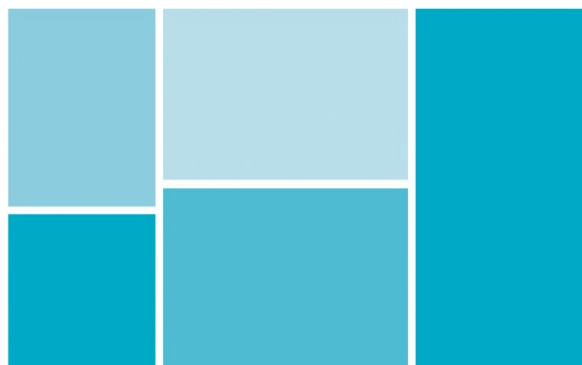




Roscommon Mental Health Services

A report of a service review commissioned
by the Health Service Executive



Contents

INTRODUCTION	3
SECTION 1.....	5
Context for Review	5
Terms of Reference	5
Membership of the Team	6
Review Methodology.....	6
Description of Services.....	8
SECTION 2 – FINDINGS FROM THE REVIEW.....	11
Context.....	11
Organisational Change	11
Change management strategy in Roscommon/Galway.....	12
Capacity of Senior Management	14
Financial Management	15
Team Working.....	16
Multidisciplinary Working.....	19
Supervision/Staff Management	21
Staffing Levels.....	23
Review of Medical Records at the Approved Unit.....	24
Compliance with relevant national and HSE framework, regulations, codes, standards, guidelines and protocols	25
Governance Issues	26
SECTION 3 – CONCLUSION AND SUMMARY OF RECOMMENDATIONS.....	35
Conclusion.....	35
Summary of Recommendations	36
APPENDICES	39
Appendix 1 – Biographical Details of the Review Team	39
Appendix 2 – Map of Community Health Care Organisations.....	40
Appendix 3 – Local Incident Learning Notice (1) – Revision 2 – Galway/ Roscommon PCCC.....	41

INTRODUCTION

This report was commissioned by the Health Services Executive (HSE) with the purpose of undertaking a service review of Roscommon Mental Health Services (Roscommon MHS). Within a short period it became evident that the initial timeframe proposed to conduct this review was insufficient and the Review Team (the Team) requested and received extra time to complete this.

The Team's members collectively have over one hundred years' experience in mental health services in senior managerial positions and in the provision of direct patient care.

The Team was impressed by the majority of staff it met or interviewed and was struck by their commitment to see services improve for service users in Roscommon. The overriding concern of the majority of those interviewed – staff, service users and carers – was that patients and families in Roscommon were not receiving 21st century mental health services as there appeared to be an inadequate emphasis on the quality and safety of care delivery.

The Team concluded that there was disproportionate focus, even at a time of straitened financial circumstances, on achieving budget savings at the cost of an adequately staffed and safe service.

Multidisciplinary team working (MDT), the lynchpin of modern mental health services, was severely eroded in Roscommon, with fractured relationships within the Area Management Team (AMT)¹, within the Roscommon teams and between a number of professionals and key consultant medical staff. Throughout, there were poor line management arrangements.

Leadership at a number of levels appeared to be ineffective. The majority of nursing staff interviewed believed, and the Team agrees, that the senior nursing leadership critical to representing the professional views of nurses at the executive level was missing. It is the Team's view that, in some instances, relationships appear to have broken down irreparably.

Managers in any organisation have a difficult balancing role and they should be allowed to manage without undue interference. However, this can only occur in a working environment that is conducive to mutual respect and understanding. There was clear evidence that this was absent in Roscommon MHS. It appears to the Review Team that the personal relationships between some, but not all, of the staff involved in the review process and some, but not all, of the management, was fraught with difficulty and had broken down. Some senior medical and nursing staff maintained that these relationship difficulties impacted on their ability to bring about the changes they felt were necessary.

There is a need for effective application of appropriate change management principles as a new entity attempts to merge disparate parts of hitherto separate organisations. The Team believes that preparatory work to support the AMT should have been in place as it embarked on creating a new culture; unprepared, it was not up to the task and worse, did not recognise this. Little emphasis seems to have been placed on this, and, when combined with economic constraints, less than favourable conditions then prevailed.

¹The AMT is the team responsible for the management of Mental Health Services in Galway Roscommon as part of a wider system where there was also an Area Team responsible for all non acute health and personal social services in the area. The AMT generally consisted of Area Manager, Executive Clinical Director, Area Director of Nursing, Principal Psychologist, Principal Psychiatric Social Worker, Principal Occupational Therapist and Business Manager.

We offer twenty-seven recommendations which we believe are realistic and pragmatic, and which, if implemented, would also contribute to achieving the goals set out in the Vision for Change policy². Realisation requires a new way of working with greater emphasis on valuing and respecting the MDTs' contribution to the delivery of high quality mental health services. There is evidence that a fresh approach is already underway and this needs to be embedded with commitment and leadership provided by the AMT.

At the outset, the Team wishes to thank the Health Services Executive staff, Gavin Dunne and Denise Melia, for their administrative assistance. In addition, it thanks Laura Costello who supported the Team locally in Roscommon. It is indebted to them for their support.

²A Vision for Change 2006 Health Service Executive – is a national policy, in place since 2006, that sets out the direction for Mental Health Services in Ireland

SECTION 1

Context for Review

- 1.1 The Health Services Executive determined in Q2 2015 that it was necessary to conduct a review of the quality, safety and governance of services within the Roscommon Area of Galway/Roscommon Mental Health Services (the “Review”).
- 1.2 Although the decision had been prompted, in part, by a number of specific incidents which are considered as a part of this Review, the Review’s remit is to address all aspects of the quality, safety and governance of Roscommon’s Mental Health Services (the “Roscommon MHS”).

Terms of Reference

- 1.3 The Review was commissioned on the basis of the following remit which was agreed with the HSE on 28 August 2015:-
- 1.4 The Review Team (the “Team”) will assess the systems and processes in place to ensure the quality, safety and appropriateness of care for mental health service users in Roscommon MHS.
- 1.5 The Team will review governance arrangements in place to assure the delivery of high quality, safe and reliable services, including (but not limited to):-
 - Multidisciplinary working;
 - Staff management and supervision;
 - Staffing levels; and
 - Compliance with relevant national and HSE framework, regulations, codes, standards, guidelines and protocols.
- 1.6 The Team will review the risk management processes and protocols within the MHS and adherence to them in practice. This will include the arrangements that the Roscommon MHS has in place to ensure that incidents are appropriately reported (internally or where relevant, to external bodies),escalated and acted upon, having regard in particular to the HSE’s published policies and guidance on incident management.
- 1.7 The Team will be entitled to review any reports prepared in relation to safety incidents in the service.
- 1.8 If, in the course of the Review, it becomes apparent that there are reasonable grounds to believe that there are serious risks to the health or welfare of any person receiving services, and that further investigation is necessary beyond the scope of these terms of reference, the Team will notify the National Director of Mental Health (the National Director). The National Director may, in the interests of obtaining a complete report, extend the terms of reference to include such matters within the Review’s scope, or recommend that a separate investigation should be commenced, as appropriate.

- 1.9 The Review will be conducted in a manner that is respectful of the rights of all to privacy, confidentiality, and procedural due process.
- 1.10 The Team shall, in good faith, prepare a report of its findings (the Report). The Team may make local and/or national recommendations as to the safety, quality and standards of services provided by the Roscommon MHS. The Report will be submitted to the National Director for approval.
- 1.11 The Report will be published in such a format as deemed appropriate by the National Director, but with due regard to the privacy rights of patients and service users. The Report will be published in order to promote safety and quality in the provision of mental health services in Roscommon for the benefit of the health and welfare of the public.
- 1.12 It was also agreed that the Team, when carrying out the Review would be afforded certain rights by the HSE, including the right of entry (by prior arrangement) to any HSE premises in the Roscommon MHS, a right to inspect premises, records and/or documents, a right to conduct interviews, and rights to request explanation in relation to documents, records or other information.
- 1.13 The Review commenced on Friday 28 August 2015 and was completed in July 2017.

Membership of the Team

- 1.14 The National Director of the HSE Mental Health Division, Ms. Anne O'Connor authorised this Review of Roscommon MHS. The HSE had decided that the Review would be conducted by a Team external to the HSE which was appointed and authorised by the National Director and comprised:-
 - Mr. Brendan Mullen, Associate Risk Director, South Eastern Health & Social Care Trust;
 - Dr. Nial Quigley, Clinical Director, Consultant Psychiatrist, South Eastern Health & Social Care Trust; and
 - Mr. Don Bradley, Assistant Director Adult Mental Health Services, South Eastern Health & Social Care Trust.
- 1.15 Biographical details of the Team are included in Appendix 1.

Review Methodology

- 1.16 The review methodology was designed to gather information about Roscommon MHS. The methodology included the following:-
 - An extensive documentation review which included minutes of meetings, system analysis reports, activity reports, Incident Reports, Complaints, Health Information and Quality Authority(HIQA) reports and Mental Health Commission (MHC) reports;
 - Individual meetings with over sixty people comprising mainly of staff but including some service users and family members who felt that they had a contribution to make to the Review;

- The provision of the Terms of Reference for the investigation to all interviewees prior to their attendance at interview through the Administration Department of the HSE;
- The treatment of all information gathered during the documentation/literature review and interview stages of the investigation process as confidential;
- The secure maintenance of information gathered during the Review;
- The minuting of interviews for the purpose of ensuring accuracy;
- The posting of a notification in the local paper seeking contributions from anyone who wished to contribute to the Review;
- The collation of the initial findings from the meetings with staff, documentation review and feedback from all parties using a thematic analysis approach, with the information used to inform this report;
- A review of medical outpatient records;
- Visits conducted by members of the Team to the following facilities in the Roscommon area:-
 - Strokestown Day Centre/Fairview Hostel
 - Boyle Day Centre/Renbrack Hostel
 - Tithe naGcarad, House 1 and 2 Castlerea
 - Cois Abhann Day Centre Castlerea
 - Knockroe, High Support Hostel
 - St Joseph's Day Centre Ballaghaderreen
 - Rosalie Unit
 - Approved Unit Roscommon³
 - Day Hospital/Day Centre Roscommon.

1.17 The Team notes that a small number of members of the AMT and some other senior clinical staff in Roscommon MHS refused satisfactorily to engage with it, arguing that the Team lacked independence and had prejudged its conclusions. The Team, therefore, was unable to directly hear and evaluate their opinions and evidence during the information and evidence gathering phase of this Review. The first occasion that the Team received any significant commentary from the majority of these individuals was after the draft report had been completed and shared in redacted form.

This lack of engagement and cooperation by those senior members of staff has been disappointing. Their engagement may have afforded the Team an opportunity to better understand the causes and extent of dysfunction within Roscommon MHS. The Team is however content that this did not prevent it from coming to its conclusions satisfactorily.

