The Regulation and Quality Improvement Authority

Review of the implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (May 2010)

Overview Report

October 2012

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, most of whom are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health Social Services and Public Safety and are available on the RQIA website at www.rqia.org.uk.

Review of the implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services.

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Executive Summary

In 2008, following a Review by RQIA of Risk Assessment and Risk Management in Adult Mental Health and Learning Disability Services, inconsistencies in use of documentation to assess and record the management of risk were evident across the five Health and Social Care (HSC) Trusts. At the time of the review, no HSC trust was fully compliant with the requirements of the Department of Health Social Services and Public Safety (DHSSPS) discharge guidance (2004)[1] or with the recommendations made in the McCleery Report (2006)[2].

This resulted in the DHSSPS publishing revised good practice guidance in May 2010 on the assessment and management of risk, Promoting Quality Care - Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (PQC)[3]. The purpose of the document was to provide "supportive guidance for staff to proactively manage the risk of harm and to deliver safe, effective care provision for service users, their families and for staff." The guidance describes the principles of best practice with regard to working with service users and carers, team working, risk management processes, communication, recovery and positive risk–taking.

In 2011, the DHSSPS commissioned RQIA to undertake a review of the trusts' development of the protocols and procedures required to support the guidance, the use of the tools, the extent of training provided and the evidence of collaborative working to develop an audit tool.

This report provides an analysis and evaluation of the current findings across the five HSC trusts with regard to the implementation of Promoting Quality Care guidance.

The review team examined the risk assessment and management processes across the five trusts and audited 200 assessments, used in mental health and four specialist areas. These included learning disability, addiction services, CAMHS and forensic services. Consultation was held with staff and service users to obtain their views and experience of risk assessment.

The results from the analysis of data show that trusts have developed operational procedures and protocols to support the implementation of PQC guidance, however in certain areas the guidance is not being adhered to. The Royal College of

[1] *Discharge From Hospital And The Continuing Care In The Community Of People With A Mental Disorder Who Could Represent A Risk Of Serious Physical Harm To Themselves Or Others.* DHSSPS. 2004.

[2] *Executive Summary and Recommendations from The Report of The Inquiry Panel (McCleery) to the Eastern Health and Social Services Board.* EHSSB. 2006.

[3] *Promoting Quality Care - Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services.* DHSSPS. 2010.

Psychiatrists has raised a number of concerns in respect of PQC guidance which need to be to be addressed by DHSSPS and the HSC Board in order to ensure its consistent regional application.

Trusts were found to have generally used the standardised documentation contained in the PQC guidance. The audit of files indicated that some trusts were using historic and often poor quality copies of documentation. It is expected that the introduction of an electronic recording tool should help solve this problem.

The review team found there was limited engagement with service users regarding risk assessment. Variable practice was noted in obtaining service users' signatures, following the completion of a comprehensive risk assessment tool. The review team considered that further discussion around the implications of this is necessary.

The development of user friendly documentation was noted to be limited in learning disability services, although this matter is continuing to be addressed by trusts.

PQC guidance promotes the concept of positive risk-taking. The review team consider that the terminology used in the guidance needs to be more explicit to encourage trusts and staff to be confident and supported in their ability to make difficult decisions concerning risk.

Staff had mixed views concerning the value of the risk tools, although most considered that they were useful. Regional staff training was considered to be insufficient, as it concentrated more on awareness of the PQC guidance than providing staff with more in depth information on risk management.

The review team examined the procedures and protocols in place to support staff following a serious adverse incident. Most staff indicated that they had received a positive level of support from senior management and peers following Serious Adverse Incidents (SAIs).

As yet no progress has been made on the development of a regional audit tool, although the five trusts have been developing and piloting the use of an electronic version of the risk assessment tools.

The review team found that the interface between the mental health community teams and the crisis response/home treatment teams in some trusts requires further review.

Good practice dictates that all service users, including those at risk of harm, have the right to make choices about their care. Staff have to balance the benefits of this approach against potential harm caused by taking such decisions. Clearly practitioners continuously have to deal with the conflicts and challenges that risk management poses both for them, for service users and their families.

As part of the 2012-15 review programme, RQIA intends to conduct an in depth review of risk management processes in addiction services. This will provide a further indicator of how successful the implementation of PQC guidance has been.

1.0 Introduction

1.1 Background to the Review of the Promoting Quality Care Guidance

A core function of mental health and learning disability services is to assess the treatment and care needs of people presenting to them. Robust risk management processes act as a safeguard for service users, staff and the general public, minimising potential risk of harm to self and others. Positive risk taking is increasingly important as mental health services continue to develop a recovery model of practice. This model takes into account the internal and external conditions in the lives of patients and enables service users to stay in control of their life despite experiencing a mental health problem.

In September 2009, DHSSPS published Promoting Quality Care - Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (PQC). The overarching aim of the document was to act as "supportive guidance for staff to proactively manage the risk of harm and to deliver safe, effective care provision for service users, their families and for staff". The guidance describes the principles of best practice with regard to working with service users and carers, team working, risk management processes, communication, recovery and positive risk–taking.

The PQC guidance was revised and reissued in May 2010 and included a standard comprehensive risk assessment tool (CRA) and a brief risk screening tool (BRST). The DHSSPS had previously issued discharge guidance in 2004 for people with a mental disorder who could represent a risk of serious harm to themselves or others. This ensured that service users deemed most at risk were appropriately supported and reviewed regularly in the community. The guidance was underpinned by recommendations contained within a number of reviews and enquiries designed to address deficits in communication and inefficient joint working arrangements, which had contributed to increased serious adverse incidents. In March 2008 RQIA reported on Risk Assessment and Risk Management in Adult Mental Health Services in HSC trusts in Northern Ireland. The review found that there was a lack of consistency in the documentation used to assess and record the management of risk in HSC trusts.

The publication of the Confidential Inquiry into Suicides and Homicides (July 2011)[4] also outlined concerns about current practice with regard to risk assessment and management by trusts.

Three key recommendations from the inquiry relate specifically to this review:

- Recommendation 3: The forthcoming mental health strategy for Northern Ireland should highlight the importance of risk management and include specific measures to tackle risk of suicide and serious violence.

[4] *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.* The University of Manchester. 2011.

- Recommendation 10: Services should ensure that comprehensive care planning takes place prior to hospital discharge as a key component of the management of risk.

- Recommendation 13: Mental health services should review their risk management processes to ensure that they are based on comprehensive assessment rather than risk factor checklists, and backed up by appropriate skills training and access to experienced colleagues.

Other related reviews relevant to the PQC guidance are also set out in Appendix A.

The PQC guidance also included four specialist addenda to accompany the May 2010 version, as follows:

- forensic services
- learning disability
- addiction services and
- child and adolescent mental health services (CAMHS).

These were subject to stakeholder consultation prior to their implementation.

An addendum on dementia published in a later edition of PQC was not considered in this review.

DHSSPS commissioned RQIA, under Article 35(1) (6) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to carry out a review of the five trusts' compliance with PQC guidance.

This report presents the findings of the review team in respect of the progress made by the trusts in respect of the terms of reference outlined below.

1.2 Terms of Reference

To undertake a review of the compliance by the five HSC trusts with the requirements made by the DHSSPS in respect of the following:

1. The development of the protocols and procedures required to support implementation of the Promoting Quality Care Guidance.

2. The use of the standardised documentation.

3. The training in the use of risk assessment tools/documentation and appropriateness of this.

4. The level of collaborative working to develop an audit tool to assess compliance with this guidance.

5. The reporting to the HSC Board on compliance with the elements contained in the PQC guidance.

1.3 Membership of the Review Team

Theresa Nixon - Director of Mental Health and Learning Disability and Social Work, RQIA
Patrick Convery - Head of Mental Health and Learning Disability, RQIA
Steve Morgan - Independent Reviewer, Practice Based Evidence
Carolyn Maxwell - Mental Health Officer, RQIA

Administrative support provided by
David Philpot - Project Manager, RQIA
Anne McKibben - Project Administrator, RQIA

1.4 Methodology

Phase 1 - Planning and Preparation

Each trust was asked to complete a profiling and self-assessment questionnaire to confirm their organisational structures and risk assessment and management processes. This provided RQIA with an indication of the trusts' compliance with the guidance and the extent of the multidisciplinary approach being followed by practitioners.

Phase 2 – RQIA File Audit and Validation Meetings

In February 2012, RQIA audited 50 brief risk screening tools and 50 comprehensive risk assessments in mental health. In addition 100 comprehensive risk assessments used in the four specialist areas were audited. These assessments had been completed during the period June 2011 to January 2012. Trust staff facilitated RQIA in the audit process.

A brief risk screening tool must be completed for all patients who present to mental health services for initial assessment. Following this, a decision may be made to progress to a comprehensive risk assessment in the generic mental health service, or the service user may be referred to a specialist team.

Table 1 - Areas Sampled in each Trust and Proposed Size

Areas sampled	Proposed Sample Size	
	Brief Risk Screening	Comprehensive Risk Assessment
Mental Health	10	10
Learning Disability	0	5
Addiction Services	0	5
CAMHS	0	5
Forensic services	0	5
Total	40 assessments in each trust (200 in total)	

In each trust 20 risk assessment files in mental health services were sampled to reflect the larger numbers demographically seen within this service and proportionally a smaller number of users were selected from the other specialist areas.

In parallel with the RQIA audit process, service users were consulted to ascertain their views on the experience of participating in risk assessments. A series of validation meetings were held with staff from each trust to confirm the information submitted in the self-assessment returns and to explain any findings from the service user consultation process and file audit. The review team met with senior managers and a selection of frontline staff, including team leaders and practitioners representing each of the specialist areas. The review team also met with a selection of community mental health teams (CMHTs) in each of the five trusts, to discuss the extent of progress made against five requirements made of them by the DHSSPS, and to obtain their views about Promoting Quality Care and the impact on patient care.

Phase 3 - Production of Report

Five trust feedback reports were produced along with an overview report, in line with the agreement between DHSSPS and RQIA.

2.0 Development of Protocols and Procedures to Support Implementation of the PQC Guidance

This section addresses the first term of reference for the review:

- The development of the protocols and procedures required to support implementation of the Promoting Quality Care Guidance.

To achieve this, RQIA's review team examined three areas developed by trusts to support the implementation of the guidance:

- Operational protocols and procedures
- Support available to staff following SAIs
- Understanding and support for positive risk-taking

2.1 Findings of Operational Protocols and Procedures Across the Five Trusts

Belfast Health and Social Care Trust

The Belfast Trust adult mental health service had developed an operational procedure for the assessment and management of risk. Care co-ordinators manage discharge plans, including the risk assessment process for patients undergoing an enhanced discharge.

Local guidance is available on the use of the comprehensive risk assessment and management tool within the trust forensic mental health services. Forensic staff based at the regional secure unit, Shannon Clinic, receive and update the comprehensive risk assessment tool as part of the pre-admission and admission processes. Regular reviews take place throughout a patient's admission and as part of their discharge planning. The trust's community forensic mental health team has a clear communication strategy within their policy for the provision/sharing of risk assessments.

The trust has also developed an operational procedure for the assessment and management of risk within learning disability services.

CAMHS adhere to a draft operational procedure for the assessment and management of risk. The Belfast Trust provides CAMHS and forensic services to the South Eastern Trust.

Northern Health and Social Care Trust

The Northern Trust has an operational policy for mental health services - Assessment and Management of Risk in Mental Health and Learning Disability Services PQC. To support the electronic record on the trust's monitoring system, the

trust has issued a draft revised operational policy (August 2011). Team leader's act as care co-ordinators and an enhanced care pathway approach was evident.

Addiction services have no service specific protocols or procedures to support implementation of PQC guidance. Senior management reported that the service follows the general mental health protocol. The care of service users with complex needs is shared with community mental health teams (CMHTs). The addiction service follows UK guidelines on the management of addictions.

The forensic team adopts a multi disciplinary, multi agency approach to comprehensive risk assessment, management and review.

In learning disability services, the review team noted that no specific policies or protocols have been devised to support implementation of the guidance. However, each team has amended their practice to follow the PQC guidance.

The Northern Trust's CAMH services did not submit any information around protocols and procedures to support risk assessment and indicated to the review team that they do not adhere to PQC guidance.

Southern Health and Social Care Trust

The Southern Trust reported that the mental health programme had developed a PQC Steering Group, and compiled a range of policies and protocols to support the implementation of PQC.

