

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	<p>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 Social Workers for identifying the involvement of probation and National Offenders Management Service for Patients. Our Edenfield Social Workers are also responsible for notifying MAPPA of admissions, leave status and discharge and will attend all MAPPA meetings. In order to raise awareness to staff of the role of MAPPA the Trust has developed guidance which has been approved by our Trust Risk Management Group and has been cascaded across services via the divisional Associate Directors. To further raise awareness in relation to service users under MAPPA arrangements the Trust has enhanced the ALERT process within its PARIS electronic records system so that any service user under MAPPA will be visible through staff accessing the ALERT.</p> <p>To provide assurance to our board of how the MAPPA guidance has been implemented the Trust will incorporate an audit of the guidance into the Trusts 2019/20 audit programme</p>	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	<p>In December 2018 The Trust developed a Task and Finish group 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 have considered 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. GMMH now has a harmonised Clozapine policy for the Trust and includes community prescribing. A business case is currently being developed for a Trust wide team with specialist knowledge to manage clozapine initiations. Until the business case has been approved our Manchester services have refreshed the Standard Operating Procedure in order to provide further clarity on the process for prioritising and escalating concerns to managers where there are concerns relating to patients waiting to start on clozapine.</p>	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	<p>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.</p>	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	<p>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 has been carried out via a Trust wide audit over a 12-month period 277 service user records which was completed by our Trust Strategic Lead for Patient Flow. The aim of the audit was to review if staff were fully implementing the policy and also decision making by MDTs following an individual going AWOL. The outcome of this audit demonstrated that overall staff were implemented the policy correctly and MDTs were recording decisions where services users were discharged in their absence. A repeat of this audit has been scheduled in the Trust 19/20 audit programme in Quarter 3.</p>	Jun-18	

4	<p>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.</p>	<p>Medical Director</p>	<p>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.</p> <p>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 to Park house. The trust have put a number of measures in place to support recruitment of clinicians and all our acute in-patient wards across our Bolton , Salford, Trafford and South Manchester areas have full Consultant establishments. A key role also being introduced as part of the trusts Recruitment strategy includes the role of Advanced Practitioner posts to support Multi-disciplinary Teams.</p>	<p>Ongoing</p>	
5	<p>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.</p>	<p>Head of Operations Manchester North</p>	<p>In response to Ws death our Manchester services developed and a 'special notes system' within the patient electronic record system Amigos in place prior to the acquisition of MMHSCT and GMW Trust. The special notes system assisted staff in identifying critical information in relation to a service user and highlighted where a forensic assessment had been completed for an individual. Our Manchester community and in-patient services were audited against use of the AMIGOS special notes criteria and these audits have demonstrated positive results around how staff implemented this system.</p> <p>In December 2018, all our Manchester services ceased to use the electronic patient record system 'AMIGOS' and successfully moved onto the electronic record system called PARIS in line with the rest of the organisation. PARIS enables 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.</p> <p>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 in relation to complex patients with serious Mental health problems and substance misuse problems.</p> <p>In addition, we have also developed a dedicated Strategic lead for 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 implementing referrals for forensic assessments. There have been 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 discharge meetings. An audit was recently completed by one of our Senior Clinicians looking at a sample of 50 patients records where service users have been discharged from wards and whether risk assessments had been completed by staff and the decision making by the team prior to the service users discharge. The audit has revealed good practice with regards to the discharge planning process. The majority of the patients had a discharge CPA meeting and follow-up arrangements at the time of discharge. For patients discharged in their absence, there is clear documentation and discussion of risk management and follow-up arrangements.</p>	<p>Mar-18</p>	

CCG CMHT SOP

Action for Gill re: claire carson minutes advise