The Team has identified areas in the Roscommon MHS that are problematic and makes recommendations which are designed to assist the HSE in improving the services for the population of Roscommon. These recommendations are not intended to replace or to be a substitute for the National Policy, "Vision for Change"; rather they are to complement extant policy.

³ The Approved Unit in Roscommon was visited on two separate occasions and on the second a sample of outpatient medical records was inspected.

Description of Services

Context

1.18 What follows below is a brief summary of the key organisational changes which the health care systems in Ireland, and specifically in Galway/Roscommon, have undergone and have resulted in the current formation of the delivery of services. This is provided in an attempt to understand what effect, if any, the organisational change has had in the development of significant fracturing of inter/intra professional relationships.

Description of Galway / Roscommon Mental Health Services

1.19 Mental Health Services in Ireland have been undergoing significant and ongoing change for over a decade in terms of the organisational structures within which they operate. Until 2004 the Roscommon Mental Health Service was part of the former Western Health Board which, at that time, was one of ten Regional Health Boards. In addition to mental health services, the Western Health Board also included all other health and personal social services for the counties of Galway, Mayo and Roscommon.

1.20 The Health Act 2004 established the Health Services Executive (HSE). It replaced the 10 Regional Health Boards, the Eastern Regional Health Authority and a number of other different agencies and organisations. The HSE became the single body responsible for the provision of health care and personal social services in Ireland. Within the HSE structure, primary and community services were organised at a national level under a Director, with responsibility for Primary, Community and Continuing Care (PCCC) services of which mental health was part. It operated through thirty-two Local Health Offices (LHO) within four regions. In effect, LHOs had responsibility for all non-acute hospital and personal social services. The LHOs equated to the community care areas of the old health board system and in many cases were co-terminus with counties. This was the case in Roscommon. A local health manager (LHM) was responsible for the delivery of all community services within the geographical area and they reported to a regional manager. In 2011, following a retirement, a new lead manager was appointed in Roscommon.

1.21 In 2010 further restructuring commenced with the implementation of seventeen Integrated Service Areas (ISAs). They were designed to create a governance structure which encompassed the services of both the acute hospitals and the LHOs under one system in defined geographical boundaries which reflected patient flows. This proposed structure of integration therefore meant that the thirty-two LHOs were replaced.

1.22 ISA restructuring however to include acute hospitals did not proceed as planned in some areas such as Roscommon. This was mainly as a result of the changed national economic climate which, in turn, led to a further change in government policy which redefined acute services into what subsequently emerged as Hospital Groups. The net effect of the national move towards an ISA structure was that, within Galway and Roscommon, Mental Health Services joined together bringing two mental health areas and county teams into one area known as Galway/Roscommon Mental Health Service.

- 1.23 In 2012, a national pension deal resulted in an exodus of staff from the public health service. This appears to have had a significant and detrimental effect on Mental Health Services with a substantial number of staff leaving and taking with them corporate memory and a significant skills set.
- 1.24 In January 2012, as a result of a vacancy arising in Galway the lead Roscommon manager accepted overall managerial responsibility for Galway/Roscommon Mental Health Services. In 2013 the AMT was formed with this manager as Area Manager assuming sole budgetary responsibility for the service with all Heads of Service reporting directly to her. The Acting Area Director of Nursing (DON) of Mental Health in Roscommon was appointed to the post of DON for Galway/Roscommon in November 2012. This appointment was consistent with a national agreement between the HSE and the Unions whereby applications were “sought from amongst those eligible acting staff in that area” where there were no permanent DONs.
- 1.25 In February 2013, the current Executive Clinical Director for Galway/Roscommon was appointed following interview as the previous post holder had resigned.
- 1.26 The departure from the intended ISA structure to the new acute Hospital Groups presented a national question as to the future structure and arrangements for all community services.
- 1.27 The “*Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group*”, published in October 2014⁴ recommended the creation of nine Community Healthcare Organisations (CHO) for the delivery of all community healthcare (non-acute hospital) services including Mental Health. It was intended that each of the nine CHOs would have a Chief Officer with a defined management structure to include a Head of Primary Care, Head of Social Care, Head of Mental Health and Head of Health and Well-Being.
- 1.28 One of the nine CHO areas recommended was Galway, Roscommon and Mayo (Area 2 – See Appendix2). This area was one of the last to appoint a permanent Chief Officer in September 2015. In the previous nine months an interim Chief Officer assumed responsibilities for Galway, Roscommon and Mayo and the two Area Managers who had been in place since the ISA area structure was developed reported directly to him with local services reporting to them.
- 1.29 It was during this period that the interim Chief Officer identified a series of concerns about aspects of the management of incidents and care and culture within the Roscommon MHS.
- 1.30 It is important to note that, during these organisational changes, service specific national policies were emerging or had emerged for individual care groups. In the case of mental health, the national policy document was “A Vision for Change” which had been developed by an Expert Group on Mental Health Policy on behalf of the Department of Health and Children in 2006. This new national strategy advocated the introduction of “home based treatment teams”, supplemented by a wider range of clinical disciplines e.g. psychologists, social workers, occupational

⁴*Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group*, 2014 – a report outlining the structure for the delivery of all community healthcare (non-acute hospital) services including Mental Health.

therapists and cognitive behavioural therapists, and for “acute illness in crisis” to be managed in the “home setting” as far as was practical. These teams were to provide appropriate interventions to manage the acute illness under the clinical direction of the adult psychiatrist and thereby avoid unnecessary inpatient admissions.

- 1.31 In March 2013, a report was initiated by the HSE (West) and the then Area Manager of Galway/Roscommon to determine the Area’s compliance with the Vision for Change national strategy. Compliance with the Mental Health Commission publication “Happy Living Here” (2007)⁵ was also to be assessed. The final report published in June 2014 concluded that the Galway/Roscommon Area had not yet implemented Vision for Change with the service delivery model more closely reflecting the previous (1984) national strategy “Planning for the Future”⁶.

⁵ MHC report “Happy Living Here 2007 – a survey and evaluation of community residential mental health services in Ireland.

⁶ Planning for the Future, 1984 – a policy document outlining the vision of the shift of resources from institutional services to community services

SECTION 2 – FINDINGS FROM THE REVIEW

Context

2.1 This section details the findings of the Team during the course of the Review and will be explored under the following themes:-

- Organisational change;
- Change management strategy in Roscommon/Galway;
- Capacity of senior management;
- Financial management;
- Team working;
- Supervision/Staff Management;
- Staffing Levels Management;
- Review of Medical Records at the Approved Unit, Roscommon;
- Compliance with relevant national and HSE framework regulations, codes, standards, guidelines and protocols;
- Governance issues.

Organisational Change

2.2 The Health System in Ireland has undergone and continues to experience the impact of major organisational change over a sustained period. By necessity and for a number of years there had been a strong national focus on financial emergency planning with cost control and expenditure reduction measures such as a moratorium on recruitment, employment ceilings, incentivized exit plans for staff and changes to terms and conditions, all of which were aimed at reducing cost and facilitating change. Allied to these changes the policy direction for Mental Health also shifted in 2006 with further emphasis on moving from hospital based to community based, person-centred services.

2.3 Such significant structural, strategic, people and process change particularly over this last four to five-year period presented a major challenge to managers in the Irish health care system. At the same time as implementing this change within a national context of significant uncertainty, and at a time of scarce resources, senior management teams also had to retain focus on their primary task of delivering safe and effective services. Such circumstances require strong transformational leadership and commitment (Ackerman 1997⁷). These circumstances require an organisational vision that articulates future health gains for the local client population and its staff and which encourages movement away from former legacies. In circumstances where organisations merge such as in Galway/Roscommon significant efforts are required by its leaders to create and focus on the new identity rather than perceived loss of the old identity, seen as one of the reasons why people oppose change (Kanter⁸). Regular workshops, communicated updates and examples of best practice – particularly short term

⁷ Ackerman, L. (1997) "Development, transition or transformation: the question of change in organisations" in Van Rynde, D.F., Hoy, J.C. and van Eynde, D.C. (eds) Organisation Development Classics, San Francisco, CA, Jossey-Bass

⁸ Kanter, R.M. cited in Lorenz (1985) "Why people resist change", Financial Times, 29 May 2008 Ackerman

wins – are some of the methods that can help staff, service users and carers to understand and embrace the proposed change.

- 2.4 Undoubtedly, the prevailing national climate of financial control did require specific senior management skills and competencies. The Team has however concluded that there was a significantly disproportionate focus on achieving financial savings within the Galway/ Roscommon Area to the detriment of the delivery of safe and effective services and their modernisation. This is discussed in more detail in page 15 under the heading of financial management.

Change management strategy in Roscommon/Galway

- 2.5 The Team did see evidence of reform and change in Roscommon consistent with Vision for Change. For example, the Team noted and approved of the development of a home treatment based service, the reduction in acute bed numbers including the closure of St. Brigid's an acute unit in Ballinasloe, the introduction of a dedicated Self-Harm practitioner, the introduction of skill mix despite union and staff opposition, the establishment of a Psychiatry of Later Life Team and a movement towards recovery based thinking and practice particularly evident among some practitioners.
- 2.6 There was however no overall coherent change management strategy. Developing a vision (to help the change effort) and a strategy (to achieve the vision) are vital steps in the process of change. While the changes highlighted above are important the Team could not find evidence of a clear and compelling vision or strategy for mental health services in Roscommon. All of the factors needed to create a sense of urgency for change already existed: for example, the economic downturn, new national mental health policies and the creation of a new organisation. These provided opportunities to begin to modernise a mental health service for the benefit of the local population which were largely missed. There still remains an opportunity to create a new identity and culture as Mayo/Galway/Roscommon is a relatively recently formed organisation. The legacy organisations that existed hitherto need to be unified in a single shared vision for services with all stakeholders inputting into the new way forward. This was essential but, at the time of this Review, had been neglected. The opportunity now exists, for example, to further embed the Advancing Recovery Programme locally and the Team is aware that significant progress is being made in this area.
- 2.7 Over the period of this Review there have been significant changes to senior management personnel and in senior clinical leadership positions particularly within the Roscommon area. The new management teams must re-engage with staff, service users and carers regarding the need for change, the vision for the future and the strategy to achieve this. There are already encouraging signs that they are seeking to do this. In view of the scale of change needed, the number and complexity of improvements required in Galway/Roscommon and the potential inexperience of newly appointed managers, the management team will need external support. The Team understands that, at a national level, the HSE plans to build managerial capacity through a Coaching and Mentoring Framework and accredited Multidisciplinary Leadership and Management Development Programmes, to include middle management. The Team recommends that

managers within Galway/Roscommon are given priority on such management development programmes.

