

MENTAL HEALTH AND LEARNING DISABILITY REPORT MARCH 2010

This briefing note sets out the work currently being undertaken within the Mental Health and Learning Disability Team

1. Serious Adverse Incidents Review

From 1 April 2009 to 28th February there have been 117 cases reported as Serious Adverse Incidents (SAI's). The cases can be summarised as follows:

Trust	Deaths				Other Incidents	Stats		
	Suicide/Suspected Suicide	Natural Causes	Other	Not Known		Male	Female	Total No of SAI's
BHSCT	19		3	4	2	20	8	28
NHSCT	15	2	1	5	1	17	7	24
SEHSCT	22		1		3	18	8	26
SHSCT	14			1	3	10	8	18
WHSCT	16			4	1	13	8	21
Totals	86	2	5	14	10	78	39	117

All reports have been responded to and the Trust have been given dates in relation to the reviews and reporting within 12 weeks.

Delays in reporting to RQIA from Trusts have improved in the last quarter as this had been an issue previously.

As well as writing to Trusts the MHLTD team present this information on a regular basis during meetings with Trust Directors and Senior Managers. This will also be presented in an annual report to Trusts.

The process for reporting SAIs will change in April 2010 where there will be dual reporting to both the HSC Board and RQIA. The process of following up SAIs will be from the HSC Board with RQIA as a key input into the process. At present suicides or suspect suicides are reported through to RQIA and this process to continue but the letters will go to Trusts from the HSC Board following consultation with RQIA. This will streamline the process for communicating with trusts and will maintain RQIA's role as a regulator in the review of serious adverse incidents to monitor and improve care and treatment in Mental Health and Learning Disability.

2. Monitoring of errors in prescribed forms and guardianship applications

Since 1 April 2009 until 28 February 2010, the Mental Health and Learning Disability Team reviewed a total of 8850 forms.

Trust Area	Total Number of Forms Received	Percentage of Forms Late > 4 days	Percentage of Forms - Unsatisfactory
BHSCT	2588	79.60%	5.29%
NHSCT	1799	51.36%	3.67%
SEHSCT	1727	54.89%	4.11%
SHSCT	1391	66.21%	4.82%
WHSCT	1345	70.93%	4.24%
Total	8850	65.62%	4.50%

There has been a significant improvement in the percentage of forms which were unsatisfactory since the first quarter. This improvement has been as a result of feedback and communication with Trust Medical Records departments and working closely to reduce the error rate. The overall cumulative error rate from April to December was 4.92% and the overall error rate for end February is 4.5%.

Trust Chief Executives continue to be kept informed of any significant failings, and these issues are also being raised during ongoing meetings with each Trust.

3. Meetings with Trust Directors

Further rounds of meetings with Trust Directors have taken place in February 2010 in order to communicate the ongoing work of the Mental Health and Learning Disability Team.

The aim of these meetings is to provide updates in relation to the work of the MHLDT team in relation to the Mental Health (NI) Order 1986 and key performance indicators e.g. reporting of Serious Adverse Incidents, the monitoring of prescribed forms and review/inspection work.

4. Patient Experience Review

Following the initial pilot of "Open Surgeries" during July/August, where detained patients were interviewed and asked specifically about their experience of detention and the care they receive in hospital the proposal was to run open surgeries in each trust facility on a regular basis.

There is substantial work ongoing at present in that 32 visits to facilities where patients are detained have been organised with input from full-time and sessional officers to undertake the interviews. These will be based on the Patient and Client Experience standards which were issued by DHSSPS. Each Trust area will be visited in order and there is an agreed format for reporting back after each visit.

A full Patient Experience Review questionnaire has been developed to ensure consistency in interviewing and in measuring against standards. This will enable the information to be collated and analysed and this will ensure consistency in reporting back to Trusts following each group of visits.

The updated list of dates are as follows:

Belfast HSC Trust 12th -22nd January 2010

Northern HSC Trust 26th January -11th February 2010

South Eastern HSC Trust 12th-23rd February 2010

Southern HSC Trust 2nd-9th March 2010

Western HSC Trust 10th-26th March 2010

There will be formal reporting to Trusts following each group of visits and this will be sent to Chief Executives and directors of Mental Health.

