The Regulation and Quality Improvement Authority

Review of assessment and management of risk in adult mental health services in health and social care (HSC) trusts in Northern Ireland

**Overview report
RQIA – March 2008**

Contents   Page

ACKNOWLEDGEMENTS

The Regulation and Quality Improvement Authority (RQIA) acknowledges the contribution to the development of the methodology used within the clinical and social care governance reviews. This assistance was provided by NHS Quality Improvement Scotland (NHS QIS), local reference groups consisting of representatives from health and social care (HSC) trusts and an external virtual assurance group who assisting in refining the new proforma.

The RQIA wishes to acknowledge the commitment and contribution made by peer and lay reviewers in carrying out the reviews. The RQIA also expresses its thanks to the trust affiliates for ensuring that self-assessments were completed and returned, for collating the core evidence and for liaising with RQIA project managers in preparation for review visits.

The RQIA also acknowledges the full cooperation of staff at all levels within those organisations reviewed.

EXECUTIVE SUMMARY

The review of the arrangements in place for assessing and managing risk within adult mental health services has proven to be a valuable and challenging process, which was undertaken during a time of significant change within health and social care structures.

The findings from this review demonstrate how the concepts and practices of risk management are being taken forward and provide a baseline against which progress can be assessed in the future.

The recommendations made both within individual HSC trust reports and this overview report are underpinned by the DHSSPS Discharge Guidance (2004)[1], the McCleery Report[2] recommendations and other relevant Serious Adverse Incident (SAI) review findings and recommendations.

Based on the findings from this review, the RQIA recognises that work remains outstanding within all HSC trusts to ensure that the fundamental principles that underpin effective assessment and management of risk within adult mental health services are in place. In particular, trusts should:

- continue to develop policies and procedures that actively engage service users and their carers in the planning, delivery and evaluation of mental health services

---

[1] Discharge from Hospital and the Continuing Care in the Community of People with a Mental Disorder who could represent a Risk of Serious Harm to Themselves of 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)

- develop information systems which ensure that details of staff attendance at training events is captured and provides assurance that all staff receive relevant training on a regular basis
- ensure that training on child protection, adult protection, the management of aggression, the DHSSPS discharge guidance and the McCleery Report recommendations is provided to all staff and volunteers working in adult mental health services
- ensure that SAIs are consistently reported in accordance with the DHSSPS and Mental Health Commission guidelines and with the Quality Standards[3]
- ensure full compliance with the DHSSPS Discharge Guidance (2004) and full implementation of the McCleery Report recommendations.

In response to the review findings, the RQIA will undertake timely follow-up to ensure that the specific recommendations in individual HSC trust reports and the overarching recommendations in this overview report have been implemented.

The findings from this review and any subsequent follow-up will be shared with the Northern Ireland Minister for Health, Social Services and Public Safety and made available in the context of open reporting.

1 SETTING THE SCENE

1.1 Regulation & Quality Improvement Authority - Role & Responsibilities

The RQIA is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the DHSSPS, with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 places a statutory duty of quality on Health and Social Care (HSC) organisations, and requires the RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

In order to fulfil its statutory responsibilities, the RQIA has developed a planned programme of clinical and social care governance reviews of mental health services within HSC organisations in Northern Ireland. The RQIA will also carry out commissioned reviews at the request of the DHSSPS.

Clinical and social care governance is described as a framework within which HSC organisations can demonstrate their accountability for continuous improvement in the quality of services and for safeguarding high standards of

---

[3] The Quality Standards for Health and Social Care (DHSSPS, 2006)

care and treatment. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care.
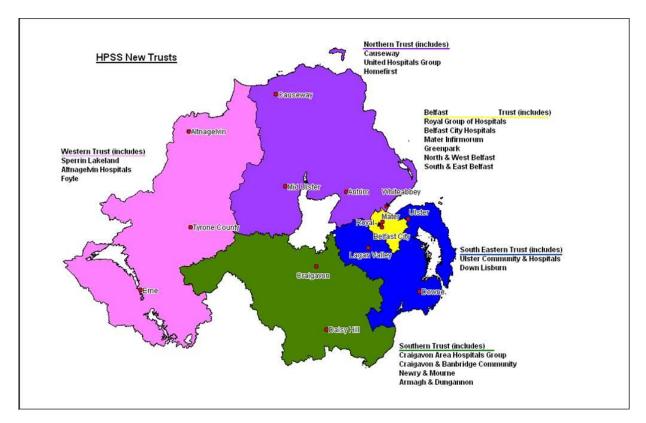
Table 1:   Geographical Overview of HSC Trusts Reviewed

1.2   Assessment & Management of Risk in Adult Mental Health Services

This review of adult mental health services in Northern Ireland was undertaken by the RQIA during September and October 2007 in all 5 HSC trusts noted above.

The review examined existing policies and standard operating procedures within trusts for the assessment and management of risk and how these were being implemented.

The scope of the review included general adult mental health services in hospital and community settings, including services for co-morbid substance misuse and functionally ill elderly, but did not include dementia services. Learning disability and specialist mental health services (e.g. Child and Adolescent Mental Health services (CAMHS), brain injury, and specialist substance misuse services) were not considered within this review.

The review was carried out in response to a request from the DHSSPS risk management steering group for independent assurance that trusts have appropriate risk assessment and management procedures in place which are in keeping with the McCleery Report recommendations and the DHSSPS Discharge Guidance (2004). The steering group comprised senior DHSSPS, board and trust personnel and was constituted to develop multi-disciplinary regional standards for good practice in risk assessment and management within adult mental health services. Through this review, the RQIA provided baseline information to the steering group on the work currently ongoing within HSC trusts.

Following legal proceedings into the manslaughter committed by a psychiatric patient in 2005, the Eastern Health and Social Services Board (EHSSB) commissioned an independent enquiry to review the circumstances surrounding Mr Paul McCleery's admission, treatment and discharge from the psychiatric unit at Lagan Valley Hospital.

Mr Paul McCleery was a patient in the psychiatric unit at the Lagan Valley Hospital (formerly Down Lisburn Trust and now part of the Southern HSC Trust) when he absconded on 6 February 2003 and did not return. Mr McCleery was admitted to the unit two weeks earlier as a voluntary patient following his arrest in a shopping centre when he had pulled out a pocket-knife and made threats against police officers.

Mr McCleery had five previous psychiatric in-patient admissions and had been detained under the Mental Health Order (1986) during three of these admissions. In February 1996, a diagnosis was made of 'paranoid schizophrenia'.

Following his abscondment, it was established that Mr McCleery had gone to Scotland where he was subsequently joined by his girlfriend Ms Sharon Moore. Mr McCleery was discharged from the Lagan Valley Hospital in his absence with planned follow-up through an out-patient appointment. Mr McCleery and Ms Moore returned to Northern Ireland two to three weeks later. On 9/10 March 2003, Mr McCleery fatally stabbed Ms Moore.

The inquiry panel published their report (known as the McCleery Report) on 11 May 2006 and raised a number of concerns about best practice and made 48 recommendations to the EHSSB, the Down Lisburn Trust and the DHSSPS. These recommendations provide a baseline for this review.

This review examined how effectively these recommendations have been implemented within HSC trusts. Detailed findings were presented to individual HSC trusts and an overview of key findings are discussed within this report in section 3.6.

The fundamental principles that underpin effective assessment and management of risk in mental health services are based upon positive risk management, collaboration with service users/carers and the preparedness of organisations and individual practitioners.

This review focused on the key issues in relation to policy and procedural development and the relevant areas of training for staff in risk assessment and management.

1.3   THE REVIEW METHODOLOGY

The RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, organisations need to have effective systems, which can identify performance standards and support the learning necessary for improvement.

1.3.1 The Review Team

Review teams were multidisciplinary, and included both health and social care professionals (peer reviewers) and members of the public (lay reviewers) who have undertaken training as reviewers provided by the RQIA.

Lay reviewers came from a range of backgrounds and from all over Northern Ireland. Each played a vital role in review teams, bringing new insights and providing a lay person's perspective on all aspects of the provision of health and social care services.

Peer reviewers work at a senior level in both clinical and non-clinical roles in HSC organisations. For this review, they had particular expertise in the areas of mental health, child/adult protection and governance and possessed a commitment to improving health and social care.

Review teams were managed and supported by RQIA project managers and project administrators.

There was an identified leader for each review team who worked closely with the RQIA project manager during the review to guide the team in its work and ensure that team members were in agreement about the assessment reached.

1.3.2 The Review Process

The review process had three key elements; self-assessment (including completion of self declaration), pre-visit analysis and the validation visit by the review team.

1.3.3 Self-Assessment

Self-assessment is based on the statutory duty of quality as enshrined in the *Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003* and the underpinning requirements for HSC organisations to self-assess their progress against the *Quality Standards for Health and Social Care*. Self-assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally.