Within learning disability services, a range of documentation supporting implementation of PQC guidance has been introduced within the assessment and treatment unit in Longstone Hospital. In community learning disability services, the trust requires all referrals for service users with forensic considerations to be made on the comprehensive risk assessment and not the brief risk screening tool. This has resulted in high levels of learning disability service users receiving comprehensive risk assessments.

The community forensic mental health service (CFMHS) has developed a protocol on the interface with adult mental health services with specific reference to PQC.

The trust's Risk Management Policy and Procedure is used to escalate all risks within CAMHS and these are reviewed in team meetings.

South Eastern Health and Social Care Trust

The South Eastern Trust has developed a substantial number of International Organisation for Standardisation (ISO) approved policies, procedures and standard letter templates in mental health and learning disability to support the implementation of PQC. Its overarching policy is Good Practice Guidance on the Assessment and Management of Risk. The following procedures have been developed to support staff: Identifying Individuals Requiring Enhanced Care Planning, and Enhanced Care Planning Procedures.

The review team noted that guidelines incorporating extracts from PQC have been developed to support staff in several other aspects of implementation.

The Learning Disability Promoting Quality Care Working Group meets on a quarterly basis to review implementation, planning and operational issues, including training.

Addiction services currently have no integrated care pathway. Any identified risk with those referred to the addiction service is managed within the multidisciplinary team.

Western Health and Social Care Trust

The Western Trust has developed a draft Risk Assessment and Management of Risk Policy. A risk register protocol and admission and discharge checklists are in operation in adult mental health services. Guidelines and an integrated care pathway (ICP) which references the PQC document have been developed to assist inpatient staff in completing the PQC tool.

A local protocol/practice guide for staff within community adult learning disability teams has been developed as an aide memoire. A policy on the assessment and management of risk is being developed currently within the mental health directorate. A variation in the implementation of the guidance was noted by the review team between the Western Trust's northern and southern sectors learning disability teams, with the southern sector instigating CRA less frequently.

The forensic team adheres to the Care Pathway and Model for Community Forensic Teams in Northern Ireland DHSSPS (October 2011)[5]. The trust indicated its intention to develop a protocol for managing dual diagnosed clients via the addiction teams and mental health team.

2.2 Overall Summary of the Development of Protocols and Procedures to Support Implementation of the Guidance

The interpretation of the guidance was initially quite different in each trust, with the Belfast and Southern trusts completing a comprehensive risk assessment (CRA) on all service users admitted to hospital. The Southern Trust has recently reviewed this procedure and initiation of a CRA is now more flexible and based on clinical judgement. The Belfast Trust appointed care co-ordinators to oversee more complex cases subject to CRA. The other trusts complete a CRA based on clinical indicators and following multidisciplinary team discussion.

The review team noted that approved social workers (ASWs) across the region use different documentation in respect of assessing risk and admission to hospital under the Mental Health NI Order (1986)[6], (Form 2). This practice is currently being

[5] *Care Pathway and Model for Community Forensic Teams in Northern Ireland.* DHSSPS. 2011

[6] The Mental Health (Northern Ireland) Order. NIO. 1986

discussed by the regional ASW forum. There was anecdotal evidence from some staff that clinical psychologists were not routinely following the guidance.

All five trusts have developed protocols and procedures to support the implementation of the guidance and use of the risk assessment tools. All five trusts are generally compliant with the guidance, although there have been significant differences in the implementation process and in the development of supporting protocols and procedures. Some trusts were found not to be using the current versions of the tools whilst others did not complete the tools in full.

Continued dialogue will be required between trusts to support the development of a regional standardised interpretation of the guidance and a common set of policies and procedures.

2.3 Support Available to Staff Following Serious Adverse Incidents (SAIs)

Robust risk assessment procedures can assist in improving the safety and quality of services. Good quality risk decision making is influenced by many factors, and things can go wrong, even when best practice has been followed. The social care risk framework, Independence, Choice and Risk: A Guide to Best Practice in Supported Decision-Making, Department of Health, (2007)[7] recognises that: "the most effective organisations are those with good systems in place to support positive approaches rather than defensive ones. The corporate approach to risk that an organisation takes overwhelmingly influences the practice of its workforce."

PQC guidance states that risk management is not just the responsibility of individual[s]: "it is the collective accountability of the multidisciplinary team and the wider organisation. Many adverse incidents occur as a result of a series of system failures. However, it is not simply a matter of shifting responsibility from an individual to a blurred collective." "It is recognised that in any organisation the principles should be 'what has happened' and 'how can we improve' rather than 'who made the error.'"

The review team focused on the trusts' sense of shared responsibility following SAIs, rather than a focus on individual practice.

Given that a number of incidents will inevitably occur, the guidance requires organisations to have a mechanism in place to ensure that learning is shared and acted upon, in line with an ethos of openness and transparency. This should include encouraging the reporting of near misses as a further essential contribution to the learning process. The overall purpose of this learning should be to take steps that will reduce the likelihood of future similar events occurring.

In each trust staff were asked: In what ways is your organisational strategy supportive of staff, particularly when things go wrong?

[7] *Independence, Choice and Risk: A Guide to Best Practice in Supported Decision-Making.* Department of Health. 2007.

Belfast Health and Social Care Trust

On balance staff felt that practitioners experienced support from their line managers when things go wrong. While reasonable efforts are made to disseminate learning from SAIs, learning across services was inconsistent. There was evidence of good use of professional forums, reflective practice and staff supervision.

The Belfast Trust senior management team recognised the need to engage with staff regarding their experiences of investigations. Frontline staff who met with the review team, generally expressed experiences of support from within the organisation. However, some focused more on negative experiences such as criticisms from relatives following SAIs. The senior management team confirmed that debriefing of staff is a priority.

Some frontline staff recognised a general perception in wider society that when something has gone wrong, someone must be to blame and staff stated they can often be their own worst critics, sometimes not accepting support. It was recognised that the trust needs to engage in public dialogue to reinforce the reality, that not all risk can be eliminated.

Northern Health and Social Care Trust

There was evidence of the Northern Trust making efforts to focus on learning from SAIs and disseminating the learning, not just within teams but across the trust. However, some staff considered there is some way to go before consistency of attitude and approach is achieved in how managers conduct SAI investigations.

The senior management team identified a number of initiatives to support staff when serious incidents have occurred. Frontline staff offered mixed views about their experiences of support but reflected that the trust's formal process was improving, with a reduced focus on blame.

The senior management team identified the SAI review mechanism as an area requiring development but reported that both formal and informal support is available within teams. Team debriefing comes with the option for individual practitioner follow-up, at their request. Care Call is available for staff who wish to speak to an independent counsellor. The trust's Psychological services team also offer professional support to staff if required.

Staff also identified a number of initiatives to support the dissemination of learning from SAIs, including an SAI assurance group that works across services. A shared learning system for disseminating learning alerts has been implemented, whereby learning can be shared with all staff and other trusts. Managers prioritise items to be raised in team meetings. All learning alerts, disseminated through the safety alert management system are held on StaffNet, a communication resource accessible to all staff.

Frontline staff broadly recognised that the formal process had improved with less of an emphasis on blame. However, they identified that line managers and senior

management are more likely to ask for submission of relevant files as a first line of communication with staff. In contrast, within the team, staff indicated they were more likely to be asked if they were coping in the first instance. Strong support was also identified by teams through mechanisms such as debriefing sessions and peer support. Within the trust, there is a stable workforce where many staff members have worked in different services, which has led to good informal networks of support and learning. Professional leads are also using an email alert system to inform team leaders as a means of prioritising learning. This was commended as good practice by the review team.

South Eastern Health and Social Care Trust

In the South Eastern Trust a culture of supporting staff was clearly evident within the senior management team. An example was presented to the review team of an incident that had emerged in the days prior to the review visit, with the emphasis being on the value of good clinical leadership as a catalyst for a culture of learning and support. Frontline staff felt there was a very clear process that was supportive, but specific visits by the review team elicited examples whereby the focus was on the submission of files as a first requirement.

The senior management team identified the use of a root cause analysis approach to SAIs to underpin their commitment to a culture of learning, rather than a focus on blame. The view was expressed that "staff know a risk averse decision is not always in the patient's best interest." The size of the trust was also suggested to be a significant factor in disseminating a culture of support.

Frontline staff identified that a stepped model of support was in place locally that helped to reduce the likelihood of a blame culture emerging. Staff stated that initial communication would include an enquiry as to how staff were coping, and flexible support would be offered.

Learning is promoted through the use of the trust intranet. A clinical governance group disseminates the information expected to be discussed at team meetings. This includes audit recommendations and their implementation. This was commended as good practice by the review team.

Southern Health and Social Care Trust

The senior management team indicated that they apply a learning approach to the process of SAI reviews. However, staff teams indicated that they received more support from peers, with senior management focusing more on retrieval of files. The organisation was considered by some staff interviewed by the review team to be risk averse in its approach. The perceived high workload, combined with expressions of low morale and high sickness levels appeared to reinforce the level of anxiety noted particularly amongst community staff about their perceived vulnerability should something go wrong.

The senior management team reported that in 2011 they had instigated a detailed review of SAIs, emphasising their view that risk decisions are part of a team learning

together. They considered that recommendations focused more on systems rather than individuals, and that this message is reinforced by management. Pre-emptive management of cases through supervision is given priority, but when things do go wrong, senior management indicated support should be offered immediately to staff in a flexible way. Sources of support suggested by staff included Care Call and occupational health. The senior management team identified the primary importance of the team leader and of peer support, and the encouragement to staff to report near-misses as part of the learning culture.

While the review team focused on recovery teams in two of the three localities visited, the information received from senior management did not concur with the views of frontline staff in terms of the perceived levels of support offered. Senior staff emphasised to the review team, that the sample size of 20 to 30 staff "should not at this point be considered as reflective of the remaining 300+ staff involved in very significant changes to service delivery over the past 3-4 years."

It was suggested by staff that the role of the team leader should be to balance the demands of providing the support and ensuring the implementation of procedures. Staff who were interviewed indicated that support primarily comes from peers, and little evidence was presented to the review team of learning from good practice. Some staff members indicated they felt guilty and vulnerable during an SAI process, with limited constructive communication from senior management.

The trust reported they were trying to change the culture to meet staff expectations of available support. The review team recommended that the trust should engage with staff and draw up a communication protocol that outlines how staff will be supported following an SAI. The trust informed the review team that the trust's guidance "Process for the Reporting & Investigation of Serious Adverse Incidents" will be updated to include guidance regarding staff support.

Western Health and Social Care Trust

Consistent views were presented by the senior management team and by frontline staff regarding the difficult balance of having to conduct a process of investigation, while trying to be as supportive to staff members as possible. Local teams presented a broad range of experiences and generally identified a gradual shift from a blaming culture, and recognition of support from management.

The senior management team identified the difficult balance in trying not to be inherently reactive following a negative event. They accepted; "we need to adopt a no blame approach although the language of 'investigation' often contradicts these intentions". It was recognised that the initial emphasis might be on securing files, but raising issues of support and not focusing on blame was positively indicated by staff as normal practice in the trust.

Frontline staff reported that while files are scrutinised, communication ensured that staff anxieties were appropriately reduced. The process is evolving, with a focus on the importance of providing support within teams, matched by a desire to improve experiences of wider support at times when incidents occur. Trust staff placed an

emphasis on supporting reflective practice, indicating that learning should also be coming from good practice and not only from mistakes.

Some examples were also elicited during team visits where the process was less supportive, but these were noted by the review team to be generally dated, implying that progress is being made in this area. Staff recognise that they naturally feel personally responsible; but codes of practice, shared records and the support from colleagues were all effective ways of helping people to manage the anxieties around risk-taking.

An emphasis was placed on the important role of the team leader or professional leads at the time of acute anxiety around an incident; “the support required can be a very subjective thing, people don’t always want to see a senior manager at this time”. A good example was offered of a senior manager being present to support a member of staff in court.

2.4 Summary of Support Available to Staff Following Serious Adverse Incidents

Across the five trusts, there was evidence of each trust making efforts to reduce the blame culture by focusing on learning and disseminating the learning, not just within teams, but across the trust. However, some trusts considered that more work is required, before consistency of attitude and approach is achieved in how managers conduct serious adverse incident investigations and offer support to staff.

Some dedicated practitioners felt unsupported through the process of incident investigation. The perception in some cases of insufficient staff support through the process of investigation detracts from the potential to consider appropriate positive risk-taking and objective risk decision making. Rare tragic outcomes have resulted in some staff being traumatised and staff emphasised that it is very rare for practitioners to have deliberately and negligently contributed to an incident

While PQC guidance emphasises learning from errors, mistakes or failures, the review team noted that the guidance provides less emphasis on learning from positive outcomes and good practice.

