

Report of a Review of Adult Mental Health Medium Secure Units in Wales

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Executive Summary

1. This review of medium secure units in Wales was undertaken jointly by Healthcare Inspectorate Wales (HIW) and Health Commission Wales (HCW), between December and August 2005, in response to a request from Ann Lloyd, Head of Health and Social Care, Welsh Assembly Government.
2. The request for the review followed on from the Independent External Review into a homicide at Prestatyn, Wales and its main purpose was to provide assurance on the adequacy or otherwise of the clinical governance arrangements in place within the four medium secure units based in Wales and assess the adequacy of discharge planning arrangements and level of compliance with the Mental Health Act Code of Practice and other related guidance.
3. The review found differences between the estate, management structures and clinical governance arrangements of the four medium secure units, in part due to two being NHS and two private sector providers. While each unit was found to have structures and processes in place to ensure sound clinical governance there were some areas where arrangements require strengthening.
4. While arrangements were in place at all units for involving patients in their care and treatment as well as the day to day operation of the unit, there were found to be different perceptions between the organisations and patients about the ease of accessing those arrangements.
5. In addition, the way in which each unit's internal complaints procedures related to the wider NHS complaints procedure was not clear in every unit's policy/procedure documents.
6. Specific issues in relation to public involvement, clinical audit and training and induction were identified at Cefn Carnau Uchaf and these should be reviewed by the Board of Craegmoor Healthcare.

7. Weaknesses in relation to discharge planning arrangements were highlighted by this review. A key concern was that links between medium secure units and local service commissioners and service providers were found to be under-developed leading to difficulties in the proactive involvement of local commissioners and providers in discharge planning and consequent delays in discharge.

8. There was found to be a lack of clarity in relation to the responsibility of commissioners in the provision of care for patients originating from one part of Wales but being discharged to a different area. Furthermore, local health boards stressed difficulties in keeping track of patients, in particular those detained outside of Wales, who were subject to detention in a medium secure environment. There is clearly a need for stronger arrangements that ensure continuity of care and treatment following discharge and the Welsh Assembly Government should co-ordinate the development of a new strategy and guidance.

9. While all four units had discharge planning policy and procedures in place, closer examination of a sample of patient records against guidance provided in relation to the statutory provisions for planning the discharge of patients, highlighted gaps and weaknesses. Evidence of clear plans for re-admission, should it become necessary, and regular review of the patients needs and expectations was weak. The importance of clear plans for readmission and regular review of the patients needs is supported by the feedback from the Home Office who reported delays in effecting the recall of patients. Medium secure units should plan at discharge for situations when patients may relapse and ensure arrangements for timely recall.

10. Risk factors and relapse indicators were only clearly identified and appropriate action outlined in less than half of the cases reviewed. There was little evidence of non-clinical factors having been taken account of in discharge planning and in only a small number of cases had the patient been made aware of what would result in their return to hospital. In relation to the

latter issue, all patients should be given a copy of their discharge care plan in a suitable format which includes appropriate information about the circumstances which might result in their return to secure mental health provision.

11. While the above gaps in evidence were identified by the review team, there was no discharge that gave the team immediate concern. Further work has already begun with the four units to ensure the issues raised by the examination of patient records are addressed.

Chapter 1: Commission and Arrangements for the Review

1.1. Healthcare Inspectorate Wales (HIW) and Health Commission Wales (HCW) conducted a review of medium secure units in Wales in response to a request from Ann Lloyd, Head of Health and Social Care, Welsh Assembly Government. General advice concerning the elements related to social work both within medium secure units and in the community was provided by the Social Services Inspectorate Wales (SSIW). In addition, SSIW contributed to discussions about the approach to the review and one of its inspectors was a member of the review team.

1.2. The request for the review followed on from the Independent External Review into a Homicide at Prestatyn, Wales, the report of which was published in December 2004. The terms of reference for the review were *‘to undertake a review and an audit of the discharge planning arrangements from adult medium secure mental health service provision in Wales and to undertake a clinical governance inspection of NHS funded adult medium secure mental health services in Wales’*¹.