The methodology adopted within this review required trusts to complete self-assessment proforma and return this information to the RQIA for analysis. This was followed through validation visits by peer and lay reviewers. The questions asked within the self-assessment proforma were designed specifically by the RQIA to capture relevant information and provide an opportunity for trusts to present evidence of compliance with the DHSSPS Discharge Guidance (2004) and implementation of the recommendations from the McCleery Report.

In responding to the questions contained within the proforma, trusts were asked to make a graded assessment against the following compliance measurement:

Table 2:   RQIA Compliance Measurement Scale

1. **No plans to implement**
2. **Multidisciplinary discussion is underway**
3. **Has been agreed by Trust Board**
4. **Disseminated to staff but further work is necessary to ensure compliance**
5. **Fully Compliant**

Article 34 of the *Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*, places a statutory duty of quality on statutory organisations to 'put and keep in place arrangements for the purpose of monitoring and improving the health and personal social services that it provides to individuals; and the environment in which it provides them'. In meeting this legislative responsibility, the trust chief executive signed a declaration confirming the accuracy of the self-assessment return to the RQIA.

1.3.4 Pre-visit Analysis of Self-Assessment

Self-assessment proforma and supporting evidence documentation were analysed by the RQIA review team prior to the validation visits. The relevant information was collated onto an information system with commentary on the quality of information. Evidence outlined in narrative on an analysis framework, was then used by the review teams during the validation visits.

1.3.5 The Review Visit

Review teams validated trust self-assessment returns during the review visits. Based on the initial analysis, review teams used a semi-structured interview schedule in relevant clinical and non-clinical areas. Enquiry was directed at staff, service users and their carers and centred on group and one-to-one interviews.

Reviewers also examined clinical and non-clinical records, relevant policies, procedures and protocols and directly observed clinical and non-clinical environments.

Initial feedback from the review team was given to the organisation at the end of each review visit outlining the findings of the review under the headings: strengths, challenges and exemplars.

1.3.6 The Report

Following each review visit, the RQIA project manager drafted trust specific reports detailing the findings of the review team and recommendations for improvement. The draft reports were sent to the review team for comment, and then to the organisation to check for factual accuracy.

On agreement of the review report findings and recommendations, the RQIA compiled an overview report for the DHSSPS and the general public on the overall findings of the review across all 5 HSC trusts.

This overview report is available is on the RQIA's website and in other formats on request.

2   SERVICES WITHIN TRUSTS

At the time of the review, the new health and social care trusts in Northern Ireland were in the very early stages of development following the merger of legacy trusts. These mergers created a considerable challenge for organisations in the development of trust-wide policies, procedures and systems.

Services were to a large extent still organised along legacy trust lines. The self-assessment information returned by trusts generally reflected this approach and as a consequence, findings are at times described in terms of these structures. The Belfast HSC Trust submitted information across a range of in-patient and community based services. To allow a regional comparison to be made, the lowest level of reported compliance by the Belfast HSC Trust has been used within section 3 (key findings) of this report.

2.1 GENERAL OVERVIEW OF SERVICES

Across all trusts, reviewers were generally impressed with the caring, conscientious and open approach of staff to the vulnerable people in their care and the loyalty shown to the employing trust.   Staff demonstrated commitment and dedication to providing the best and safest care possible and were cooperative and helpful in providing information to reviewers.

Service users who spoke with reviewers were, in the main, complimentary of staff and of the care being provided.

As this review focused on the arrangements in place for the assessment and management of risk in adult mental health services, reviewers did not overly focus on environmental issues. It is acknowledged however, that within individual trust reports, mention has been made of specific issues relevant to reviewers' findings.

The development of services in response to the recommendations of the Bamford Review[4] was found to be sporadic and at times inconsistent. While the scope of this review did not extend to consideration of the impact of the modernisation of services in response to the Bamford Review recommendations, the lack of a standardised approach was evident to reviewers throughout this review.

RECOMMENDATION:

The DHSSPS should undertake a review of the current models of service provision and develop a regional approach that is standardised and consistent with the recommendations of the Bamford Review.

---

[4] The Bamford Review of Mental Health and Learning Disability Services in Northern Ireland (DHSSPS, 2002)

3   KEY FINDINGS

3.1   Involvement of Service Users and Carers

Public and service user involvement is one of the fundamental principles which underpin *The Quality Standards for Health and Social Care.* The views and experiences of service users, carers, staff and local communities should be taken into account in the planning, delivery, evaluation and review of services.

Belfast Health & Social Care Trust
There was good evidence across all trust mental health services of service user and carer involvement. At the time of the review, a service user consultant post was being advertised which represented a unique initiative in Northern Ireland.

Northern Health & Social Care Trust
The trust does not have a service user and carer involvement policy in place, although senior managers were able to demonstrate to reviewers how service users have been enabled to be involved in policy development. A public advisory group is involved with the Holywell Hospital management team in the strategy planning and development of new services. Examples were provided of how service users helped shape services such as *The Oasis* coffee shop. Reviewers were advised during site visits to Whiteabbey Hospital that there was no mechanism in place to obtain feedback from service users on their experiences of the care provided.

South Eastern Health & Social Care Trust
A mental health alliance of service users and carers exists within the trust. Due to prior commitments however, no service users or carer representatives were available to meet with the review team at the Downshire Hospital. At the Lagan Valley Hospital, the review team were not satisfied that there was active involvement of users and carers in the planning and evaluation of services. At the psychiatric unit in Ards Hospital, reviewers were satisfied with the examples of good practice in relation to the operational involvement of service users and carers.

Southern Health & Social Care Trust
The Assistant Director for Health and Wellbeing has been tasked with the development of service user involvement strategies, including monitoring, feedback and action planning to encourage public involvement. Service user and carer forums are operational within some areas of the trust although the actual involvement of service users and their carers is variable. Service users and carers are involved in the *Mind the Gap Project at* Craigavon psychiatric unit and in the ongoing evaluation of home treatment at St Luke's Hospital. Reviewers noted that while patients were given opportunity to voice concerns during impromptu meetings in the Craigavon psychiatric unit, this appeared to be driven by the needs of the service rather than service users.

Western Health & Social Care Trust
The Trust has yet to formalise the involvement of service users and carers at a strategic level to ensure a more patient centred approach to the planning and implementation of mental health services. An *Acute Care Forum* is in place and reviewers were able to evidence service user and carer involvement in the development and improvement of practice. However, those carers who met with reviewers expressed a desire for greater inclusion in relation to admission and discharge processes.

3.2   Advocacy Arrangements & Voluntary Sector Involvement

In 2003, a review was undertaken by the Northern Ireland Human Rights Commission examining the human rights issues associated with mental health law and practice. In *Connecting Mental Health and Human Rights*[5], the authors noted that 'there is no right to representation or advocacy under the Order and people are not automatically offered or allocated a lawyer or advocate'. The report concluded that the need for advocacy and voluntary sector involvement in mental health services is critical to ensure that the human rights of service users are fully upheld through all aspects of the care pathway, which for some service users may be life-long.

Belfast Health & Social Care Trust
The trust highlighted it's commitment to using advocacy services and reviewers evidenced this during site visits. Advocacy services are provided by a range of organisations that include the Northern Ireland Association for Mental Health (NIAMH), Carers and Users Support Enterprise (CAUSE), Bryson House, Voice of Young People in Care (VOYPIC), and the Chinese Welfare Association.

Northern Health & Social Care Trust
Independent advocacy services are available throughout the trust and a service level agreement is in place with the NIAMH although this service is not available out-of-hours. During site visits, reviewers observed posters for the mental health charity Rethink and the Citizens Advice Bureau (CAB). Weekly CAB clinics take place in the acute admission units of Holywell Hospital.

South Eastern Health & Social Care Trust
The trust indicated that independent advocacy arrangements are in place for all mental health service users. Reviewers observed that posters and leaflets advising service users about advocacy services were readily available and staff reported that service users are informed about advocacy services on admission and throughout their treatment. At Ards Hospital, reviewers observed good partnership working between advocates and staff, however, due to the variety of advocacy services available, staff were not always clear about which service was best for particular service users. At Lagan Valley Hospital, a number of staff

---

[5] Connecting Mental Health and Human Rights (Northern Ireland Human Rights Commission, 2003)

interviewed were unable to provide information in relation to the advocacy services available.

Southern Health & Social Care Trust
A number of voluntary sector organisations are involved in partnership working with the trust, for example, Praxis and NIAMH. Reviewers noted this involvement was through service user advocates and carer representatives. However advocacy arrangements did not always extend to community services.

Western Health & Social Care Trust
Advocacy services are provided to relatives and carers of people with mental health problems by the peer-led mental health charity, CAUSE. A service user group *Heads Together* represents the general views of service users and representatives from this group are key members on the *Acute Care Forum* and other relevant committees. Reviewers also evidenced the involvement of a number of self-help organisations, for example, *Foyle Advocates* and *Mind Yourself* which are led and run entirely by adults who have used mental health services and provide support for people to facilitate their own recovery.

