>choices.</td>
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<td>It was noted that Kings Fund has released a positive report about mental health work as</td>
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<td>per media reports. The Chief Executive is also speaking to local Members of Parliament</td>
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<tr>
<td>(MPs) about the current climate and effects of reductions of monies.</td>
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<tr>
<td>The Board <strong>noted</strong> the verbal update.</td>
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<tbody>
<tr>
<td>The Chief Nurse/Director of Quality Assurance informed the meeting a refresh of the</td>
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<td>Clinical Strategy had been undertaken in conjunction with the Medical Director and</td>
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<td>supported by the Acting Director of Operations.</td>
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<tr>
<td>The Chief Nurse/Director of Quality Assurance went through the action plan and updated</td>
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<td>the meeting on the progress made to date and highlighted the following key points:</td>
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<tr>
<td>- The Trust and RCN are considering putting on a further event for nurses across</td>
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<td>Greater Manchester to look at mental health as last year’s event was well</td>
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<tr>
<td>received and attended.</td>
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<tr>
<td>- Medical Director and Chief Nurse/Director of Quality Assurance have established</td>
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<td>a group to look specifically at the workforce within the Trust.</td>
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<tr>
<td>- Development of Clinical Supervision Plan – Listening into Action (LiA) is taking</td>
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<td>this work forward and looking at the psychological welfare of staff.</td>
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<td>- Safeguarding Auditors are currently in the Trust reviewing this area.</td>
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The Chief Nurse/Director of Quality Assurance was asked to obtain assurance that the Clinical Strategy links to the Dementia Plan which has recently been released.

The Multi-Professional Action Plan sits alongside this work, the meeting noted this document is constantly being updated and is available on SharePoint for staff to view.

The meeting asked for the work around Devolution Manchester and Living Longer, Living Better to be referred to and linked into the strategy as appropriate.

The Board noted the Clinical Strategy and related action plans.

<table>
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<tr>
<th>Supporting Strategies/Workplans to support the delivery of Clinical and Professional Strategies</th>
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<tbody>
<tr>
<td>Informatics and IT, Workforce and OD and Estates presented and outlined their work to date and how they have incorporated the needs of the service areas and are seeking to continue to support the service areas going forward.</td>
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</table>

Discussion took place with the following points being made:
- Important to enable staff to understand the changes which the Trust is going through, why these are happening and for this to be communicate positively across the Trust.
- Safeguarding staff are currently using two IT systems; it would be helpful if staff were only required to use one. The Trust would require MCC input to enable this to be achieved.
- Importance for Operations to work closely with Estates and IT with regard to service requirements and the infrastructures required to support these.
- Physical Health Care – it would be helpful if Consultants could access blood, ECG results easily as currently there is no IT infrastructure to do this.
- Enable staff to use IT as a means of communications using available technologies e.g. Face Time and Skype as an alternative to attending meetings was seen to be beneficial.
- The Trust is moving to NHSMail2 which has addition functions which may be able to facilitate this request.

The Chief Executive tasked the Strategic Programmes Manager with setting up a sub-committee of this Board with membership from Operational staff and corporate divisions to assist in the delivery of the clinical strategy and to look at the needs of services and estate requirements and drafting of terms of reference. Update on progress to be provided at the January 2016 meeting.

The Non-Executive Director offered to link Associate Director of IT and Associate Director of Informatics & Development with the University Medical School to look at ways in which they have developed their IT systems for students.

It was agreed for further follow-up discussions on this item will take place at a future meeting.

The Board noted the verbal report.

<table>
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<tr>
<th>Later Life Service Redesign Update</th>
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<tr>
<td>The Strategic Programmes Manager informed the meeting the consultation ended on 1 November 2015. Feedback report is due to be presented at November 2015 Trust Board meeting, after which the report will be shared more widely. The Trust received support from voluntary sector organisations with the consultation which had a positive effect on</td>
</tr>
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the responses received.

The Board *noted* the verbal update.

**Minutes of Sub Committees**

10. **Research & Innovation Committee (R&I)**
The Board *noted* minutes of the meeting held on 21 September 2015.

11. **Workforce & OD Committee**
The Board *noted* next meeting is due to be held on 11 December 2015, minutes of which will be presented to the January meeting.

12. **Informatics and IT Committee**
The Board *noted* minutes of the meeting held on 14 October 2015.

**Information Items**

13. **Items Arising From The Meeting Requiring Communication Or Risk Register Consideration**
None were raised.

14. **Future Agenda Items**
Establishment of sub-committee – ToR – January 2015

15. **Any Other Business**

**DATIX**
The Chief Nurse/Director of Quality Assurance requested members to sign off any outstanding DATIX incidents before 13 November 2015.

16. **Date of Next Meeting**
10 December 2015, 2.30 – 4.30pm, Boardroom, Chorlton House
MINUTES

1. Declaration of Interests
None declared.

2. Apologies
Patrick Cahoon, Head of Patient Experience
Diane Chadwick, Head of Financial Planning
Dr Rosie Clarke, Lead Consultant (Community Adult – Central)
Dr Zac Fitzgerald, Lead Inpatient Consultant (Adults)
Dr Taseer Kazmi, Lead Consultant (Urgent Care)
Dr Sean Lennon, Lead Consultant (Later Life)
Prof Damien Longson, Director of Research, Development and Innovation
Alison Marriott, Clinical Director Psychological Services/Acting Associate Director Later Life
Mary Smith, Professional Head of Social Work and Safeguarding
Tony Whetton, Non Executive Director

3. Minutes of Meeting – 12 November 2015
The minutes of the meeting were agreed as a true record.

4. Matters Arising/Action Log
The action log was reviewed and will be updated for the next meeting.

173/174 Consultants sending out letters to patients following being seen. The Medical Director to send out strongly worded letter to Consultants stating the expectation that a letter is to be sent to service users following any appointments as appropriate. Chief Executive to see sight of the letter before it is issued to Consultants.

The Executive Team (ET) will audit this process to ensure the Government directive is
being actioned by the individual Consultants. The Director of Strategy/Deputy CEO to ascertain whether a report can be generated from the Trust’s information system to assist with audit process. Consideration also to be given regarding the inclusion of the reported data as part of the performance reports produced for the Trust Board.