Recommendation 1 – A formal, timetabled, programme of mentoring should be in place for senior executives in Galway/Roscommon. This should include planned time to allow reflection on the direction of travel and to develop strategic thinking, aligning their priorities and strategies consistent with Vision for Change and other national priorities.

- 2.8 Inevitably under circumstances where there was no clear vision or strategic direction, staff in Galway/Roscommon were not sufficiently or appropriately engaged. This led to widespread friction and tensions particularly between some senior managers and staff groupings. Industrial relations are a key feature of major management of change and insufficient attention was given to resolving major areas of conflict. A significant number of contributors to the Team, complained, for example, about the lack of strategic direction; adding that senior nursing staff up to and including the DON, tended to focus on minutiae such as operational staff roster issues rather than on strategy.
- 2.9 A smaller number of contributors were keen to stress the positive aspects of working within the area and were complimentary towards senior leaders particularly the DON. They pointed to the positive developments that had occurred within Roscommon MHS. Similarly, they felt that what they saw as the antagonism of some individual members of unions towards management had adversely influenced staff. Negative stories about the Service were appearing in the local press – adding to the sense of an embattled Service and leading to further enmity and suspicion among staff and managers about their source.

These staff stated that Ireland's mental health services are dominated by unions. Cut and thrust between management and unions is not abnormal in an employer/employee relationship. Whilst it does seem to the Review Team that professional relationships between some staff members and some senior medical and nursing staff had deteriorated to an extent that they had broken down, it is also the view of the Review Team that those individuals who engaged in the process with the Review Team appeared to do so in a *bona fide* manner.

Allegations however about conspiracies against certain senior staff were most prominently highlighted to the Team after the draft review report was completed and shared in redacted form. Furthermore, a small number of these staff have now alleged that some of the staff who were interviewed by the Team were "active participants" in the malicious campaign of conspiracy. It is stated that a Protected Disclosure has recently been lodged which apparently claims that a group of staff in Roscommon and other senior managers have engaged in a conspiracy targeting certain identified senior staff. The Team expects that any such Protected Disclosure will be dealt with through the normal HSE processes. The HSE is aware of these very recent allegations and, in advance of sharing this report with the HSE, the Review Team informed the HSE of its expectations in this regard.

The Review Team is satisfied that it made every effort to meet with, or receive written correspondence from, any and all staff, patients and carers who wished to make a submission.

- 2.10 During the course of the Review the Team met with union representatives. It also met with a number of witnesses who felt the unions appropriately represented their views. It was evident to the Team that relationships between some members of the AMT and the unions were strained, distrustful and divisive with polar views being held about what was best for Roscommon MHS. This negatively impacted on service delivery. The Team recommends that significant efforts need to take place on both sides to change the nature of future management/union relationships with a starting point being recognition that services must modernise and change, consistent with Vision for Change, for the benefit of service users. It is important that key stakeholders collaborate to highlight good practice and new initiatives to the wider public as part of a deliberate confidence building policy with the general public. Senior managers will have a lead role in this and in re-establishing effective working relationships with union representatives in Galway/Roscommon.

Recommendation 2 – *An effective Joint Negotiation Forum between staff side and management should be reinvigorated which meets at agreed intervals with agenda, minutes and agreed actions shared.*

Recommendation 3 – *The Area Management Team should develop a media strategy which can proactively highlight good practice and will respond in an appropriate and timely manner to concerns raised by local media and elsewhere about the Service.*

Capacity of Senior Management

- 2.11 The capacity of senior managers to implement change is also dependent on their skill set, experience and knowledge. The Team has concluded that the numerous structural changes within the Irish Mental Health Service over several years have depleted the service of skilled experienced senior managers and inadvertently led, on some occasions, to excessively rapid promotions. Some individual managers therefore did not have the opportunity to gain or be offered relevant training, mentoring, experience or understanding to lead a complex organisation. The Team did particularly want to explore the views of the Area Manager on this issue. However, this individual did not meet with the Team during its Review.
- 2.12 The Team found evidence of mistrust among some members of the AMT which impacted on its effectiveness. The Team noted, for example, the failure of the AMT appropriately to performance manage the corrective actions required by the Mental Health Commission within the designated time period in relation to a report into a High Support Hostel. The Team also found other examples which demonstrated an under-development of a performance management culture and of performance

systems such as the poor organisation of outpatient appointments including the management of non-attendees, lack of performance management with difficult staff situations, activity levels in other services and lack of formal supervision arrangements.

Recommendation 4 – Galway/Roscommon Mental Health Services must develop a strong emphasis on performance management at all levels within the organisation. Monthly performance and accountability review meetings should be initiated and chaired by senior managers within the organisation. Standard agenda items should include performance reports against national safe and effective care targets, progress reports against national investment initiatives and workforce and efficiency reports covering issues such as absenteeism, appraisals and financial position. Areas of underperformance can then be highlighted and addressed in order to achieve effective levels of performance.

Financial Management

- 2.13 In 2012, per capita funding for mental health in Galway/Roscommon was €224 which was higher than the national average. In 2013 Galway/Roscommon, with less than 7% of the total population had more than 10% of the total mental health staffing budget. Much of this local resource was tied up in excessive bed numbers including hostels. The movement of services away from an overreliance on bed based provision should have freed up monies some of which could have facilitated the area to move towards the model of care envisaged in Vision for Change.
- 2.14 There was undoubtedly capacity within the system to effect savings while at the same time investing to modernise services and as a minimum, to maintain safety and quality. The Review Team recognises that decisions on savings and targets in the preceding years were heavily influenced at national level through controls such as authority to sign off recruitment. The Team was nevertheless surprised to learn of the level of funding returned or retracted to the HSE for the Galway/Roscommon Area. The total level of funding returned by Galway/Roscommon was as follows:
- 2012 €4.57m
 - 2013 €6.91m
 - 2014 €6.19m

This loss of funding took place at a time when there was already evidence that the Area had been slow to implement changes required under “A Vision for Change”. Some AMT members stated that they were not party to the decision making process with respect to financial savings as these decisions were taken by the Area Manager and the HSE.

- 2.15 The requirement of members of the AMT to develop a coherent local Vision for Change implementation plan was a primary part of their responsibility as confirmed by job specifications at the time of appointment(s). A slowness to effect this change however was confirmed with the publication of the Expert Review Group on Community Mental Health Services in Galway/Roscommon in 2014.

- 2.16 Nursing staffing levels in Galway/ Roscommon saw a significant net reduction of 155 nursing staff 2011-2016. The scale of this reduction appeared to the Team to have been disproportionate, notwithstanding the prevailing economic climate. The Team could not find satisfactory evidence that key senior managers within the AMT had given sufficient thought to the potential impact of budget and staff cuts on the safety and quality of patient care. Numerous past enquiries have highlighted the importance of keeping the needs of patients as the top priority within Healthcare. Following publication of the Mid-Staffordshire NHS Foundation Trust⁹ Public Enquiry in February 2013 in the UK, Clare Gerada of the Royal College of General Practitioners said "*At a time when the (Health Service) is under greater than ever financial pressure, it is imperative that the needs of patients are put first, and that cuts are not made which could jeopardise the safety of patient care.*"
- 2.17 Budget management and control is always important; and there was increased focus on it locally and nationally given the economic climate. In Galway/ Roscommon it appears that local budget management and control was the exclusive domain of the Area Manager. The Team was advised that little financial information was shared with other AMT colleagues. The consequences of this approach made it difficult for other senior managers to make informed decisions on staffing, recruitment, rotas and modernisation of services.
- 2.18 The above said, delegation of budgets down to various levels of service management is not common practice in the health service within Ireland. There are many advantages to be gained by delegating budgets to Heads of Service within any organisation. It assists them to understand what is expected of them and helps them know the limits to which they can expend, helping service planning to be definitive. It is also an acknowledged method of controlling costs and eliminating waste thereby promoting economy and efficiency. Delegated budgetary authority encourages members of the management team to exercise initiative and judgment within budgetary limits. It increases appropriate autonomy and makes an individual feel valued and involved in the service. It is also, therefore, an important technique in management control.

Recommendation 5 – *The HSE should consider delegating budget authority further down its organisations than is currently the case. The advantages of this greatly outweigh the disadvantages. It leads to greater accountability and ownership and prepares staff for more senior roles in a managed and effective system.*

Team Working

- 2.19 Multidisciplinary Team (MDT) working is internationally recognised as an important mechanism within Mental Health Services for promoting client wellbeing and delivering on improved holistic outcomes for patients. In October 2012, the National Institute for Health Research in the NHS (UK) published a report on the

⁹ Mid Staffordshire NHS Foundation Trust Public Inquiry 2013– public enquiry established to examine why serious failures in care occurred in Mid Staffordshire NHS Foundation Trust.

“Effectiveness of Multi-Professional Team Working (MPTW) in Mental Health Care”¹⁰. This report identified key predictors of effective Community Mental Health Teams (CMHTs) which included team participation in decision making, regularity of meetings, trust, honesty, safety, respect and support among team members. The report found that effective teams were characterised by positive attitudes to change which included the team seeking out ideas for new and improved ways of providing high quality care. The report also argued that successful teams needed leaders who continually clarify vision, purpose and team objectives. Such leaders also help team members to clarify their own roles and objectives. It concluded that effective leaders manage the organisational context, negotiate for appropriate resources, lead inter-team cooperation and manage change effectively. Often they have a leadership style that effectively manages intra and inter-team conflict at all levels.

- 2.20 The Team found evidence of destructive conflict at many levels within the Roscommon Service. There was evidence of conflict between some members of the AMT, and evidence of perhaps irreparably damaged relationships between some Directors and their direct reports, between members of the two multidisciplinary adult community teams in Roscommon and within the Approved Unit. This marked lack of team cohesion throughout services compromised their overall safety, quality and effectiveness.
- 2.21 These ongoing inter-personal relationship difficulties were recognised for some time by the organisation, which attempted to clarify the problem areas by commissioning diagnostic analyses by organisational development consultants, the first beginning towards the end of 2013 and the second towards the end of 2014. The first of these was diagnostic in approach and found that morale was very low overall with a lack of planning for the whole mental health nursing service in Galway/Roscommon. Other issues identified included: few decisions made using a team approach; the experience and expertise within the nurse management team not fully valued or utilised; unclear authority boundaries; and a general lack of consultation. The analysis concluded by recommending that: the structure and function of the nurse management team should be reviewed and roles clarified; the team should agree a philosophy of nursing moving forward and produce a development plan for the whole of the Galway/Roscommon area; and the DON would benefit from one to one coaching to support her taking up her role fully. The consultant concluded that, unless commitment was given to the process, it *“is very difficult to see a way forward”*. In fact, the evidence the Team has garnered indicates that relationships continued to deteriorate after this report was produced. The Team was advised that the DON, from the outset, was not in favour of the diagnostic assessment conducted by the organisational consultant and considered it unnecessary. Were that indeed the case (the DON refused to meet the team on a second occasion when clarification would have been sought) the Team would be surprised by such an attitude.
- 2.22 There were delays in feeding back to the ADONs the outcome of this diagnostic assessment.