Discussion and Recommendations

Review team members met service users, carers and advocates in a number of ways that included individual and group interviews, incidental discussion during site visits and formal meetings. While reviewers were able to evidence that service users and carers were engaged in a variety of ways within all trusts, their participation in the delivery and evaluation of services was very limited. There was also, in the main, an absence of corporate policies in relation to service user and carer involvement.

Trust self-assessment returns and the evidence obtained by reviewers through on-site visits indicate that partnership working with a range of different groups and advocacy services is in place across all trusts. In a number of settings however, these arrangements require further development.

RECOMMENDATIONS:

In addressing *The Quality Standards for Health and Social Care*, HSC trusts should continue to develop policies and procedures that actively engage service users and their carers in the planning, delivery and evaluation of mental health services.

Trusts should develop clear service user and carer involvement strategies for mental health services that set out how service users, carers, volunteers, staff and local communities can be actively involved in the planning, delivery, evaluation and review of mental health services.

3.3 Key Training for Staff and Volunteers

Recommendations from a number of SAI reviews have highlighted a need for staff training, not only on the use of risk-assessment tools but also in relation to child protection and adult protection. HSC trusts were asked to submit information in relation to:

- Child protection training
- Adult protection training
- Management of challenging behaviour and aggression training
- Training on the management of untoward incidents
- Volunteer training

Information returned from the five HSC trusts reviewed in relation to key training was limited which made it impossible to make direct comparisons across trusts in respect of the numbers and percentages of staff trained.

Other aspects of training on specific risk methodologies, for example, root cause analysis, will be considered in response to trust compliance with the McCleery Report recommendations.

3.3.1 Child Protection Training

Area Child Protection Committees' Regional Policy and Procedures[6] state, 'effective child protection depends on the knowledge and judgement of all staff working directly with children and those who provide guidance, supervision and direction. It is important therefore that staff in direct contact with children and those in supervisory and management positions receive relevant training. Training should be tailored to meet the needs of different staff'. In *Cooperating to Safeguard Children*[7], three levels of training are detailed to meet the needs of staff, based on their roles and responsibilities. These are described as follows:

Table 3: Stages of Child Protection Training

Stages of Child Protection Training	
Stage One	Introduction to the safeguarding of children, having regular contact with children and/or parents
Stage Two	Foundation training for staff working with children and families where there may be a high risk of significant harm, but the staff are not involved directly in child protection services
Stage Three	Specialist training for staff directly involved in investigation, assessment and intervention to protect children considered to be at risk of significant harm

[6] Area Child Protection Committees' Regional Policy and Procedures (DHSSPS, 2005)
[7] Cooperating to Safeguard Children (DHSSPS, 2003)

In applying this guidance, there is an expectation that, at a minimum, all staff working in adult mental health services should be trained to stage one. Training at stages two and three should be provided to staff working in more specialist areas. The provision of dedicated child protection training is essential for the provision of safe and effective adult mental health services.   Within this review, trusts were asked to provide information on the numbers of staff who received formal child protection training over a three year period (2004–2007). This information is presented in table 4 as follows:

Table 4 - Child Protection Training in Adult Mental Health Services

Child Protection Training	2004 - 2005 Number of staff trained	2005 – 2006 Number of staff trained	2006 - 2007 Number of staff trained
Stage One			
Belfast HSC Trust	0	9	61
Northern HSC Trust	138	275	301
South Eastern HSC Trust	27	43	27
Southern HSC Trust	27	50	50
Western HSC Trust	1	28	149
Stage Two			
Belfast HSC Trust	22	14	9
Northern HSC Trust	385	154	78
South Eastern HSC Trust	10	15	24
Southern HSC Trust	0	0	0
Western HSC Trust	0	12	11
Stage Three			
Belfast HSC Trust	0	0	0
Northern HSC Trust	77	221	239
South Eastern HSC Trust	0	0	14
Southern HSC Trust	0	0	0
Western HSC Trust	6	19	2

Access to and availability of child protection training within adult mental health services has been very limited. With the exception of the Northern HSC Trust, the information returned demonstrated extremely low levels of access to child protection training, although over the three-year period, an increasing commitment is evident.

3.3.2 Adult Protection Training

The *Regional Adult Protection Policy and Procedural Guidance*[8] states that the 'procedures detail the processes that must be followed in the event of a suspicion

---

[8] The Regional Adult Protection Policy and Procedural Guidance (DHSSPS, 2006)

or allegation that a vulnerable adult is at risk of abuse, exploitation or neglect'. It is important therefore that all staff receive dedicated training in relation to adult protection, are familiar with the regional guidance document and work in accordance with it.

The self-assessment returns from all trusts for the three year period (2004–2007) indicated that low numbers of staff have been formally trained on adult protection. In particular, within the Belfast and Northern HSC Trusts, reviewers reported that higher levels of community staff had accessed training as compared to hospital staff. Staff also informed reviewers that local adult protection policies and procedures were in use within these trusts despite the organisations having endorsed the regional adult protection guidance.

3.3.3 Management of Challenging Behaviour & Aggression Training

Within all trusts, reviewers were advised that training on the management of challenging behaviour and aggression is mandatory for all staff. However the information submitted by trusts in relation to the numbers of staff who have accessed this training over the three-year period (2004-2007) does not support this contention. The relatively low numbers suggest that not all staff have received training.

Analysis of trust self-assessment returns, and information obtained by reviewers during site visits, indicates that dedicated training on the management of aggression and challenging behaviour is principally uni-disciplinary, is provided to nursing staff by nursing staff. Other clinical and non-clinical staff do not always have access to this training.

Within legacy trusts, training was been commissioned from a range of different providers, e.g. Management of Aggression and Potential Aggression (MAPA), Honestas, Educare and Social Services Training Units. However, within new trust structures, the potential exists for conflict between the various methodologies in use, and within the Southern HSC Trust staff voiced this concern to reviewers.

Reviewers were also informed that while staff are able to access initial training, update training was not always readily available.

3.3.4 Training on the Management of Untoward Incidents

The assessment and management of risk is dependent on the timely interventions of staff and the systems in place within organisations to safeguard service users, staff and the public. The effective management of untoward incidents will positively impact on safe and effective care and it is important staff are appropriately trained to enable them to discharge this responsibility.

The self-assessment returns from the Northern and Southern HSC Trusts indicate that stand-alone training on the management of untoward incidents has

not always been provided to staff, rather such training is considered integral to staff induction. Where specific training has been provided within the Belfast, South Eastern and Western HSC Trusts, this has generally been in support of new policy initiatives. Reviewers were, however, generally positive in their comments in relation to staff knowledge in this area.

3.3.5 Volunteer Training

In the main, there is very limited use of volunteers in adult mental health services within all trusts. Where volunteers are used, this is by way of service level agreements with a number of voluntary organisations that are responsible for providing training to their staff. There is no indication from the information submitted by trusts or through review visits that the training provided has been quality assured by the commissioning trust. Furthermore, mandatory training provided to staff e.g. child and adult protection and the management of aggression is not always made available to volunteers.

Staff within the Belfast and Western HSC Trusts informed reviewers that it was difficult to identify areas where volunteers could contribute within adult mental health services.

RECOMMENDATIONS:

Trusts should develop information systems that ensure that details of attendance at training events is recorded and provides assurance that all staff receive relevant training on a regular basis.

Trusts should ensure that child protection training in accordance with regional guidance is provided to all staff and volunteers working in adult mental health services.

Trusts should ensure that adult protection training is provided to all staff and volunteers working in adult mental health services.

Trusts should ensure that all staff (clinical and non-clinical) and volunteers working in adult mental health services are formally trained in the management of aggression/challenging behaviour.

Trusts should adopt a consistent approach to the management of aggression.

Trusts should ensure that the training provided by organisations from which it commissions services is of a satisfactory standard.

3.4   SERIOUS ADVERSE INCIDENT (SAI) REPORTING

Organisations within the HSC are responsible for ensuring that necessary steps are taken in responding to SAIs and that these are reported and dealt with in an appropriate manner. Trusts are required to notify the DHSSPS, the Mental Health Commission (MHC) and commissioning Health and Social Service Boards on every occurrence of an SAI. Guidance to support the actions of trusts in this regard has been developed by the MHC[9] and the DHSSPS[10]. In addition, criterion 5.3.2 of The Quality Standards for Health and Social Care requires HSC organisations to have systems and processes in place in relation to preventing, communicating and learning from adverse incidents and near misses.

3.4.1   Policy

Trusts were asked to confirm that SAIs are reported in accordance with DHSSPS processes and the revised MHC guidance. Analysis of self-assessment returns noted compliance with this requirement.

3.4.2   Reporting

The information returned from Trusts detailed the number and nature of SAIs reported over the three-year period 2004-2007 under the headings: suicide, para-suicide, homicide, attempted homicide and other (including the admission of a child to an adult ward). Reviewers were informed that DHSSPS guidelines provided clarification on the nature of SAIs to be reported and consequently the numbers have increased from that time.