5. **Devolution Manchester Mental Health System Update**

The Chief Executive updated the meeting on the following:

- A communication update has gone out via Midday Mail regarding the Devolution work and members were encouraged to read this. Updates can also be found by following #takingchange.
- The governance structure for the Provider Federation Board is process of being signed off.
- Work is being done to look at how the local structure will fit into the work of the Provider Federation Board.
- LLLB Placed Based Care – a greater overview and understanding of this work is required to know what impact it will have on Community services. The expectation is that this way of working will be place with effect from April 2016. Update to come to the January meeting.
- Single Commissioning Structure - it is the intention that the 3 CCGs will remain as they are and an overarching Board will be established with expectation that is in place by April 2016.
- One Hospital System - an independent review is being undertaking to look at how the 3 Manchester acute hospitals could work closer together. Psychiatry is to be involved as part of the review.
- Greater Manchester Mental Health Strategy - the Executive Team and KMPG have been working on this. The outcome paper is currently being finalised and will be brought to the January meeting, this will show what the future of mental health will look like with the hope of it being implemented by April 2016.

The Board **noted** the verbal update.

6. **Service Retraction for 2015/16**

The Director of Strategy/Deputy CEO and the Acting Director of Operations updated the meeting on the following:

On 29th October 2015, the Chief Executive and Directors attended the Health Scrutiny Committee (HSC) and presented the service retraction proposals for their consideration. The outcome of the HSC meeting was a request for the following:

- More detail about the Trust’s Cost Improvement Programme (CIP) plans for 2015/16 in addition to the proposed service retractions;
- More information on the impact for service users and planned mitigation.

A workshop session was convened by HSC on 9th December 2015 at which the Trust presented more information regarding the Trust’s financial position and further information relating to the impact of proposed service retractions and mitigation plans. The Directors who attended the HSC meeting in October and Strategic Programmes Manager attended this workshop along with representatives from Manchester Clinical Commissioning Groups (CCGs), Trade Unions and service users.

The public consultation was formally launched on 8 December. The public consultation regarding service changes will run until 21st February 2016. The staff consultation will only take place once the public consultation has been completed and after the Trust Board has made its decision regarding proposed service retractions.
The Acting Director of Operations and the Director of Workforce and OD have met with staff who may be affected and have agreed to further staff meetings on a monthly basis to ensure that they are kept informed and have opportunity to raise any questions/concerns.

The meeting noted it is the Trust Board’s responsibility to make the decision regarding any service retractions.

The Board noted the verbal update.

7. **Initial Considerations of 2016/17 CIP**

The Chair requested for attendees not present at the meeting to be written to request they ensure they attend the January meeting to enable a full discussion to be held.

The Director of Finance stated there are 3 target areas being looked at with regard to CIP savings for 2016/17:
- Estates rationalisation
- Thresholds for services commissioned (right patients/right settings)
- Risk share agreement regarding inpatient capacity.

The meeting noted some of this work may be taken forward by the sub-group tasked to be set up to look at how the corporate services can support the operational services and that draft Terms of Reference are planned to come to the January meeting.

The Director of Finance emphasised that the clinical strategy is a key driver for this work and the importance for clinicians and operational staff to engage in this process. It is also beneficial for staff to be open to different ways of working to ensure appropriate changes can take place.

The Trust is due to receive the Commissioners’ specifications within the next two weeks which will enable the Trust to be clearer about what services it is commissioned to provide and associated monies to fund these services.

The Board noted the update.

8. **Health and Social Care Clinics – Evaluation of Pilot**

The Acting Associate Director of Adult Community & Social Care & Inclusion informed the meeting the development of this pilot was to enable the process of ‘stepping down’ service users from the North West Community Mental Health Team (CMHT) to GP Practices by providing an intermediary service which supports a refocus of provision for service users, with the aim of facilitating a recovery focused transition to GP Primary Care services.

The outcome of the pilot has overall been positively received from various stakeholders. The service user evaluation of this work has currently been put on hold due to the service users assisting with the review being unable to undertake it at this time due to personal reasons.

The pilot has now been rolled out to the other CMHTs which on the whole has been positive. The pilot has also enabled the following:
- Appropriate reductions in the number of agency staff which has resulted in all but one of the CMHTs now being within staffing establishments;
• Reduction in the number of people on the waiting lists for allocation of a care coordinator.

The following comments were received:
- For future update, statistics were asked to be included;
- Encouraging to see how GPs were accepting this way of working and prepared to step people down to primary care in light of the opportunity to route back any service users via the clinic directly should the need arise;
- Need to ensure Commissioners are aware of the benefits and for a variation of the contract to be agreed with them to ensure the work can continue and for the Trust to be paid for it.

The Chair acknowledged this is a good piece of work and noted a report will be going to the January 2016 Trust Board.

The Board endorsed the continuation of the pilot.

9. **SAFIRE Review**
The Chief Executive requested this item be deferred to enable an Executive Team discussion to take place and for it to be brought back to a future TPB meeting before going to the February 2016 Trust Board meeting.

10. **SOPS for final approval and sign off.**

**Community Area Teams**
The Acting Associate Director of Adult Community & Social Care & Inclusion informed the meeting the majority of staff comments have been taken on board and incorporated into the SOP. Meetings are due to take place with the relevant services to discuss the implementation of the SOP following TPB approval. It was confirmed that there were no remaining issues relating to clinical risk or human resources.

The Board approved and signed off the SOP and noted that through the implementation of the document further amendments may need to be made. It was noted that SOP would be subject to regular review as part of Trust’s governance processes.

**Outpatients**
The Lead Consultant (Community Adult – North) highlighted key concerns made by Consultants and a discussion took place regarding these concerns.

The Board agreed it is important that discharge summaries are completed and it was noted that performance on this aspect was monitored at the monthly Operational Performance Meeting.

The Board acknowledged the hard work which has gone into the development of the SOP and of managing the staff engagement process.

The Board noted that SOPs will not be the answer to all of the issues but it is an enabler for change and not a driver for change and the key function of the SOP is to state standards and promote consistency of processes and systems throughout the city.

The Chair stated the majority of complaints she sees are in relation to outpatient waiting times for appointments and that implementation of the SOP should assist in addressing some of the concerns being raised.
The Board approved and signed off the SOP.

It was agreed that both SOPs will go to Trust Board for their sign off.

The Professional Disagreement Policy which is being overseen by the Medical Director which sits alongside all of the SOPs is due to come to a future TPB meeting for approval.

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**11. Later Life Service Redesign Highlight Report**
The Board noted the report.

**12. Adult Community Highlight Report**
The Acting Associate Director of Adult Community & Social Care & Inclusion informed the meeting some of the workstreams are being closed down and an update will be included in next month's highlight report.

The Board noted the report.