The review team considered that a more consistent approach to investigations would require the SAI processes to better encompass positive practice as well as failings, as part of any ‘critical’ analysis. Commendable practice and not just failings should be referenced in reports to help achieve this balance.

2.5 Shared Understanding and Support by Trusts of Positive Risk-Taking

PQC guidance states “Individual practitioners must be confident to make positive risk management decisions within a supportive organisational culture;” and “a clear system of organisational learning is necessary to ensure key risks in mental health and learning disability services are identified, shared and acted upon. In so doing, services must strive to achieve positive risk management.” However, there is not a

clear articulation in the guidance of what individual practitioners should be striving to achieve.

Positive risk taking is something that service users and practitioners do as part of challenging but progressive ways of working. It is something that everyone engages in to different levels and frequencies in their daily lives, and service users should be involved in all aspects of decisions about risk. Positive risk taking is best defined as taking risks for positive outcomes. The activity is taking risks, and the 'positive' attachment is about the clearly defined outcomes that the service user and/or practitioners wish to achieve by taking the aforementioned risks.

Positive risk-taking is introduced alongside the concept of recovery, section 3.1, "Mental health services must support personal recovery, move beyond risk avoidance and towards positive risk-taking, by providing effective care that is personally meaningful to the individual service user and his/her family/carers." Within the same section, the language used in the guidance switches from positive risk taking to positive risk management, without providing an explanation of either, although a short list of bullet points demonstrates characteristics of positive risk management.

The review team considers that PQC guidance in relation to positive risk taking and positive risk management requires further explanation.

2.6 Compliance with PQC Good Practice Guidance

The review team asked the following questions of every trust, in order to ascertain compliance with PQC guidance.

- How do you support the implementation of positive risk-taking in practice?
- How are frontline staff expected to use the risk assessment tools?
- In what way do you expect person-centred practice and flexibility to operate in the use of the risk assessment tools?
- In what way do you exercise professional judgement in your use of the risk assessment tools?
- How do you go about ensuring that service users and carers are involved in compiling risk assessments and plans?

The purpose of this line of questioning was to understand how practitioners viewed the completion of risk assessments and to determine if they were used to support judgement and decision-making. The review team also wished to know: if the trusts applied the tools in flexible ways, if they collaborate with service users and carers throughout the process, or just present completed risk assessments to people for subsequent discussion.

The feedback obtained from staff is set out below.

Belfast Health and Social Care Trust

The Belfast Trust's senior management team indicated they were in the early stages of introducing an ethos of recovery. Staff presented a balanced view on risk taking and reported that they believed they were significantly further on in comparison with other trusts, but acknowledged that they still had work to do.

The senior management team recognised that there is a gap between the ethos and practice of positive risk-taking, without clarity being provided regarding either the ethos or the practice in the guidance. Frontline staff were generally poor in describing what positive risk-taking meant in the context of their work; although some good examples were identified by staff during the team visits.

Frontline staff focused more on managing risk than taking risk; however, they indicated the need for acceptance of a certain level of risk that cannot be anticipated. The need to be aware of protective factors, working as a multidisciplinary team, and sharing their approach with service users was highlighted. A CAMHS staff practitioner identified the service user's right to make decisions, and the importance of showing respect for what they say and what they decide.

A number of positive examples of community partnership working in the area of employment and volunteering were provided. These underpin the range of service provision and were likely to encourage positive risk taking within a recovery framework. Training for peer advocates was also cited as contributing to more person centred practice.

The review team interviewed three teams regarding their views on positive risk-taking.

Team A focused specifically on examples through their Approved Social Worker (ASW) practice, of forming trusting relationships with service users, and the role that professional experience and intuition plays in informing the decision-making process.

Team B considered that the PQC documentation was positive and they were supported by team leaders in positive risk taking. Some concerns were expressed around interface issues with the home treatment team. Staff indicated that assessments were not routinely shared with service users.

Team C felt that multi-agency working, multi-disciplinary team discussions, and the appointment of care co-ordinators had improved the likelihood of practitioners facilitating positive risk taking.

A Substitute Prescribing Team identified positive risk-taking as "all of what we do" with good references to the focus on basing it on a good assessment of risk, collaborating with the service user on their priorities, and 'jointly shaping outcomes'.

Northern Health and Social Care Trust

The Northern Trust's senior management team focused more on the concept of managing risk than the specific role of supporting staff in terms of why and how they take risks. Some descriptive terms emerged from the group of frontline practitioners, but overall the descriptions were patchy and unclear. Staff felt there were lessons to be learnt and reported that they modify the way they use their assessment processes. Practitioners reported that they used language that the service user understands. There was variable evidence of support to staff to implement positive risk-taking confidently.

The addictions service representative identified their focus on harm minimisation/reduction linking this to the concept of positive risk-taking. The CAMHS representative identified the important characteristic of people learning from the consequences of decisions and actions. The CAMHS team indicated they do not adhere to the PQC guidance in relation to using the FACE (Functional Assessment of the Care Environment) risk assessment tool, and indicated they do not intend to do so in the future. Staff from the community mental health team reported that the transition arrangements between CAMHS and adult services were poor in the trust.

Three community teams were interviewed by the review team.

Team A offered a well thought through example of the type of information required in order that they could support a person who had stopped taking their medication. Good reasons were given as to why they needed to include in their assessment what the service user viewed as important, and how they continue to aim for harm minimisation through maintaining engagement with the service user.

Team B were positive about the use of risk assessment tools and felt that they were supported by management to promote positive risk taking. They identified good co-working with the forensic team and positive involvement with GPs. They stated that the comprehensive risk assessment was always completed at multi-disciplinary team meetings. The team felt this helped them to make positive risk decisions. Staff identified a number of communication issues around sharing information with the crisis response/ home treatment team and concerns about liaison between these services.

Team C considered that the terminology "risk" was off putting to service users. One staff member identified a "blame culture" and stated that staff were "hung out to dry" if things went wrong. The team recognised good support from the team leader was vital and felt that large caseloads often prohibited positive risk taking. Some tension was expressed by practitioners about medical staffs' acceptance of the guidance, although this was not uniform across all localities within the trust.

Staff working in learning disability continue to promote a human rights approach in all of their work. This was also evidenced in the decision making process, records, assessments, reviews, case discussions, and minutes of meetings provided to the review team.

South Eastern Health and Social Care Trust

The South Eastern Trust's senior management team demonstrated a degree of confidence in describing what positive risk-taking was about. They projected consistent information regarding the ethos of person-centered care, all of which was echoed by frontline staff.

They were the only trust who included the phrase positive risk-taking in their initial presentation. Wellness Recovery Action Plans (WRAP) and user's strengths were positively identified as methods used to underpin the balance of safety and individual autonomy. They also identified a 'can-do' attitude as a reflection of an important principle, bearing in mind the forthcoming mental capacity legislation, as long as the actions agreed are clearly thought through and discussed between professionals and service users.

The issue of good clinical leadership was identified by the trust as crucial to challenging risk decision-making. The trust considered that risk averse decisions are not necessarily going to be the best decisions, and that good multidisciplinary working requires clear lines of accountability and responsibility to be agreed by all involved.

Frontline staff interviewed by the review team endorsed the view of senior managers in terms of being open to discuss the challenges and the support offered to staff by good clinical leadership. A range of appropriate terminology was identified to describe the concept of positive risk-taking in practice.

Three teams across two localities were interviewed by the review team.

Team A used general comments about moving the person out of a sickness mode, seeing the person, not just the risk, but also including the crucial observations about creating partnerships, stating that the word 'positive' is about the outcome and not the risk. They identified that the risk screening tool was useful to help quantify the different perceptions of risk.

Team B considered they were well supported by management and considered that the protocols and procedures developed assisted them with positive risk taking.

Team C suggested that there is less positive risk-taking as a direct consequence of the PQC guidance, because there are fewer resources, but yet a greater perceived expectation for staff to be monitoring these decisions.

Southern Health and Social Care Trust

The Southern Trust senior management team demonstrated a good understanding of the concept of positive risk-taking. They recognised that the move towards an ethos of recovery is evolving.

The senior management team did provide important reflections of the need to balance risk with quality of life issues, the importance of human rights issues,

weighing up risks and benefits of decisions, multidisciplinary team working, and the need for people to own their behaviours. The home treatment team was identified as a service that could not function without putting positive risk-taking into practice, and good examples were cited as to how this happens. Learning disability staff reported person centred practice, with service users owning and following their risk management plan.

Frontline staff gave conflicting messages of how much the concept can currently be put into practice, and presented varying perspectives as to whether it is really understood and supported, particularly if things were to go wrong. Frontline staff identified the importance of respecting service users human rights, but introduced a degree of conflict as to how well this is supported in the multidisciplinary team setting. The concept of empowerment was identified as critical, alongside harm reduction and respect for quality of life issues. A view presented by some staff is that PQC guidance leads to less positive risk-taking because it leads to a fear of missing something. Staff considered that the completion of the risk assessment documentation is a key priority for them.

Some staff in the community teams considered that the trust is risk averse. Staff reported that initial miscommunication had resulted in a one year delay in providing staff with an understanding of the definition of the trust's interpretation of the guidance. From their perspective, initial overuse of comprehensive risk assessments devalued the process because staff were completing these routinely with all patients. The trust subsequently reported that clear direction was given by the Head of Service and Medical Lead to all team leaders, regarding the completion of risk assessments following meetings of the Governance Forum and operational meetings.

The Support and Recovery Team (Team A) identified examples where informed choices and quality of life issues were at the centre of their work. They also highlighted resource issues, citing high caseloads and lack of cover for absences as barriers to delivering good practice and positive risk management.

The Support and Recovery Team (Team B) also highlighted accommodation and resource issues, with high caseloads impacting negatively on service users. Staff felt that excessive documentation, including that required to comply with PQC was impacting on clinical time. They did comment on positive working relationships with the Home Treatment Team and Crisis Response Teams, and of improved communication within the Bluestone (in-patient) Unit. Team B staff considered that the ethos of recovery was not fully supported and that other specialist teams received greater support from senior management.

Senior trust managers indicated that they had dedicated a substantial financial resource commitment to training and direct service user involvement and in assuring personal visibility of the senior team in order to support the ethos of recovery.

Western Health and Social Care Trust

A broadly consistent understanding of what positive risk-taking means was observed across staff groups in the Western Trust. The senior management team focused on why taking risks may not happen in practice. There was a consistent degree of honesty about the progress the trust had made and the ongoing work required to implement positive risk taking. Examples of good practice were identified in the two teams visited.

There was a clear change emerging in prioritising how to move away from the more 'controlling' aspects of practice, towards a more 'humanising' approach that stresses personal responsibility and recovery, through collaborative working. CAMHS staff stressed the value of the family support ethos for promoting good practice.

A reflection was made on the use of risk assessment language. Some staff considered that safety would be a more user-friendly term than risk, but that risk is so embedded into everyday language that this would be impossible to change.

Frontline staff communicated a reasonably extensive list of phrases to describe what positive risk-taking means, including managing the decisions as a team, promoting a learning culture, people sharing responsibility for their own care, and a focus on harm reduction.

The Assistant Director is involved in some of the complex risk decisions, which clearly signifies support and understanding to frontline staff.

Two community mental health teams were interviewed.

Team A provided good examples of positive risk-taking in practice. The emphasis was on the safe management of self harming behavior and the planned discharge of people presenting with risk behaviours, with appropriate management in the community. Empowerment, choice, control, shared responsibility, supportive team working and good use of team meetings to review decisions were all discussed as elements of good practice. It was also recognised that complex decisions can also involve degrees of instinct based in clinical experience.

Team B also provided good examples of positive risk taking. Staff commented that a rural community and a stable workforce encouraged collaborative working. Good holistic knowledge of service users and the involvement of relatives in care planning promoted positive risk taking. Staff indicated that they were flexible and client centered in their approach, and responded individually to escalation issues.

2.7 Overall Summary of Findings on Understanding of Positive Risk Taking

Broadly speaking inconsistency was still observed in the understanding and articulation of positive risk-taking across the five trusts both by senior management teams and by some frontline staff. This may be as a result of the lack of clarity on the issue contained in PQC guidance.