In *Supporting Safer Services*[11], the DHSSPS reviewed 309 incidents reported between January 2006 and March 2007 which indicated that 'the reporting of SAI's from the mental health field makes up 43% of all incidents in the reporting period'. Furthermore, 'almost one-third involved the death of a person and just over two-thirds of these deaths were suspected suicides of people in recent contact with HSC service'. The report also noted a 27% increase in suicide trends over the last 10 years in Northern Ireland compared to a decrease of 9% in the UK overall.

Across all trusts, reviewers generally found staff to be familiar with incident reporting procedures, and knowledgeable on the lines of accountability within organisations, to ensure that such information is accurately captured and communicated to relevant bodies. However, based on trusts' self-assessment returns, variability was noted in the numbers of SAIs reported to the DHSSPS, the MHC and the local Health and Social Services Boards within the South-Eastern, Southern and Western HSC trusts. At the time of this review, staff within most Trusts were continuing to report SAIs in accordance with legacy trust

---

[9] Revised Mental Health Commission Guidance on Monitoring Untoward Events (MHC, 2005).
[10] HSC Regional Template and Guidance for Incident Review Reports (DHSSPS, 2007)
[11] Supporting Safer Services (DHSSPS, 2008)

procedures although action was being taken to develop a revised approach which reflected new trust structures.

3.4.3 Investigating & Management

Within each trust, a cohort of senior staff have received dedicated training on root cause analysis (RCA) methodology which can be used as appropriate in the investigation and management of SAIs.   For example, when an SAI occurs within the Western HSC Trust the Assistant Director of Mental Health Services brings together an investigation team of senior staff from within mental health services who have received training in RCA.

Within new trust structures, reviewers were informed that at times it was difficult to secure an independent chair.   Reviewers were satisfied however, that arrangements have been put in place to address this matter.

3.4.4 Reviewing & Learning

Reviewers observed that arrangements were in place within Trusts to cascade the learning from SAIs through service improvement initiatives. For example, within the Southern HSC Trust, incident reports are collated and analysed by a risk manager with appropriate action then taken to address identified risks.

At the time of this review, most reviewing and learning continued to take place under legacy trust arrangements and variability therefore existed within new trust structures. However, reviewers were satisfied that through revised governance arrangements the various approaches were being harmonised.

3.4.5 User Involvement

Reviewers reported that while there was evidence of service user and carer engagement post incident, this was on an ad hoc basis and there was no evidence to indicate that formalised policies were in place to address this issue.

As discussed at 3.2, Trusts need to develop policies and procedures to enable service users and carers to participate fully in all aspects of service delivery that includes their active involvement in post incident multidisciplinary reviews.

RECOMMENDATION:

Trusts should ensure that SAIs are consistently reported in accordance with DHSSPS and Mental Health Commission guidelines and *The Quality Standards for Health and Social Care.*

3.5   COMPLIANCE WITH THE DHSSPS DISCHARGE GUIDANCE (2004)

In relation to compliance with the DHSSPS Discharge Guidance (2004), HSC trusts were asked to score themselves against the RQIA compliance measurement scale (see 1.3.3) in respect of the overall implementation of the guidance. The following outlines the trusts' self-assessed level of compliance.

Trusts indicated their compliance in response to the following RQIA question:

RQIA Question(s)	1	2	3	4	5
Guidance fully implemented and regular audits undertaken					
BELFAST HSCT					
NORTHERN HSCT					
SOUTH EASTERN HSCT					
SOUTHERN HSCT					
WESTERN HSCT					

Findings

A key finding from this review was that despite the level of self-assessed compliance, no HSC trust was fully compliant with the Discharge Guidance (2004).

Within self-assessment returns, the Northern HSC Trust was the only trust to indicate full compliance. The evidence from reviewers however, indicated that while the trust was very well advanced in terms of implementation, a number of key actions had not yet been taken. For example, at the time of this review, an audit had not yet been carried out to determine the degree of compliance across the trust. Also guidelines were not in place for the development of care plans to include relapse indicators and crisis and contingency planning.

Of the remaining four trusts, the Belfast and South Eastern HSC Trusts have achieved full compliance in some areas but acknowledge that further work is still required before the guidance is implemented in full.

While the Southern and Western HSC Trusts had developed a number of initiatives to take forward the guidance, a considerable amount of the work was still at the stage of consultation.

Throughout the review, lead clinicians and senior managers expressed concern in relation to the inherent challenges in fully implementing the guidance. In particular these concerns centred on:

- The absence of implementation guidance to accompany the guidance
- A lack of regional agreement on which patients meet the criteria contained within the guidance

- The impact on delayed discharges as a consequence of the time taken to effect a discharge under the guidance
- The lack of resources (in terms of time, staff and costs)

However, reviewers noted that within all HSC trusts there was universal acceptance of the good practice contained within the guidance and genuine attempts were being made regarding full implementation.

Trusts' implementation of the guidance was examined in relation to:

- Action taken to date
- Audit activity
- Staff training
- Care planning
- Loss of contact
- Care coordination
- Role of key worker

The following examples describe the strengths, challenges and practices within HSC trusts in relation to the implementation of the guidance. More detailed findings were discussed within individual HSC trust reports.

3.5.1 Key Findings on the Implementation of the Discharge Guidance (2004)

Belfast Health & Social Care Trust

A range of audits have been undertaken within legacy trusts to determine if the guidance has been appropriately implemented. For example, joint audits have been undertaken between the Mater Hospital legacy Trust and North & West Belfast Community legacy Trust, and between the Eastern Health and Social Services Board and Windsor House Mental Health Unit. Self-assessment returns indicated that only limited audit activity had been undertaken in relation to the inclusion of relapse indicators and crisis and contingency planning within care plans.

The two team leaders in the North & West Belfast Community Mental Health Team were acting as care co-ordinators.

Within legacy trusts, training in relation to the guidance was sporadic and while reviewers found that awareness of the guidance throughout hospital settings was good, there were varying levels of understanding within community settings.

Within community settings visited, reviewers were unable to find any evidence of a policy or guidelines on loss of contact. However, staff were aware of good practice in such situations.

Northern Health & Social Care Trust

Action has been taken through the development of risk assessment tools, care plans, identification of key workers and care coordinators. Reviewers observed that these systems and processes are now in place and care plans had been completed with input from carers and with signatures from service users.

The care coordination function was carried out by a nurse or social worker from the community mental health teams. Reviewers were informed however that the care coordination function will eventually be delivered by team managers.

Reviewers were unable to evidence guidelines for the development of care plans that included relapse indicators and crisis and contingency planning in relation to patient loss of contact.

South Eastern Health & Social Care Trust

The trust has used a combination of staff meetings, new policy briefings and team cascades to ensure all staff are trained in accordance with the DHSSPS Discharge Guidance (2004).

The review team found variation in practices employed to involve the service user and carer in the care planning process. In some areas members of staff reported that service users would be included in the multi disciplinary team meeting, whereas in other areas the consultant or nurse would seek the views of service users and carers informally and represent these at the team meeting.

Formal guidelines had been put in place for community mental health staff to follow in cases where there is loss of contact. Discussions with staff confirmed that guidelines are in place and were being adhered to.

Southern Health & Social Care Trust

Reviewers found that in all areas of the trust visited, care plans were reviewed at multidisciplinary team meetings, which occur regularly, with an entry made in the patient's record to this effect.

No formal guidelines were in place for community mental health staff to follow in cases where there is loss of contact and senior management acknowledged the need to develop an assertive outreach policy to address this matter.

Western Health & Social Care Trust

At the time of the review, the trust had commenced a series of multidisciplinary workshops focusing on the Discharge Guidance (2004) and indicated a commitment to ensure that every member of staff receives training in risk-assessment and management and that this is updated on a three year basis as part of mandatory training.

The trust had established a risk management committee that had drawn up a proposed pathway for the guidance in the form of a flow chart. Individuals are discussed following a risk-assessment, and a decision is then made as to whether the guidance should apply.

There was no formal policy in place for cases where there is a loss of contact. Reviewers were informed however, that the management of loss of contact is dependent on the application of good practice by community staff.

Discussion and Recommendations

The evidence from trust self-assessment returns and review visits indicates that while some audit activity is ongoing within trusts, this needs to be increased to examine implementation of all aspects of the Discharge Guidance (2004).

It is concerning to note that training on the guidance has not been provided to relevant staff within adult mental health services and trusts need to prioritise this training need within future training strategies.

The Discharge Guidance (2004) recommends that written care plans are developed to reflect the good practice set out within the *National Service Framework for Mental Health*[12] . The samples of care plans examined during this review did not meet this standard. The evidence indicates that while service users and carers are involved at some level in the care planning process, considerable work is still required by all trusts to ensure their substantive involvement at the level set out within the Discharge Guidance (2004).

While the roles of key worker and care coordinator have been defined within all trusts, reviewers highlighted the need for full implementation in accordance with the Discharge Guidance (2004).

Dedicated policies should be developed to support key workers and other members of the multidisciplinary team in cases of loss of contact.

