

GMMH Action Plan for Independent investigation into the care and treatment of a mental health service user (L) 2016/3780

ID	Action	Lead	Evidence Base	Due date	RAG Score
Recommendations					
1	Both PCFT and GMMH should clarify the MAPPA status at the point of transfer to other services for patients with forensic histories. This should also include identification and involvement of probation/ NOMS for appropriate patients.	Associate Director of Forensic Psychiatry	Following learning from Mr Ws death, our Edenfield Medium secure service can confirm that at the point of transfer to other services it is the responsibility of the Service Clinical Team Social Workers who are responsible for identifying the involvement of probation and NOMS for Patients. They are also the team member who will notify MAPPA of admissions, leave status and discharge and will attend all MAPPA meetings.	Nov-17	
2a	The Trust must provide clear guidelines for risk assessment and care planning for the titration of clozapine in the community.	Director of Pharmacy	In December 2018 a Task and Finish group will be meeting between senior pharmacy leads, operational staff, and senior clinicians from all divisions within the organisation to consider an interim process for Clozapine initiation for across the Trust. This group will be considering a longer term solution for the organisation regarding having a standardised approach of a dedicated Clozapine Initiation Team for the Trust. This work will be monitored by the Trust Medicines Management Group (MMG) and Quality Governance Committee which is the sub-committee to the board.	Apr-19	
2b	The Trust and NHS Manchester CCG must develop and agree guidance for GPs on the administration of clozapine and the limited function of blood tests for titration.	Director of Pharmacy	GMMH have now developed GP Clozapine Information guidance letters and learning following WLS inquest has been incorporated into this guidance in relation to a list of the tests to be included.	Jun-18	
3	The Trust AWOL policy should be amended to ensure that any decision to discharge an AWOL patient in their absence is explicitly risk assessed, supported by a detailed decision making tool, and reported on centrally to ensure practice is monitored.	Director of Nursing and Governance	The Trust AWOL Policy has been harmonised and strengthened to ensure that service users who are informal and return from leave have their MHA status reviewed on return from AWOL. Although it would not be deemed best practice to discharge service users in their absence the GMMH AWOL policy highlights that any decisions made by a team in relation to this should be supported by a detailed risk assessment and recorded within the service users records. The policy has provided flow charts for staff to provide at a glance guidance and assist in the decision making of teams in these instances. Further review of compliance against the policy will be carried out via the Trust audit programme	Jun-18	
4	The Trust should assure themselves and commissioners that arrangements are in place to provide appropriate medical cover on the acute adult in-patient wards to ensure medical oversight and continuity of care.	Medical Director	The Trust has implemented a proactive recruitment strategy and we have reviewed job plans and support for consultant posts within Park House. We have been successful in the recruitment of high calibre substantive consultant posts into vacancies. We are aware the vacancy position is not unique to the Trust and reflects a national picture where there are more posts than candidates. We recognise that this position is an ongoing risk for the organisation and this is being closely monitored by our Trust Workforce Development Strategy Group and the Medical Workforce Sub-Group. A further recruitment campaign is ongoing with enhanced consultant support and sessional allocation for adult in-patient consultants. In the interim, the Trusts Lead Consultants have worked proactively with our HR colleagues and any vacancies have been successfully recruited into by locum cover. The locum consultants appointed have been of a high calibre and have been providing a consistent service for over 6 months to Park house	Ongoing	
5	The Trust must ensure that discharge planning arrangements on the adult acute in-patient wards comply with Trust policy, and that arrangements are made to appropriately grade those patients with complex needs and often forensic and/or substance misuse histories who are at high risk of disengagement from mental health services, and who should receive assertive and proactive care to prevent them being lost to services, even if discharged whilst AWOL.	Head of Operations Manchester North	In response to Ws death the electronic record system currently in place across our Manchester services AMIGOS was developed and a 'special notes system' was introduced. The special notes system draws staffs attention to critical information in relation to a service user and will highlight where a forensic assessment has been completed for an individual. Our Manchester community and in-patient services have been audited against use of the AMIGOS special notes criteria and these audits have demonstrated positive results around how staff have implemented this system as per the guidance. A yellow visual alert triangle also appears at the same time as the special notes and when opening service user's clinical record staff are alerted to important risk information in relation to that service user. In December 2018, all our Manchester services will cease using AMIGOS and move onto a new electronic record system called PARIS in line with the rest of the organisation. PARIS will also enable staff to raise individual service user 'Alerts' and capture a service users risk information and in particularly those service users with forensic histories who may be in contact with MAPPA. Since development of the new organisation, the Manchester Adult Acute wards now have a dedicated substance misuse practitioner who is specifically working with the teams and patients to improve awareness, knowledge and skills enabling staff to offer brief interventions working on a harm reduction model. As part of the new Trust a dedicated Strategic, lead Patient flow role has been introduced. This role is key in ensuring continuity of care for service users and to ensure service users are placed back with the same consultant and clinical teams as far as possible. Adult Acute Wards have improved pathways for referral for forensic assessments and gateway to beds and ward managers have an awareness of and implementing referrals for forensic assessments. There have been two examples recently where joint working and referral has meant a smoother and safer transition for the service users requiring medium secure services. The referral pathways have also been highlighted within the Adult Acute Inpatient Ward Managers meeting and recorded within the minutes. Wards have been completing audits of the ward discharge checklists that are now in place and results have been positive in relation to how staff are implementing the checklist.	Mar-18	