**Minutes of Sub Committees**

**13. Research & Innovation Committee (R&I)**
The Board noted the meeting set for 16 November 2015 was cancelled.

**14. Workforce & OD Committee**
The Board noted the next meeting due to be held on 11 December 2015 has been cancelled due to the number of apologies received.

It was agreed that the Director of Workforce and OD would discuss this committee at an Executive Team meeting with the intention for a review to be undertaken.

**15. Informatics and IT Committee**
The Board noted minutes of the meeting held on 11 November 2015.

**Information Items**

**16. Items Arising From The Meeting Requiring Communication Or Risk Register Consideration**
None were raised.

**17. Future Agenda Items**

**18. Any Other Business**

**Medicine Management**
The Chief Pharmacist on behalf of the Lead Consultant (Community Adult – Central) informed the meeting a draft letter has been written with regard to public health services being able to access ECG, blood results etc and requested this be part of the work which the sub-committee will look at.

**CAHMS to AMPS Protocol**
The Medical Director requested the protocol comes to the January meeting.

**19. Date of Next Meeting**
14 January 2016, 2.30 – 4.30pm, Boardroom, Chorlton House
Minutes of the Audit Committee
Thursday 26th November 2015
Boardroom, Trust Headquarters, Chorlton House, Chorlton, Manchester, M21 9UN

Present: Ms Evelyn Asante-Mensah, Non-Executive (Chair)
Mr Tony Whetton, Non-Executive Director
Ms Vicki Baxter, Non-Executive Director
Mr Tim Gilpin, Non-Executive Director

In attendance: Ms Michele Moran, Chief Executive
Ms Sam Simpson, Director of Finance
Mr Michael Green, Manager, Ernst & Young LLP (EY), External Audit
Ms Adele McKie, Head of Financial Services
Ms Diana Paul, Personal Assistant (Minutes)

082/15 Apologies
Mr Hassan Rohimum, Executive Director (EY)

The meeting noted the Director of Finance had agreed with Internal Audit and Anti-Fraud before the meeting that the focus would be on the External Audit Plan and their attendance would not be required on this occasion.

083/15 Declarations of Interest
No interests were declared.

084/15 Minutes of the Audit Committee Meeting held on 25th September 2015
The minutes of the meeting held on 25th September 2015 were approved as an accurate record of the meeting.

085/15 Action Log & Matters Arising
Actions from this meeting will be updated for the next meeting.

A summary of questions raised at the previous meeting were circulated to members along with the responses. The Committee agreed this had been useful and requested this way of response to continue.

086/15 External Audit Plan
Mr Michael Green, Manager (EY) highlighted the following key elements of the 2014/15 Audit Plan:

The Audit Plan covers the work that EY plans to perform to provide the Trust with their audit opinion on whether the financial statements of the Trust give a true and fair view of the financial position as at 31 March 2016 and of the income and expenditure for the year then ended.

EY is also required to report by exception if they conclude that the Trust has not put in place proper arrangements to secure VFM in the use of your resources for the relevant period.

EY will review and report to the National Audit Office on the Trust’s Whole of Government Accounts return.

The audit will also include looking at the mandatory procedures that EY is required
to perform in accordance with applicable laws and auditing standards.

EY will review the work of Internal Audit to support their understanding of the Trust’s control environment and to evaluate the impact on their own risk assessment.

The fee for EY to undertake this work is £51,941.

The engagement team will be led by Hassan Rohimum, Executive Director and supported by Michael Green, Manager, who will be responsible for the day to day audit work and point of contact for the Trust.

The following discussion/points were made by members:

- The audit plan is not set in stone and any changes to this will be considered and agreed by the Chief Executive and Director of Finance throughout the year.
- Non-Executive Directors asked for understanding around the management of the Trust’s handover and due diligence processes in relation to the future of the Trust. The meeting noted the process of the transaction of the Trust is not currently at the stage where timescales can be set once these are known there will be a greater understanding of what the impact will be for the Trust. The due diligence process work will not affect this year’s audit process. More detailed discussions regarding the future of the Trust will take place at Trust Board following this meeting.
- The meeting noted the focus of the Audit Plan is around the financial statements, value for money and statutory duties of the Trust.
- It is important the Trust continues to look at ensuring it is in the best financial position it can be for this year and going forward.
- The Chief Executive is talking to the TDA around who pays for any additional costs which may be requested by external advisors due to further work being required to be undertaken in relation to the future of the Trust. The Non-Executives wished to emphasis it is not their expectation that the Trust should be required to pay for any additional expenses relating to this.

The Committee approved the plan and fees stated.

Q4 NHST Sector Briefing

The briefing paper sets out that the Trust will be required to appoint their own auditors from 2017/18 and appointments will be required to be made by the end of December 2016, the process for this has been outlined in the circulated document.

The Director of Finance informed the Committee that a paper regarding this will be presented to November Trust Board.

087/15 Waivers

The Head of Financial Services informed the meeting that the Chief Executive has signed off 2 waivers since the last meeting.

The Chief Executive and the Head of Financial Services assured the Committee that processes are in place to enable the Chief Executive to make informed decisions quickly regarding waivers presented.

Management Accounts have been working closely with budget holders to enable them to have a better understanding of the process and what work they are required to undertake before presenting a waiver for sign off, which is also assisting
with sign off in a timely manner.

The Committee noted the update.

### 088/15 Losses and Special Payments

The Head of Financial Services informed the meeting that one payment has been made since the last meeting.

The Chief Executive assured the meeting lessons have been learnt from this incident and procedures have now been put in place and relevant action taken.

The Committee noted the update.

### 089/15 MIAA Performance Update

The Director of Finance stated neither Internal Audit nor Anti-Fraud had any concerns which the Committee need to be made aware of. Both areas of work are progressing and working well in relation to performance.

Full reports are due to come to the next meeting from both areas.

The Committee noted the verbal update.

### 090/15 MIAA Contract Update

The Director of Finance informed the meeting that a review had been undertaken of the performance of MIAA over the past 12 months and agreed for the contract to be extended to the end of March 2017.

The Committee noted the verbal update.

### 091/15 Items arising from the meeting requiring communication or risk register consideration

None was raised.

### 092/15 Committee Minutes

Quality Board minutes for September 2015 have been presented to the Trust Board.

Finance & Investment Committee minutes for September 2015 have been presented to the Trust Board.

### 093/15 Any Other Business

None were raised.

### 094/15 Date & Time of Next Meeting

The next Audit Committee meeting will be held on:
Friday 19th February 2016 (9am pre meet)
Boardroom, Trust Headquarters, Chorlton House, Chorlton, Manchester, M21 9UN.