RECOMMENDATIONS:

Trusts should implement in full all aspects of the DHSSPS Discharge Guidance (2004).

Trusts should provide training to relevant staff in relation to the DHSSPS Discharge Guidance (2004).

---

[12] National Service Framework for Mental Health (DOH, 1999).

3.6 IMPLEMENTATION OF THE MCCLEERY REPORT RECOMMENDATIONS

In relation to the implementation of the McCleery Report recommendations, HSC trusts were asked to assess themselves against the RQIA compliance measurement and indicate the extent to which appropriate risk-assessment and management procedures in place in keeping with the McCleery Report recommendations.

The recommendations in the McCleery Report are set out under a number of key headings which for consistency of reference, have been adopted within this overview report. These are as follows:

- Detention under the Mental Health (Northern Ireland) Order 1986
- Implementation of the DHSSPS Discharge Guidance (2004)
- Principles for policies and procedures
- Policies and procedures on the management of untoward incidents
- Admission and discharge policies and procedures
- Assessment and management of risk policies and procedures
- Observations and leave policies and procedures
- Report writing and record keeping policies and procedures
- Absent without leave (AWOL) policies and procedures
- Provision of dual diagnosis service
- Integration of hospital and community Services
- Clinical supervision and staff training
- Securing papers for future enquiries

The following section organises trusts' self-assessed compliance scores in tabulated form under the above headings and highlights some key strengths, challenges and examples of good practice across all organisations reviewed. More detailed findings were discussed within individual HSC trust reports.

Recommendation 1 of the McCleery report related to the circulation of the inquiry report by the Eastern Health and Social Services Board and was therefore not considered within the review.

3.6.1 Detention under the Mental Health (Northern Ireland) Order 1986

Under this heading, implementation of recommendations 2, 3 & 4 of the McCleery Report are discussed in relation to:

- Detention under the Mental Health (Northern Ireland) Order 1986
- Compliance with the Code of Practice to the Mental Health (Northern Ireland) Order 1986 regarding the use of Form 5
- Use of the term 'detain if wishes to leave'

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Regular reviews undertaken to ensure that patients are appropriately detained in accordance with Order and The Code of Practice to the Mental Health Order					
Belfast HSC Trust					
Northern HSC Trust					
South Eastern HSC Trust					
Southern HSC Trust					
Western HSC Trust					

Findings

With the exception of the Belfast HSC Trust (where work was ongoing on the Mater Hospital site to achieve full compliance) all other trusts reported that patients are appropriately detained in accordance with the provisions of the Mental Health (Northern Ireland) Order 1986 and in compliance with the Code of Practice to the Mental Health Order. However, nursing staff in St. Luke's Hospital, in the Southern HSC Trust reported that the term 'detain if wishes to leave' was still being used occasionally in medical notes, although reviewers found no evidence of this in the notes examined.

3.6.2 Implementation of the DHSSPS Discharge Guidance (2004)

Under this heading, implementation of recommendations 5, 6, 7 and 8 of the McCleery Report are discussed in relation to:

- Audit activity into implementation of the DHSSPS Discharge Guidance (2004)
- Formal guidelines for community staff in relation to 'loss of contact'
- Care plans to include relapse indicators and crisis and contingency planning

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Discharge Guidance (2004) fully implemented and regular audits undertaken					
Belfast HSC Trust				▇	
Northern HSC Trust					▇
South Eastern HSC Trust				▇	
Southern HSC Trust		▇			
Western HSC Trust				▇	
Training provided to staff in accordance with Discharge Guidance (2004)					
Belfast HSC Trust				▇	
Northern HSC Trust					▇
South Eastern HSC Trust				▇	
Southern HSC Trust		▇			
Western HSC Trust				▇	
Formal guidelines for community mental health staff to follow in cases where there is loss of contact					
Belfast HSC Trust					▇
Northern HSC Trust					▇
South Eastern HSC Trust					▇
Southern HSC Trust		▇			
Western HSC Trust					▇
Care plans (for patients who meet criteria under Discharge Guidance) include relapse indicators and crisis and contingency planning					
Belfast HSC Trust			▇		
Northern HSC Trust					▇
South Eastern HSC Trust					▇
Southern HSC Trust			▇		
Western HSC Trust			▇		

Findings

See section 3.5 for detailed findings in relation to the implementation of the Discharge Guidance (2004).

3.6.3 Principles for Policies & Procedures

Under this heading, implementation of recommendation 9 is discussed in relation to the development of policies and procedures in accordance with the principles of good practice set out within the McCleery Report. These principles are as follows:

- Multi-disciplinary/user/carer input
- Trust Board endorsement

- Clearly stated purpose
- Reference to statutory provision
- Provision of definitions
- Dissemination to relevant staff
- Staff responsibilities and actions clearly stated
- Provide robust system of monitoring and evaluation
- Provide a review dates within one or two years
- Provide clear linkage to other policies

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Policies and procedures developed, reviewed and evaluated in accordance with best practice guidelines and include user/carer input					
Belfast HSC Trust					
Northern HSC Trust					
South Eastern HSC Trust					
Southern HSC Trust					
Western HSC Trust					

Findings

At the time of this review, HSC trusts were, in the main, working in accordance with legacy trust policies and procedures. Trust self-assessment returns and reviewers findings indicated that work was ongoing within all trusts to harmonise policies and procedures and it is encouraging to note that the principles set out in recommendation 9 of the McCleery Report are generally being applied.

Within the South Eastern HSC Trust, reviewers were impressed with the application of the principles for policy development as set out within the trust document *Procedure for the Development and Control of Policy and Procedures within Mental Health Services.*

3.6.4 Policies & Procedures on the Management of Untoward Incidents

Under this heading, implementation of recommendations 10, 11 and 12 of the McCleery Report are discussed in relation to:

- Training of staff in root cause analysis (RCA) techniques
- Categorisation of untoward incidents and serious untoward Incidents
- Linkages between policies

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Key staff trained in the techniques of RCA					
Belfast HSC Trust	██	██	██	██	
Northern HSC Trust	██	██	██	██	██
South Eastern HSC Trust	██	██	██	██	
Southern HSC Trust	██	██			
Western HSC Trust	██	██	██	██	██
Policies and guidance in place on the management of untoward incidents, including categorisation of incidents and Trust's response to homicide					
Belfast HSC Trust	██	██	██	██	██
Northern HSC Trust	██	██	██	██	██
South Eastern HSC Trust	██	██	██	██	
Southern HSC Trust	██	██	██	██	██
Western HSC Trust	██	██	██	██	██

Findings

Within trust self-assessment returns, the RQIA was informed that a cohort of senior staff had received in-depth training in the techniques of RCA; however, within the Belfast and Northern HSC Trusts, reviewers visited a number of facilities where such training had not been provided to staff.

Reviewers also expressed concern that the techniques of RCA were not always used in the investigation of untoward incidents within mental health services. This was particularly the case within the Southern HSC Trust.

In the main reviewers were complimentary of the policies and procedures that had been developed in relation to the management of untoward incidents.

3.6.5 Admission and Discharge Policies and Procedures

Under this heading, implementation of recommendations 13, 14, 15 and 16 of the McCleery Report are discussed in relation to:

- Exchange of contact information
- Seamless process for admission and discharge
- Inclusion of DHSSPS Discharge Guidance (2004) in admission and discharge policies
- Role of primary and associate nurse

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Integrated admission and discharge policy incorporating or cross referencing risk assessment					
Belfast HSC Trust	▆▆	▆			
Northern HSC Trust	▆				
South Eastern HSC Trust	▆▆	▆	▆	▆	
Southern HSC Trust	▆▆	▆			
Western HSC Trust	▆▆	▆			
Role and responsibilities of the primary nurse and associate nurse clearly defined and this information provided to patients and their carers upon admission					
Belfast HSC Trust	▆▆	▆	▆	▆	▆
Northern HSC Trust	▆				
South Eastern HSC Trust	▆▆	▆	▆	▆	
Southern HSC Trust	▆▆	▆	▆	▆	▆
Western HSC Trust	▆▆	▆	▆	▆	▆
Exchange and recording of contact information between nursing staff and the PSNI and/or Northern Ireland Ambulance Service (NIAS) at point of admission and discharge					
Belfast HSC Trust	▆▆	▆			
Northern HSC Trust	▆▆	▆	▆	▆	▆
South Eastern HSC Trust	▆▆	▆	▆	▆	
Southern HSC Trust	▆▆	▆	▆	▆	▆
Western HSC Trust	▆▆	▆	▆	▆	▆

Findings

Within the South Eastern HSC Trust, an integrated admission and discharge policy and procedure had been developed in response to the McCleery Report recommendations and supported by an admission and discharge care pathway. The policy document had drawn from best practice and evidence available and incorporates specific reference to the Clinical Risk Assessment and Management Policy and Procedure.