1.3. The aim of the audit of discharge arrangements was to identify the extent of compliance with statute and the Code Of Practice for the Mental Health Act 1983 (MHA) and other national guidance². The inspection of clinical governance arrangements was conducted against guidance issued by the Welsh Assembly Government³. While HIW and HCW had been given separate responsibilities for each of those elements, the review was conducted as a single activity. Recognising that HIW is an independent inspectorate, while HCW has an operational role as a commissioner for mental health services, arrangements were put in place to ensure that HIW’s independence was not compromised. In particular arrangements ensured

¹ The full terms of reference are included at Annex C

² Documents are referenced at Annex F

³ Welsh Health Circular (2003)69

that HIW was not constrained in any matters due to HCW's role in commissioning medium secure services in Wales.

1.4. This report summarises the evidence collected by the review team and details the key findings and recommendations arising from the review. The report will be presented to the relevant bodies who will be asked to produce an action plan to address the recommendations.

1.5. There were six components of the review:

- Analysis of policies, procedures and other selected documents provided by the medium secure units;
- Scrutiny of discharge arrangements, as they had been undertaken in relation to individual patients, against the requirements of statute and the Code of Practice of the MHA (1999);
- Interviews with selected clinical and managerial personnel of the medium secure units and their parent organisations, and interviews and focus groups with patients and others who support them;
- Site visits, which included observation of the environmental aspects of care arrangements;
- Analysis of the written comments sought from local health boards (LHBs), NHS trusts, local authority social services departments;
- An interview conducted with officials of the Home Office.

1.6. All four medium secure units were visited by the review team and, in addition to interviews with staff, patient facilities and other operational areas were observed. It should be noted that while the care, treatment and management of those experiencing mental health problems who are held in medium secure units is a process which involves other services (in particular community mental health and social care services), in line with the agreed terms of reference the focus of this review was upon the specific role of the medium secure units.

1.7. In the course of the review a total of 105 people (staff, patients and other stakeholders) were interviewed. However, it was not possible within the four days set aside for interviewing patients, and those providing support to them, for some patients who had asked to be seen to be interviewed. While in general the staff of medium secure units identified for interview were available, leave arrangements precluded the inclusion of a very small number from the exercise. Nine LHBs replied to the request to provide comments as did seven trusts and two local authority social services departments.

1.8. The adequacy of the planning arrangements for 135 discharges was assessed through an examination of patient records. The sample was drawn from all discharges made from Welsh medium secure units between 1 June 2000 and 31 December 2004⁴. The sample included all patients subject to the MHA with a restriction on their discharge, together with all other section 37, 47 and 48 patients (see Table 1). It also included a number of patients subject to other sections of the MHA⁵. Excluded from examination were a small number of informal patients, as well as patients transferred from medium secure units to other secure settings (for example transferred from medium secure units back to prison). Of the total number of discharges reviewed, 47 (35%) were subject to restrictions under either section 41 or 49 of the MHA.

Table 1: Profile of Patients Included in the Sample of the 135 Discharges Reviewed

Section 3	Section 37	Section 47	Section 48	Other
33	65	4	8	25

⁴ This report does not consider the discharge arrangements of English medium secure units which provide care to some Welsh patients.

⁵ A brief outline of the provisions of the Mental Health Act 1983 is set out at Annex E.

Chapter 2: Provision of Secure Services for Patients Suffering from Psychiatric Disorders

2.1. The majority of people treated under mental health legislation are treated by local mental health services, in many cases to protect them from self-harm. By contrast, there are a smaller number of people experiencing mental health problems who are characterised by the risk that they present to themselves and/or others. This group includes people detained under civil powers contained within part II of the MHA, and others who are remanded or convicted offenders and have been given a mental health disposal under part III of the MHA together in some cases with a restriction.

2.2. This second group of people require a level of care over and above that which is available in general acute psychiatric facilities and are therefore admitted to secure facilities which are categorised into three types.

2.3. Low secure services are geared towards the patient group who require treatment for longer periods of time in a low secure environment, providing a locked door and little more than domestic levels of physical security. Many of these will require help and support for several years. They may cater for some patients presenting less serious threat of harm to others or those who are sufficiently compliant with treatment to be trusted in a lower security building. They will also provide treatment and care for people who have committed serious harm but where the possibility of repetition or the immediacy of the threat has passed and the patient is compliant.

2.4. Medium secure units provide care and treatment for patients who, though not presenting a grave and immediate danger to the public, do still pose a significant risk to others. Hence they require higher levels of security than that afforded in low secure facilities. Medium secure units have moderately high perimeter security and variable levels of internal physical security. Patients detained in these conditions may pose varying levels of risk but risk to others is not generally seen as immediate. Where the patient may

be less co-operative in complying with treatment it is felt they can be contained within the level of security provided.