Minutes of the Quality Board  
Wednesday the 18th November, 12.30 – 14.30  
The Boardroom, Chorlton House

Chair: Vicki Baxter Non-Executive Director  
Present: Anita Rolfe Chief Nurse and Director of Quality Assurance  
Patrick Cahoon Head of Patient Experience  
Helen Hobday Head of Coroners and Mental Health Act  
Stuart Logan Risk Manager  
Joanne Greenwood Deputy Chief Nurse  
Sheila Hill Matron Inpatients  
Mary Smith Professional Head of Social Work  
David Marsden Professional Head of OT  
Petra Brown Chief Pharmacist  
Carol Harris Acting Director of Operations  
Diane Chadwick Head of Financial Planning

In attendance: Rita Kenny, PA (Minutes)

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<tr>
<th>Item</th>
<th>Action</th>
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<tr>
<td>1. Welcome and apologies for absence</td>
<td>Apologies were received from Michele Moran, Ilse Finigan, Sam Simpson, Debbie Hodkinson and JS Bamrah.</td>
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<tr>
<td>2. Declaration of Interests</td>
<td>No declarations were made.</td>
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<td>3. Minutes of last meeting</td>
<td>The minutes of the 21st of October 2015 were approved as an accurate record,</td>
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<td>4. Action Log</td>
<td>The action log was discussed and updated.</td>
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<tr>
<td>5. QSG Task and Finish Group Update</td>
<td>The Chief Nurse presented the report which advised progress of the CQC action plan. The first meeting of the group was held on the 23rd of October. At the subsequent meeting on the 6th of November there were a total of 46 actions to review. Of these, 44 have evidence submitted to support the assurance that the actions have been completed or have commenced and are underway. The two actions that remain outstanding are to be completed with evidence submitted and will be reviewed at ET and at the next meeting of the Task and Finish Group scheduled for Thursday 3rd December. CQC Peer Review Process The Deputy Chief Nurse provided an update provided an update. Since the meeting on the 6th of November, reviews have been done at:</td>
</tr>
</tbody>
</table>

- Later Life (North, South and Central)
6. External Visits to the Trust

The Chief Nurse updated the Committee. The letter from Margaret Kitching, Chief Nurse North, was circulated to all Committee members. The letter confirms that the Trust has been formally “stepped down” from the Risk Summit process.

The letter was on the agenda for the Performance and Quality meeting with the Commissioners this morning and has been discussed at the Leadership Forum.

The Chair thanked everyone for their efforts.

Action: Check if the letter has been sent via Midday mail.

7. PLACE Report 2015

Matron SH presented the report. PLACE (Patient Lead Assessment of the Care Environment) is a system which was introduced in April 2013 to replace the Patient Environment Action Team (PEAT) inspections. Its function is to assess the quality of the patient environment in hospitals providing NHS funded care. The 2015 assessments took place in May and June and the results were published in August.

In the course of the 2015 PLACE inspections the Trust has performed well with all aspects scoring over 85% and the majority scoring over 90%. As outlined in the body of this report there is a lot of good practice which was observed in the course of the inspections which Matrons are working to share across care groups and sites. However, there were also a number of areas where improvements could be made across the sites.

A number of these issues such as cleaning fails and damaged furniture were able to be actioned at the time of the assessment.

Other issues relating to the fabric, maintenance and catering provision require some further attention and the action plan outlines all areas where the Trust failed or did not achieve the full marks. A number of the items included in this plan such as the dignity curtains and vision panels will be addressed under planned works in 2015/16 budgets. Remaining works will require to be priced and included in the proposed capital schemes for 2016/17.

It is also recommended that the Trust continues to conduct quarterly interim place assessments with multi-disciplinary teams so that the executive team can be provided with assurance relating to the standard of the environment in which patient care is being delivered.
The action plan will be overseen by the Health and Safety Committee and minutes from this group will be submitted to IRMCGC.

Some of the issues raised relate to service users choice and need to be used in the correct context. For example some service users have expressed a preference for lounge areas to be mixed.

**Action:** The Committee asked SH to check how MMHSCT compares with other trusts in terms of benchmarking and this feedback needs to be provided to February Quality Board.

<table>
<thead>
<tr>
<th>8. Aggregate Analysis Report</th>
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<tbody>
<tr>
<td>The interim patient safety manager SL presented the report which highlights the overarching themes identified through the analysis of incident, complaint and claims information.</td>
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<tr>
<td>This is the first attempt at this report and it will be produced quarterly.</td>
</tr>
<tr>
<td>The following themes have been identified through the course of analysing the data collected in relation to Incidents, Complaints and Claims:</td>
</tr>
<tr>
<td>• Violence and Aggression</td>
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<tr>
<td>• Medication</td>
</tr>
<tr>
<td>• Access, Admission, Transfer and Discharge</td>
</tr>
<tr>
<td>• Physical Health Monitoring</td>
</tr>
<tr>
<td>• Risk Formulation</td>
</tr>
<tr>
<td>• Completion of Chores</td>
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<tr>
<td>• Contemporaneous Record Keeping</td>
</tr>
<tr>
<td>In response to the themes that have been identified, although the Trust is managing the action plans that result from Incident, Complaints and Claims, the Trust has undertaken to establish Quality Improvement groups to co-ordinate activities in order that they have an impact on these themes with the expectation that harm levels and negative experiences will reduce. The Quality Improvement Groups have been scheduled and will be a routine fixture in the Trust’s Integrated Risk and Clinical Governance committee schedule reporting to Quality Board.</td>
</tr>
<tr>
<td>Throughout the next quarter, workshops have been arranged with community teams to draw focus to the incident reporting process with a view to increasing the volume of incidents reported in the community setting.</td>
</tr>
<tr>
<td>Informatics are working to improve instant reporting on DATIX.</td>
</tr>
<tr>
<td><strong>Action:</strong> To be submitted to Informal Board.</td>
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<tr>
<th>9. Integrated Quality Performance Report</th>
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<tbody>
<tr>
<td>The paper was presented by JG Deputy Chief Nurse</td>
</tr>
<tr>
<td>This paper provides an overview of the quality of care delivery by the Trusts</td>
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</table>
Services during the month of October 2015. The quality of care delivery is measured in terms of patient safety and patient experience. Outlying data is reported upon by exception.

The Quality Dashboard continues to be developed. This second edition sees the addition of the Urgent Care Quality data.

Services will continue to be added until the report includes all Trust Services, including Psychology, Primary Care Mental Health and Prison Care.

