

MENTAL HEALTH AND LEARNING DISABILITY REPORT JANUARY 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 31 December 2009 there have been 104 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	15		3	4	2	16	8	24
NHSCT	13	2	1	4	1	17	4	21
SEHSCT	20		1		3	16	8	24
SHSCT	12			1	3	10	6	16
WHSCT	14			4	1	11	8	19
Totals	74	2	5	13	10	70	34	104

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 MHLD team will 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.

2. Monitoring of errors in prescribed forms and guardianship applications

Monitoring of detention forms and guardianship applications continues.

Since 1 April 2009, the Mental Health and Learning Disability Team reviewed a total of 7274 forms.

Trust Area	Total Number of Forms Received	Percentage of Forms Late > 4 days	Percentage of Forms - Unsatisfactory
BHSCT	2097	79.45%	6.10%
NHSCT	1483	51.25%	3.84%
SEHSCT	1437	56.44%	4.66%
SHSCT	1130	63.19%	5.04%
WHSCT	1127	69.30%	4.35%
Total	7274	65.05%	4.92%

There has been a significant improvement in the percentage of forms which were unsatisfactory since the first quarter. The average for the quarter ended December 2009 was 3% whereas in the first quarter it was close to 14%. This improvement has been as a result of feedback and communication with Trust Medical Records departments and working closely to reduce the error rate.

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 are taking place 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.

Feedback from the initial meetings during the first quarter has been very positive and Trusts have recognised the improved communication and the feedback in relation to the work of the MHLDT team has been welcomed. This is a useful forum for communicating the monitoring and progress against standards and to highlight any areas of concern and highlight good practice.

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 monthly basis.

Following consultation with patients, advocates and ward staff it was agreed to change the name to "Patient Experience Review". This term was preferable to Open Surgery and will be used for future work.

The plan to prioritise detained patients during the next phase and to learning disability facilities in the next quarter and older people's mental health facilities in the next quarter.

There is substantial work 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 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 three 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 (CAMH) Services

In early 2010, the Mental Health and Learning Disability Team will undertake a clinical and social care governance review examining the care provided by Child and Adolescent Mental Health (CAMH) services. A project initiation document is being developed at present and a Project Manager has been assigned to the Review. The Project Initiation Document has been developed and scoping questionnaires are being sent to Trusts. The Review will concentrate on Tiers 2, 3 and 4 of CAMHs service delivery.

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. It is anticipated that the first meeting of the Expert Advisory Panel will be in mid February 2010. The work to finalise membership is ongoing with users and carers.

9. Meetings with Advocacy Services

The MHLTD 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. Prison Health

The Mental Health and Learning Disability team has a specific remit for Prison Health under NPM, OPCAT and for mentally disordered offenders under Mental Health (NI) Order 1986. There is a forthcoming announced visit to Magilligan prison in March 2010 and discussions are ongoing with HMIP in preparation for this visit.

It is RQIA who have appointed the Mental Health and Learning Disability Team as having primary responsibility for discharging responsibilities under NPM, although a steering group has been agreed because of the implications across the organisation (at HOP level). Human Rights Officer attended a meeting of NPM's hosted by Bristol University in mid December 2009 which clarified the expectation of HMIP around contribution from RQIA in 2010.

In order to build capacity, with the assistance of the participation manager we have set up meeting of prisoner groups and representatives for 29 January 2010 in RQIA. We hope to meet with experts in February or March to progress this work.

11. Lay Advocacy Training

We have agreed scenarios with NITA American trainers and are discussing format etc in week commencing 11 January 2010. It is anticipated that there will be 24 places, 3 American trainers and NI Solicitors. Advocacy working party has agreed to support our work and we are currently agreeing format. Advocacy training for May 2010 is to take account of prisoners.

12. Continuing Professional Development

A master class in mental health law is being organised for early 2010 and it is anticipated that this will take place at least twice yearly.

We are also addressing training needs for full-time and sessional officers as well as Part II doctors in relation to the Mental Health (NI) Order 1986. A Project manager has been identified to take this piece of work forward. It is anticipated this will take place in April/May 2010.

13. Symposium

We are currently arranging a symposium to discuss proposed indicators. Professor Peter Bartlett, International author on Mental Health Law has also agreed to assist RQIA. We are hoping to secure an April date for this Symposium.

14. Legislation

The MHLD team are currently liaising with DHSSPS representatives in the development of new legislation for Mental Health and Learning Disability. A single Mental Health and Incapacity Bill has been proposed and RQIA has been proactively engaging with the draftsmen who are writing the Legislation. We are developing a position paper so that all aspects of our ongoing work are identified and incorporated into new legislation

15. 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.