The review team found evidence of the consistent application of integrated admission and discharge procedures across all areas visited. The Belfast HSC Trust reported that an integrated trust-wide admission and discharge policy existed as a draft policy to be ratified by the trust. The Northern HSC Trust submitted recently developed but separate admission and discharge policies, which contradict the McCleery Report recommendation for an integrated policy.

Within the Southern and Western HSC Trusts, there was little evidence of an integrated admission and discharge policy working in practice.

With the exception of the Northern HSC Trust, all other trusts indicated that the roles and responsibilities of primary and associate nurse are clearly established. In particular, reviewers commented on the quality of patient/carer information available within the Southern HSC Trust. While information was also available in the Western HSC Trust, this referred to the named nurse.

Significant variability was noted in relation to the exchange and recording of contact information between nursing staff, the PSNI and/or NIAS at the point of admission and discharge. The South Eastern HSC Trust has comprehensive policies and protocols in place across all sites to ensure effective interagency analysis. Within the Southern HSC Trust, the exchange of information is dependant on custom and practice and is not driven by formal protocols. The Western HSC Trust has established a PSNI Liaison Committee however reviewers noted variability in the recording of contact information. Within the Belfast HSC Trust, the self-assessment return indicated that there is no protocol within Windsor House Mental Health Unit for the exchange and recording of contact information.

3.6.6 Assessment and Management of Risk Policies and Procedures

Under this heading, implementation of recommendations 17, 18, 19 and 20 of the McCleery Report are discussed in relation to:

- An adequate policy for assessment and management of risk
- Joint doctor and nurse risk assessment
- Relevant patient history taken from PSNI on admission
- Full risk history on patients considered to fall under the DHSSPS Discharge Guidance (2004)

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Assessment and management of risk policy is consistent with Discharge Guidance and supported by risk assessment tool					
Belfast HSC Trust	■	■			
Northern HSC Trust	■	■	■	■	■
South Eastern HSC Trust	■	■	■	■	
Southern HSC Trust	■	■			
Western HSC Trust	■	■			
Policy clearly describing role/responsibilities of key worker and audits undertaken to ensure responsibilities fully discharged					
Belfast HSC Trust	■	■			
Northern HSC Trust	■	■	■	■	■
South Eastern HSC Trust	■	■	■	■	
Southern HSC Trust	■	■			
Western HSC Trust	■	■			

RQIA Question(s)	1	2	3	4	5
Assessment and management of risk protocols to ensure effective interagency working with PSNI, capturing information of patients aggression or violence					
Belfast HSC Trust	██				
Northern HSC Trust	██	██	██	██	██
South Eastern HSC Trust	██	██	██	██	
Southern HSC Trust	██				
Western HSC Trust	██	██	██	██	██
Assessment and management of risk protocols include effective interagency working, involving liaison with PSNI					
Belfast HSC Trust	██	██	██	██	██
Northern HSC Trust	██	██	██	██	██
South Eastern HSC Trust	██	██	██	██	██
Southern HSC Trust	██				
Western HSC Trust	██	██	██	██	██
Initial risk assessment jointly completed and signed by medical and nursing staff					
Belfast HSC Trust	██	██	██	██	
Northern HSC Trust	██	██	██	██	██
South Eastern HSC Trust	██	██	██	██	██
Southern HSC Trust					
Western HSC Trust	██				
Full risk history (including neglect, exploitation and violent/aggressive behaviour) is completed by a key worker					
Belfast HSC Trust	██				
Northern HSC Trust	██	██	██	██	██
South Eastern HSC Trust	██	██	██	██	██
Southern HSC Trust					
Western HSC Trust	██				

Findings

The review noted that within the South Eastern and Northern HSC Trusts work was well progressed in the development of assessment and management of risk policies that are supported by an appropriate risk assessment tool. For example, a locally developed clinical assessment tool was being used in the Downshire and Lagan Valley Hospitals.

Staff within the Southern HSC Trust told reviewers of plans to introduce a single brief risk assessment tool which would be completed for all patients who access mental health services. This was being piloted in Cloughmore Ward at the time of the review.

Reviewers noted that while generic health and safety assessments were being completed within several community sites in the Belfast HSC Trust, mental health risk-assessments were not. In relation to Alexandra Day Hospital, reviewers

spoke positively regarding the use of full risk assessment. In the Mater Hospital, reviewers were unable to evidence the use of risk assessment tools.

Within the Western HSC Trust different approaches and different risk assessment tools were in use across the northern and southern sectors, although reviewers were informed that a comprehensive risk assessment tool was under development.

There was good evidence across the Belfast, South Eastern and Northern HSC Trusts that initial risk assessment is jointly completed and signed by medical and nursing staff (within the South Eastern HSC Trust this also includes social work staff on occasion). The approach within the Southern and Western HSC Trusts was less robust and while joint risk assessment may take place, reviewers were not always able to observe staff signatures.

Trust self-assessment returns for the Belfast, Southern and Western HSC Trusts indicated that policies have not yet been signed off in relation to the roles and responsibilities of key workers. Within the Northern HSC Trust, while the role of the key worker is referenced within the discharge policy, a dedicated policy in relation to the key worker was not in place.

Through discussions with staff and the inspection of records during site visits, reviewers were, in the main, complimentary of the effective interagency working with the PSNI during patient admissions. Within the Belfast and Southern HSC Trusts, work was still required to formalise interagency working.

3.6.7 Observations and Leave Policies and Procedures

Under this heading, implementation of recommendations 21 to 27 of the McCleery Report are discussed in relation to:

- Leave from hospital policy linked to both risk and admission and discharge policy
- Implementation of a level of observations record
- Weekly review of observations levels at multidisciplinary team meetings
- All decisions around patients being allowed to leave the ward covered in the leave policy & documented in notes
- Leave policy to involve user/carer in relation to crisis/contingency planning
- Observations and leave policy to be cross-referenced

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Leave of absence policy in place detailing staff responsibilities. Decisions documented in notes and communicated to patient, carers and community services with provisions that staff make known contingency arrangements should something go wrong during leave					
Belfast HSC Trust	███	██			
Northern HSC Trust	███	██			
South Eastern HSC Trust	███	███	███	██	
Southern HSC Trust	███	███	███	███	██
Western HSC Trust	███	███	███	███	██
Inpatient observations policy is linked explicitly to assessment and management of risk policy, leave of absence policy and admissions & discharge policy, detailing responsibilities for initiating and amending levels of observation					
Belfast HSC Trust	███	███	███	██	
Northern HSC Trust	███	███	███	███	██
South Eastern HSC Trust	███	███	███	██	
Southern HSC Trust	███	███	███	███	██
Western HSC Trust	███	██			
Level of observation record in place, co-signed by medical and nursing staff, retained in patients file for communication between nursing shifts					
Belfast HSC Trust	███	███	███	██	
Northern HSC Trust	███	███	███	███	██
South Eastern HSC Trust	███	███	███	██	
Southern HSC Trust	███	███	███	███	██
Western HSC Trust	███	██			
Observation levels formally reviewed and recorded at least once a week with the patient and carers, as appropriate					
Belfast HSC Trust	███	███	███	███	██
Northern HSC Trust	███	███	███	███	██
South Eastern HSC Trust	███	███	███	███	██
Southern HSC Trust	███	███	███	███	██
Western HSC Trust	███	███	███	███	██
Weekly multidisciplinary team meeting is used to evaluate all aspects of a patients care. All decisions flowing from evaluation are documented in patient's notes					
Belfast HSC Trust	███	███	███	███	██
Northern HSC Trust	███	███	███	███	██
South Eastern HSC Trust	███	███	███	███	██
Southern HSC Trust	███	███	███	███	██
Western HSC Trust	███	███	███	███	██

Findings

Across all HSC trusts, patient observation levels are formally reviewed at least once weekly (usually through the multidisciplinary team meeting) in discussion with the patient and as appropriate their carer. Reviewers were able to evidence documentation to confirm that this takes place.

Policies and procedures in relation to observations and leave are generally well advanced across most HSC trusts, although within the Western HSC Trust, the self assessment returns indicated that while a revised observation policy was in place, this was not co-signed by medical and nursing staff.