The report has been discussed at length at IRMCGC and Peter Horgan (title) and Gary Gillett (title) have been working with JG ensure the report demonstrates the data in a meaningful way. The dashboards will be displayed on each ward and should prompt discussion and healthy competition.

**Action:** Next month’s report to include breakdown of incidents  
**Action:** To be submitted to Informal Board.

### 10. Thematic Review of Homicide Investigations

The interim patient safety manager SL presented the report which provides an overview to the Committee of the thematic review of homicides undertaken by “Niche Patient Safety” that was published in October 2015.

8 themes were identified through the course of the analysis:

- Communication
- Policy Management
- Practice/Risk
- Training
- Organisational Learning
- Contact with families
- Miscellaneous
- Pathway Development.

Of the 9 incidents reviewed, 8 service users were cared for by Community Mental Health services whilst one was an in-patient in a rehabilitation setting. All the perpetrators were male. Eight of the perpetrators knew their victims by association, one killed a parent.

A total of 78 recommendations were documented in response to the 9 homicide investigations.

The analysis of the recommendations undertaken by Niche is similar to a piece of work undertaken by the Trust in July 2015 in relation to action plans following SIRIs, Complaints and Coroners inquests.

There is no further action required as the Mortality Review Group monitor these incidents and report to the IRMCGC.

The interim patient safety manager SL presented the report. On October 15th 2015, the CQC published their annual report to Parliament on the quality of health and social care in England based on the findings of their inspection regime. This is the first time such a report has been published by the CQC.

A national overview highlights that within the NHS the following has been observed:
- The system is expected to deliver quality despite increasing financial pressure
- There is variation in quality between services and parts of the system
- Safety is the greatest concern
- Trusts have demonstrated the ability to improve
- It takes good leadership to be outstanding
- Data and transparency is key to transforming services

An overview of Mental Health Services has demonstrated the following “Key Points”:
- Variable leadership quality demonstrated
- Safety is a concern
- Attitudes of staff make a big difference to people in crisis
- Access to beds remains a problem.

In response to the CQC inspection report the Trust has produced an action plan which was agreed by the CQC on the 23rd October 2015. A gap analysis has been undertaken between the Trust’s CQC action plan and the key challenges posed within the CQC’s annual report to Parliament. It was found that the actions within the Trust’s CQC action plan align to and no further specific action is required by the Trust at this time.

<table>
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<tr>
<th>12.</th>
<th>National Confidential Inquiry into Suicide and Homicide</th>
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<tr>
<td>SL presented the report. The purpose of this report is to provide an update with regard to The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness in light of the Trust being in receipt of its NCISH Safety Scorecard.</td>
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</table>

The NCISH Safety Scorecard provides a benchmarked position of how the Trust compares nationally in a number of criteria measured by the inquiry team. The figures contained within the scorecard reflect the Trust position between 2011 and 2013.

The Chief Pharmacist expressed concern regarding the data presentation in relation to the sudden unexpected deaths as a lot of work has been done – see if it co-relates.

**Action: Medicines Management Committee to discuss.**

PB
The Medical Director is completing some further work and the Chief Pharmacist will discuss with him.

### 13. Corporate Risk Register

The Interim Head of Patient Safety and Risk Management has met with the Acting Director of Operations and the Chief Nurse to refine the content of both the Board Assurance Framework and Corporate Risk Register.

Further additions will be made to the Board Assurance Framework which will be approved at Executive Team prior to being adopted through Trust Board.

Internal Audit has offered support.

The Committee feel confident that divisions are managing their risk registers.

### 14. CQUIN Progress / Quality Requirements

PC presented an update on CQUIN Quarter 2.

7 CQUIN reports were submitted to the City Wide Commissioning Team on 21st October 2015 which if successfully delivered will provide contract income of approximately £343031 during quarter 2.

Discussions have now taken place to commence planning for the 2016/17 CQUINS. GM CQUINS are likely to cover IAPT/IT, shared care and a crisis concordat.

A workshop for the local CQUINS will take place on 18th December.

JG provided an update on Quality Requirements.

Following the meeting with commissioners this morning the following issues were noted.

- Discharge summaries and sharing with GPS. Average performance below annual target. Remedial action plan in place.
- Inpatients screened for problematic alcohol usage, using agreed tool approved by commissioners. This is a recording issue. Interventions are being offered but not recorded. KK leading and JG to discuss at Matrons meeting this afternoon.
- Nutrition - % of malnourished patients over 60 having a treatment plan. Average performance to date has dropped by 50% due to 2 eligible patients not receiving care plans in Q2. Annual target has now been missed.
- Communication to GPs within 24 hours of attendance at A&E. September shows a decline in performance of 7% against the previous month. The annual target cannot be met. To be discussed at Matrons meeting this afternoon.
- First appointment within 21 days of referral for Adult CMHTs. Commissioners requested more detail. Ilsa and Mark (Titles) are working on it.
### 15. Revalidation Progress

The Deputy Chief Nurse JG presented the report which outlines the progress made to date.

In July 2015 the Trust established a Revalidation Steering Group which has made significant progress towards readiness for implementation of Revalidation from 1st April 2016.

Training workshops for Nurses and Confirmers have been planned and dates set, commencing 9th November 2015. Nurses, and their Confirmers due to revalidate between April to June 2016 have been offered priority attendance.

A trajectory has been produced to demonstrate, month on month numbers and details of all nurses who are due to Revalidate from April 2016 onwards. The nurses due to revalidate in April, (8) May (14) and June (3), have been identified in person and offered priority places on the workshops. It was noted that September will always be a busy month for Revalidation because this is when the students now qualify.

A draft working policy for Nursing Revalidation has been produced. This will be ratified at the November Professional Nurse Forum and signed off at the December Integrated Risk and Clinical Governance Group.

### 16. Mental Health Code

The head of coroners and mental health act HH presented both reports.

**Revised Mental Health Act Code of Practice**

The revised Code of Practice came into effect on 1 April 2015. Of the ten actions, nine have been completed and the process for the review of relevant policies has commenced.

The work is being completed solely by the MHA Manager and is on track to be completed by the end of the year.

**Deep Dive into Mental Health Act**

The purpose of the report is provide a detailed breakdown of MHA feedback received through incidents, complaints, litigation, unannounced CQC visits and training compliance in respect of Mental Health Act / MCA/DOLs on wards and teams.

This report was submitted to ET in October and has been updated for Quality Board.

During the period 1/10/14 – 30/9/15 the CQC made 8 unannounced visits to the wards and 1 quality inspection. The Trust received 54 incident reports, 12 complaints, 39 PALS contacts and 2 litigation claims re MHA during this period.

