PE1604/G

NHS Fife Letter of 14 October 2016

"What measures are in place to provide protection for health and safety of patients who are released from hospital or receiving care in the community under a Compulsory Treatment Order"

For inpatients who are nearing discharge, pre-discharge planning meetings are in place to consider the care needs, risk assessment and support that is required. This is often done through ward rounds with the members of the multi-disciplinary team and patient being in attendance. A referral would be made to relevant community services with clear actions/input that is required. A risk assessment and management plan would be included to consider relapse plans with required care needs to monitor care within the community settings. This could include medication management, protective factors, triggers, safety planning, out of hours support and contact details. If medication, long acting anti-psychotic medication (depot injection), is required in the community on discharge, relevant mental health act paperwork would accompany the referral and be kept with the patients medicine kardex and within the patient case file, securely stored within the relevant clinicians base. All patient care is provided taking into consideration the Milan principles under the Mental Health (Care& Treatment)(Scotland)Act 2003

For community patients receiving care under a Compulsory Treatment Order (CTO), a Care Programme Approach (CPA) framework is in place to coordinate care. The CPA is a process for organising care where those responsible for providing services come together with service users and carers to identify needs and to agree a plan of action for meeting those needs. There is effective collaboration and joint working between agencies and professionals. Service users and carers are involved in care decisions and arrangements. The CPA is available to those most in need, or most at risk, service users and carers receive a full assessment of needs and regular reviews; receiving sustainable care plan which ensures identified needs are met. Care and support is provided for as long as it is required, and follow-up care is provided to those who fail to maintain contact with services.

There is dedicated paperwork for this process which is distributed to service user, carer and all professionals directly involved with care. There are regular review dates agreed with formal invites sent out to all parties. The CPA process ensures person centred, safe and effective care provision, which is audited annually. Within mental health services, there are three dedicated CPA admin coordinators. The administrators hold files on all Care Programme Approach cases. These contain copies of all letters, care plans and any other documents relating to the service user and their care plans. It is the responsibility of the administrators to distribute copies of any letters, etc. relating to patients/clients along with meeting notification letters or care plans. Information will be collected at a central co-ordination point and a master register maintained of all service users registered with the Care Programme Approach. Statistics will be collated and reports sent to nominated recipients monthly. Authorised persons may access the central register should they require. Out of hours – copies of CPA documentation are stored within Acute inpatient wards across the three sites, should someone require care or admission out of hours.

"How are investigations conducted in cases where a patient who was released from hospital or was receiving care in the community under a compulsory treatment order commits suicide to ensure that lessons are learned to improve patient care in the future"

NHS Fife operates an Adverse Event Report policy which covers people who commit suicide. An initial report is completed to give background information on the deceased person and this is submitted to Healthcare Improvement Scotland (HIS) for information and plans for further action. An SBAR (Situation, Background, Assessment & Recommendations) is completed for the Board to advise on actions and further input that may be required with specific timescales for further review. An SBAR is a communication tool used in adverse events reporting. The Mental Welfare Commission is also advised of the suicide, this is done for all people who die whilst on any form of detention.

Leading on from this an internal clinical review (ICR) is completed within an agreed timescale. The review involves all professionals and carers who were involved in the care of the deceased, although families are not directly involved in the review. A Significant Adverse Event Review (SAER) usually follows on from this to systematically review the care and time lines leading up to the death.

A report is always completed following reviews and submitted to both HIS and the Mental Welfare Commission. This report would include a full review of the care provided, learning points and areas of good practice with clear action plans and timescales. These action plans are shared within the clinical teams and agencies that were involved in the care of the deceased person. Anonymised action plans recommendations for learning would be shared, implemented and monitored through Mental Health Quality Safety Clinical Governance Group (MHQSCG) and cascaded to all relevant services. There is a template that HIS provide with headings to be considered when completing reviews and this is seen as a good guide to ensure that all areas are covered. Within the report there is an area that covers support to staff and families following sudden deaths/suicides. Families are offered the opportunity to meet with care staff as it is recognised this is a difficult period for all concerned. This can afford the families the opportunity to provide further details about the deceased and keep them involved with the review process.

Staff who are involved in the direct care of patients who complete suicide are also supported and debriefed following the incident. There are a range of support services for staff to help them cope with the situation which includes Staff Wellbeing and Safety service. Staff can also self refer to OHSAstar, counselling services for further support. Staff are aware of and have access to suicide training and also the Choose Life agenda. The Suicide Prevention Strategy 2013-16 has also been widely circulated. A small working group was identified to consider the review process and support systems and strategy implementation, this group is ongoing and will report through the MHQSCG meeting.

Fife NHS Mental Health Services October 2016