There was no evidence that any of the five trusts had made specific efforts to clarify positive risk taking concepts by developing their own detailed protocols. There appears to be a universal agreement that a more positive and person-centred way of working with risk should be supported and implemented. A variation in the language used to describe positive risk taking, was evident across the trusts. Consequently different interpretations of how to achieve this were presented.

Some practitioners in different groups across each of the trusts were able to identify good day-to-day practice examples that described the positive risks that were being appropriately taken as part of good person centred practice.

The importance of achieving greater clarity and consistency of understanding of this concept is crucial and staff need to feel they will be supported in making decisions in respect of positive risk taking, particularly in challenging circumstances.

In order to achieve a degree of clarity to the development of positive risk taking protocols, and consistency across trusts, the review team would suggest that following statement offers a starting point.

Positive risk-taking should be described as an approach that promotes the taking of risks as a deliberate and planned strategy, designed to enhance the health and welfare outcomes for service users.

3.0 Use of Standardised Documentation Including Risk Assessment Tools to Support Good Practice

A review by RQIA of local practice (2006) found there was a lack of consistency in documenting risk information across the HSC trusts. The incorporation of the tools into the PQC guidance was made as a response to this finding. The challenge is whether the guidance is clear enough for trusts to produce standardised assessments whilst providing flexibility in use of the tools in individual circumstances.

In pursuit of this balance the guidance does state: "Screening need not be time-consuming and formalised, but should be conducted as part of the overall assessment of need and not as a separate exercise. This approach will encourage a therapeutic relationship and should be seen as part of good clinical practice." "According to risk factors in the risk screen, a clinical decision may be taken, as appropriate, to progress to a comprehensive risk assessment where it is needed for reasons of complexity, history or high risk potential. The value which can be gained from this more thorough level of investigation and reflection should be determined on an individual basis."

PQC guidance recognises the role of "… clinical judgement… that formalised tools are used as part of risk assessment as they support effective and consistent risk management decision making." However, the guidance does not sufficiently acknowledge that many practitioners are apprehensive that the decision 'not to use tools in specific situations' may result in them being criticised when something has gone wrong. The idea of risk minimisation, not risk elimination, is supported in theory but appears to be more difficult to identify in practice. The use of the term 'compliance with PQC 'reinforces the perception that completing forms is the primary function of risk assessment. Best practice would dictate that the mental health assessment should be completed first and the information should be taken and recorded on the risk tool subsequently.

Psychiatrists expressed particular concerns about the use of the brief risk screening tool. This view was shared by other groups of staff, who described it as a barrier to therapeutic engagement and a stigmatising process. Some staff considered that the mental state assessment already included a risk assessment and queried why a separate tool was required. The requirement for the completion of a brief risk screening tool for all service users, without any application of professional judgement, and in the absence of any risk indicators, was also raised by staff during the audit. A few staff stated that the desire for standardisation of practice could result in overriding patient centred care and clinical judgement.

A number of other professional staff considered that completion of the risk tools helped them in making their overall assessment. They reported that the tools provide prompts to enquire about vulnerability and the human rights considerations of the patient. Inevitably, the skill of the practitioner instigating the assessment, combined with the service users experience and their perception of the process, is critical.

While it is acknowledged that the risk assessment is appropriate for patients in hospital and those receiving crisis response or home treatment services, some practitioners questioned its use with all patients/service users, given the current work pressures on teams, for example in meeting waiting list and screening assessment targets. All five trusts indicated that the retrospective application of the initial screening tool, for existing service users is expected of staff. This is however presenting a particularly onerous task for many with their excessive caseloads. There was a request from staff for guidance from senior management to help prioritise this task from their existing caseloads. The increasing time spent on paperwork and in preparing duplication of written material was cited as another reason for non-adherence to the guidance. Greater clarity between the use of a risk screening tool and a comprehensive assessment is required across trusts.

The review team found that the similarity in content and structure between the brief risk screening tool and the comprehensive risk assessment makes it difficult to determine when to move from a brief screening function to a comprehensive in depth assessment. The review team noted that some trusts fail to adopt sufficient flexibility in the application of the guidance in this matter. It should be emphasised to practitioners that the completion of a 'brief' screening tool could reduce bureaucracy by identifying many circumstances where a more comprehensive assessment is not needed. However, this requires a firmer definition of 'brief' and how such decisions can and will be supported, including in the rare event when things go wrong.

Electronic Information System

To support the implementation of PQC in all trusts, the HSC Board made funds available to progress the development of a standardised electronic information system. The introduction of electronic completion of assessments has the potential to solve many of the current access and information sharing problems. However, this solution raises issues of protection of confidentiality. All trusts are now at the latter stages of piloting an electronic system, with the Southern Trust being at the forefront of this work. However, if different IT solutions are developed by the five trusts, achieving consistency across Northern Ireland, and any degree of inter trust standardisation and communication will prove difficult.

The guidance states: "Documentation should describe what has happened and the reasoning for taking chosen actions… a system for recording the rationale for decisions relating to the risk, both supporting action and/or inaction, must be recorded." The review team considered that greater emphasis should be afforded to recording the rationale for decisions and this should be a priority issue for training, with assurance being sought from regular file audits.

The review team considered that the Regional PQC Review Group should take account of a number of constructive criticisms of the tools from the perspective of staff across the five trusts and review how the tools can be used with other pre-existing assessments for wider assessment purposes. Further elaboration is needed in the guidance on using the 'Information sources' section on the forms. The Learning Disability Addendum clearly states that all in-patients require a

comprehensive risk assessment. This presents a significant overlap with vulnerable adult processes and trusts may need to provide further guidance in this regard.

Challenge of Obtaining Service User Signatures

The guidance requires that service users sign the risk assessment to evidence involvement and acceptance of the findings. Obtaining signatures continues to present a challenge for many staff. A patient's mental state, particularly those with florid symptoms, lack of insight, or paranoia may be adversely affected by asking for a signature. Audit results indicated that practitioners may not universally ask patients to sign the assessments (see Table 3 for details).

3.1 RQIA Audit of PQC Risk Assessment Tools

PQC guidance states that "risk assessment and management processes must be subject to audit, both internal and external, to ensure that they are effective in creating better outcomes for the service user". The Northern Trust was the only trust that submitted a copy of an audit report to the review team. Completion and review of risk assessments in in-patient units, is reported to the HSC Board monthly as part of the Safer Patient Initiative.

The RQIA review team audited the tools contained in the PQC guidance from mental health, learning disability, addiction services, CAMHS and forensic services, to determine if documentation was being completed in a standardised way. A total of 200 files were examined by the Review Team.

3.2 Audit Methodology

A number of audit tools were applied by the review team to the appropriate specialist areas. The RQIA audit proforma reflected the fields contained within the PQC assessment tools. Only files from June 2011 to January 2012 were selected to acknowledge a 12 month implementation period for the integration of the risk assessment tools in practice.

All HSC trusts were informed of RQIA's intention to undertake an audit and asked to confirm the location of patient's notes. A range of trust locations were visited. The trusts were given two days notice of the locations from which the files would be selected. A random selection of files were audited on the day of the visit by the review team from the list of files presented by the trusts.

The RQIA audit team planned to review the following number of files from each mental health and learning disability service across each trust and these were selected as follows:

- ten mental health risk screening tools
- ten mental health comprehensive risk assessment and management tools
- five adult learning disability comprehensive risk assessment and management tools
- five CAMHS comprehensive risk assessment and management tools

- five forensic services comprehensive risk assessment and management tools
- five addiction services comprehensive risk assessment and management tools

In three trusts the total number of files requested, were not available at the time of audit. Sufficient files were made available in each trust to the audit team to enable the review team to make an adequate assessment of the trusts performance.

Each completed tool was checked for compliance with PQC guidance and the auditors recorded if:

- the correct version was used
- all sections of the tool had been fully completed
- service users' signatures were present
- a reason of refusal to sign was recorded as evidence.

RQIA also reviewed the file for evidence of:

- multidisciplinary involvement
- information sources used to complete the tool and
- appropriate sharing of information with other stakeholders.

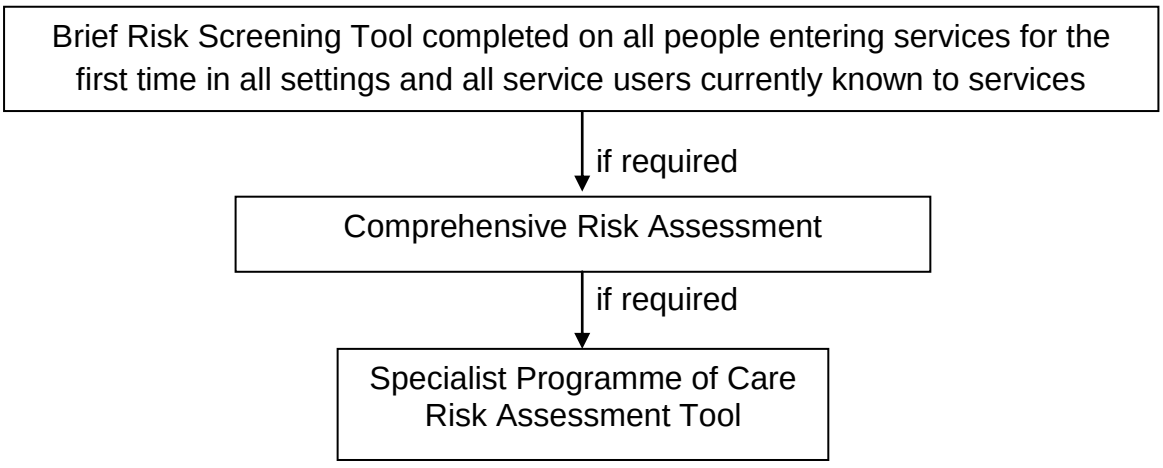
RQIA also used the opportunity created by the on site visit and audit to discuss operational issues faced by trust staff in implementing the guidance and noted their views.

3.3 Consent to Access Files

To significantly reduce the burden of obtaining written consent from service users, and comply with regulations regarding seeking of consent, trust staff retained custody of the patient records at all times. The trust staff answered the questions raised by the RQIA auditors which were recorded in the audit tool.

3.4 Current Risk Assessment Processes used by Trusts

Diagram 1: Risk Assessment Process



3.5 Use of Brief Risk Screening Assessments

Table 2: Findings from the Audit of the use of Brief Risk Screening Tools in Mental Health

Trust	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Number of risk screening assessments audited	10	10	10	10 (inc.5 e copy)	10	50
Number of incorrect templates used	4	4	0	4	7	19
Number of distribution tables completed	8	3	0	10	2	23
Number of information source tables completed	10	10	10	10	10	50
Number of forms that recorded the GP being used as an information source	8	3	9	7	4	31
Indicators of risk completed	10	10	10	10	10	50
Summary of protective factors completed	7	4	9	6	3	29
Summary of active risk completed	10	10	9	9	9	47

Of the 50 assessments audited it was reassuring to note that all 50 had the Indicators of Risk section completed. It was also reassuring to note that 47 out of 50 contained a Summary of Active Risk. It was concerning that 19 of the 50 tools had been completed using an incorrect version of the screening tool.

The South Eastern Trust had no incorrect versions in use. The Northern Trust and Western Trust had a low completion rate for the summary of protective factors field with four and three out of 10 completed. Both trusts also indicated a low number of GPs as sources of information for the screening tool. Most initial referrals to services come via the GP, so this may be an interpretation variance.

RQIA noted that a number of incorrect templates were used, particularly in the Western Trust, where seven were found to be incorrect.

There was a high rate of completion of the summary section indicating protective factors noted in each assessment.

Table 3: Number of Immediate Management Plans of Identified Risk and Number of Persons Responsible.

Trust		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Number of Immediate Management Plans (fully completed)		9	8	6	9	7	39
		Number of Forms					
Number of responsible person(s) identified to implement the actions	0	1	1	4	-	4	10
	1	6	4	4	5	3	22
	2	1	2	2	3	2	10
	3	2	1	-	-	-	3
	4	-	-	-	1	1	2
	5+	-	-	-	1	-	1

The immediate management plan was fully completed in 39 out of 50 assessments. The review team noted that in some forms, responsible persons were identified without the management plan being fully completed. A significant number of practitioners failed to record the person identified to implement the plan, however this may have been where no significant risk was identified.

Table 4: Number of Brief Risk Screening Assessments Signed by Service Users

Trust		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Has the Risk Screening Assessment been signed by the service user?	Yes	5	8	10	1	4	28
	No	5	2	0	9	6	22

A variance was noted in obtaining signatures of service users with the South Eastern Trust recording service user signatures on all assessments, in contrast to the Southern Trust where only one service user signature was recorded.