3.6.8   Report Writing and Record Keeping Policies and Procedures

Under this heading, implementation of recommendations 28 to 32 of the McCleery Report are discussed in relation to:

- Multidisciplinary record keeping
- Nurse's adherence to Nursing and Midwifery Council (NMC) guidelines on record keeping
- Multidisciplinary team evaluations on risk, observations and leave
- All patient records to record time of events
- Trust policies should have a clear section on record keeping

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Report writing and record keeping policy has a clear section on record keeping, highlighting professional guidance and setting appropriate standards					
Belfast HSC Trust	■	■	■	■	■
Northern HSC Trust	■	■	■	■	■
South Eastern HSC Trust	■	■	■	■	
Southern HSC Trust	■	■			
Western HSC Trust	■	■	■	■	■
Multidisciplinary records are kept in one section of the in-patient file in continuous, chronological order					
Belfast HSC Trust	■				
Northern HSC Trust	■	■			
South Eastern HSC Trust	■	■			
Southern HSC Trust	■	■			
Western HSC Trust	■				

RQIA Question(s)	1	2	3	4	5
Community mental health staff provide a written report to inpatient staff as an integral aspect of the admission process					
Belfast HSC Trust	█	█	█	█	█
Northern HSC Trust	█	█	█	█	█
South Eastern HSC Trust	█	█	█	█	
Southern HSC Trust	█	█	█	█	█
Western HSC Trust	█	█	█	█	█
All staff involved in the care of patients complete records contemporaneously and in accordance with professional guidance. All decisions documented in patient's notes are clear, comprehensive and should record actual/approximate time of events					
Belfast HSC Trust	█	█	█	█	
Northern HSC Trust	█	█	█	█	█
South Eastern HSC Trust	█	█	█	█	█
Southern HSC Trust	█	█	█	█	█
Western HSC Trust	█	█	█	█	█
Weekly multidisciplinary team meeting used to evaluate all aspects of a patient's care and all decisions flowing from this evaluation are documented in patient's notes					
Belfast HSC Trust	█	█	█	█	
Northern HSC Trust					
South Eastern HSC Trust	█	█	█	█	█
Southern HSC Trust	█	█	█	█	█
Western HSC Trust	█	█	█	█	█

Findings

The self–assessment returns from all HSC trusts indicated that the development of multidisciplinary notes has not yet been achieved and continues to represent a significant challenge for all trusts. However, reviewers were able to evidence examples of multidisciplinary notes being used in the Newry and Mourne Home Treatment Team within the Southern HSC Trust.

Within all HSC trusts, reviewers were satisfied that multidisciplinary team meetings are utilised to evaluate all aspects of a patient's care.

In terms of record keeping, reviewers in the Northern HSC Trust reported that in some instances patient care plans did not contain signatures of patients or staff. In some instances, there were loose notes, notes' containing 'post it' notes and loose bits of paper within files examined.

In the Downshire and Lagan Valley hospitals the case notes for patients who meet the criteria for discharge under the Discharge Guidance (2004) are accessible to clinical coordinators at all times.

This review highlighted that there is wide variance across trusts in relation to the practice of community mental health teams providing written reports to support a patient's admission to hospital. This was particularly the case in care records examined with the Western and Southern HSC Trusts.

3.6.9   Absence without Leave (AWOL) Policy and Procedures

Under this heading, implementation of recommendations 33 to 42 of the McCleery Report are discussed in relation to:

- Staff roles and responsibilities when (voluntary) patients are absent without leave (AWOL)
- Implementation of AWOL policy in an 'event'
- Involvement of next of kin/carers
- Policy on multidisciplinary review and short/long-term actions and action plans related to risk assessment
- Trust-wide staff training on responding to AWOL situations

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Training provided to all staff on responding to an absconding/absent without leave situation					
Belfast HSC Trust	▆▆				
Northern HSC Trust	▆▆▆▆▆				
South Eastern HSC Trust	▆▆▆▆				
Southern HSC Trust	▆▆▆▆▆				
Western HSC Trust	▆				
Comprehensive policy in place detailing specific responsibilities of staff when a patient (detained or voluntary) is absent without leave					
Belfast HSC Trust	▆▆▆▆▆				
Northern HSC Trust	▆▆▆▆▆				
South Eastern HSC Trust	▆▆▆▆				
Southern HSC Trust	▆▆				
Western HSC Trust	▆▆▆▆▆				

Findings

There was evidence of robust absent without leave policies in place within most HSC trusts, although these were often in draft form. However, within a range of community facilities visited within the Belfast HSC Trust, reviewers were unable to observe that this policy was available.

Training has not been provided to staff across all HSC trusts in relation to absent without leave. In particular the Western HSC Trust reported in its self-

assessment returns that, at the time of the review, it had no plans to provide training in this area. In the South Eastern HSC Trust advanced however, awareness training has been provided to all staff.

Within the Southern HSC Trust, reviewers were advised that specific protocols were in place between the PSNI and Craigavon Area Hospital security personnel for AWOL incidents. A short life working group had also been set up to review localised search procedures. The trust reported that consideration would be given to rolling out similar protocols on the St. Luke's Hospital site.

3.6.10 Provision of Dual Diagnosis Service

Under this heading, implementation of recommendations 43 and 44 of the McCleery Report are discussed in relation to:

- The treatment of patients with severe mental illness and drug and alcohol misuse in mainstream mental health services
- The provision of services through strategies that ensure comprehensive care is provided to patients with dual diagnosis and that staff within general psychiatry are sufficiently trained in care of dual diagnosis patients

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Implementation of relevant recommendations from the *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*[13] and other regional and national inquiries					
Belfast HSC Trust	▮				
Northern HSC Trust	▮	▮			
South Eastern HSC Trust	▮	▮			
Southern HSC Trust	▮	▮	▮	▮	
Western HSC Trust	▮	▮			
Training provided to staff in general psychiatric services on the management of alcohol and drug misuse					
Belfast HSC Trust	▮	▮			
Northern HSC Trust	▮	▮	▮	▮	▮
South Eastern HSC Trust	▮	▮	▮	▮	
Southern HSC Trust	▮	▮	▮	▮	▮
Western HSC Trust	▮	▮	▮	▮	▮

---

[13] Safety First: Five-year report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (DOH, 2001)

RQIA Question(s)	1	2	3	4	5
Local services have strategies for comprehensive care and treatment of patients with dual diagnosis in accordance with the *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.*					
Belfast HSC Trust	▇				
Northern HSC Trust	▇				
South Eastern HSC Trust	▇▇				
Southern HSC Trust	▇▇▇				
Western HSC Trust	▇				

Findings

At the time of this review, HSC trusts were, in the main, at an early stage of implementation of strategies for the comprehensive care and treatment of patients with dual diagnosis. Reviewers were informed that recurrent funding has not always been made available to support work in this area. This was particularly evident within the Western HSC Trust where a temporary dual diagnosis post had to be withdrawn.

Trust self-assessment returns indicate that training has been provided to staff in general psychiatric services in relation to drug and alcohol misuse and that basic and specialist training has also been provided on co-morbidity and substance misuse.

3.6.11 Integration of Hospital and Community Services

Under this heading, implementation of recommendation 45 of the McCleery Report is discussed in relation to:

- The full involvement of community mental health staff in patient admission, discharge planning, leave and AWOL procedures to promote integration between hospital and community care

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Procedures in place that ensure community mental health staff remain actively involved throughout admission, treatment and discharge					
Belfast HSC Trust	▇▇▇▇▇				
Northern HSC Trust	▇▇▇▇▇				
South Eastern HSC Trust	▇▇▇▇				
Southern HSC Trust	▇▇				
Western HSC Trust	▇▇▇▇▇				

Within all HSC trusts, multidisciplinary team meetings take place at least weekly. This provides a formal opportunity for integrated working between hospital and community staff. HSC trust self-assessment returns indicated that policies are in place or are being developed to ensure community mental health staff remain actively engaged with patients throughout their admission, treatment and discharge.

Within the South Eastern HSC Trust, reviewers were complimentary of the assessment centre model in use and felt it maximised opportunities for communication across the integrated hospital and community team.

3.6.12 Clinical Supervision and Staff Training

Under this heading, implementation of recommendations 46 and 47 of the McCleery Report are discussed in relation to:

- Supervision arrangements that include clinical supervision
- Written policy to support supervision for nursing staff that includes assessment of training needs and a multidisciplinary approach to training

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Training needs analysis undertaken and a multidisciplinary approach to training facilitated, where appropriate					
Belfast HSC Trust					
Northern HSC Trust					
South Eastern HSC Trust					
Southern HSC Trust					
Western HSC Trust					
Policy in place and supervision provided for all staff					
Belfast HSC Trust					
Northern HSC Trust					
South Eastern HSC Trust					
Southern HSC Trust					
Western HSC Trust					

Findings

Within new HSC trust structures a training needs analysis has not always been undertaken and HSC trusts were working to legacy trust arrangements. As evidenced by the poor quality training returns, significant work is still required to harmonise the approach to training and the maintenance of training records.

There continues to be dominance in the unidisciplinary approach to training although HSC trusts are progressing multidisciplinary approaches whenever possible. Reviewers were unable to obtain evidence that nurse supervision was being undertaken in accordance with the *Standards for Supervision for Nursing*[14].

While appraisal and supervision arrangements are generally in place, reviewers noted that in some areas, existing appraisals had been put on hold pending the introduction of the Knowledge and Skills Framework (KSF) for example, the Southern HSC Trust.

Within the Northern HSC Trust reviewers were informed by staff that supervision for nursing staff was not always undertaken.

3.6.13 Securing Papers for Future Inquiries

Under this heading, implementation of recommendation 48 of the McCleery Report is discussed in relation to:

- The practice within trusts in securing patient notes in cases of serious incidents and the management of that process through Health and Social Service Boards.