¹⁰ “Effectiveness of Multi-Professional Team Working (MPTW) in Mental Health Care” October 2012 the National Institute for Health Research

- 2.23 The Area Manager, having received the diagnostic report, set up meetings with the DON and Executive Clinical Director. The Team however could not find any significant evidence of action either on the report's findings or on the commitment which had been recommended to put a new process in place. The Area Manager initiated a further engagement with another organisational consultant in late 2014 and it would appear that this too did not improve the overall relationships.
- 2.24 It is evident to the Team that many relationships within the Roscommon Service appear to have broken down irreparably. Attempts to improve these relationships were inadequate and, as a result, relationships deteriorated further. The Team is of the opinion that it will effectively be impossible to implement the required cultural change without significant investment in relationship building at a number of levels. During the course of this Review there have been a number of personnel changes at senior management level and the opportunity exists to increase overall effectiveness of performance.

Recommendation 6 – *In light of the above, the employing authority must (giving regard to due process and respective rights of all relevant parties) consider some mechanism to seek to repair the relationships within the Roscommon Service.*

Recommendation 7 – *There must be clarity on the role and responsibilities of ADONs which value and respect the experience, knowledge and skills required of such post holders. These responsibilities should reflect an appropriate balance between operational and strategic management.*

Recommendation 8 – *Team building measures within the Nursing Directorate should be commenced as a matter of urgency. In addition, a specific senior management development programme should be considered for ADONs to strengthen competence in areas such as performance management, financial management, strategic and business planning.*

Recommendation 9 – *A Strategic Plan/Nursing Strategy should be developed for mental health nursing. The Plan should aim to drive innovation, safe and effective care and assist in improving recruitment and retention within the profession.*

Multidisciplinary Working

- 2.25 The Team was concerned about MDT working arrangements at all levels within Roscommon. On two occasions the Team found it necessary immediately to refer specific information to the HSE and to the local AMT in line with expectations set out in the Terms of Reference for this Review, as it considered patient safety was immediately and directly threatened. It is the view of the Team that both situations should have been dealt with sooner and reflected levels of tolerance within the local Roscommon MHS which had the potential to compromise patient care and patient safety.
- 2.26 Overall the Team found that the majority of staff interviewed felt frustrated, disillusioned and unsupported within the multidisciplinary team setting. While there were many examples of good practices and a strong sense of professionalism amongst staff, there were numerous examples of an absence of effective multidisciplinary working which included inter alia:-
- Lack of meaningful clinical discussion, especially in one team;
 - Atmosphere of hostility particularly evident in the same team;
 - An absence of direct referrals between specific members of a team;
 - Complaints about patient consultations. These complaints were mainly confined to a specific area;
 - An allegation that a member of staff advised a patient not to disclose his/her clinical details to another member of the MDT;
 - A member of staff refusing to discuss patients in the presence of certain other staff during MDT meetings;
 - One member of staff refusing to work with other team members;
 - Concerns that on a significant number of occasions, core assessments were not completed at the first point of contact;
 - A manager being advised by a senior medical colleague that a specific issue of significant local importance would be “best dealt with” at local sector level as opposed to raising it with AMT.
- 2.27 These are some examples of the level of conflict evident within Roscommon MHS. It was widespread, increasingly pervasive and central to the escalating dysfunction of the MDTs. There is evidence that professional leads/heads within Roscommon did make efforts to address areas where there was conflict within teams or between individuals. However, two of the individuals centrally involved did not avail of an offer of mediation.
- 2.28 The delivery of safe and effective care within mental health services is reliant on the effectiveness of the MDT working. Team working is most effective in an environment where leaders and managers have developed a culture of staff engagement. There were significant shortcomings in the level of staff engagement even at a basic level of day-to-day decision-making. Too many staff felt unable to contribute meaningfully to improvements in their work. It follows that such strained inter-professional relationships did little to support the team delivering to its full potential.

- 2.29 A focus on team building is essential given the range of issues identified by many of the participants. The importance of creating a culture where innovation and quality improvement are seen as the norm cannot be overstated. This, together with effective reward initiatives, supervision and appraisal provide an organisation with an environment that is conducive to retaining and recruiting quality staff. Team building provides the foundation on which to build an effective workforce.
- 2.30 The Team was persuaded by the reports of a significant number of staff of a culture dominated by interpersonal conflict. Several examples were provided where staff who disagreed with or challenged senior nursing management were accused of incompetence. In this context staff concerns did not appear to be properly considered.

Recommendation 10 – Senior leaders within the organisation should develop a strategy for direct engagement with staff. Implementation of such a strategy should help focus on the rebuilding of confidence and trust between management and staff.

Recommendation 11 – A range of formal team building initiatives should be considered and developed, for Roscommon teams. These may include initiatives such as the Aston Team Journey¹¹. Team building measures should also include clarification on roles and responsibilities of team members including expectations on involvement in decision making about patient care.

Recommendation 12 – The organisation should consider adoption of recognised quality and service improvement tools which best fit the local context for example International Organisation for Standardisation (ISO), LEAN, Choice and Partnership Approach (CAPA), Productive Ward, and Plan, Do, Study, Act (PDSA).

Recommendation 13 – Human Resource practices should ensure effective appraisal systems are in place for all grades of staff to include a focus on individualised objectives and personal development plans. Consideration should also be given to the introduction of staff innovation awards to develop an improved organisation culture.

The Human Resources (HR) department using existing national policies should cascade training to all staff highlighting the importance of raising issues where there is concern about the quality of care being delivered to service users.

¹¹ Aston Team Journey - is a team assessment and development tool for team leaders to use with their teams. It improves performance by giving team leaders a structured, practical 'tool-kit' they will value

Supervision/Staff Management

- 2.31 Supervision is associated with higher levels of job satisfaction, improved retention, reduced turnover and greater staff effectiveness. Having supervision arrangements in place may increase the employee's perception of organisational support and improve commitment to the organisation's vision and goals. Supervision is linked to good clinical governance, quality improvement, improved management of risk and increased accountability.
- 2.32 Supervision is an important element in embedding a culture of professional reflective practice and provides an assurance to the public that staff operate in an effective, safe manner and learn from issues that emerge. It assists in mitigating risk and has a strong influence on professional development and learning.
- 2.33 Supervision should be at the core of the culture of the organisation, crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services. Supervision guidelines should receive prominence and attention within the service.
- 2.34 Supervision Guidelines for Health and Social Care Professionals were issued by the HSE in HR Circular 002/2015 on 13 February 2015¹². During the period of the Review these guidelines had not been fully introduced although there was evidence of pre-existing supervisory arrangements in psychology, social work and occupational therapy.
- 2.35 In nursing, supervision did not appear to be organised on a formal basis and a number of staff interviewed were unaware that there was an extant HSE policy on supervision in place. Ad hoc arrangements or individually agreed peer support were primarily used to support staff. There was no evidence of formal supervision for the ADONs.
- 2.36 The Team found no evidence of satisfactory supervision for consultant medical staff.

Recommendation 14 – *Formal regular supervision should be put in place across all Service areas, including consultant medical staff, consistent with the guidelines issued by the HSE. (See also recommendation 18).*

Management

- 2.37 A significant number of clinical staff interviewed were unhappy with many elements of the management style. Several nursing staff reported to the Team that, if they challenged managerial decisions, they were heavily criticised. A hierarchical management style within Roscommon of local medical dominance was viewed as permeating the system.

¹² HSE HR Circular 002/2015 – Supervision Guidelines for Health & Social Care Professionals

- 2.38 Many of the staff interviewed felt that they had no other option but to comply and accept the prevailing management culture. Many feared that there could be negative consequences if they argued an opposing viewpoint. The usual response, they argued, was acquiescence and “keeping your head down”.
- 2.39 The systems and processes normally in place to support staff delivering change were not present. This is a significant issue given that change management of this nature requires proper preparation, planning and implementation to ensure staff are delivering to the corporate agenda.
- 2.40 As already noted, the Team found little evidence to suggest that there was a truly shared vision for Mental Health services in the Roscommon area. Failure to provide effective clinical leadership was central to the dysfunctionality that prevailed.
- 2.41 Over a period of a time there was clear disharmony across a range of professionals and one manifestation of this was the levelling of anonymous complaints, Trust In Care, Dignity at Work and Protected Disclosures.
- 2.42 The anonymous complaints against a number of senior nursing personnel were subject to an initial screening conducted by the Human Resources/Employee Relations (HR) department. Following a review of the anonymous complaints HR concluded that the “...overall conclusion is that none of the individuals named in the anonymous letters, have a prima facie complaint of a disciplinary, Dignity at Work or Trust In Care nature to answer, at this time”.
- 2.43 On the basis of analysis HR decided that it could not establish factual detail given that they were anonymous letters which, in its view, may have been penned by two people only. It was satisfied with the explanations given by the staff members of the behaviour and actions called into question by the complainant(s). The report also stated that the anonymous complaints “*may be cloaked in the virtuous veneer of a protected disclosure but my overwhelming sense of these anonymous letters is that they are best suited to the description of poison pen letters*”.
- 2.44 It could be argued with some justification on the basis of the findings from the HR Review that there were malign forces at work in Roscommon MHS to undermine key individuals. However there appeared to be no overall coherent and collective senior management approach to either recognise the extent of the problems or effectively deal with them.

Effective supervisory policies help to defend against a system in which staff feel disempowered and improve their confidence in ‘the organisation’ which is thus strengthened in its capacity to be reflective and learn from its greatest asset, its staff. There is value in having systems which allow staff to raise concerns: whistle-blowing and a duty of candour must remain an option for staff when other mechanisms fail.”

- 2.45 The Team notes that, among others, Cathy Warwick of the Royal College of Midwives argued for the duty of candour following the publication of the Mid Staffordshire report. “*We hear far too often from midwives who are genuinely petrified about raising the alarm bell over poor quality of care,*” she said. “*They fear that senior managers will come down on them hard simply for raising concerns*”

...NHS staff must never again be afraid to raise concerns about standards of NHS care. Today must be a watershed for the NHS'.