3.6 Use of Comprehensive Risk Assessments

Forty eight comprehensive risk assessments were audited across the five trusts.

Table 5: Comprehensive Risk Assessments

Trust	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Number of comprehensive risk assessments audited	10	10	10	10 (5 e-copy)	8	48
Number of incorrect templates used	6	3	3	1	8	21
Number of distribution tables completed	8	5	6	*4	1	24
Number of information source tables completed	8	10	10	9	8	45
Number of forms that recorded the GP being	0	0	0	0	2	2

used as an information source							
Indicators of risk completed		10	7	8	10	0	35
Summary of protective factors completed		4	10	7	10	0	31
Identification of a contingency plan	Yes	8	10	9	3	5	35
	No	2	0	1	7	3	13
Overall risk Summary completed		10	10	10	10	8	48
*****Five electronic copies do not require this to be completed							

Variances in the completion of the fields 'Other Indicators of Risk' and 'Summary of Protective Factors', can be explained by incorrect versions of the forms being used. The 2009 version of the comprehensive risk assessment did not have these fields. They were added to the revised (May 2010) version of the tool. This was of particular note in the Belfast and Western Trusts. Staff in Western Trust did not routinely complete the distribution field. It is notable that GPs were not generally credited as providing a source of information. Risk summaries were always completed on the assessments audited.

The introduction of electronic recording should negate any inconsistencies in recording or missing fields in the future.

Table 6: Number of Management Plans of Identified Risk and Number of Person(s) Responsible

Trust		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Number of management plans (fully completed)		10	10	10	9	7	46
		Number of Forms					
Number of responsible people identified	0	2	0	0	0	1	3
	1	0	2	0	0	0	2
	2	0	1	2	2	1	6
	3	2	2	1	3	2	10
	4	3	2	4	0	1	10
	5+	3	3	3	5	2	16

Three forms in the Western Trust and one form in Southern Trust were incomplete as they had no management plan. Neither trust recorded an explanation for this omission.

Responsible persons were identified in some forms, without the management plan being fully completed.

Sixteen of the 46 completed management plans audited named more than five people responsible for implementation of the management plan, indicating the complex nature of the monitoring arrangements.

Table 7: Number of Comprehensive Risk Assessments Signed by Service Users

Trust		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Has the comprehensive risk assessment been signed by the service user?	Yes	5	5	3	5	0	18
	No	5	5	7	5 e-copy	8	30
	Reason given	0	2	3		1	6

The guidance indicates that all forms should, where possible, be signed by the service user.

In the Western Trust none of the assessments had been signed by service users, this supported a more flexible approach to obtaining service users' signatures adopted by this trust. In the South Eastern Trust three forms had a service user signature included. In the Belfast and Northern trusts, five of the assessments had been signed by the service user, reason for non-signature was not recorded by staff in Belfast Trust. All of the paper versions of the forms audited in the Southern Trust had a service user signature but the electronic versions had not.

Summary

Overall, 62.5 per cent of the forms audited did not include a service user signature. Five forms audited were completed electronically and no record was found of an attempt to record service user's signatures. Without knowing the clinical indicators, it is impossible to determine if obtaining a service user's signature is appropriate and actually provides evidence of full participation in the assessment process.

3.7 Audit Findings for Completion of Comprehensive Risk Assessments in Four Specialist Areas

Table 8: Number of Files Audited in the Four Specialist Areas by Trust

Trust		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Specialist Area	Addictions	5	0	0	5	5	15
	CAMHS	5	0	5	5	5	20
	Forensics	5	5	5	5	5	25
	Learning Disability	5	5	5	5	5	25

Two specialist areas, addiction and forensic services have a range of tools listed and approved in the PQC guidance. The PQC guidance recommends only the FACE risk tools are used for CAMHS. There are specific tools (brief and comprehensive) for learning disability contained with PQC guidance.

CAMHS

In four trusts the CAMHS assessments audited indicated full compliance with PQC guidance and use of the FACE tool. The Northern Trust was not compliant with PQC

guidance, and staff confirmed the FACE tool is only completed when they require access to regional inpatient treatment services. In the Northern Trust, the CAMHS clinical lead considers that their existing risk assessment tools are sufficiently robust.

The lack of compliance by the Northern Trust in this regard was raised by RQIA with the trust and HSC Board in the CAMHS Review (2011). The HSC Board in it's report CAMHS Promoting Quality Care Audit (2012) stated that they will "work within the Northern Trust to proactively and immediately implement both the PQC guidance and FACE tool across its CAMHS Service". The RQIA review team recommend that the Northern Trust implement the FACE tool in order to comply with PQC guidance.

Learning Disability
In learning disability services across the five trusts the review team noted a wide range of information sources and distribution of completed assessments. Not all trusts were using the specific learning disability comprehensive risk tool. In the Southern Trust it was noted that significantly more service users had a comprehensive risk assessment completed. Most trusts reported difficulty adhering to the 28 day time frame for completing the reports. A limited number of user friendly versions of the assessments were presented for audit.

Addiction Services
Across addictions services, three trusts Belfast, Southern and Western, provided five completed assessments for audit. In the Northern and South Eastern trusts service users who required comprehensive risk management were jointly managed with the CMHTs who maintained the documentation. The Northern Trust at the time of the audit had initiated the use of comprehensive risk assessments but not in the team audited. The forms audited were generally compliant with the PQC guidance, although some older forms were noted to be in use.

Forensic Services
The audit indicated that all forensic services were compliant with PQC guidance and a wide range of validated tools approved by the guidance were in use. The Belfast Trust had improved the tools with some local amendments.

3.8 Summary of Overall Findings of Audit

The Overall Risk Summary was completed on all comprehensive risk assessments. Twenty one of the 48 comprehensive risk assessments audited were completed using incorrect templates. Nineteen of the 50 brief risk screening assessments were also found to be completed on incorrect templates (poorly photocopied and out of date forms were generally to blame). The South Eastern Trust was the notable exception, with all forms audited by RQIA found to be correct. The Summary of Active Risk was generally well completed and the Indicators of Risk were fully complete on the brief risk screening assessments.

A number of the specialist areas (CAMHS and Forensic services) used the appropriate risk assessments as detailed in PQC guidance, with the exception of the Northern Trust which only used the FACE tool if requiring access to the regional inpatient treatment service. Addictions services in two trusts demonstrated limited

use of the prescribed tools. The audit highlighted differences in the application of the standardised documentation as set out in PQC guidance in learning disability services and a number of older versions of the completed tools were noted. User friendly versions of the tools were not readily available and most trusts had difficulty adhering to the 28 day timeline for completing assessments.

4.0 Training in Use of Risk Assessment Tools

PQC guidance states that "Staff training in the assessment and management of risk is essential for improving the quality of risk management and should be carried out as part of regular mandatory training for all mental health and learning disability staff, appropriate to their level. Staff need to be able to apply risk assessment tools competently and to use them, as appropriate, to inform risk management and care planning. To inform this, a 'Training Needs Analysis' should be carried out as part of the implementation of this guidance".

All trusts reported that in May 2010 all professional staff were given the opportunity to attend PQC awareness training on good practice in the assessment and management of risk in mental health and learning disability services.

4.1 Questions Posed by the Review Team Regarding Training

Attention was drawn during the review process to the following questions:

- What activities constitute risk training in your view, and how should they be implemented for most effective practice?
- What different methods of learning do you adopt in order to implement good practice most effectively?
- How effective is your experience of training in supporting you to implement good practice in assessing and managing risk?

Belfast Health and Social Care Trust

All staff were consistent in their criticism of initial PQC training. Staff identified its role as creating awareness of 'the what' but little or no focus was provided on 'the how' to use the tools. PQC is included in induction training and is a mandatory requirement. There was recognition across all staff groups of what is required of staff to support the implementation of good practice. Staff identified a range of means by which learning takes place in practice, which they considered to be effective.

The trust uses e-learning as a means of achieving awareness training and stated the best learning is through "supporting people to tell their stories… a focus on engagement… life education being better than classroom based learning." Staff identified use of 'freeze weeks' to enable training catch-up. Quality improvement group weekly meetings, six monthly away days, peer based academic slots, monthly nursing reflection meetings, professional forums, and buddying were all identified. While these are very helpful, they may operate as ad hoc initiatives rather than a coherent and a co-ordinated response to the identified training needs of staff.

Northern Health and Social Care Trust

Northern Trust staff reported that initial PQC training was considered too generic. The senior management team identified a previous successful approach to delivering training in relation to the 2004 guidance. Learning team by team was found to be the

most effective means of promoting consistent good practice. They promoted the value of a 'bio psychosocial approach to training that would focus on the subtleties of communication'.

A training needs analysis is identified for teams on an annual basis through the Knowledge and Skills Framework (KSF). The emphasis was appropriately placed on "a focus on making training real at team level". Arrangements have been made to address training needs for staff with regard to new procedures to support the electronic recording system. PQC training is mandatory and team leaders audit two case files during supervision to assess compliance with the tool and consider how staff present the process of risk assessment to clients at initial assessment.

The review team found that frontline staff had requested clarification about "thresholds of how often to review, and when to progress to comprehensive assessment," and this may be indicative of the failure to appreciate that case by case decision making is permitted. There were concerns expressed by staff around maintaining confidentiality of information, given the number of potential staff who have access to the risk assessment and when sharing this information with external non-statutory bodies.

South Eastern Health and Social Care Trust

The senior management team considered that they had a proactive training team, able to develop flexible programmes in response to identified needs, and also referenced use of regional inquiries as sources used to further learning locally. Professional forums, buddying/ mentoring, shared experience within teams, reflective learning and peer support networks across care co-ordinators were identified as methods used to support on-going learning.

Frontline staff were clear that the role of initial PQC training was primarily about awareness raising. The trust made use of staff team meetings, peer supervision and professional forums as alternative methods of learning. Staff felt supported to exercise discretion in how to make use of the forms. They identified that the role of multidisciplinary meetings was to help them think "what next, not just about getting risk assessment forms completed".

One group of staff stated there was a genuine recovery ethos adopted by the trust, supported by WRAP training. A shift in nursing practice to a more bio psychosocial model of working, with ongoing training was identified. Staff reported that self-development was promoted through peer support systems, facilitating staff to approach risk taking confidently.

Staff were consistently positive in respect of PQC training. Emphasis was placed on how an audit of training needs had been specifically responded to, and how the training resources available were being used in flexible ways to evidence a positive learning culture locally.

The review team was of the opinion that the positive approach used in training and development of staff should be recorded in a protocol to provide a consistent

regional statement about best practice in supporting risk training. It would be important for such a protocol to clearly outline how individual, team and organisation responsibilities for learning and development can connect in a coherent way as a guideline for other trusts to follow.

Southern Health and Social Care Trust

The Southern Trust, senior management team recognised that the PQC training was aimed at raising 'awareness'. They reported that they intend to build on this locally, in order to progress the practical, flexible application of risk assessment 'required by staff'. PQC training is not mandatory in the trust. Commissioning of WRAP training with support from a service user/carer improvement group was highlighted as a means of progressing the recovery ethos. The team identified a need to determine whether e-learning was sufficient to build on PQC awareness, or whether more face-to-face training is required.

Current initiatives cited for enabling learning for staff included multidisciplinary sharing of serious adverse incident reports, weekly case based discussions, supervision and professional forums. More specific needs were also identified through ASIST (Applied Suicide Intervention Skills Training) and STORM (Suicide Prevention Training), and by the provision of support for unqualified and voluntary sector staff by supervision from professional staff. An accredited course is being developed by forensic staff.

Frontline staff interviewed by the review team recognised that 'corporate' collective decision making was an essential element of good practice. They also, however, identified that medical staff were engaged in their own uni-professional induction training on risk assessment, that was not PQC specific.

Staff recognised some of the list of methods of learning put forward by the senior managers, but focused on the issue of time management, where reflective practice ultimately gets squeezed by other pressures. "There was also a suggestion of staff receiving mixed messages from senior staff illustrated by the trust's initial requirement to have "everyone comprehensively risk assessed rather than making decisions based on clinical judgement at the point of using the risk screening tool."

Teams highlighted an awareness of a flexible range of ways of learning within teams, but some staff were less aware of available training initiatives and were more focused on the negative impact of pressures through workload and caseload demands.

The widely held view among frontline staff about pressures of workload needs to be constructively addressed by senior management, as some staff may not be able to engage in training initiatives until this matter is resolved.

