

## PE1604/C

NHS Highland Letter of 11 October 2016

Thank you for your letter dated the 16th September 2016 informing us of Petition PE1604 and requesting further information from NHS Highland. I have liaised with Dr N J Thomson, Clinical Director (Mental Health) and am now in a position to respond.

- i. NHS Highland recognises that those who are discharged from hospital or receiving treatment in the community under a Compulsory Treatment Order (CTO) are by definition the most vulnerable and complex of our patients. Current policy requires that all of these patients are considered for inclusion under the Care Programme Approach, which requires all those involved in the patient's care and treatment to meet regularly to review care plans and share information. The patient is encouraged to be an active participant in this process. Not all patients require the Care Programme Approach, but if it is not to be put in place, the Responsible Medical Officer (RMO - generally the consultant involved in the patient's care) should document the reasons as to why.

All patients receiving treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 will have a care plan. This is required by the Mental Health Tribunal who agrees to the CTO when it is first applied for. The care plan is tailored to the needs, and where appropriate the wishes of the patient. At the very minimum, it will involve regular review by the RMO in out-patient clinic. It can however be far more substantial, involving input from Community Psychiatric Nurse services, Occupational Therapy, Social Work, Psychology, Support Work services and the Third Sector. CPA will always be in place for the more substantial care packages, ensuring good communication between the various agencies.

- ii. When a patient who is subject to a CTO commits suicide, a Significant Adverse Event Review (SAER) is held. This is an investigation into the delivery of the care and treatment received by that patient, in order to identify any lessons to be learned. The panel is chaired by an independent Consultant Psychiatrist, who is not employed as a clinician by NHS Highland, and all professionals involved are invited to attend. The Chair and Mental Health Services Management repeatedly emphasise to clinicians the need to prioritise such attendance. At the Review, a background to the case is given, and each professional involved is invited to report on their input. The Chair raises any concern he has had having read through all of the case notes, and in addition raises any questions or concerns expressed by the family. All present are invited to comment. . Following the review, the Chair identifies learning points, produces a report for the Governance Committee and then feeds back to the Consultant body to disseminate learning. In addition, these learning points are also communicated to the Mental Health Operational Groups to ensure wider dissemination.
- iii. As part of the process, prior to the Review, the Chair contacts the family and arranges a meeting to discuss any concerns they might have. This is a full

and frank discussion, made possible by the fact the Chair has not been involved in the clinical care of the patient. The Chair then raises family concerns and questions at the Review, after which he meets with the family again to discuss the findings and recommendations in detail. The family are also offered a copy of the completed SAER report.

We have found the process to be well received by families and to be sensitive to their feelings, yet also robust in terms of findings and recommendations made to health care professionals.

Some families have indicated that they would want to attend the SAER. This has been carefully considered by NHS Highland. In some instances, it might be possible for them to attend part of the Review. However, having examined how other Health Boards conduct their SAERs or equivalent, and due to concern that the presence of grieving and distressed family members would limit the ability of the panel to critically analyse the case, it has been decided that family members would not be invited to such reviews routinely. This does not in any way however detract from the recognition that they need to be involved and supported, and so the Chair arranges to meet the family both prior to and following the Review unless the family do not wish this.

Yours sincerely

Elaine Mead  
Chief Executive