5. Guardianship Panel

The Guardianship Panel continues to meet regularly, bi-monthly at present to scrutinise forms and quality assure the guardianship process. The Panel is chaired by a Mental Health Officer with support from 2 social work sessional officers.

The review of all Guardianship files has concluded and the panel is completing its report and documenting recommended practice directives. This includes performance indicators and a Human Rights template to guide and enhance good practice.

The review report highlights trends within programmes of care across the region and has illustrated the need for a superior information system for data recording which is being developed as a consequence of the review. The profile of guardianship is being raised both within RQIA and externally by training sessions. Now that the information has been captured in more meaningful way there is a need to develop protocols

across internal work teams to promote and protect the welfare of individuals subject to guardianship.

6. Medical Panel

The Medical Panel has met on four occasions. The main issues relate to the appointment of Part II and Part IV Doctors and in particular training requirements to ensure they are competent to practice.

The Part II Status Register has been validated and updated to ensure that all details are current and that all doctors are facilitated and endorsed to fulfil the criteria outlined under Part II of the Mental Health (NI) Order 1986. All doctors whose Part II status is due to expire in 2010 have been completed and a new database created to ensure that registrations are updated accordingly.

A project manager has been assigned to source and identify training for Part II and Part IV doctors. An updated training schedule has been identified and it is anticipated that this will be delivered in early 2010 in conjunction with Royal College of Psychiatrists (NI). Additionally a review of detention forms will be undertaken to provide updated guidance on their completion as errors continue with these forms.

7. Child and Adolescent Mental Health Services (CAMHS)

During the first half of 2010, the Mental Health and Learning Disability Team will undertake a clinical and social care governance review examining the care provided by CAMHS. A project management approach has been implemented to drive the review. A Steering Group and Project Team have been appointed to manage the review, meeting fortnightly. A CAMHS advisor has been recruited to the Project Team, Dr McCune is a recently retired CAMHS Consultant from Northern Ireland.

The ToR focus on accessibility and availability of CAMHS, under 18s on adult inpatient wards, risk management and transition services from CAMHS to adult mental health services. The review will concentrate on Tiers 2, 3 and 4 of CAMHS.

The recruitment of the independent reviewers from England and Scotland is coming to a close, consultants, nurse consultants, a family therapist and a social worker, all from CAMHS, are all being invited to participate.

Negotiations have commenced with Voice of Young People in Care (VOYPIC) to gather the views of parents and children in relation to the ToR. VOYPIC is to present a proposal on the CAMHS consultation exercise in the immediate future.

A profile questionnaire has been distributed to the 5 Health and Social Care Trusts and the Board and the results are being analysed. In the

absence of any DHPSS standards for CAMHS, the review team is selecting standards and criteria to assess the trusts. Validation visits are being planned for early June and the report will be concluded in July 2010.

8. Expert Advisory Panel

As part of the transfer of functions from the Commission, it was agreed by the Project Board, that an Expert Advisory Panel would be constituted. The first meeting of the Expert Advisory Panel has been organised for 10th March 2010. The Expert Advisory Panel will be chaired by Mr Richard Adams and will meet regularly throughout 2010.

9. Meetings with Advocacy Services

The MHLD team has been proactive in meeting with User and Carer Advocates in relation to care and treatment of individuals with a mental illness. Meetings have also included Learning Disability and Dementia. This has been formalised in the establishment of an Advocates forum which will meet quarterly to progress ongoing issues and promote a positive working relationship.

The role of Advocates has been further developed in relation to the planning and further roll out of the Patient Experience Review and in most Trusts will facilitate the arrangements during the visits e.g. distributing leaflets, organising rooms, assisting MHLD officers during visits and encouraging patients to participate in discussions.

10. Inspection Methodology

Inspection methodology is being finalised at present which will allow us to have agreed measurements and performance indicators to undertake unannounced visits and inspections in Mental Health and Learning Disability Facilities in each trust area. These indicators will be based on the Patient and Client Experience standards and Royal College standards which are currently utilised in the work of the "Patient Experience Review". These will be shared with Trusts prior to Inspections.

Inspection reports will set out the findings from each individual facility/service visited. Composite and overview reports will also be produced setting out the key findings, challenges and examples of best practice within each trust and across the region.