

Sebastian Daniels

Regulation 28: Report to Prevent Future Deaths – Trust Response

Matter of concern (3): ability to take blood samples in Clozapine clinic

The Trust has considered very carefully the point you made both during and following Mr Daniels' inquest that the inability to take venous blood samples during annual health checks for Clozapine patients was a missed opportunity to facilitate full compliance with these checks.

During the inquest, information was provided to you which set out why our Mid and North Hampshire mental health services were not able to provide this for Mr Daniels. The Trust understands you may have heard in live evidence that staff were not 'permitted' to take blood in this way. We would like to clarify that it was not the case that permission was actively refused on a point of principle but rather that the infrastructure required to allow this to happen has not historically been in place in this area.

On receipt of your Regulation 28 report, a number of meetings took place, chaired by the Trust's Chief Medical Officer. These meetings included among others, the Clinical and Medical Directors covering the Mid and North Hampshire area, the Trust's Deputy Chief Medical Officer, the Trust's Chief Pharmacist and the Transformation Director for Mental Health and Learning Disability services. The matter you raised was also taken to the Trust's Community Quality Improvement Oversight Group on 19 October 2023.

There was confirmation among senior clinical leaders at each of these meetings that the Trust has greater responsibility for the oversight of physical health monitoring among this group of mental health patients. The concerns you raised regarding a missed opportunity were understood and discussed at length.

The Trust is pleased to report that whilst the challenges described to you at inquest remain, the consensus view from the meetings that took place was that our aspiration should very much be to seek to overcome these obstacles such as to be able to introduce the changes that you have suggested.

The Mid and North area have volunteered to operationalise this as an early adopter and since receipt of the Regulation 28 report have identified the equipment needed, made arrangements to have bloods transported to Andover War Memorial Hospital lab and have developed a rota of who would be able to take blood in each clinic. They are now working through how best to identify which patients need which bloods when, how to record when these have been taken and how to optimise or supplement current patient record systems to be able to track and follow up on results.

In addition to this work that is being done in the Mid and North area of the Trust, Pharmacy colleagues have commenced a piece of work seeking to understand the variation in service offering across all Clozapine clinics. Data has begun to be received back and it is clear that variation exists between clinics both in terms of the ability to take blood but also more broadly. This pharmacy-led project will continue, overseen by the Clozapine Committee which will next convene and include this on its agenda on 18 December 2023. The intention is to take the learning from the Mid and North area's early adoption of this model, combined

with good practice identified from this broader Clozapine clinic review, in order to establish a consistent set of principles across all clinics. These will include ensuring the capacity for annual health checks for patients on Clozapine; including taking blood samples on site where the patient prefers this and having robust systems in place for the review of results.

At the completion of the project, the Clozapine Policy will be amended to incorporate the agreed changes.