Western Health and Social Care Trust

The senior management team recorded numbers of staff who have attended PQC awareness training. They were aware that it did not satisfy the need for more in-

depth, skills-based training. They saw the role of team leaders as being critical in identifying ongoing training needs; and reinforced the role of journal clubs, professional forums, supervision, team meetings and team training days as further sources of learning available to practitioners.

The trust is seeking to respond to these needs constructively. Training is currently being developed in mental health and addiction services to inform staff about the management of service users with a dual diagnosis.

Some frontline staff group interviewed by the review team highlighted feelings that PQC training was inadequate for what they needed and suggested that comprehensive risk training should be more practical and case focused. There was recognition of the need "to move away from 'how do we use the forms' to ways of measuring the risks identified and how to work with and across teams". There was specific reference made to training for forensic staff in the use of the HCR20 risk format (Historical Clinical Risk 20) which is a specialised forensic risk assessment tool. CAMHS staff specifically raised the importance of learning from 'near misses'.

Some frontline staff described feelings of confusion regarding the interpretation of PQC guidance and more multidisciplinary training and working were identified as a solution. Some staff say they lacked confidence with regard to positive risk taking. It was commendable that both community and acute care staff are supported on a case by case basis and provided with reassurance by management. Staff identified that this had increased their confidence to manage risk appropriately.

Training for learning disability staff was reported as being more specific and included the application of the screening tool for all admissions. CAMHS staff also identified regular in-house training during which they were able to identify near misses and focus on how they measure risk and on interface issues instead of "how they used the form".

The trust reported as part of the new Integrated Care Pathway (ICP) they have adopted the 5 Ps of formulation, (Presenting problems, Predisposing factors, Precipitating factors, Perpetuating factors, Protective factors). All staff will receive training in this new tool. Teaching plans have already been developed. This will lift the skill base of all staff and the review team commended the trust for this positive training initiative.

4.2 Summary of Training Provided Regarding Implementation of the Tool

The review team found that the training needs analysis has been undertaken in an inconsistent manner. There is little evidence as to how it has been used, to develop local or regional training protocols and targeting of training resources. Stating a recognition that staff need or require further training in the skills of assessing and managing risk is insufficient. Further consideration needs to be given to the specific type of training required and to the flexible and most effective way in which such learning can effectively take place.

Across the five trusts the review team heard repeated comments that the training offered in PQC guidance was simply about awareness of policy and filling in forms. There was a lack of practical application to the real issues of working with risk on a day-to-day basis. The Beeches Management Centre (BMC) which carried out the training regionally, confirmed that the mandate provided to them for training was to raise awareness of the new forms and documentation, rather than the processes involved in use of the risk tools. Training in the PQC guidance therefore was experienced more as a one-off event, and less of a meaningful reflection of a dynamic on-going process of managing risk. Numerous examples were identified across all trusts of staff requesting further training in assessing and managing risk, which implies a significant gap still exists in this area. There appears to be a lack of clarity in the messages from the guidance which has permitted misplaced expectations on what the PQC training is meant to deliver. There is a continuing need across all services to provide clearer protocols to identify the shared responsibility between individuals, teams and organisations to promote on-going learning and skills development.

The review team suggests that service users and carers should continue to be involved in delivering training to practitioners. The training should include an emphasis on an awareness of long term clinical and social needs, as well as knowledge of the person's current mental condition. An awareness of how risk changes as the service user's level of care changes (e.g. following discharge or when on leave), should also form a core part of this training. Each trust needs to tailor its training plan to match the assessed needs of their practitioners.

5.0 Evidence of Collaborative Working to Develop an Audit Tool

In September 2011, RQIA was invited to attend a meeting organised by the HSC Board regarding the implementation of the PQC guidance.

A regional group with representation from all five trusts facilitated by the HSC Board met for the first time in December 2010 to discuss regional solutions to challenges arising from implementation of the guidance. The group was tasked with developing a regional audit tool. This work has not been completed, as the group agreed to develop the electronic version of the risk tools as a first priority. The group was chaired by a Belfast Trust manager, and met quarterly during 2011. RQIA noted that there was no bespoke reporting arrangement developed to report to the HSC Board on compliance.

Three regional groups in adult mental health, learning disability and child and adolescent mental health services were formed. These were convened to consider staff concerns and chaired by a HSC Board representative. A summary of work undertaken and a future work plan in respect of adult mental health was devised by the HSC Board. A copy of a plan (Appendix D) was submitted to the review team in May 2012. Most of the issues raised support the findings and recommendations made by RQIA in this report.

The HSC Board work plan did not acknowledge ongoing difficulties raised by some consultant psychiatrists with the review team around the use of the risk assessment tools.

The review team was made aware during discussions with trust staff and from direct communication with one psychiatrist that there are serious reservations around the use of the PQC assessment tools. The Royal College of Psychiatrists in June 2010 stated “Respondents voiced their dissatisfaction with the use of long locally developed risk assessment tools that lack validity, encourage a tick box mentality, distract staff from their work with vulnerable people, devalue engagement and impair empathy. This practice is contrary to the NICE guidelines. A senior consultant concluded that “professionals must be more proactive in challenging administrative processes about which most of us are sceptical and which may be damaging to patient care”.

The Royal College of Psychiatrists (RCPsych) has conducted a review of professional opinion, fifty four respondents participated in the survey however this was not formally available at the time of writing this report. Initial concerns expressed include: the amount of time involved, some forms never arrived, staff appeared reluctant to ask patients to sign forms, the handover record in the Home Treatment Teams, became preoccupied with the need to obtain risk assessment forms. Consultants admitted they rarely completed them and if they did it was often a rush job without context. To be useful they needed to be fully integrated into the notes. Other comments included: “that practitioners and secretaries spend a lot of time chasing up the forms and there were rumours of multiple forms. Content of forms never discussed, and if patients are to sign the form, then you cannot include carers’ information as this negates their right to confidentiality”. The Royal College of

Psychiatrists' representative stated that "psychiatrists are very keen to look at ways in which we can develop a high quality case summary process and we shall be giving our attention to this over the coming period".

The review team concurs with the information contained in the HSC Board action plan report with the exception of the finding that all specialist teams have implemented PQC procedures as the CAMHS team in Northern Trust is an exception to this. The review team considers that specific guidance cannot be standardised in relation to thresholds for progression to enhanced care pathway. This must be considered in a flexible, person centred way, taking cognisance of all factors contributing to risk behaviours, contingency plans and available support. It will remain an individualised decision best taken within a team context, promoting recovery and a service user's right to take risks and exercise choice.

6.0 Service User Consultation

The review team specifically asked trusts to report on any collaborative working arrangements they had with service users and their representatives as a measure of their commitment to personal and public involvement within their respective programmes.

Findings from Belfast Health and Social Care Trust

Formal feedback was not sought by the trust from service users regarding implementation of PQC guidance as the trust employs a Service User Consultant who has communicated patients' concerns. A range of voluntary agencies and peer advocates provide advocacy services within the trust, working across inpatient and community facilities.

Within learning disability the trust reports that they are developing a user friendly risk assessment and management plan. Work is progressing, however, on service user involvement in the preparation and ownership of the plan.

CAMHS staff reported that the time taken to complete a FACE assessment has been cited by some young people as an issue.

RQIA attended a patients' meeting and raised questions about the patient's experiences of risk assessment but no concerns were raised by service users at this meeting.

Northern Health and Social Care Trust

The trust has not formally engaged with service users about the implementation of PQC guidance. However, through the audit process, the trust collated anecdotal feedback from staff on service user's perceptions and reported the following:

- A statement of confidentiality is required to be signed by service users only in the Northern Trust. This is not a PQC requirement. The issue of service users being required to sign the statement of confidentiality has been problematic.

- Service users have on occasions felt suspicious and concerned about who would have access to their information/details

- Some service users being upset through the process, feeling oppressed, stating the approach was over the top.

- Service users expressed that they do not like the term risk assessment as they feel it is stigmatising.

- Suggestions about renaming it as safety assessment plan have been suggested by service users.

Advocates participate in Mental Health Policy Development and Working Groups and attend the monthly Mental Health Management Team Meeting. They also visit each detained patient to explain their role and offer support. In learning disability services there are a number of self advocacy groups which assist in partnership working with trust staff.

Forensic services reported that multiagency working is common practice with police, probation, prison and children's services in addition to other mental health, addiction, inpatient and community teams. Service users are asked for their consent, prior to the commencement of a risk assessment and it is deemed best practice for the client to give their point of view at the end of the process.

RQIA met with a group of service users who expressed a number of concerns around the process of risk assessment within generic community mental health teams and the impact the assessment could potentially have with courts and in respect of access to their children. In general the perception of service users' was that staff are risk aversive and "concentrate on the negative all the time." Service users had no real experience of a strengths based recovery approach being used by CMHTs.

No formal feedback on risk assessment by Adult Learning Disability service users or carers was identified by the trust.

South Eastern Health and Social Care Trust

The Carers, Users and Providers Network (CUP) was involved in the redesign of a section of the risk assessment to reflect clients' strengths and promote recovery. Procedural guidance has been developed to ensure families and carers are centrally involved in all stages of the process. A collateral history provided by carers or other informants was noted in one of ten assessments of the risk screening tools audited by RQIA of which 100 per cent were signed by service user.

The trust commissions service user and carer advocate services and recently appointed a peer advocate co-ordinator. Carers advocates have been trained in selection and recruitment processes and some have participated in interview panels. This provides evidence of a positive development of their advocacy services endorsed by the guidance.

The trust reported that some clients have stated that they found risk assessment to be an intimidating process although efforts are made to explain the process and put service users/carers at ease. Other clients have said that it was an opportunity to discuss any concerns they may have. The trust indicated that some service users have refused to sign risk assessments as they disagree with these and some service users expressed concern about the risk assessment being shared with other agencies.

RQIA conducted a focus group with users in Lagan Valley Hospital Day Hospital. Twelve service users participated, most of whom were recently discharged from inpatient facilities. Only one service user was aware of having participated in a risk

assessment. The participants were not aware of signing any forms. A focus group facilitated by RQIA in Derriaghy Day Centre also concluded that many service users were unaware of having participated in a risk assessment. This may be indicative of skilled practitioners who complete the process flexibly and gather the required information with great subtlety or, alternatively, it may indicate that practitioners complete the assessment in the absence of the service user or without articulating the explanation for it.

None of the service users interviewed expressed any concerns around the use of the word 'risk' or any language used during assessments. The participants in the day centre considered, that the word 'risk' has a negative meaning to it; however they believed it is important to have a risk assessment as it has safety/ protective factors identified.

The group also commented that the carer and nearest relative section in the aide memoire "only identifies abuse from the service user to the carer and not the other way around. This comes up in the vulnerable adults section but would be better in the carers section". They felt that the aide memoire should be shared with service users and not just used by professionals.

RQIA met with a service user with a learning disability who had been discharged from MAH following over 16 years of inpatient care. He reported a positive experience of the use of the comprehensive risk assessment process. He felt well prepared for his discharge and described participating in a wide range of therapeutic group work, designed to improve his knowledge and self management skills in relation to offending behaviour. The service user was able to openly discuss all aspects of the risk management plan and described this as his "tools" to keep him safe. This was considered by the review team to be an example of good practice.

Southern Health and Social Care Trust

The trust indicated that they facilitate a Mental Health Service User and Carer Service Improvement Group (UCSIG). The group meets monthly with the purpose of facilitating direct service user and carer engagement and involvement and communication within mental health services in the trust. UCSIG acts as a conduit between service users and CAUSE (a peer-led charity in Northern Ireland directed and staffed by past and present carers) led Carers Support Groups.

RQIA attended a UCSIG meeting in Newry to ask members for their thoughts and views about the risk assessment process. None of the patients present expressed any difficulty with the tools or in participating in a risk assessment process. Patients were very complimentary about the skills of staff that had carried out the assessments. Many present indicated they had no knowledge of risk assessment forms. The Southern Trust has made a commendable effort to engage with service users and carers. Their investment in advocacy services to develop and support this work has been helpful to service users.

Western Health and Social Care Trust

The trust reported that while they have not sought specific feedback from service users regarding PQC, “service users and carers were central to all the work around assessment and management of risk, and this pre-dated the Department working group”.