The wards/teams with the highest number of reported incidents are: Bronte
(22%), Laurel (20%). 13% of the incidents relate to CTO errors.

The MHA Manager has liaised with the Head of Organisational Development and agreed to deliver 4 additional MHA training sessions in November and December. The locations will be localised, Laureate House, Chorlton House and Hexagon Tower. Therefore there will be eight MHA sessions by the end of December 2015.

**Action:** Adam Morris is picking up with Ward Managers.

The recent CQC inspection has highlighted the need to strengthen the Trust’s arrangements for the leadership of MHA implementation. Following the recent CQC peer visit to the MHA team the following issues were raised:

- Professional leadership and senior knowledge of MH Law
- Staffing levels on team
- Training for staff – do they need MH Law certificates
- Morale within team

**Action:** The Chief Nurse to discuss with the head of coroners and mental health act

**Action:** Check if Medics are included in the training / need including in the MHA and Mental Capacity Act training.

The MHLLG has been disbanded (as we now have a Police Liaison Operational Group) and an internal MHL Implementation group is being established. The ToR has been drafted and the first meeting is on 17 December.

**Action:** Update to QB in February and Report in May 2016.

The Chair thanked HH for the detailed and helpful report.

<table>
<thead>
<tr>
<th>17.</th>
<th>Medicines Management Committee</th>
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<td></td>
<td>The minutes were noted.</td>
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<th>18.</th>
<th>Patient Experience Committee</th>
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<td>The minutes were noted.</td>
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<th>19.</th>
<th>Operational Management &amp; Performance Committee</th>
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<td>The minutes were noted.</td>
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<tr>
<th>20.</th>
<th>Integrated Risk Management and Clinical Governance Committee</th>
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<td></td>
<td>The minutes were noted.</td>
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<th>21.</th>
<th>Heads of Professions</th>
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<td></td>
<td>The minutes were noted.</td>
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<tr>
<td><strong>22.</strong></td>
<td><strong>IRMCGC Report</strong></td>
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<td></td>
<td>November’s IRMCGC has taken place since this report was compiled.</td>
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<tr>
<td><strong>23.</strong></td>
<td><strong>Matters for Escalation</strong></td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td><strong>24.</strong></td>
<td><strong>Any Other Business</strong></td>
</tr>
<tr>
<td></td>
<td>No other items of business were raised</td>
</tr>
<tr>
<td><strong>25.</strong></td>
<td><strong>Date and time of the next meeting</strong></td>
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<tr>
<td></td>
<td>Wednesday the 16th December 2015, The Boardroom, Chorlton House, 12.30 – 14.30</td>
</tr>
</tbody>
</table>
Minutes of the Quality Board  
Wednesday the 16th December, 12.30 – 14.30  
The Boardroom, Chorlton House  

Chair: Anita Rolfe  Chief Nurse and Director of Quality Assurance  
Present:  
JS Bamrah  Medical Director  
Patrick Cahoon  Head of Patient Experience  
Michele Moran  Chief Executive  
Helen Hobday,  Head of Coroners and Mental Health Act  
Stuart Logan,  Risk Manager  
Mary Smith  Professional Head of Social Work  
David Marsden  Professional Head of OT  
Petra Brown  Chief Pharmacist  
Carol Harris  Acting Director of Operations  
Diane Chadwick  Head of Financial Planning  
Karen Keighley  Lead Nurse  
Joanne Glynn  Senior Adult Safeguarding Lead  

In attendance: Rita Kenny, PA (Minutes)  

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<thead>
<tr>
<th>Item</th>
<th>Action</th>
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<tbody>
<tr>
<td><strong>1. Welcome and apologies for absence</strong></td>
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Apologies were received from Ilsa Finigan, Debbie Hodkinson and Vicki Baxter.  
As the meeting was not quorate the minutes will be submitted to Trust Board for ratification. |
| **2. Declaration of Interests** |  
No declarations were made. |
| **3. Minutes of last meeting** |  
The minutes of the 18th of November were approved as an accurate record. |
| **4. Action Log** |  
The action log was discussed and updated.  
**Action:** Countersigning. JG to check policy with DF (Information Governance Lead) and an update to be submitted to February IRMCGC.  
**JG** |
| **5. Corporate Risk Register** |  
SL updated the Board with the progress made in developing the Corporate Risk Register and Board Assurance Framework.  
The Interim Head of Patient Safety and Risk Management has met with the Acting Director of Operations, the Chief Nurse, the Director of Finance and the Director of Strategy, Transformation and Performance to review the content of the draft Board Assurance Framework and to highlight which risks should be |
considered for inclusion in the Corporate Risk Register.

A further strengthening of the Draft Board Assurance Framework and Corporate Risk Register will take place in December and will be approved at Executive Team prior to being adopted through Trust Board in January 2016.

Meetings have also taken place with Internal Audit and a benchmarking exercise has been undertaken across the patch. The auditors reported that MMHSCT was moving in the right direction and aligning with peer Trusts.

<table>
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<tr>
<th>6. External Visits to the Trust</th>
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<tbody>
<tr>
<td>A letter from Health Care Libraries Unit North was distributed with the Quality Board papers. The letter stated that the Trust’s library and knowledge service is 94% (82% in 2014) compliant with the national standards and has improved to a green rated service. The staff should be commended for the improvements they have made in the last 12 months resulting in a change from amber rating in 2014.</td>
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<tr>
<th>7. CQC Task and Finish Group</th>
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<tr>
<td>SL presented the paper. Within the CQC action plan were 46 actions due for completion on, or for commencement by the 31\textsuperscript{st} October 2015 and 36 actions due for completion on, or for commencement by the 30\textsuperscript{th} November 2015. Of the 46 actions required in October the Trust managed to complete and submit evidence for 44 of them and the other 2 were escalated to the Executive Team. Of the 36 actions required in November, the Trust managed to submit evidence for 31 actions. At the time of this report the 5 actions outstanding are to be escalated to the Executive Team. The group have met on 3 occasions and the next meeting is scheduled for early January. Evaluation of the evidence folder is taking place on a weekly basis. The Trust’s committees are being used to request progress updates to be submitted to keep the focus on completion of the actions high on agenda's across the Trust. Integrated risk and clinical governance committee discussed the CQC action plan and its actions. To provide summary assurance that the evidence submitted demonstrates completion/commencement of actions, oversight will continue at the CQC Task and Finish Group and the Quality Board.</td>
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<td><strong>Action:</strong> Notes from meetings to be more detailed and clearer for Quality Board to follow</td>
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<tr>
<th>8. CQC Peer Review Process</th>
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<tr>
<td>JG presented the report. Since August 2015, five services and twelve teams/clinical areas have undergone a CQC Peer to Peer review. The inspection teams have been made up of a range of professionals, commissioners and service users. The Trust Development Authority has expressed an interest in shadowing one of the inspections and dates have been forwarded.</td>
</tr>
</tbody>
</table>
In October 2015, Mersey Internal audit reviewed the internal CQC programme and awarded it “significant assurance. It will be audited again in January 2016 for assurance on how lessons learned from the internal CQC peer to peer inspections are being addressed and shared.

