

## MENTAL HEALTH AND LEARNING DISABILITY REPORT NOVEMBER 2009

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

### 1. MHL D Strategy

Having successfully completed the transfer of functions from MHC the challenge for the MHL D team is to build on this work. We have had the opportunity to analyse and assess the type and style of issues coming to RQIA which will inform the development of a strategy for the work of the MHL D team which will reflect the Corporate Plan. An updated report on this will be available for the next board meeting.

### 2. Serious Adverse Incidents Review

Trust	Deaths			Other Incidents	Stats		
	Suicide/Suspected Suicide	Natural Causes	Causes Not Yet Known		Male	Female	Total No of SAI's
<b>BHSCT</b>	10		5	2	10	7	17
<b>NHSCT</b>	11	2		1	10	4	14
<b>SEHSCT</b>	13			3	11	5	16
<b>SHSCT</b>	10		1	2	9	4	13
<b>WHSCT</b>	5		1		2	4	6
<b>Totals</b>	<b>49</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>42</b>	<b>24</b>	<b>66</b>

From 1 April 2009 to 31 October 2009 there have been 66 cases reported as Serious Adverse Incidents (SAI's). The cases can be summarised as follows:

The categories outlined above are how the information is reported to RQIA. The MHL D is currently reviewing the way in which this information is presented in order to ensure that regulatory responsibilities are being met as effectively as possible.

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

There have been significant delays in reporting to RQIA from Trusts due in part to delays in Trusts being informed by other agencies (PSNI, GP etc).

Furthermore the standard expected guidance within the SAI reports falls short of the established guidance. This has been highlighted and will be presented to trusts in future meetings to be set up in December 2009.

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 at 4 monthly Trust Liaison meetings.

### 3. 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 5603 forms.

Trust Area	Total Number of Forms Received	Percentage of forms - Late Submission	Percentage of forms - Unsatisfactory
BHSCT	1662	78%	7%
NHSCT	1136	50%	5%
SEHSCT	1095	58%	5%
SHSCT	806	58%	5%
WHSCT	904	68%	5%
<b>Total Forms Submitted</b>	<b>5603</b>		
<b>Average Outcomes</b>		<b>62%</b>	<b>5%</b>

This has improved substantially since April 2009 when the error rate was much higher and the percentage of errors on forms was near 15%. 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.

Mental health law provides a regulatory framework within which mental health decision-makers perform the complicated task of striking an appropriate balance between various competing, and often conflicting obligations, responsibilities, rights and interest. The concept of autonomy is central to mental health law and human rights law recognises the principles of individual liberty to make decision about their own lives. The MHLD team has prioritised this work given the level of interference with rights in decisions around detention. Whilst significant improvement has been evidenced in the period of responsibility of the RQIA, we regard 5% as too high a rate of potentially unlawful action considering article 5 of the European Convention as incorporated in the Human Rights Act and to a lesser extent articles 8 and 14. The team will therefore continue to press for improvement in this field and explore opportunities for practice direction which might secure change.

#### **4. Mental Health Surgeries**

As previously reported over the three week pilot period July/August, 40 detained patients were interviewed and asked specifically about their experience of detention and the care they receive in hospital. Mental Health Officers visited 6 units across the province, 3 acute units, 2 PICU and the regional secure unit. Liaison with advocates and Trust staff took place prior to the design of the pilot, during it and in the post pilot phase.

Comments were recorded and categorised according to subject and the 5 standards noted in 'Improving the patient and client experience.' Common issues raised included; lack of smoking opportunities and facilities, inadequate visitor space, insufficient explanation re: conditions of detention, quality/availability of food and lack of appropriate activities.

Reports on each visit have been forwarded to trusts. Following evaluation of the pilot Open Surgeries will now be run in each trust facility on a ongoing basis. We plan to prioritise detained patients during the first year but also to roll out to learning disability facilities and older people's mental health facilities. This work will form a cornerstone to monitoring of adherence to Human Rights Legislation and OPCAT monitoring as a NPM.

#### **5. Guardianship Panel**

The Guardianship Panel has met on 6 occasions. The Panel is chaired by a Mental Health Officer with support from 2 social work sessional officers. The panel will meet on an ongoing basis to scrutinise and quality assures the guardianship process.

There is currently a review of all Guardianship files in order to update details and ensure that they are compliant with practice standards and human rights issues.

The aim of this is to send out Practice Directives to Approved Social Workers in order to influence practice and use standardised format in relation to Guardianship.

#### **6. Medical Panel**

The Medical Panel has met on two 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. An updated training schedule has been identified and it is anticipated that this will be delivered in 2010/11. A project manager has been assigned to source and identify training for Part II and Part IV doctors. Additionally a review of detention forms will be undertaken to provide updated guidance on their completion as errors continue with these forms.

It is anticipated that the Medical Panel will meet 4 times yearly. The next meeting will be in January 2010.

## **7. Child and Adolescent Mental Health (CAMH) Services**

During 2009/10, 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. The Project Initiation Document has been developed and the Project team is currently being identified.

### Terms of Reference

- Profile the availability of tier 2, 3 and 4 CAMH services and review the current policy in the commissioning and provision of services to meet the health and social care needs of children and young people experiencing mental health needs, including links with education and any other agencies.
- Conduct a baseline review of the risk assessment and management in CAMHs to include the provision of care to children and young people on adult wards.
- Assess the quality and safety of existing transitional arrangements between CAMHs and adult services and the strategies to improve these, where necessary.

This Review will take a phased approach and may be over the next 18th months.

## **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 aim is to provide advice and guidance to the Board of the RQIA and its Senior Management Team on strategic and operational matters post transfer and on the existing and emerging mental health and learning disability legislation as it applies to the RQIA and the services it regulates.

The work is ongoing and letters have been sent regarding expressions of interest.

## **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 useful in relation to the planning and implementation of the Open Surgeries pilot and in some Trusts were instrumental in the facilitation of the arrangements during the visits e.g.

organising rooms, assisting MHLD officers and encouraging patients to participate.

A business case has been submitted to further the facilitation by RQIA of a Lay Advocates training event in 2010 in partnership with the Institute of Professional Legal Studies and with the international contribution pro bono of the National Institute for Trial Advocates who have trained the Law Society in Northern Ireland for the past 10 years. The Department and Patient Client Council are supporting this work.

## **10. Query database**

We continue to capture the learning from the range of queries which come to the MHLD team. From April to September 2009, there were 117 queries which warranted detailed consideration and in a small number of very complex issues legal advice from CSA. Advice has been sought from the Legal Department, CSA in relation to these issues particularly in relation to interpretation of legislation and transfer between jurisdictions. We have additional capacity in relation to the input of our Human Rights Adviser in dealing with these queries particularly regarding specific human rights issues in relation to care and treatment and providing advice on the nature of queries accepted and the manner of response.

Plans to develop an internal electronic Q&A system which will ensure consistency and uniformity in the responses provided by the team has been proposed. Consideration will be given to developing a FAQ section on the RQIA website.

Currently a Mental Health Officer is assigned to collate and organise queries and responses into a learning set and will facilitate guidance in relation to the database.

## **11. New Appointments**

A Learning Disability Inspector Audrey Murphy commenced employment with the Mental Health and Learning Disability Team in September 2009.

A further appointment as a Dementia Inspector will be Norma Munn who will commence in December 2009.

## **12. Inspection Methodology**

We are currently developing and refining inspection methodology to enable us to undertake unannounced visits and inspections in Mental Health and Learning Disability Facilities in each trust area. The team is working on the development of indicators which will facilitate among other objectives, measure of the protection, fulfilment and respect of human rights.

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. This work is ongoing.