

24th December 2015

Ms L Hashmi
Area Coroner, Manchester North
Phoenix Centre
L/Cpl Stephen Shaw Way
Heywood
OL10 1LR

Our Ref: KB/ELD
Department: Trust Headquarters

Dear Ms Hashmi,

Re: GUY ROBINSON (Deceased), DOB: 31/10/1982

Thank you for your Regulation 28 Report, dated the 12th November 2015, and for bringing to my attention the concerns that you had after hearing all the evidence. Your concerns have been reviewed in line with the stipulated timescales. I list below the Trust response to the two points you raised.

1. The 'AWOL' protocol was not applied appropriately / in a timely manner and during the course of the evidence it became apparent that some of the clinicians lacked familiarity with the protocol and process. Whilst the Trust has taken steps to ensure that the protocol has been discussed with the staff based on the ward in question, action has not been taken Trust wide to ensure that all staff are fully familiar with this police.

Response:

Following the Trust's investigation, the Absence without Leave (AWOL) Policy was reviewed and additional guidance included in relation to actions that should be taken when a person goes AWOL. This policy was initially piloted within the Trust's Mental Health In-Patient Unit at Tameside General Hospital. The revised policy was implemented Trust wide on the 1st April 2015.

I have been assured by both In-Patient Service Manager for the North (Oldham/Rochdale/Bury) and the South (Stockport/Tameside) that this information has been shared and staff are familiar with the policy. In order to assist staff a flowchart has been produced as part of the policy, which also explains to staff when to contact the police to inform them of a patient who has not returned from leave (attached).

2. Clinical Psychology Service – the only access afforded to a Clinical Psychologist depends upon three pre-requisites being met; i) discharge ii) to a fixed abode iii) onward referral by the Community Mental Health Team. There is no In-Patient Clinical Psychology facility and no ability for hospital clinicians

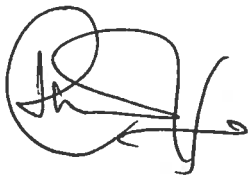
to refer a patient directly. This is a significant service gap and potentially prejudices/puts at risk some of the most vulnerable people, e.g. those who are no fixed abode.

Response:

- There is access to Psychological Therapies on the ward, which takes the form of consultation, assessment and formulation and supervision for staff who are providing psychologically informed support to patients.
- A Consultant Psychiatrist or nursing staff can refer an in-patient for Psychological Therapies if appropriate.
- It is not necessary for a service user to have a home address in order to access Psychological Therapies whilst an in-patient, however once discharged they would have to have access to an address or a telephone in order to be contactable for future appointments.
- It is a requirement that secondary care patients accessing Psychological Therapies are open to a Care Coordinator, this is in order that individuals undergoing therapy may raise difficult and challenging issues, have a support network and crisis plan in place whilst doing exploratory therapy so that any increased risk can be managed.

I hope this response assures you that the Trust takes seriously any concerns that you raised.

Yours sincerely

A handwritten signature in black ink, appearing to be 'H. Ticehurst', enclosed within a circular scribble.

Dr Henry Ticehurst
Medical Director