**Action:** Action plan to be placed on OMT and Quality Improvement Groups agendas.

**Action:** More detailed plan to be submitted to February Quality Board. Escalation column to be included and all actions by service to be captured.

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<tr>
<th>9. Revalidation Update</th>
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<tr>
<td>JG presented the update.</td>
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Revalidation is about promoting good practice across the whole population of nurses and midwives. It’s not an assessment of a nurse or midwife’s fitness to practice.

All of the nurses due to revalidate in April 2016 have been contacted and workshops have been held. A revalidation resource site is being developed. The draft policy will be submitted to the Professional Nurses Forum and ET in January.

**Action:** Policy to be submitted to ET and clarification on how to pay staff who do not engage in the process. The issue of managers who do not revalidate will be discussed at OMT.

<table>
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<tr>
<th>10. Integrated Quality Performance Report</th>
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<tr>
<td>JG presented the report to the Committee which is in a different format to last months due to an IT error.</td>
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This is the third iteration of the Trust’s revised quality dashboard, and outlines for assurance the quality data and supporting narrative for December 2015 in relation to the following services;

- Adult Inpatient Services
- Urgent Care
- Adult Community and Social Inclusion
- Later Life Inpatient Services
- Later Life Rehabilitation
- Psychological Services

There were 5 Serious Incidents reported in November 2015 that were reported via STEIS. Of the 5 Incidents, 3 were reported within the Adult Community and Social Inclusion Division, 1 was reported within Urgent Care and 1 was reported within Psychological Services. The STEIS Criteria under which these incidents were reported are as follows; 3 Unexpected Deaths, 1 Homicide and 1 attempted homicide. A SIRI review has been initiated for each of the Serious Incidents reported.

Of the 11 falls reported, 9 occurred within Later Life inpatient services, the other 2 occurred in adult and rehab inpatient services respectively. 10 of the falls
reported were graded as causing either no harm or low harm, 1 fall within later life was graded as moderate harm.

There were no pressure ulcers reported in November which demonstrates harm free care.

The total number of formal complaints received by the Trust during November 2015 was 19. This was a decrease of 7 compared to the same period last year. Themes for November include: discharge from service, Mental Health Act, physical health and service changes.

In November 2015 the Trust received two requests for investigation from the Ombudsman. One in relation to an historical death of a service user, and the other in relation to a treatment not being funded.

The 19 PALs concerns related to 1 admission, 1 appointments, 1 assessment, 1 access to bed, 1 same sex breach, 1 change of worker, 2 communication/information, 3 discharge funding, 2 information, 1 medication, 1 service change, 3 support request, 3 waiting times and 1 welfare benefits. All were resolved.

20 AWOLs occurred in Adult Services and the other 2 occurred in Community and social inclusion services. All patients were safely returned.

A paper on prone restraint for December Quality Board provides more detail.

The 4 new Coroners cases were in relation to A&E Liaison, Early Interventions, CMHT North/A&E Liaison and CMHT North West. There were 3 inquests in relation to patients who had been known to Liaison South (took own life), Home Treatment Central (suicide) and Central West CMHT (open). There were no regulation 28.

There were no litigation claims in the month of November, but a potential claim against sodexo was noted where a staff member slipped on a wet floor where there was no sign.

The Risk Manager is meeting with adults inpatients division to discuss what information they would like presented in the report.

The Committee agreed that this report is to be generated early each month and then circulated to divisions for details. It will also link into Quality and Performance meetings.

The Committee noted that safeguarding training within the prison was at 60%. The figure for some divisions was 91%.

Actions:

- Complaints and concerns to show themes and be included in future reports.
- DOL and MHA compliance to be included in future reports.
- A breakdown of each team to be submitted to February Quality Board.
- Medication errors to be included in future reports
<table>
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<tr>
<th>11. Practice Education Facilitator (PEF) Report</th>
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<tr>
<td>DM presented the report which details student related issues within the Trust for the period 1\textsuperscript{st} January to 31\textsuperscript{st} August 2015.</td>
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<tr>
<td>The PEF continues to negotiate the new quotas calculated for Trusts as the quota allocated is directly related to Trust income. The Trust has managed to place all students requested by the University of Manchester and Salford in line with the quota calculated for the Trust.</td>
</tr>
<tr>
<td>There has been a slight increase in the return rate of Triennial Reviews. This still needs to be increased as it is a directive from the NMC. As part of the NMC 2008 Standards, the Trust must conduct triennial reviews of all mentors, every 3 years, to ensure mentors identified on the &quot;live register&quot; have updated annually and met the requirements to mentor.</td>
</tr>
<tr>
<td>The student nurse evaluations are for 2 semesters, January to April 2015 and May to August 2015 scoring an average of 4.65 and 4.72 respectively out of a possible 5. (The key was rated as 5 = strongly agree and 1 = strongly disagree).</td>
</tr>
<tr>
<td>Each year HENW set PEF outcomes as a means of continuously improving the quality of education in practice. The PEFs submit a completed self assessment with supporting evidence which is then assessed and scored by HENW. For last year’s returns a score of 92% (silver) was awarded compared to the previous year, 85% (Bronze).</td>
</tr>
<tr>
<td>Cavendish Ward won the Placement of the Year award from University of Manchester and one mentor from the Review Team was nominated for the Best Mentor (Mental Health) Award by the University of Manchester.</td>
</tr>
<tr>
<td>Interpersonal learning has commenced.</td>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>With the new NMC Revalidation process being introduced and the Trust policy for PDRs it must be promoted throughout the Trust that Mentorship, attendance at annual update and completion of triennial review is placed on the agenda of nursing PDRs to ensure that all NMC requirements for mentorship are met by each individual registrant. This would also reinforce the expectations that all registrants participate in student learning and that supporting students within the Trust is high on the Multi-Professional agenda.</td>
</tr>
<tr>
<td>The PEFs will ensure that the above is raised as a regular agenda item at the Professional Nurse Forum, Ward Manager meetings and Matron meetings. A common concern raised by students was that there is a lack of information about their placement on the Internet. All Service Managers should access the internet and see if their area is described accurately with up to date contact details.</td>
</tr>
<tr>
<td>The PEFs will ensure that Managers of all placement areas oversee the information written about their area on the intranet and update accordingly. <strong>Action: DM to update areas for development.</strong></td>
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12. **Restrictive Practices**

JG presented the report.