The trust indicated that they liaise with both peer and carers advocates to ensure that service users and carers have an opportunity to influence practice development initiatives. Service users and carers are active members of the trust strategic management group. Foyle Advocates participated in regional PQC awareness training. This was considered by all involved to be extremely valuable, bringing the service users experience into sharp focus. It was confirmed by the trainer at BMC that this aspect of the awareness training had been well received and contributed to the personalisation of the material.

Within the Adult Learning Disability programme, “assessment of need includes risk assessment and associated care planning and risk management plans are person centred indicating that this is a collaborative process that actively involves service users and their families and carers. This was evidenced in the audit through individualised person centred care plans.”

Written documentation from a senior representative of the peer advocacy group was submitted to RQIA as part of this review. Concerns focused on a need for collaborative work and the significant negative impact the risk screening tool could have on an individual’s willingness to engage with services if considered a risk to others.

The RQIA review team facilitated a focus group with six peer advocates and service users. Three members indicated that they did not know they had a risk screening tool completed, while the remaining three who did, felt it had demeaned them and said they were distressed by it. None of the participants could remember if they had signed risk assessment forms.

Concern was expressed about the brief risk screening tool being used by practitioners on first contact with services, describing it as “blunt and insensitive”. One participant talked of a two way trusting relationship being developed before service users would feel confident to answer questions honestly. The group insisted that training was necessary for all levels of staff, as conducting the risk assessment was a new skill. The group was convinced that for many practitioners, completion of the tool was a tick box exercise and ‘anti therapeutic’.

6.1 Summary of Service User Consultation by Trusts

A mixed picture was presented across the different trusts regarding the extent of involvement of service users in the use of the tools.

Staff interviewed by the review team gave varied and often conflicting accounts of how they use the tools collaboratively. Some focused attention on a recovery ethos currently emerging within adult mental health services. Some felt able to use the tools as an aide memoire to support formulation of multidisciplinary plans. Other staff saw it as a therapeutic tool, helpful in engaging some service users. However, overall staff considered the emphasis on risk in the tools was a barrier to engagement. The focus on the comprehensive risk assessment raised a number of questions: Forensic services reported they were being completed by referrers but to a variable quality, and they used more specific specialised tools to measure risk: CAMHS services felt the FACE tool neglected 'developmental issues'; Addictions services generally shared risk management with CMHTs particularly with those with dual diagnosis. Clarification was sought from many staff as to when is the best time to share these documents with the service user and obtain signatures. This indicates a lack of confidence in some individual practitioner's ability to use professional judgement flexibly and to truly engage in person centred 'risk taking'. The emphasis on the recovery ethos and the training activities that accompany this may help to develop a practitioner's confidence together with organisational support for staff. This may assist practitioners to work more collaboratively with service users in the future. Models of best practice from across the trusts evidencing the benefits of this in practice would be helpful to share at a future regional learning workshop.

6.2 Service Users' Views on Risk Assessments

RQIA conducted a number of focus groups with service users to obtain their views about participating in risk assessments.

Service users had mixed views about risk assessments. Some were unaware of having had a comprehensive risk assessment completed, with others considering it degrading and unhelpful. A limited number of service users viewed it in a more positive light, indicating that they felt having a comprehensive plan helped them to stay safe. The review team was unable to confirm if all service users interviewed were offered copies of the assessment and considered that the practice was not widespread. The majority of service users who participated directly in the review had not been given a copy of their comprehensive risk assessment.

7.0 Recommendations

7.1 Recommendations for DHSSPS

1. DHSSPS should review the Promoting Quality Care guidance in the context of the findings of this review in consultation with the HSC Board and trusts.

7.2 Recommendations for the Health and Social Care Board

Use of Risk Tools

1. The pilot introduction of electronic systems across HSC trusts should be reviewed by the HSC Board for effectiveness and application regionally.

2. The HSC Board should reinforce with trusts that the tool should be used to strengthen improved decision making.

3. The HSC Board should have further dialogue with consultant psychiatrists and the Royal College of Psychiatrists to discuss the difficulties expressed with PQC guidance, agree a way forward and share this with all trusts.

Risk Training

4. The HSC Board should review with trusts the outcome of any training needs analysis undertaken to determine if any further regional bespoke training is required.

7.3 General Recommendations for the Health and Social Care Trusts

Use of Risk Tools

1. HSC trusts should share their review and evaluation of their initial electronic versions of the forms, identifying examples of good practice and any difficulties encountered at a regional workshop in the near future.

2. HSC trusts should reinforce to all staff the importance of recording defensible professional judgments discussed with service users.

3. HSC trusts should emphasise to staff the importance of retaining flexibility in how and when forms are introduced to service users in order to maximise their engagement in the risk assessment process.

4. HSC trusts should emphasise to all staff that the function of risk assessment should be integrated into a wider bio psychosocial assessment so as it is not considered as an additional task.

5. HSC trusts should clarify for staff that the requirement for a comprehensive risk assessment should be determined following the initial risk screening of individual circumstances and this judgment cannot be standardised regionally.

6. HSC trusts need to reinforce the importance to all staff of assessing service user strengths in making person-centred risk decisions.

7. HSC trusts should ensure that all staff only use the May 2010 version of the PQC tools.

Positive Risk-Taking

8. HSC trusts should review their protocols to emphasise clearly their definition of what positive risk-taking is, why and when it is relevant and provide staff with identified exemplars of good practice.

9. HSC trusts should review their protocols regarding staff support to ensure that positive risk-taking and good clinical/professional practice will be supported even if things go wrong.

Serious Adverse Incidents

10. HSC trusts should review their protocols for the investigation of SAIs to identify how support will be offered to staff and how staff will be facilitated to avail of support.

11. HSC trusts should identify and communicate examples of good practice regionally, instead of relying predominantly on learning from the failings identified from SAI reports.

Risk Training

12. HSC trusts should conduct an annual training needs analysis on how individual staff can best identify and have their own practice based training needs met.

13. HSC trusts should develop a means of capturing and disseminating examples of good practice emerging from workplace based learning in risk management.

14. Service users should continue to be involved in regional positive risk-taking training offered to staff.

Audit

15. HSC trusts should work collaboratively to develop an audit tool assess their compliance with the guidance and promote examples of practice-led qualitative audit.

7.4 Individual Trust Recommendations

Belfast Trust

1. Belfast Trust should define what constitutes a review of the risk status and ensure that the recording of this information is consistent across the trust.

Northern Trust

2. Northern Trust should define what constitutes a review of the risk status and ensure that the recording of this information is standardised across the trust.

3. Northern Trust should devise clear protocols around the sharing of confidential information and ensure these are shared with all staff.

4. Northern Trust CAMHS should comply with the requirement of the guidance to use FACE.

South Eastern Trust

5. South Eastern Trust should develop a checklist to ensure that an individual's human rights are fully considered in all aspects of risk assessments and care plans.

Southern Trust

6. Southern Trust should investigate the views expressed amongst community staff about pressures of workload and develop a strategy to proactively manage this safely.

Western Trust

7. Western Trust should conduct an audit in mental health services regarding adherence to PQC processes and guidance, which should include the accuracy of documentation used, staff attitudes and views and service user feedback.

8.0 Overall Conclusions from the Review

Professional staff are increasingly called to justify and account for their judgments concerning safeguarding and how they promote the welfare of those at risk of harm to themselves or others. The significant challenge to professionals is that of making decisions around potential risks, balanced with the need to promote autonomy.

RQIA was commissioned to audit the compliance by trusts with the DHSSPS Promoting Quality Care Guidance issued in May 2010. The review team examined the following areas as part of this review. The use of risk tools, the types of protocols and procedures in place to support the implementation of the guidance, the supports offered to staff following SAIs, staff views regarding positive risk taking, availability of training, and the extent of collaborative working in the development of an audit tool. The reporting by trusts of their compliance with the PQC guidance to the HSC Board was also examined.

The fieldwork for this review commenced in February 2012. This section of the report sets out the conclusions of the review team in relation to the five agreed terms of reference.

8.1 Protocols and Procedures

The review team found that Promoting Quality Care guidance is well embedded in practice, with some trusts having more detailed supporting policies and procedures than others. Work has commenced on the introduction of an electronic recording system which should help to solve issues around distribution, access and use of multiple forms. This brings with it challenges around data protection and protection of patient information. This matter still requires to be addressed by the HSC Board along with trusts.

The review team noted varying comments from trust staff about their ability to deliver and promote good quality care and a variance in working practices and service delivery was noted across professional teams. The Royal College of Psychiatrists continue to express difficulty with aspects of the guidance. This matter requires to be addressed by the HSC Board and trusts, if the guidance is to be implemented effectively by all practitioners. Many good practice examples were noted across trusts which, if shared, could be developed regionally to improve the quality of services provided.

8.2 Standardised Documentation

RQIA undertook an audit of 200 files across five trusts in the five specialist areas of: mental health, learning disability, addiction services, CAMHS and forensic services. The review team concluded that all trusts are using the standard documentation with some minor variances. Some trusts were using older (May 2009) versions of the forms which did not contain all the relevant fields. Other staff are still not completing the documentation fully. A lack of timely sharing of information and uncertainty as to whether the risk assessment tools fully support positive risk-taking was raised as a concern by some staff. Risk summary sections were always completed on the

assessments audited. The introduction of an electronic recording system should help negate any inconsistencies in recording as all the fields will be required to be completed.

8.3 Appropriate Training for Staff Regarding the Use of Risk Assessment Tools

Across the five trusts, the review team heard repeated comments that Promoting Quality Care training was more focused on raising awareness of the policy and completion of forms, but it lacked the more practical application of how staff should manage risk on a day-to-day basis. Numerous examples were identified across all trusts of staff requesting further training in their assessment and management of risk. This indicates that a significant gap still exists in the training provided for staff. There may have been a lack of clarity about the guidance which permitted misplaced expectations on what the PQC training was meant to deliver; or alternatively there was a failure across all services to define clearly their on-going learning and skills development requirements. More clinically focused training, with the responsibility on individuals and teams to identify their training needs in their internal trust multidisciplinary meetings would be helpful. The review team suggest that service users and carers should continue to be involved in delivering training to practitioners and in future service redesign and audit of existing practices. This would help in the promotion of a recovery ethos and in the on-going development of good practice.

8.4 Level of Collaborative Working to Develop Audit Tools to Assess Compliance with PQC Guidance

A regional group was set up involving trust representatives who met quarterly during 2011 to discuss common responses to challenges posed by particular aspects of the PQC Guidance. A regional audit tool to measure trusts compliance with PQC guidance has not yet been developed. The HSC Board has provided funding to each trust to help progress the development of electronic systems. The Southern Trust had pioneered a pilot of the electronic version of the tools. The review team supports the continued sharing of the learning across the other trusts which should be reviewed by the HSC Board for effectiveness before being rolled out regionally.

Key personnel from all trusts supported by the HSC Board, should produce a short regional guidance document on expected practice with regard to completion of Brief Risk Screening and a Comprehensive Risk Assessment and Management Plans. The encouragement of positive risk-taking and the use of these tools to support decision making, including the use of clinical judgement and permission to use discretion with regard to obtaining signatures on forms requires to be covered in the guidance. A lack of clarity was evident in these particular areas across all five trusts.

Several examples of good practice were noted in different trusts that could act as exemplars of best practice in these areas. An opportunity exists for the HSC Board in collaboration with the trusts to share best practice and solutions and it would be helpful if a regional workshop could be held to help promote an improvement in outcomes for service users.

8.5 Reporting by Trusts on Compliance to the HSC Board

The concerns raised around the implementation of PQC were reported by the trusts, at an HSC Board learning event held in September 2011 and an action plan was subsequently disseminated to trusts. The trusts reported that no formal mechanism has, as yet, been put in place by the HSC Board to report on their compliance with the elements contained in the guidance. No specific information had been returned by trusts to the HSC Board at the time of this review.

The review team considers that positive risk-taking would be better understood if described as an approach that promotes the taking of risks as a deliberate and planned strategy designed to enhance the health and wellbeing of service users. However, as this review demonstrates, getting the balance right between risk and safety will always remain a difficult challenge for staff. Trusts should continue to foster risk literacy among service users, practitioners, carers and other associated professionals in order to promote the acceptability of positive risk taking.

As the review team engaged with staff across trusts, it became apparent that there was a widely held view that a further review should be considered by the DHSSPS in consultation with the HSC Board and trusts of the PQC Guidance, and the following matters should be reinforced :-

a. The definition of positive risk-taking that emphasises that the activity of taking risks should be based on clearly identified positive outcomes.

b. That practitioners should document when they choose not to use the comprehensive risk assessment and record their reasons for this.

c. The requirement to complete the Information Sources section contained in the forms.

d. The appropriateness of using clinical judgement and flexibility with regard to the need to obtain signatures on forms.

e. Develop a user friendly version of the PQC risk assessment tools, to share with service users when required.