Staffing Levels

- 2.46 At a point in the development of the organisation the prime focus was on cost cutting and this resulted in significant delays in appointing posts particularly when staff left. This, allied to a clear reluctance not to replace posts, led to a situation where many services areas were greatly depleted from a manpower perspective. This appeared to have affected the nursing and administrative areas predominantly.
- 2.47 Staff shortages were most acutely evident in the day centres and hostels. The Team was advised that, at times, one staff member would be left to manage the patients and the activities associated with the unit. Staff were clear that there was gross under-manning and that, essentially, the Service provided was often little more than custodial. Further, they were insistent that when they sought to access additional staff from senior management it was not always forthcoming, or there were delays in the decision making process so that staff would no longer be available to roster on duty. One member of the AMT insisted that information was consistently sought regarding nursing numbers within Galway/Roscommon and that accurate numbers were never forthcoming.
- 2.48 The Approved Unit staffing appears to have remained fairly constant but the Team was told that staff were occasionally moved from the Unit to shore up vacancies elsewhere in the system, and this created its own problems. The Team was advised that staff were often left to manage units without having an awareness of the risks associated with patients' presenting conditions or histories.
- 2.49 A recurring theme amongst interviewed staff was that when staffing issues were raised with senior management, nothing was done to address the underlying problem. The focus was on cost containment to the detriment of quality care, they thought. The Team was persuaded by these reports, and considered that these practices were not reflective of a safe and effective service, and instead represented a clear and unnecessary risk to patients and staff.
- 2.50 One memorandum dated 19 April 2016 noted that, over time, a shortfall had developed of around fifty nursing and support grades in the Roscommon area alone. A shortfall of around one hundred is suggested for the Galway region. These figures have been confirmed by the HR and salaries departments. Around the same time as these reductions in nursing and administration personnel, medical and allied health professionals increased significantly in numbers. In total seven new Consultant posts were appointed to Galway/Roscommon.
- 2.51 Working with reduced numbers has a potential impact on the safety and quality of the care that can be provided to the population of Galway/Roscommon and addressing this must be a priority for the service.
- 2.52 Many staff reported to the Team that they felt pressurised by local Roscommon management, not feeling safe at work due to staffing levels and the policies and procedures with which they were directed to work. A number of nursing staff

reported to the Team that there were limited opportunities to develop their clinical practice in comparison to other professions, for example Occupational Therapy.

However, the Team has seen persuasive evidence that major changes were underway following the appointment of an acting Area Manager in 2015 who had the sole responsibility for mental health services in the area and who identified safety and effectiveness as the Service's top priorities. This post was created as a result of the interim Chief Officer's and the National Director's concerns about the Galway/Roscommon MHS.

Recommendation 15 – *The Service should conduct a training needs analysis of its staff which will help chart future professional and personal development consistent with the organisational goals and strategy and patient needs.*

Review of Medical Records at the Approved Unit

2.53 Two members of the Team visited the Approved Unit and reviewed a number of outpatient medical records of two Consultant psychiatrists.

2.54 Medical records serve a number of purposes:-

- They are the documentation of the assessment, diagnosis and treatment (and treatment plan) of a patient;
- They inform other clinical staff involved in, or taking over, the care of a patient; and
- They provide a record in case of dispute of the quality of assessment and treatment.

2.55 It is a requirement of healthcare providers that an adequate record is kept of an individual's medical care.

2.56 With the development of MDT working, this requirement has become, if anything, more salient over the years.

2.57 The medical records of one clinic each supervised by Dr. A and Dr. F were examined, following concerns about record keeping raised by the staff interviewed by the Team. These are the same consultants discussed in 2.53 above.

2.58 The quality of the medical records of the patients attending Dr. F's clinic was satisfactory. That of the records of Dr. A was wholly unsatisfactory. Of the seven patients directly reviewed at the clinic by Dr. A, three had no handwritten records. (It is possible, of course, that records were written but not filed properly). Of the remaining four, each contained a date, signature and was legible, but contained inadequate information. This would be acceptable if written correspondence (typically, a letter to the General Practitioner) was satisfactory, but it was not. Six of the seven sets of notes contained such correspondence but, again, these were insufficient. None contained a diagnosis. Two contained partial information about

medication, the others no information at all. Information about follow-up was satisfactory.

- 2.59 These records fell below those required of a practising clinician. They did not provide adequate information about the assessment of the patient at the clinic.
- 2.60 The Team was surprised by both the inadequacy of Dr. A's medical records and the fact that concerns had not been raised by fellow clinicians – especially by other consultants, who cannot have been unaware of this issue. Had a system of appraisal been in place, the Team is confident that this would have been identified at an early stage. The UK's system of appraisal for doctors requires 360-degree feedback from colleagues, other professionals and patients, benchmarked against peers.

Recommendation 16 – *The Service should develop a system of auditing on a regular basis the standards of clinical records, benchmarking this against a pre-agreed quality standard.*

Recommendation 17 – *Consultant A should review, together with his Executive Clinical Director, his current practice and standard of clinical recording. The organisation should consider whether any further management action is required.*

Recommendation 18 – *Medical appraisal/revalidation – Consideration should be given to formalising annual medical appraisal, including 360-degree appraisal.*

Compliance with relevant national and HSE framework, regulations, codes, standards, guidelines and protocols

- 2.61 The relevant national and HSE frameworks, regulations, codes, standards and protocols were in place within the organisation. Their application and how training on these was cascaded to all personnel was often patchy. The Team notes that the MHC inspected the Approved Unit each year and provided generally positive reports.
- 2.62 The development of services was not afforded the level of planning and preparation that would have been expected or anticipated. The Intensive Home Treatment service was initially manned by staff moved from the Approved Centre in Roscommon. Developments of this nature, laudable in themselves, require proper planning and preparation of staff. Training, development of referral criteria and development of operational policies and procedures should be completed well in advance of any new service commencing: this was not the case with the Home Treatment service. Allied to this should have been a set of defined standards or objective measurements of success: what, for example, were the expected metrics,

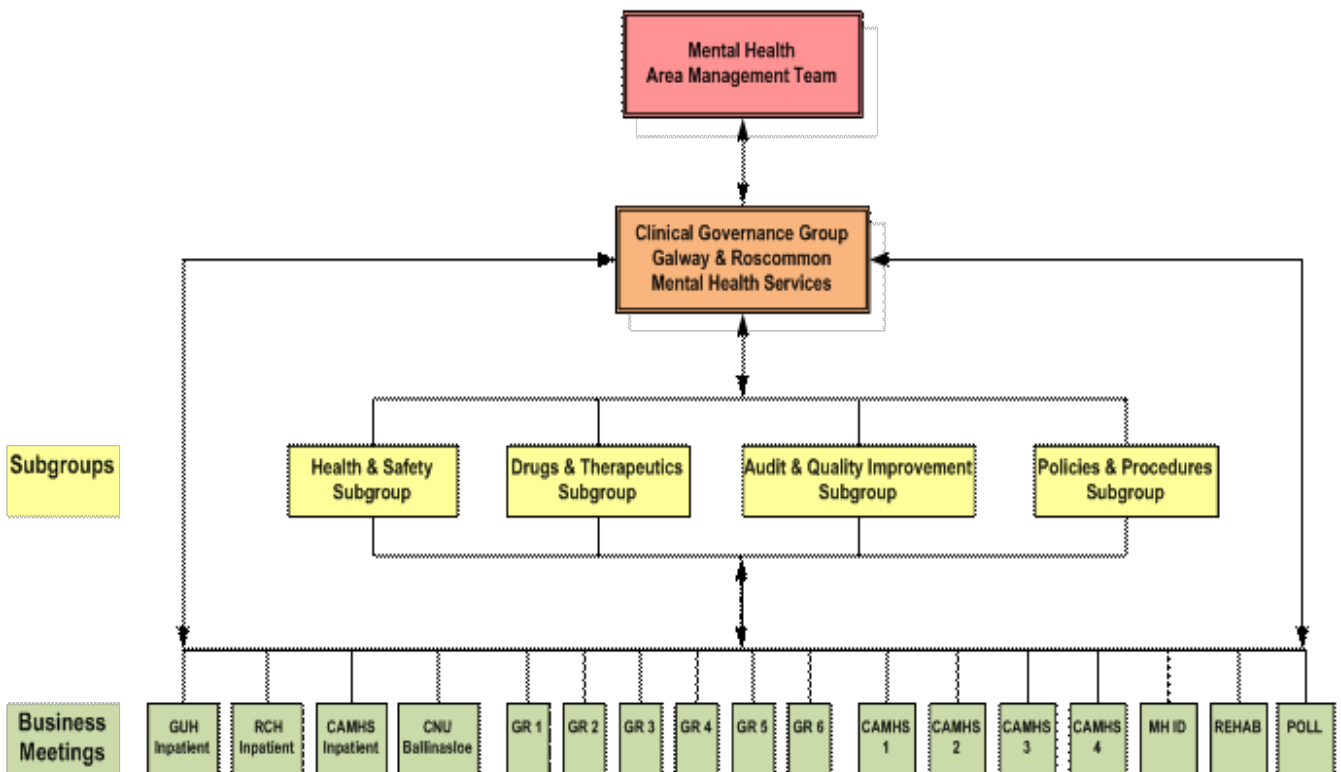
uptake rates, admission rates and reduction in acute beds? While there was a working group established on this, there was not a clear articulated mission statement for the Roscommon service. The service was still developing the operational policies and procedures in relation to this service in 2016. The Team was also advised that a number of service areas did not have up to date operational policies in place.

Recommendation 19 – All service areas across Roscommon Mental Health Services should be reviewed to ensure that they have an operational plan which includes, as a minimum, purpose, function, vision, and admission and discharge policies.

Governance Issues

2.63 The service’s overarching governance structure is represented below and outlines the organisation’s approach to governance which, the Team understands, is replicated across the Irish healthcare system. At a local level, the Service operated a system of governance through their business meetings which consisted of representatives across all disciplines. There were a number of these groups across Galway/Roscommon reporting in to the overarching clinical governance committee. Figure 1, below, describes this in diagrammatic format.

Figure 1 – Governance Structure for Galway and Roscommon Mental Health Services 2015.



- 2.64 The structure is appropriate and consistent with most international models for health care governance. Each subgroup works to a specific action plan which is reviewed annually and progress reported to the overarching clinical governance group. Critical to the success of any governance model is the openness and transparency of dealing with any critical issues/incidents that arise from time to time. It requires organisational maturity, leadership, tenacity and resilience to ensure that learning is central to the ethos of the organisation.

Leadership for Clinical Governance

- 2.65 Roles of leadership and corporate responsibility were confused. The team heard contradictory opinions on who carried accountability for Clinical Governance. For some it was the Clinical Director, for others the Executive Clinical Director and for others still it was the DON.
- 2.66 This uncertainty was of much concern to the Team. One Director should be responsible for governance: essentially, the buck must stop with him or her. The alternative, of shared responsibility, leads to dilution of accountability: if everyone is in charge, then really no one is. While all parties have a role in governance the Director responsible must provide the clinical leadership to ensure that systems and processes are robust and that lessons are learned when things go wrong.
- 2.67 A process of cascading what is discussed at governance meetings is essential in ensuring that all levels of the organisation are familiar with the key risk areas. The Team reviewed the minutes of the local business meetings for Roscommon and concluded that information was not satisfactorily disseminated to operational staff; and this conclusion was supported in the interviews it conducted with staff. At times, the system became burdened with bureaucracy. There should be a standard operating procedure which would enable the appropriate sharing of the outcomes of meetings.