The paper provides an update to Quality Board on the progress of the Trust's response to the reduction of Restrictive Practices within the Trust's Inpatient Wards. The term restrictive practices refers to:

- Restraint,
- Seclusion,
- Rapid Tranquillisation
- Blanket Restriction

The Trust is following national guidance and evidence to reduce the need to physically restrain a person. The Trust is particularly committed to eliminating the use of prone restraints, and evidence shows a significant decline in its use, with 36 recorded incidents for quarter 2, compared with 54 incidents in quarter 1. The overall increase in prone incidents since quarter 4 has been due to the use of this position to safely administer medication.

Current activity to support a positive ward atmosphere is the removal of blanket restrictions around smoking. This has been received well by patients and staff, there has been a reduction in smoking in the dormitories, and there have been no restraints or violent incidents around smoking or any incidents in the courtyard. The Matrons have been working with AQUA around this.

The Rapid Tranquillisation audit will be submitted to February Quality Board by the Chief Pharmacist and data from all wards will be included.

A Quality Improvement Group has been established and the first meeting took place on the 9th of December and physical intervention trainers are included in the group.

**Action:** CQC report and recommendations for Broadmoor to be looked at.

13. **Safe Staffing**

The Deputy Chief Nurse presented the report which demonstrates the Trust’s Safer Staffing position for October 2015.

The report considers the Patient Experience through triangulation of incidents, complaints and concerns data in relation to Staffing levels and reports on same by exception.

The report does not include Poplar Ward’s data, due to the opening of the ward not coinciding with the safe staffing return period for October. There are low fill rates of registered nurses on some inpatient wards due to vacancies, and assertive recruitment continues to mitigate this.

The Committee discussed the MDT approach to stepping down observations and MM stated that a decision was made at Trust Board that it is not necessarily consultants who decide on step down. The legal position needs to be very clear as this could be perceived as a human rights issue.

**Action:** Revised policy to be submitted to consultants’ meeting.
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<tr>
<th>14.</th>
<th><strong>NHS Litigation Authority – Trust Score Cards Report</strong></th>
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<tr>
<td></td>
<td>HH presented the report.</td>
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<td></td>
<td>The purpose of this report is to inform the Committee of the NHS Litigation Authority (NHS LA) recently published claims score cards in relation to claims received by the Trust during the period 1 April 2010 to 31 March 2015.</td>
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<td></td>
<td>The costs of meeting these claims are met through members' contributions on a pay-as-you-go basis.</td>
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<td></td>
<td>The total number of clinical claims received for this period was 33 with a total value of £1,860,971.42 * and of these 49% were closed with no damages paid.</td>
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<td></td>
<td>* This figure has been reduced by 300k following successful coroner’s court hearing.</td>
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<td></td>
<td>The total number of non clinical claims received was 55, with a total value of £683,756.78 and of these 49% were closed with no damages paid. Of these claims 36% were due to patient assaults; 18% slip, trips or falls and 16% workplace health and safety.</td>
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<td>Of the clinical claims settled the largest proportion of damages were awarded in cases where a patient had died and the case had been heard by the coroner.</td>
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<td>The report recommended that a joined up approach be implemented throughout the Trust to examine claims and the costs of these within each division and a commitment to engaging all staff on the Trust’s claims profile in the spirit of understanding that staff and patient safety is everyone’s business. The quarterly litigation report triangulates claims with complaints and SIRIs and as can be seen the highest value clinical claims involve SIRIs which have gone to a coroner’s inquest.</td>
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<td></td>
<td>The CQC may ask for claims scorecards as part of its lines of intelligence monitoring data gathering in preparation for future inspection visits.</td>
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<td></td>
<td>The Committee thanked HH for the interesting and informative report.</td>
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<th>15.</th>
<th><strong>IRMCGC Report</strong></th>
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<td></td>
<td>The Risk Manager explained that this report relates to the November IRMCGC meeting and with the change of dates for Quality Board and IRMCGC, the December meeting has taken place.</td>
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<th>16.</th>
<th><strong>Patient Experience Committee</strong></th>
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<tr>
<td></td>
<td>10&lt;sup&gt;th&lt;/sup&gt; November 2015</td>
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<td>The minutes were noted.</td>
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<th>17.</th>
<th><strong>Integrated Risk Management and Clinical Governance Committee</strong></th>
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<tr>
<td></td>
<td>11&lt;sup&gt;th&lt;/sup&gt; November 2015</td>
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<td></td>
<td>The minutes were noted.</td>
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<th>18.</th>
<th><strong>Operational Management &amp; Performance Committee</strong></th>
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<tbody>
<tr>
<td></td>
<td>16&lt;sup&gt;th&lt;/sup&gt; November 2015</td>
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</table>
19. **Heads of Professions 23rd September 2015**
   
   The minutes were noted.

20. **Matters for Escalation**
   
   There were no matters for escalation.

21. **Any Other Business**
   
   The Professional Head of Social Work and the Senior Adult Safeguarding Lead provided feedback from Internal Audit. The formal report will be ready for February but the provisional feedback is that substantial assurance has been maintained. Internal Audit reported that the quality assurances processes were outstanding. The fact that substantial assurance has been sustained across 2 audits shows that learning has been embedded.

   The final report will be shared with commissioners.

   The Committee thanked MS and JGL and agreed that JGL’s hard work was making a real difference.

22. **Date and time of the next meeting**
   
   Wednesday the 17th February 2016, The Boardroom, Chorlton House, 12.30 – 14.30

   *N.B. No January meeting due to the early January Board meeting*
Trust Board

Schedule of Meetings 2016

All meetings will start at 10am and be held in the Boardroom, Chorlton House, 70 Manchester Road, Chorlton, Manchester. M21 9UN

Meetings to be held on the last Thursday of the month they are held except where indicated*

*No meetings to be held in August and December 2016

Thursday 14th January*
Thursday 25th February
Thursday 31st March
Thursday 28th April
Thursday 26th May
Thursday 30th June
Thursday 28th July
Thursday 29th September
Thursday 27th October
Thursday 24th November