This review would help trusts in their assessment and management of risks with service users, and in the quality of the completed risk documentation in line with the guidance.

PQC Guidance states that “Individual practitioners must be confident to make positive risk management decisions within a supportive organisational culture;” and “services must strive to achieve positive risk management.” The review team found many examples of positive support for staff particularly following serious adverse incidents. Some staff would benefit from additional information on the types of support available to ensure practitioner confidence in delivering sound defensible risk decisions. It is vital that all trusts provide consistency of understanding in

respect of positive risk taking and promote further the examples of good practice shared during the review visits.

The practice of risk taking to achieve positive outcomes is integral to support patients in their recovery journey. This recovery ethos is in differing stages of evolution in terms of practice across the five trusts. The Bamford review recommendations which support service user empowerment, risk taking for positive outcomes, and use of least restrictive options for treatment must continue to be at the heart of the delivery of all community based services.

The review team would like to take this opportunity to thank staff from all trusts and service users who engaged with the review team and shared their experiences and reflections around the implementation of the Promoting Quality Care Guidance.

9.0 List of Abbreviations

ASIST	Applied Suicide Intervention Skills Training
ASW	Approved Social Worker
Belfast Trust	Belfast Health and Social Care Trust
BRST	Brief Risk Screening Tool
CAMHS	Child and Adolescent Mental Health Team
CAUSE carers	Peer-led charity directed and staffed by past and present
CFMHS	Community Forensic Mental Health Services
CLDN	Community Learning Disability Nurse
CMHT	Community Mental Health Team
CPN	Community Psychiatric Nurse
CRA	Comprehensive Risk Assessment
CRHTT	Crisis Response Home Treatment Team
DHSSPS	Department of Health Social Services and Public Safety
FACE	Functional Assessment of the Care Environment
GP	General Practitioner
HSCB	Health and Social Care Board
HCR20	Historical Clinical Risk 20
HMP	Her Majesty's Prison
HTT	Home Treatment Team
IPDEW	International Personality Disorder Evaluation
ISO	International Organisation for Standardisation
MDT	Multidisciplinary Team
NIAMH	Northern Ireland Association of Mental Health

Northern Trust	Northern Health and Social Care Trust
PQC	Promoting Quality Care
RCPsych	The Royal College of Psychiatrists
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incidents
South Eastern Trust	South Eastern Health and Social Care Trust
Southern Trust	Southern Health and Social Care Trust
SpR	Specialist Registrar
STORM	Suicide Prevention Training
SU	Service User
SVR20	Sexual Violence Risk 20
UNOCINI	Understanding the Needs Of Children In Northern Ireland
UCSIG	Mental Health Service User and Carer Service Improvement Group
VA	Vulnerable Adults
Western Trust	Western Health and Social Care Trust
WRAP	Wellness and Recovery Action Plans

10.0 Appendix A

Other Related Reviews Relevant to Promoting Quality Care Guidance

Bamford, A review of policy, practice and legislation relating to Mental Health and Learning Disability was commissioned by DHSSPS in October 2002. The review concluded in August 2007 and produced ten reports that detailed the vision for supporting people with mental health and learning disability for improving services and promoting mental health and wellbeing at all levels of society. The review supported service user empowerment, risk taking for positive outcomes, and less restrictive options for treatment.

The DHSSPS response to Bamford 'Delivering the Bamford Vision' (2008) stated, "the Northern Ireland Executive accepts the thrust of the recommendations," and set out proposals to take the recommendations forward over the next 10 - 15 years.

Other related work streams within the DHSSPS and wider strategic context which are important to consider in relation to this review are:-

- The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011.
- Development of the 2nd action plan for implementation of Bamford Review of Mental Health and Learning Disability
- Draft Mental Capacity (Health, Welfare and Finance) Bill
- Joint working initiatives with Criminal Justice Inspectorate to support people with mental illness in prison.
- Review of the Evidence Base for Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy Final Report January 2010
- The Service Framework for Mental Health and Wellbeing 2011

Appendix B Brief Risk Screening Tool

RISK SCREENING TOOL

NAME		DOB		DATE		TIME	
Outpatient / community		Inpatient (insert Hosp No.)		*Voluntary*		Detained	

INFORMATION SOURCES AVAILABLE / ACCESSED ON COMPLETING RISK HISTORY		
Key Worker / Team Leader	Specify:	
Service user	Specify:	
Clinical notes	Specify:	
General Practitioner (GP) via referral	Specify:	
General Practitioner (GP) direct/ by telephone	Specify:	
Carer / relative	Specify:	
Police / probation services	Specify:	
Other (Please Specify)	Specify:	

PLEASE PROVIDE DETAILS UNDER EACH HEADING (HISTORICAL AND CURRENT)

SELF HARM / SUICIDAL BEHAVIOUR

Yes		No		Unknown	

ALCOHOL/SUBSTANCE MISUSE

Yes		No		Unknown	

If there is history of drug use, ever injected not under instruction of doctor Yes No Unknown

NEGLECT AND VULNERABILITY

Yes		No		Unknown	

CHILS CARE AND VULNERABLE ADULT ISSUES (Specify arrangements for Children)

Yes		No		Unknown	

PHSYICAL IMPAIRMENT (e.g. medical/ sensory)						
	Yes		No		Unknown	
DISSOCIAL OFENDING BEHAVIOUR						
	Yes		No		Unknown	
VIOLENCE &AGGRESSION						
	Yes		No		Unknown	
POTENTIAL DISENGAGEMENT/LOSS OF CONTACT/NON-COMPLIANCE/ABSCONDING						
	Yes		No		Unknown	
AREAS IDENTIFIED FROM MENTALSTATE ASSESSMENT						
	Yes		No		Unknown	
OTHER INDICATORS OF RISK						
	Yes		No		Unknown	

COLLATERAL HISTORY / RELATIONSHIP TO SERVICE USER		
SUMMARY OF ACTIVE RISK		
SUMMARY OF PROTECTIVE FACTORS		
IMMEDIATE MANAGEMENT PLAN OF IDENTIFIED RISK ACTION	Name of Person(s) responsible	Signed:

CONTINGENCY ARRANGEMENTS
FURTHER ACTION NECESSARY Discuss with Multidisciplinary Team ☐ Comprehensive Risk Assessment ☐ Specialised Risk Assessment ☐ Keep under review ☐ No further action required ☐
DISTRIBUTION Service user ☐ Key Worker ☐ Other ☐ (specify) _____

Service User's signature: _____ Date: _____ Refused to sign ☐

Where signature refused, indicate reason _____

Signature: _____ Date: _____

Designation _____ Contact Tel No: _____

Signature: _____ Date: _____

Designation _____ Contact Tel No: _____

On inpatient admission - to be completed jointly by the admitting Doctor and nurse in consultation with the Family/Carers and others (if in attendance at time of admission).

Appendix C Comprehensive Risk Assessment

COMPREHENSIVE RISK ASSESSMENT AND MANAGEMENT TOOL

NAME		**DOB**		**DATE COMPLETED**		**TIME**	
Outpatient/ community		**Inpatient (insert Hosp No.)**		***Voluntary***		**Detained**	

THOSE CONTRIBUTING TO RISK ASSESSMENT AND MANAGEMENT PLAN

NAME	**ORGANISATION/ RELATIONSHIP**	**COPY SUPPLIED**

FOR EACH HEADING WHERE RISK IDENTIFIED THROUGH SCREENING, PLEASE PROVIDE DETAILS (HISTORICAL AND CURRENT) (expand/delete sections below as necessary)
SELF HARM / SUICIDAL BEHAVIOUR
ALCOHOL/SUBSTANCE MISUSE (including injecting drug use)
NEGLECT & VULNERABILITY
CHILD CARE AND VULNERABLE ADULT ISSUES (Specify arrangements for care of any dependent children)
PHYSICAL IMPAIRMENT (e.g. medical/ sensory)
DISSOCIAL & OFFENDING BEHAVIOUR
VIOLENCE & AGGRESSION
POTENTIAL DISENGAGEMENT / LOSS OF CONTACT / NON COMPLIANCE / ABSCONDING
AREAS IDENTIFIED FROM MENTAL STATE ASSESSMENT
OTHER INDICATORS OF RISK

SUMMARY OF PROTECTIVE FACTORS

Overall Risk Summary		
Management Plan of Identified Risk Needs	**Intervention**	**Name of Person(s) responsible**
Contingency Plan **Scenario (including Relapse Signatures)**	**Intervention**	**Name of Person(s) responsible**

Service User's signature: _____ **Date:** _____ **Refused to sign** ☐

Where signature refused, indicate reason _____

Signature: _____ **Date:** _____

Designation _____ **Contact Tel No:** _____

Signature: _____ **Date:** _____

COMPREHENSIVE RISK ASSESSMENT TOOL – RECORD OF REVIEWS

NAME		DOB	

DATE/ TIME	UPDATE/ CHANGE IN RISK	ALTERATION TO RISK MANAGEMENT PLAN	LEAD RESPONSIBILITY	Signed:

Appendix D

Adult Mental Health Regional Implementation Group Action Plan March 2012

Ref.	Issue	What needs to be done	Lead Person
1.1	Care co-ordinators – in some trusts they are stand-alone posts in others the team leaders have taken on this role	This difference is acceptable	No action
1.2	PQC has been implemented in Adult Mental Health but there may be some specialist teams in the community which are not yet compliant	All specialist teams are now compliant	No action
1.3	In two trusts the comprehensive risk assessment is required for all service users on admission to Acute in-patient. In the other trusts it is often completed , though not required	SHSCT are reviewing this approach BHSCT are not reviewing this at present	Named professional identified No action
1.4	The quality of information in the forms is variable and parts of it may be incomplete	It is hoped that the electronic version will assist with this issue	No action
2.1	Service users – are concerned about the focus on risk assessment (not safety) and they feel that risk assessment is ***done to*** them.	The language of PQC enables a positive approach to its use. It was agreed that trusts needs to work on this aspect	All trusts
2.2	Change the language – to Safety Plan with an emphasis on Recovery and Promote Quality Care.	The comprehensive tool could be called a safety plan	DHSSPS
2.3	The mental health assessment should be completed first and the info should be taken and put on risk tool.	Staff need to engage with the service user, complete their assessment and then complete the electronic brief screening tool from the information gathered	All trusts
3.1	Approved Social Workers across the region use different documentation	ASWs to use brief screening tool	DHSSPS to raise with ASW regional group
3.2	The risk assessment is appropriate for patients in hospital and with CRHT but there is a query on its use with all patients/service users given	Agreement that the electronic brief screening tool is necessary for all	No action

	the current work pressures		
4.1	There are significant problems with communication and information flow - this results in a number of risk assessments being completed by different parts of the service instead of one assessment	Electronic version should assist with this issue	No action
4.2	If there is one risk assessment tool and it changes; how do you update?	This will be updated through the electronic system	No action
4.3	If a comprehensive risk assessment has been completed will it follow a person forever?	It will remain on the system, unless specifically removed	No action
5	When risks are identified there can be restrictions on availability of accommodation	Trusts continue to build relationships with housing providers to enable understanding of risk issues	No action
6.1	Why have a separate tool?	The Adult Mental health group question this too. Have the number of SAIs decreased with this approach?	HSC Board to review
6.2	The National Confidential Inquiry stated that there is too much emphasis on forms and they would want a focus on better mental health assessment	The group agree with this point of view and are working with staff to focus on assessment of need, with risks included therein	All trusts
6.3	There is considerable time taken for completion of the tools	This will be reduced through use of the electronic version	No action
	There is limited info from GPs who are expected to contribute to the initial screening.	The new GP referral form includes risk assessment which will improve this	No action
6.5	The retrospective application of the initial screening tool, for existing service users is particularly onerous for Community Mental Health Teams with their large caseloads	This remains a problem, particularly for medical staff who have large out-patient only lists. It is expected that the electronic referral will assist.	No action
New issues not raised within the learning event			
	Differences within Trusts regarding interpretation of the threshold for enhanced support	This remains a problem to be resolved.	All trusts
	RQIA review fieldwork is now complete	Once published the learning from the report should be shared across the Region	RQIA to issue
	Integrating PQC with Vulnerable Adults work	SOS care approach may assist with this	Await new system

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