Overall the team was concerned about governance within Roscommon on a number of fronts such as the mix of residents in hostels, hostel emergency admissions, reporting of incidents and the apparent lack of risk assessment processes at times of staff reductions. These will be dealt with in subsequent sections.

Recommendation 20 – *A Standard Operating Procedure should be developed to agree circulation of the minutes of governance meetings to relevant parties throughout the organisation.*

Recommendation 21 – *Members of the AMT should have clear, written job plans outlining the roles allocated to them. In particular, there should be explicit and accountable responsibility for Clinical Governance.*

Service User Engagement

- 2.68 In order for the organisation to provide high quality care it must work in partnership with patients and carers. This includes gaining a better understanding of the priorities and concerns of those who use the service, by involving them in consultation, including policy and planning developments.
- 2.69 The 2015 Operational Plan for the Mental Health Division¹³ outlined a number of service priorities which included ensuring that the views of service users are central to the design and delivery of services. It recommended that the Service should:-
- *“Build capacity of service users, families and carers to influence the design and delivery of mental health services by identification and delivery of the required training interventions; and*
 - *Develop mechanisms for the participation of service users, families and carers in the decision making process of mental health services at local and national levels by full establishment of the Office of Service User Engagement as an integral component of the Mental Health Division and the appointment of a service user member on each of the mental health management teams”.*
- 2.70 Both of these recommendations have their origins in a “recovery based” model of practice for mental health services.
- 2.71 Mental Health Services in Ireland have been promoting recovery based principles and practices for many years. More recently HSE led initiatives such as Advancing Recovery in Ireland (ARI) have been instrumental in supporting continued growth in recovery practices through the development of locally based recovery groups. These local groups, which are made up of service users, family members, and HSE staff, are successfully implementing a wide range of practices throughout Ireland including the development of recovery colleges, appointment of peer support workers and delivery of recovery principles training.
- 2.72 Recovery based practices have the potential to transform mental health organisations; however to do so they must be driven and supported by all senior managers. It requires organisations to examine their own cultural environment and to be committed to the reconfiguration of services to ensure meaningful service user involvement and partnership.
- 2.73 The Team met a number of staff in Roscommon who are actively seeking to promote recovery based practices and there was evidence that recovery based principles and practice have been embraced by key members of the management and clinical teams. Nevertheless, there was a strong sense within Roscommon that a “medical model” of intervention still dominated and in which the patient’s perspective had less importance. The Team concluded that patients tended to have a more passive role in Roscommon in service design/delivery and in their own care and treatment than is the case in many other mental health organisations.

¹³Mental Health Division: Operational Plan 2015 HSE

- 2.74 The Team was persuaded that patient engagement, not consultation, tended to occur *after* a decision was made, for example in the closure of a facility and the assessment of residents in a Unit for potential relocation. The Team was concerned about the process for and approach to dealing with formal complaints.

Recommendation 22 – *The organisation should, as part of its local Vision for Change implementation plan, prioritise organisational objectives that will further drive the development of recovery based practice. The Implementing Recovery through Organisational Change (ImROC) methodology should continue to be rolled out as part of this recommendation. The operational plan should contain agreed actions with a timetable of planned activities on a yearly basis.*

Recommendation 23 – *Consultation with patients and families should be given a higher priority. The Service should take cognisance of the distinct roles that each has to play in the continuity of care, the provision of safe and effective care, and service development.*

Recommendation 24 – *The organisation should provide training to staff and managers on the value of complaints and on its complaints procedures thereby ensuring that complaints are welcomed and are used to improve services.*

Staff Management

- 2.75 A vital component in ensuring good governance is through effective staff management. This is an essential pillar in the provision of providing high quality care. Skilled staff working in an efficient team and in a well-supported environment is conducive to the delivery of patient centred care. The Team is satisfied that the Roscommon Mental Health Service has highly skilled and motivated staff. However, the fractured interpersonal relationships between key members of the MDT, noted earlier, prevented the development of a therapeutic network where collegiality is central. The result of this was a system where staff felt unsupported clinically, to the detriment of safe and effective care for patients.

Incident and Risk Management Learning

- 2.76 The Team was satisfied that staff across Galway/Roscommon were provided with specific training on governance and also on incident management. This reflected updated training on the new incident policy from the HSE which was introduced in 2014¹⁴.

¹⁴ Safety Incident Management Policy – Health Service Executive 2014

- 2.77 However, the application of such policies and procedures has been unsatisfactory; the Team found evidence of several cases that had not been reported in line with extant guidelines.
- 2.78 One example among several found by the Team was a situation in which a patient in the Approved Unit used an aerosol as an improvised flamethrower. This was remarkably dangerous, and local and national learning should have resulted: it warranted a separate Learning Letter to advise staff across all mental health services of this potential problem. However, the incident does not appear to have been discussed beyond the Roscommon Approved Unit. This was not an isolated example of the system's failure to cascade wider reflective learning.
- 2.79 More generally, there was not in place a robust system of sharing lessons across the whole of the organisation in a systematic timely manner. The Team was provided with copies of an initial Local Incident Learning Notice 1 (16 September 2014; with an updated version, 11 November 2014 [see Appendix 3]) which was an attempt to disseminate learning across the Service under the cover signature of the Area Manager. Many of those interviewed by the Team were unaware of its existence. "Lessons learned letters" are important and extensively used across health care systems but they need to be timely and relevant. This Notice was much too detailed and wide ranging to be of practical value. It concluded: *"All services must consider the above learning points and how they might apply to the delivery of services in their area with the sole aim of preventing future incidents from occurring as far as is reasonably practicable"*, which the Team considered hopelessly vague. The Notice did not determine who was responsible for carrying out actions recommended. There was no audit to assess its effectiveness. A performance management system in place to audit compliance and provide assurance would have reinforced any accountability framework in place and helped embed learning in practice. The Team is aware that this system is now being enhanced and welcomes this.
- 2.80 The Team was advised that at the overarching governance committee Roscommon (GR6) regularly and implausibly reported no issues of concern from their area. The Team was told by several interviewees that the concerns they raised at the local business meetings were not escalated to the overarching committee.

Hostels and Day Centre/Day Hospital Services

- 2.81 The Team visited several hostels and day services within the Roscommon area and overall was not impressed by the general environments. The Team is aware that in 2007 a national survey and evaluation was undertaken of community residential mental health services titled "Happy Living Here". This document made recommendations under four main headings - the way forward for rehabilitation and recovery, the way forward for current community residences, future provision of housing and the implementation action plan.
- 2.82 The Team considers that Roscommon MHS should review its progress against these recommendations, as there remain issues in relation to mix of service users, staff mix and philosophy of support/care. There was evidence, for example, that hostels in Roscommon were being used for crisis care and emergency transfers

from the Approved Unit. Staff indicated that, frequently, patients would be sent to the hostels with the minimum of, or no, information. Often, risk assessments were not undertaken, there was little or no knowledge of the patient's psychiatric history and there appeared to have been little attention given to the patient's suitability for the unit, for example in integrating with existing residents. This caused concern for staff who would then have to ring the Approved Unit or the referring Consultant to seek more information. The Team has been recently assured that once the AMT became aware of this practice it put in place policies and procedures to address these issues.

- 2.83 Sending a patient to a hostel in this way, without preparation of staff and patient, and lacking even minimal clinical documentation, puts staff, patient and other residents at risk.

High Support Hostel

- 2.84 The incident at a High Support hostel involving two patients which was subject to an independent systems analysis review¹⁵ indicated that there were systematic failings in reporting and managing incidents of sexualised behaviour. A key finding of that Review, below, is in keeping with this Team's view that the Service's approach to managing risk and governance was inadequate. There was, the Review concluded, a

- *“Failure to formally assess, accurately document and manage the risk of sexual and inappropriate behaviour and the risk of sexual exploitation, after initial incident on 26 March 2014, in relation to both Mr. A and Ms. B”.*

The emphasis, this Team concludes, was on managing issues locally rather than referral up the managerial line. This culture was reported as permeating Roscommon's Mental Health Service.

- 2.85 Of particular concern is the different ways in which the two patients involved appear to have been dealt with. The female, Ms. B, a woman in her early 50's, was transferred to a facility for elderly patients while the male patient remained in the High Support Hostel. This situation has been highlighted by the MHC and was also referenced in the systems analysis review. The Team, too, considers this placement was inappropriate and failed to address Ms. B's care needs and her dignity. This action by the Service was unfair both to Ms. B and to the other patients in the Elderly Unit. The Team is aware that significant efforts have since been made to source a more suitable placement for Ms. B and the Team acknowledges that there are challenges faced by clinicians in terms of securing bespoke services for patients. However this remains a governance risk for the organisation.
- 2.86 During the Review Team's deliberations, the High Support Hostel had only four residents out of an original bed complement of fourteen¹⁶. This provides the Service with an opportunity to reconfigure all hostel services consistent with the MHC report "Happy Living Here" 2007. The client mix in the hostels is not focused, as it should be, on those with serious mental illness and the Team has been advised that a

¹⁵Systems Analysis Review Report Knockroe High Support Hostel 2016

¹⁶ We understand the unit has now closed

number of service users are suitable for more independent living assisted by either assertive outreach teams or community mental health services. Therefore the organisation needs to agree a strategy position on differentiated housing and service needs for those with enduring mental illness.

- 2.87 The services need to consider mapping where patients are attending for services. We are aware that many overlap, attending day centres, hostels, day hospitals and training centres and it is evident that, with the recovery model ethos, many services could be reconfigured using robust needs assessment rather than predicated on historical provision.
- 2.88 We propose that all hostels, day centres and day hospitals are subject to rigorous review and determined if they are fit for practice in a 21st century mental health service. The appropriate targeting of services and resources towards a robust rehabilitation service, to include assertive outreach, would improve significantly the Service for those most in need.

Recommendation 25 – *The organisation should review its progress against recommendations contained within the national document “Happy Living Here” and develop an appropriate action plan.*

Recommendation 26 – *The current delivery of Day Care needs to be subject to rigorous review and adopt a more recovery based ethos. Potentially a number of day centres could be transferred to voluntary care organisations. This should facilitate the organisation developing other priority community services through the release of resources.*

Transfer of patient to the Approved Unit, Roscommon

- 2.89 A number of staff raised serious governance concerns over the transfer of a patient with a forensic history from Ballinasloe to the Approved Unit in Roscommon. He was transferred on a Friday evening to staff who reported to the Team that they had not been adequately prepared for his transfer. After some months in the Approved Unit he assaulted a female patient, fracturing her arm, and injured a member of nursing staff. The Team could not find evidence to confirm that all nursing staff in the Approved Unit were made fully aware of his presenting problems and forensic history.
- 2.90 This patient was later to abscond from the Unit to a local hotel causing damage before being returned to the Approved Unit.
- 2.91 This patient was eventually transferred to a more secure unit in Dublin. The Team was informed that staff – both doctors and nurses – from Ballinasloe believed at the time that the transfer to Roscommon was ill judged. The interviewees believed it

was motivated by the intention to close the unit in Ballinasloe and thus achieve cost reduction.

