

E: [REDACTED]

Date: 23rd October 2024

Private & Confidential

Ms Joanne Kearsley
Senior Coroner for the Coroner area of Manchester
North
2nd and 3rd Floor
Newgate House
Newgate
Rochdale
OL16 1AT

Sent by email to: [REDACTED]

Dear Ms. Kearsley

Re: Regulation 28 Report to Prevent Future Deaths

Thank you for your Regulation 28 Report dated 12th August 2024 regarding the sad death of Mr. David Thompson. On behalf of NHS Greater Manchester Integrated Care (NHS GM), We would like to begin by offering our sincere condolences to Davi's family for their loss.

Thank you for highlighting your concerns during the inquest which concluded on the 31st of July 2024. On behalf of NHS GM, we apologise that you have had to bring these matters of concern to our attention. We recognise it is very important to ensure we make the necessary improvements to the quality and safety of future services.

During the inquest you identified the following cause for concern: -

There was a complete absence of any Consultant – Consultant discussions or communication, given this patient was receiving care from both the NHS and privately.

To provide a comprehensive response, we have outlined our response to demonstrate:

- How we oversee Out of Area Placements (OAPs)
- What we would expect in relation to communication between the NHS and any Out of Area (OOA) provider
- Any additional action we feel we need to take in relation to this PFD

1. How we oversee Out of Area Placements (OAPs)

Greater Manchester has implemented a system wide, standardised, patient centred MaDE (Multi agency discharge event) process for oversight of OAPs. The primary objectives are to pinpoint and document any barriers in a systematic approach to discharge (for Clinically Ready For Discharge

(CRFD)) and/or repatriation (for OAPs). These challenges can be escalated through a three-tiered structure, facilitating best practice and lessons learned across the system.

The process is in place across all ten GM localities and includes:

- Locality Patient level meetings - Weekly meetings conducted by MH Trusts with locality stakeholders, addressing barriers to discharge and/or repatriation to GM for patients that are CRFD and OAPs
- Locality Escalation Meetings - Weekly meetings chaired by ICB Deputy-Place Based Lead to review patients that require closer partnership working/senior leadership to address barriers to discharge and/or repatriation to GM for patients that are CRFD and OAPs. and
- The Greater Manchester MADE (Fortnightly meeting with senior MH Trust and ICB leadership (clinical, operational and commissioning) to provide assurance around locality oversight and identify system solutions to complex discharges/repatriation.)

This process allows a tracking system of each patient who is placed out of area which gives the system grip and control and enables a high level of oversight. In addition, a dashboard to track OAPS is widely available and updated daily,

In addition, a process to monitor the quality, experience and care oversight of each patient has been implemented. A system wide task and finish group oversees the framework in which OAPs “receiving” providers are assigned to a category based on their distance from Greater Manchester and their Quality profile (which includes CQC rating, local intelligence, and information from the host commissioner). The list is used at the point of admission to support decision making and ensures that when an out of area placement is necessary patients are admitted to the available providers closest to home and there is an adequate level of assurance relating to the provider .This oversight framework is designed in line with both the NHS England Host commissioner guidance and the National Quality Oversight Framework. In the unusual and unfortunate event that a patient is admitted to a provider on the “stop” this is escalated into the ICB for additional monitoring and priority repatriation, a co-designed GM repatriation framework which is applied by both GM MH providers is also in place which ensures consistency. Since implementing the oversight framework in April we can see a significant decrease in the amount of patients who are admitted to providers furthest away from home and where we have the best oversight. There were over 30 patients in April admitted to our “stop” providers and as at 1st Oct 2024 there were 3 patients.

Both the MADE structure and the Oversight framework has been designed and implemented in collaboration with all stakeholders and is monitored through the GM MaDE which reports to the GM Mental Health System Group and then onward to the GM ICB Board.

2. What we would expect in relation to communication between the NHS and any OOA provider

GM ICB expect the NHS “sending” provider to oversee the individual care relating to any patient who is admitted as an Out of Area placement in line with National Host commissioner guidance. This includes attendance at ward rounds, face to face visits where appropriate and full engagement in discharge and care planning. The processes as described above have been implemented since December 2023 and have provided a much tighter grip and control and increased level of oversight of each individual patient.

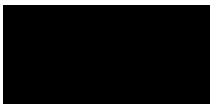
3. Any additional action we feel we need to take in relation to this PFD

Greater Manchester is working on ensuring these processes are consistent across the system and

further defining the practical actions of individual oversight from the care coordination teams relating to those patients admitted into Acute out of area placements, Rehab Beds, Individual non contracted beds and trust beds. This will be considered in line with current capacity levels, the required escalation, and a wider review of MH community services in GM.

We will also take this report to the Mental Health Clinical Effectiveness Group for discussion and shared learning.

Best wishes



Interim Deputy Chief Executive Officer and Chief Nursing Officer
NHS Greater Manchester