Trusts demonstrated compliance with the above recommendation(s) in their response to the following RQIA question(s):

RQIA Question(s)	1	2	3	4	5
Policy in place to ensure that all papers relevant to a patient's care are secured immediately and stored at one site following a serious incident					
Belfast HSC Trust	■	■			
Northern HSC Trust	■	■	■	■	
South Eastern HSC Trust	■	■	■	■	
Southern HSC Trust	■	■			
Western HSC Trust	■	■			

Findings

The self-assessment returns indicated that policies are not yet in place within the Belfast, Southern and Western HSC Trusts.

Within the Western HSC Trust, reviewers noted confusion amongst staff when discussing the actions to be taken in relation to securing patient notes.

---

[14] Standards for Supervision for Nursing (DHSSPS, 2007)

Discussion and Recommendations

The key finding to emerge from this review is that no HSC trust has fully implemented all the recommendations of the McCleery Report. The evidence submitted by HSC trusts and tested by reviewers during site visits indicates variability with regard to staff awareness and implementation of the recommendations.

The South Eastern HSC Trust is at an advanced stage of implementation and reviewers had the impression that McCleery Report recommendations are more fully implemented than indicated on the self-assessment return.

While the Belfast and Northern HSC Trusts are, in the main, at a fairly advanced stage in terms of overall implementation, more significant work is still required in the Southern and Western HSC Trusts to ensure full implementation.

The information submitted by HSC trusts together with reviewers' comments indicated that while formal training has not always been provided, most staff consulted were able to demonstrate awareness of the McCleery Report and the associated recommendations.

It was also apparent that within legacy trusts, implementation of the McCleery Report recommendations had been addressed in a variety of different ways, which presents a significant challenge to HSC trusts in harmonising this work.

RECOMMENDATIONS:

Trusts should ensure the full implementation of the McCleery Report recommendations.

Trusts should provide training and/or awareness sessions for all relevant staff in relation to the McCleery Report recommendations.

The DHSSPS should establish a regional group to oversee the standardised implementation of the McCleery Report recommendations.

4.0   CONCLUSION

This overview report sets out the performance of trusts in relation to the assessment and management of risk in adult mental health services. This review focused on policy and procedural development and the relevant areas of training for staff in risk assessment and management. In particular, the review examined compliance with the DHSSPS Discharge Guidance (2004) and implementation of the recommendations of the McCleery Report.

As part of the review process, HSC trusts were provided with immediate feedback on the findings of the individual review teams. This feedback was based on the challenges and strengths identified within each HSC trust. While there were a significant number of examples of good practice identified throughout the review, RQIA is concerned at the work that remains outstanding within all HSC trusts to ensure full compliance with the DHSSPS Discharge Guidance (2004) and full implementation of the McCleery Report recommendations. At the time of this review, no HSC trust was fully compliant with the requirements of either document.

Within new HSC trust structures, the opportunity now exists for organisations to work much more collaboratively to take this work forward in a consistent and cohesive manner. RQIA recommends the establishment of a regional group to oversee this work.

5.0   SUMMARY OF KEY RECOMMENDATIONS

General overview of services

o   The DHSSPS should undertake a review of the current models of service provision and develop a regional approach that is standardised and consistent with the recommendations of the Bamford Review.

User involvement

o   In addressing *The Quality Standards for Health and Social Care*, HSC trusts should continue to develop policies and procedures that actively engage service users and their carers in the planning, delivery and evaluation of mental health services.

o   Trusts should develop clear service user and carer involvement strategies for mental health services that set out how service users, carers, volunteers, staff and local communities can be actively involved in the planning, delivery, evaluation and review of mental health services.

Key training for staff

o   Trusts should develop information systems that ensure that details of attendance at training events is recorded and provides assurance that all staff receive relevant training on a regular basis.

o   Trusts should ensure that child protection training in accordance with regional guidance is provided to all staff and volunteers working in adult mental health services.

o   Trusts should ensure that adult protection training is provided to all staff and volunteers working in adult mental health services.

o   Trusts should ensure that all staff (clinical and non-clinical) and volunteers working in adult mental health services are formally trained in the management of aggression/challenging behaviour.

o   Trusts should adopt a consistent approach to the management of aggression.

o   Trusts should ensure that the training provided by organisations from which it commissions services is of a satisfactory standard.

Serious Adverse Incidents

o   Trusts should ensure that SAIs are consistently reported in accordance with DHSSPS and Mental Health Commission guidelines and *The Quality Standards for Health and Social Care*.

DHSSPS Discharge Guidance (2004)

o   Trusts should implement in full all aspects of the Discharge Guidance.

o   Trusts should provide training to relevant staff in relation to the Discharge Guidance.

McCleery Report recommendations

o   Trusts should ensure the full implementation of the McCleery Report recommendations.

o   Trusts should provide training and/or awareness sessions for all relevant staff in relation to the McCleery Report recommendations.

o   The DHSSPS should establish a regional group to oversee the standardised implementation of the McCleery Report recommendations.

Appendix 1 – Peer and Lay Reviewer

Dr Paul Bell
Consultant
Psychiatrist
Belfast Health and
Social Care Trust

Dr Oscar Daly
Clinical Director of
Psychiatry
South Eastern Health &
Social Care Trust

Eileen Harvey
Social Work Manager
South Eastern Health &
Social Care Trust

Annie Burrell
Lay Reviewer

Dr Diana Day-Cody
Consultant Psychiatrist
Western Health and
Social Care Trust

Yvonne Kirkpatrick
Governance Manager
Belfast Health & Social
Care Trust

Raymond Buckley
Lay Reviewer

Paul Davidson
Lay Reviewer

Anne Madill
Senior Governance
Manager
Southern Health &
Social Services Board

Mark Campbell
Care Homes Inspector
RQIA

Maurice Devine
Consultant Nurse
Learning Disability
South Eastern Health &
Social Care Trust

Gerry Marshall
Children's Inspector
RQIA

Margaret Cassidy
Lead Nurse Psychiatrist
Belfast Health & Social
Care Trust

Trevor Fleming
Assistant Director
Mental Health Nursing
Northern Health &
Social Care Trust

Dr Estelle McFarland
Consultant Psychiatrist
Northern Health &
Social Care Trust

Patrick Convery
Occupational Therapy
Manager/Mental Health
Commissioner
Western Health & Social
Services Trust

Dr Peter Gallagher
Consultant Child
Psychiatrist
Northern Health &
Social Care Trust

Martine McNally
Governance Manager
Northern Health &
Social Care Trust

Pat Cullen
Lead Commissioning
Nurse
Eastern Health & Social
Services Board

Mandy Gormley
Risk Manager
Western Health & Social
Care Trust

Mairead Mitchell
Service Improvement &
Governance Manager
Belfast Health & Social
Care Trust

Suzanne Cunningham
Children's Inspector
RQIA

Janet Haines-Wood
Clinical Governance
Manager
Belfast Health & Social
Care Trust

Aisling Curran
Occupational Therapy
Services Manager
Belfast Health & Social
Care Trust

Appendix 2 – RQIA Project Team

Project Management

Hilary Brownlee
Project Manager
RQIA

Bridget Dougan
Project Manager
RQIA

Zoe Hunter
Project Manager
RQIA

Dr Mary McClean
Project Manager
RQIA

Jacqui Murphy
Project Manager
RQIA

Jude O'Neill
Assistant Director of
Operations
RQIA

Phelim Quinn
Director of Operations &
Chief Nurse Advisor
RQIA

Administrative Support

Katrina Andrews
Project Administrator
RQIA

Tony Hanna
Project Administrator
RQIA

Laura Sharples
Administrative Team Leader
RQIA

Appendix 3 - Glossary of Terms & Abbreviations

Glossary of Terms & Abbreviations

Term	Definition
Term	**Definition**
Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
Adverse incident	An incident, accident or occurrence, relating to systems or procedures which results in harm, or an injury, or near miss to a patient, member of staff or the public.
Appraisal	Examination of people or the services they provide in order to judge their professional qualities, successes or needs.
Audit	The process of measuring the quality of services against explicit standards.
Clinical record	The record of all aspects of the patient's treatment, otherwise known as the patient's notes.
Clinical and Social Care Governance (CSCG)	A framework within which HSC is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
Evidence-based practice	An approach to decision-making where a health or social care professional uses the best evidence available, in consultation with patients and other health or social care professionals to decide upon the option which suits each patient best.
Organisational structure	A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.

Patient survey	Seeking the views of patients through responses to pre-prepared questions and carried out through interview or self-completion questionnaires.
Peer Review	Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review.
Risk assessment	The identification and analysis of risks relevant to the achievement of objectives.
Risk management	A systematic process by which potential risks are identified, assessed, managed and monitored
Risk register	A record of residual risk which details the source, nature, existing controls, assessment of the consequences and likelihood of occurrence, action necessary to manage risk, person responsible for implementing action and timetable for completion.
Treatment and care plan	A document, which details the care and treatment that a patient receives and identifies who delivers the care and treatment.