- 2.92 The Team was unable to discuss this case with the accepting Consultant, who refused to meet with it: the Team wished to understand more fully his rationale and what plans had been put in place for accepting this patient. The Team cannot make a definitive judgement on this case but believes that, because of the risks evident at the time, this transfer should have been better managed, with much better planning.

Nursing Governance

- 2.93 There were clear governance issues relating to staffing which are well documented by ADONs and Clinical Nurse Managers (CNM3s). During times of staff shortage, ADONs had first to establish if staff could be redeployed from other community settings which often led to facilities such as day centres, day hospitals and hostels being depleted of staff (see 2.47 – 2.52 above). If such transfers proved impossible, ADONs had to seek approval for overtime or agency staff from the DON who, in turn, then sought approval from the Area Manager. This lengthened the process for approval and had the effect of artificially reducing the numbers of requests, as staff found the delays thwarted their requests.
- 2.94 The negative effect this had on the morale of staff was significant and fed the sense of the oppressive culture to which many felt subjected.

Patient Records

- 2.95 Patient information and filing systems in Roscommon are outdated and unsuitable for the management of patients with mental illness. Information on assessments, care planning, treatment and the management of risk must be easily accessible to all members of the MDT, both in and out of hours. The Service in Roscommon is currently reliant on hard copy patient files with no computerised system in place. Both inpatient and outpatient medical files are held in the Approved Centre and elsewhere. This has led to local workarounds, often unofficial: some community staff keep individual patient files in their own offices. In practice this means that there may be several separate clinical files on patients to which some team members have limited or no access. Often patient information was not up to date or comprehensive.
- 2.96 Staff who were interviewed expressed concern about their inability easily to access necessary clinical information.
- 2.97 Reconfiguring services also requires robust analysis of admissions, discharges and other clinical data from the Approved unit. The Approved Unit has a number of blocked beds and this also reinforces the need to reconfigure the community infrastructure to prevent admission and support earlier discharge.
- 2.98 It would appear from staff interviewed that there was a growing concern regarding the lack of IT infrastructure across the county and staff were concerned that information sharing was being impeded as a consequence leading to potential risk to staff and patients. Given the rural nature of the county this is an area which

needs to be well managed and appropriate strategic planning put in place to manage the information pathway.

Recommendation 27 – Roscommon MHS requires investment to develop a computerised patient information system and associated IT infrastructure to ensure consistency in information sharing across all geographical boundaries. It is preferable that the development of a patient based IT information system is led on a national basis. This investment would ensure that patient information flows are improved across teams and functions thereby enhancing the continuity of patient care and enhancing safety through the sharing of risk assessments and management/care plans.

SECTION 3 – CONCLUSION AND SUMMARY OF RECOMMENDATIONS

Conclusion

- 3.1 The Team has met many staff and managers within the Roscommon MHS who are eager to see modernisation of services with patients' needs firmly put at the centre in line with Vision for Change. The Team was impressed with their commitment and dedication in what, even in normal circumstances, can be a difficult and stressful vocation. However, it is evident that the culture of the Roscommon Mental Health Service was one in which innovation and drive were stifled. The overall Service was not based on proper support mechanisms, effective team work, reflective practice, growth or professional development or delivering a quality and safe service. The Service was marked by control, negativity and a culture of blame. Some senior staff normalised bad behaviour; others perpetrated it. While the Team accepts the need for a strong financial focus, especially at a time of public sector austerity, it concludes that the Service was excessively focused on this, to the detriment of its staff's working conditions, patient care and patient and staff safety. The professional standards underlying patient care were ignored or allowed to slip. The negative aspects of culture in the system included:
- An inward looking orientation;
 - An inadequate consideration of patient needs;
 - A lack of openness to criticism;
 - Secrecy; and
 - An acceptance of poor standards.
- 3.2 The Team found in its assessment echoes of the conclusions of the Mid-Staffordshire Trust report, which noted a focus on costs to the detriment of patient care. That report argued that such negative aspects in the system's culture were not *"...present everywhere in the system all of the time, far from it, but their existence anywhere means that there is an insufficiently shared positive culture...to change that, there needs to be a relentless focus on the patient's interests and the obligation to keep patients safe and protected from substandard care"*. The Team concurs with this.
- 3.3 The HSE's interim appointment of an Area Manager has provided a much needed focus to the Service organisation and has undoubtedly brought a renewed synergy. The Executive Clinical Director has been helped by the change in personnel and is assuming a stronger leadership role in the organisation which is to be welcomed.
- 3.4 It is incumbent on management to lead and work in partnership with patients, carers and professionals to shape the services for the future. It is the Team's wish that this report can be used to enhance service provision, instill confidence in staff and encourage patients to help shape the Service rather than be passive recipients of care. The emphasis for the future should be on a commitment to shared values throughout the system which have been agreed by all stakeholders and interested parties. The HSE therefore should as a result of this report:-

- Consider all the findings of this Service Review;
- Immediately address the local clinical governance issues raised in this Review;
- Publish an action plan outlining the measures and timeline to address the recommendations contained within the report. This action plan should include a named person with responsibility and accountable for implementation of recommendations and actions; and
- Consider auditing the implementation of the recommendations one year from their approval by the HSE.

Summary of Recommendations

Recommendation 1 – A formal, timetabled, programme of mentoring should be in place for senior executives in Galway/Roscommon. This should include planned time to allow reflection on the direction of travel and to develop thinking in a more strategic manner aligning their priorities and strategies consistent with Vision for Change and other national priorities.

Recommendation 2 – An effective Joint Negotiation Forum between staff side and management should be reinvigorated which meets at agreed intervals with agenda, minutes and agreed actions shared.

Recommendation 3 – The Area Management Team should develop a media strategy which can proactively highlight good practice and will respond in an appropriate and timely manner to concerns raised by local media and elsewhere about the Service.

Recommendation 4 – Galway/Roscommon Mental Health Services must develop a strong emphasis on performance management at all levels within the organisation. Monthly performance and accountability review meetings should be initiated and chaired by senior managers within the organisation. Standard agenda items should include performance reports against national safe and effective care targets, progress reports against national investment initiatives and workforce and efficiency reports covering issues such as absenteeism, appraisals and financial position. Areas of underperformance can then be highlighted and addressed in order to achieve effective levels of performance.

Recommendation 5 – The HSE should consider delegating budget authority further down its organisations than is currently the case. The advantages of this greatly outweigh the disadvantages. It leads to greater accountability and ownership and prepares staff for more senior roles in a managed and effective system.

Recommendation 6 – In light of the above, the employing authority must (giving regard to due process and respective rights of all relevant parties) consider some mechanism to seek to repair the relationships within the Roscommon Service.

Recommendation 7 – There must be clarity on the role and responsibilities of ADONs which value and respect the experience, knowledge and skills required of such post

holders. These responsibilities should reflect an appropriate balance between operational and strategic management.

Recommendation 8 – Team building measures within the Nursing Directorate should be commenced as a matter of urgency. In addition, a specific senior management development programme should be considered for ADONs to strengthen competence in areas such as performance management, financial management, strategic and business planning.

Recommendation 9 – A Strategic Plan/Nursing Strategy should be developed for mental health nursing. The Plan should aim to drive innovation, safe and effective care and assist in improving recruitment and retention within the profession.

Recommendation 10 – Senior leaders within the organisation should develop a strategy for direct engagement with staff. Implementation of such a strategy should help focus on the rebuilding of confidence and trust between management and staff.

Recommendation 11 – A range of formal team building initiatives should be considered and developed, for Roscommon teams. These may include initiatives such as the Aston Team Journey. Team building measures should also include clarification on roles and responsibilities of team members including expectations on involvement in decision making about patient care.

Recommendation 12 – The organisation should consider adoption of recognised quality and service improvement tools which best fit the local context for example International Organisation for Standardisation (ISO), LEAN, CAPA, Productive Ward, and Plan, Do, Study, Act (PDSA).

Recommendation 13 – Human Resource practices should ensure effective appraisal systems are in place for all grades of staff to include a focus on individualised objectives and personal development plans. Consideration should also be given to the introduction of staff innovation awards to develop an improved organisation culture.

The Human Resources (HR) department using existing national policies should cascade training to all staff highlighting the importance of raising issues where there is concern about the quality of care being delivered to service users.

Recommendation 14 – Formal regular supervision should be put in place across all Service areas, including consultant medical staff, consistent with the guidelines issued by the HSE. (See also recommendation 18.)

Recommendation 15 – The Service should conduct a training needs analysis of its staff which will help chart future professional and personal development consistent with the organisational goals and strategy and patient needs.

Recommendation 16 – The Service should develop a system of auditing on a regular basis the standards of clinical records, benchmarking this against a pre-agreed quality standard.

Recommendation 17 – Consultant A should review, together with his Executive Clinical Director, his current practice and standard of clinical recording. The organisation should consider whether any further management action is required.

Recommendation 18 – Medical appraisal/revalidation – Consideration should be given to formalising annual medical appraisal, including 360-appraisal.

Recommendation 19 – All Service areas across Roscommon Mental Health Services should be reviewed to ensure that they have an operational plan which includes as a minimum, purpose function, vision, and admission and discharge policies.

Recommendation 20 – A Standard Operating Procedure should be developed to agree circulation of the minutes of governance meetings to relevant parties throughout the organisation.

Recommendation 21 – Members of the AMT should have clear, written job plans outlining the roles allocated to them. In particular, there should be explicit and accountable responsibility for Clinical Governance.

Recommendation 22 – The organisation should, as part of its local Vision for Change implementation plan, prioritise organisational objectives that will further drive the development of recovery based practice. The Implementing Recovery through Organisational Change (ImROC) methodology should continue to be rolled out as part of this recommendation. The operational plan should contain agreed actions with a timetable of planned activities on a yearly basis.

Recommendation 23 – Consultation with patients and families should be given a higher priority. The Service should take cognisance of the distinct roles that each has to play in the continuity of care, the provision of safe and effective care, and service development.

Recommendation 24 – The organisation should provide training to staff and managers on the value of complaints and on its complaints procedures thereby ensuring that complaints are welcomed and are used to improve services.

Recommendation 25 – The organisation should review its progress against recommendations contained within the national document “Happy Living Here” and develop an appropriate action plan.

