



**Greater Manchester
Mental Health
NHS Foundation Trust**

PRIVATE & CONFIDENTIAL

HM Senior Coroner Ms Alison Mutch
Manchester South Coroner's Office
1 Mount Tabor Street
Stockport
SK1 3AG

23 June 2020

Dear Ms Mutch

Trust Management Offices

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WE ARE SOCIAL



Re: Barry Preston (deceased) Regulation 28 Preventing Future Deaths Response

Thank you for highlighting your concerns during Barry Preston's Inquest. The report was sent to the Chief Executives of Greater Manchester Mental Health NHS Foundation Trust (GMMH), Bolton Council, Royal Bolton Hospital (RBH) and the Secretary of State for Health. GMMH, Bolton Council and RBH have met to review the concerns you have raised and agree who would be in the best position to respond to each of your concerns. Please see below GMMH Trust's response to the concerns you have raised and the actions taken by the Trust:

- 3. The inquest heard that he had a care coordinator in the community. However, the care coordinator did not take a lead in ensuring he was being supported in the acute settings or that best interest meetings were taking place. There was a lack of understanding between agencies of role and responsibilities under the integrated care model.**

The point regarding care coordinator responsibilities is addressed fully in point 4,

The Integrated Discharge Team (IDT) is a multidisciplinary team consisting of health and social care professionals from Bolton NHS Foundation Trust and Bolton Council. The team is responsible for the coordination of the discharge planning process for those inpatients within the acute trust with an identified health and/or social care need that will need meeting on discharge. At the time of this incident, the IDT also had a mental health social worker seconded into the service from Greater Manchester Mental Health NHS Trust

It became clear throughout the inquest that the role of the mental health practitioner within the Integrated Discharge Team was fragmented, and that only certain wards within the acute trust made referrals to the Integrated Discharge Team which resulted in a lack of communication



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during Mr Preston's various transitions between Royal Bolton Hospital wards, Laburnum Lodge and Trafford General Hospital.

A review of the mental health practitioner role within the Integrated Discharge Team had commenced prior to the death of Mr Preston, however following a subsequent review with the Local Authority and Bolton Foundation Trust, taking into consideration the concerns noted within the inquest, the decision has been taken to end the secondment of the mental health social worker and return the practitioner to their substantive post within Greater Manchester Mental Health. Going forward there is now one point of contact with mental health services, the care coordinator, who will in-reach into the hospital when any service user they are involved with is admitted, to provide consistency and ensure hospital staff are aware of any input from mental health services.

4. The inquest heard that whilst he was being treated in acute settings there was no coordination or ownership of his care. It was unclear as to who was making decisions and assessing suitability of placement.

It was clear from the inquest that the coordination of Mr Preston's care was lacking, and for that GMMH would like to offer our sincere apologies.

There are a very clear expectations that the care coordinator is the conduit when an individual is admitted to an alternative care setting. The care coordinator is expected to link in with all care providers to ensure individuals are appropriately supported / advocated by family and/or advocacy/Independent Mental Capacity Advocate (IMCA), and where capacity is not clear or is lacking, that a formal capacity assessment is undertaken and Best Interest meetings occur. Whilst the role of assessing the capacity for clinical interventions should be undertaken by a professional who has full understanding of the procedures to be undertaken, the care coordinator had a pivotal role in ensuring this occurs.

Whilst the transfer of Mr Preston's care was between acute care settings (and not secondary mental health settings), the care coordinator should have considered that there had been a significant change to Mr Preston's usual presentation and this should have triggered a more formal review of his care, and as such, GMMH would like to offer our apologies that this did not happen, as this is below the standard that we would expect.

In addition to the care coordinator remaining involved, the acute trust wards also have access to the mental health liaison team who in reach into the wards to provide assessment, advice and support to the medical wards in respect of managing patient's mental health.

We would like to assure the coroner that the following actions have been taken:

- Care coordinators have been advised that as part of their role, they are expected to proactively in-reach into acute trusts, to ensure effective communication is facilitated, to mitigate risks of individuals being moved between wards / hospitals / other care settings without the care coordinator being informed; this will enable to care coordinator to appropriately coordinate care, taking into account an individual's holistic needs. (This is outlined with the Older Adult Service Operational Procedure and the Policy for the Transfer of Service Users to Acute Care).



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- Team Managers have discussed the expectations with all staff, that every time there is a significant change in an individual's circumstance, that capacity assessments & Best Interest Meetings are considered and clearly recorded, and that care coordinators ensure they proactively liaise with other care providers to ensure any changes to the care plan can be reviewed and updated appropriately, and this is being monitored via supervision.
- The learning from this event was reflected upon within supervision with the individual care coordinator

5. The inquest was told that for a long period of time whilst in the care of the NHS there was not a clear understanding of his lack of capacity to make decisions about his care. Acquiescence by him was seen as him understanding and having capacity.

Dr [REDACTED] from GMMH, noted that Mr Preston's capacity was unclear. This should have led to the care coordinator liaising with the acute trust and ensuring a formal capacity assessment was completed with specific aspects to his care, and where this was lacking a Best Interest meeting should have been completed. Unfortunately, this did not occur and decisions were made by the acute trust, without the appropriate clinician undertaking appropriate decision specific capacity assessments.

Learning from the inquest has been shared with the Senior Management Teams, over both Adult and Older Adult Services and with the Senior Leadership Teams, which has overarching responsibility within Bolton Mental Health Services and an action plan put in place to ensure that all staff are up to date with Best Interest & Capacity Training and Care Programme Approach (CPA) training, which is monitored by team managers. Learning from the inquest will be shared trust wide, via the trust wide Care Programme Approach (CPA) meeting.

Through supervision and team meetings, all staff have been informed of the expectations of a care coordinator when patients are admitted to alternative care settings, such as acute trusts, and informed that they must consider support from advocacy / IMCA. Team Managers will proactively review cases where individuals have been admitted to other care settings in supervision to ensure that care coordinators are proactively coordinating the individual's care, and consideration has been given to Capacity and Best Interest meetings, where appropriate.

I hope this response demonstrates that GMMH have taken the concerns you have raised seriously. If you have any further questions in relation to the Trust's response please do let me know.

Yours Sincerely,

[REDACTED]

**Medical Director
GMC 3548585**



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