Recommendation 26 – The current delivery of Day Care needs to be subject to rigorous review and adopt a more recovery based ethos. Potentially a number of Day Centres could be transferred to voluntary care organisations. This should facilitate the organisation developing other priority community services through the release of resources.

Recommendation 27 – Roscommon MHS require investment to develop a computerised patient information system and associated IT infrastructure to ensure consistency in information sharing across all geographical boundaries. It is preferable that the development of a patient based IT information system is led on a national basis. This investment would ensure that patient information flows are improved across teams and functions thereby enhancing the continuity of patient care and enhancing safety through the sharing of risk assessments and management/care plans.

APPENDICES

Appendix 1 – Biographical Details of the Review Team

Brendan Mullen, MBA BSc (Hons) RMN RGN

Brendan was a former Director of Mental Health and Learning Disability Services in the Ulster Community and Hospitals Trust and Belfast Trust. He was a commissioner on the Mental Health Commission for Northern Ireland and also served on a number of Committees on the Bamford Review of Mental Health/Learning Disability Services. Currently he is an Associate Risk Director within the South Eastern Health & Social Care Trust.

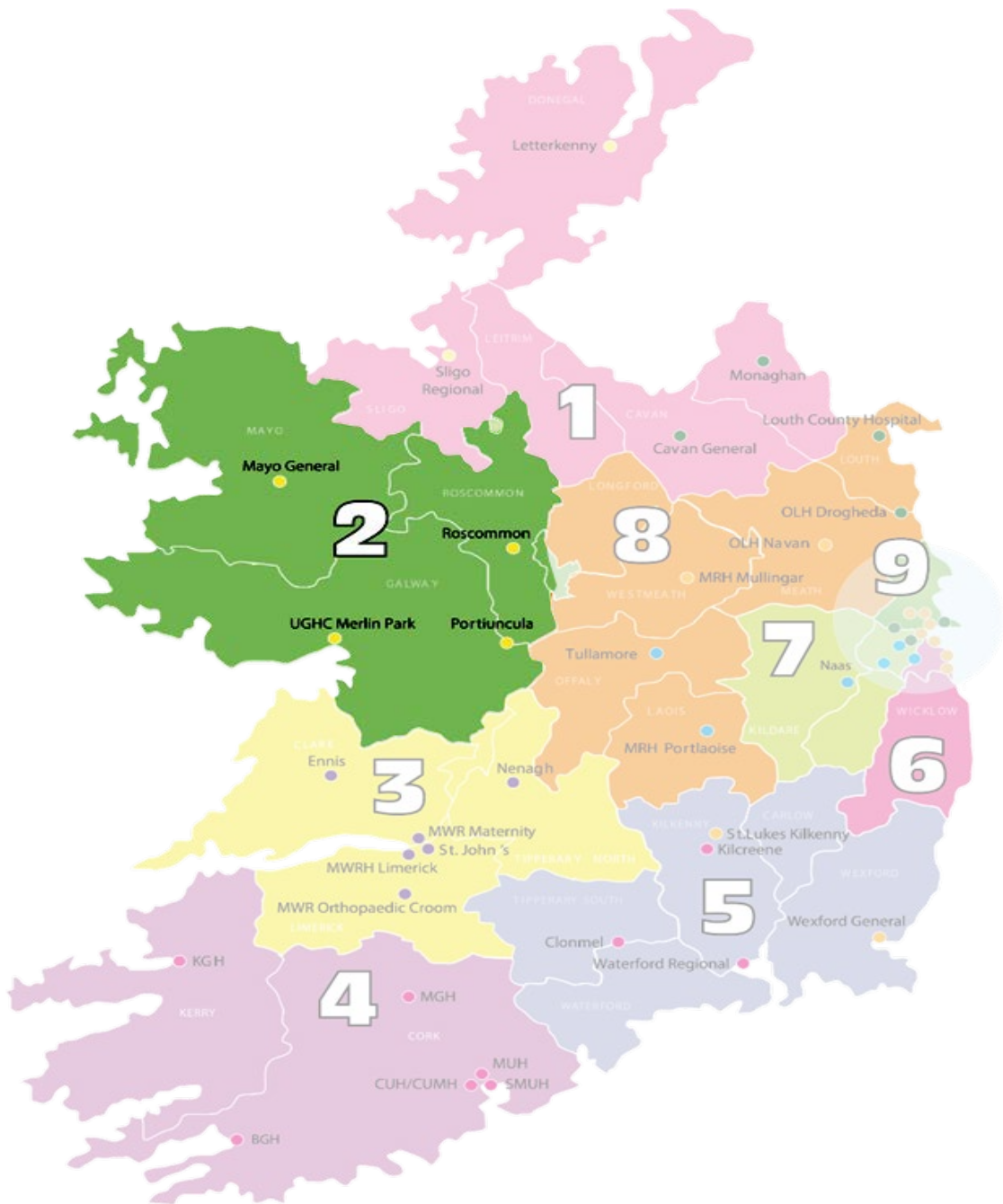
Don Bradley, BSc (Hons) CQSW

Don is the Assistant Director, Adult Mental Health services in the South Eastern Health & Social Care Trust. He has extensive managerial experience and has been involved in delivering and modernising mental health services consistent with the Bamford Review. He is a strong advocate for the User's voice and campaigns vigorously for safe and effective mental health services.

Dr. Nial Quigley, MB BCh MRCPsych MRCGP DMH DCH DGM

Dr. Nial Quigley is a Consultant in General Adult Psychiatry. He is the Clinical Director for Adult Mental Health services in the South Eastern Health & Social Care Trust and was previously the Trust's College Tutor. He is an Honorary Lecturer in Mental Health at Queens University, Belfast.

Appendix 2 – Map of Community Health Care Organisations



Appendix 3 – Local Incident Learning Notice (1) – Revision 2 – Galway/Roscommon PCCC

Local Incident Learning Notice (1) – Revision 2 - Galway/Roscommon PCCC

Date of Issue of Learning Notice: Revision 2 reissued on 11th November 2014

To: Galway/Roscommon Mental Health Services, Area Management Team

Galway/Roscommon Mental Health Services, Clinical Governance Group

Galway/Roscommon PCCC, Area Management Team

- For onwards dissemination to all staff in your areas.

From: Area Manager, Galway/Roscommon PCCC

& Chairperson, Galway/Roscommon PCCC Area Incident Management Team

Background:

Patient suicide, or attempted suicide, resulting in serious injury or disability while receiving health services from a health care provider is classified as a “Serious Reportable Event” which requires reporting at both local level and national level.

A number of internal reviews were conducted following incidents of unexpected death of Service Users attending Community Mental Health Services across Galway/Roscommon PCCC. An aggregate analysis of the conclusions and recommendations of these reviews was conducted by the Galway/Roscommon PCCC Area Incident Management Team. The conclusion was that these were tragic and unforeseeable incidents and while it is regrettable that any harm occurred, it was not caused by any action or omission on the part of the HSE and no key causal factors were identified.

However, opportunities for improvement were highlighted and form part of this local learning notice. All individual internal review recommendations have been forwarded to local management for implementation. In addition, safety concerns raised during a current systems analysis investigation and a preliminary internal review which were brought to the attention of the Area Incident Management Team are also included in this local learning notice.

Enabling good outcomes for people through high quality care needs to be given a higher priority and this can be achieved through consideration of the learning points outlined in this notice.

Learning Points:

1. A reminder to all staff that in situations where concern is expressed by any person in relation to the mental health of a service user, it is best practice to provide an appropriate and timely response which may include conducting a risk assessment and/or consultation with another member of the multidisciplinary team.

2. To highlight to all community mental health teams the importance of complying with existing policy and maintaining clear and accurate records of clinical care by having an up to date, clinical plan in place for all service users.
3. A reminder to all staff that all members of Multidisciplinary team have the opportunity to discuss the care/treatment and non-attendance of any of the clients on their caseloads at multidisciplinary team meetings.
4. While a Key Worker and Did Not Attend (DNA) policy or protocol may be in place it needs to be regularly audited to check for compliance.
5. Explore the roll out of the text messaging service to all areas to assist in improving attendance rates at all out patient appointments.
6. Progress the establishment of a Crisis Home Based Treatment Team (CHBTT) across Galway / Roscommon Mental Health Services.
7. Consideration to be given to follow up contact with patient / next of kin within 24 hours in the case of any patient who leaves a unit, where some residual concern resides.
 - Priority and discussion to take place at Clinical Governance/Business Meeting re the implementation of an agreed protocol ensuring clarity around responsibilities e.g. contact with patients within 24 hours, the contact options and to review existing policies to reflect and incorporate this protocol.
 - If over a weekend – contact from nominated person in Acute Unit.
 - If a weekday – contact by Community Mental Health Nurse or CHBTT (when established).
8. All health professionals should ensure that recognised standards of documentation and record keeping are maintained. This should be reinforced by senior management conducting an audit of compliance of all Community Mental Health Team Notes/Files across the service to assess the standard and quality of documentation.
9. Ensure that clinical risk assessments are completed at the various stages as outlined in the existing Clinical Risk Assessment and Management policy. An audit of compliance should be carried out at defined intervals by senior management in order to:
 - Ensure implementation and compliance to the existing policy.
 - Monitor the quality of clinical risk assessments with emphasis to be placed on ensuring that sufficient weight is given to obtaining and recording collateral information from family members and others.
10. To review and improve existing systems and policies, educational programmes or information leaflet/card to support and inform families / carers of service user who have deemed to be at risk of self harm or suicide during their period of admission, particularly focused around the following areas:
 - Medication safety, safe storage of medicines and preventing access to means in the home.
 - The role of family/carer in monitoring and supporting patients while on leave.
 - Consider range of contact details for accessing services including in cases of

emergency, 24 hour help lines.

11. Consideration to be given to improving the quality of data (monthly returns) collected and the development of a standard tool as a means of measuring work activities and caseloads across Community Mental Health Services.
12. A systematic approach to the management of ligature risks which should include a review of current policy and procedures in relation to patient's property and vigilance of staff in relation to potential ligatures.
13. Consideration to be given to development of a ligature risk / anchor point audit tool and commencement of a cycle of audit across the two counties. Audits should be conducted at least annually in order to provide continual review and assessment of ligature risks.
14. A reminder to all staff in relation to the implementation of both Local and National HSE Incident Management Policies with emphasis on the role and responsibility of all employees to participate and co-operate with investigations / internal review as well as their participation in the introduction of changes identified as a consequence of any investigation / internal review.
 - HSE Guideline for Systems Analysis Investigation of Incidents and Complaints QPSD-GL-52-1.1 (2012)
 - HSE Safety Incident Management Policy QPSD-D-060-1.1 (2014)

Action Required:

All services must consider the above learning points and how they might apply to the delivery of services in their Area with the sole aim of preventing future incidents from occurring as far as is reasonably practicable.