2.5. High security units are intended to provide a high secure and safe environment for people regarded as a grave and immediate danger to the public. High security hospitals provide high perimeter and internal physical security. They are for people experiencing mental health problems of a degree requiring hospital treatment, thought to pose imminent serious harm to others and who are unable to co-operate with treatment in a less secure environment.

2.6. The assessment of risk of harm takes place within a dynamic setting in which the nature of the patient's disorder, the patient's attitude towards treatment and the patient's environment may all change. Patients who at one time may require conditions of high security, may at another be treated safely in a lower secure unit. Clinicians and others responsible for assessing the level of risk posed by individual patients will keep under continuous review the level of risk patients may pose and the level of security required as a result.

2.7. Within Wales LHBs through secondary care commissioning groups are responsible for the commissioning of low secure services, while HCW has responsibility for the commissioning of adult forensic mental health services excluding low secure. The split in commissioning responsibilities are outlined in the Welsh Health Circular WHC (63) 2003 – *NHS Planning and Commissioning Guidance* (Welsh Assembly Government, June 2003).

2.8. It must be recognised, however, that not all patients who access conditions of high or medium secure do so via the forensic route.

2.9. At the time of the review (December – August 2005) there were four facilities in Wales providing medium secure services. Two were NHS medium secure units and the other facilities were run by the independent sector.

2.10. Caswell Clinic is a medium secure unit located within the grounds of Glanrhyd Hospital, Bridgend. The unit is part of the Bro Morgannwg NHS Trust. At the time of the review, 36 beds within this new unit had been commissioned on the Newton, Ogmore and Penarth Wards. When fully commissioned, this new unit will have 64 beds located within five wards.

2.11. Newton Ward is a 14 bed assessment unit offering separable male and female facilities. Penarth Ward is an eight bed intensive care unit with separable male and female facilities. Ogmore Ward is a 14 bed male rehabilitation unit offering both short and long-term care.

2.12. Cefn Carnau Uchaf is a medium secure facility, registered to take 22 patients with a learning disability/mental health and functional illness over the age of 18 years old, who are liable to be detained under the MHA. Cefn Carnau Uchaf is operated by Craegmoor Healthcare which is owned by Legal and General Ventures.

2.13. Cefn Carnau Uchaf is located on the outskirts of Cardiff. The hospital consists of two separate units - Bryntirion Unit specialises in the assessment and treatment of male service users with Asperger's Syndrome, whilst Sylfaen Unit specialises in the assessment and treatment of male and female patients with mental health problems and functional illness.

2.14. Llanarth Court Hospital is part of Partnership in Care (PiC), which is now owned by Cinven, a London based private equity organisation. PiC has a Head Office at Kneesworth House near Cambridge.

2.15. Llanarth Court is a medium secure facility located between Usk and Abergavenny, registered to take 81 patients over the age of 18 years old, and liable to be detained under the MHA. Services are provided for individuals with mental illness, ranging from enduring mental health illness, acute illness or relapse, individuals with an assessment of personality disorder, through to a unit that specifically provides a pre-discharge/ rehabilitation service.

2.16. One unit provides services for individuals with mild to moderate learning disability, mental impairment, psychopathic disorder and/or mental illness. The female unit provides acute and rehabilitation services for women with mental illness.

2.17. Treowen Unit provides an open environment for 10 patients, from which rehabilitation and pre-discharge work is facilitated. Iddon Unit provides assessment and treatment facilities for 11 individuals presenting with a mental illness and co-morbid substance use. Teilo Unit accommodates 17 individuals with enduring mental illness, who may or may not be presenting in an acute phase or relapse of their mental illness. Howell Unit is a 16 bedded mental illness/forensic facility. Osbern Unit provides a treatment and rehabilitation service for 11 individuals with mild to moderate learning disabilities, mental impairment, psychopathic disorder and/ or mental illness. Awen Unit is the all-female provision on site. It has 16 beds, providing a forensic service for women suffering from mental illness, requiring both acute and rehabilitation interventions.

2.18. Ty Llywelyn is a medium secure unit located at Llanfairfechan, Conwy, which was opened in 1998 as part of the North West Wales NHS Trust. The unit is on the grounds of Bryn y Neuadd Hospital.

2.19. The unit consists of three wards - an admissions ward, an intensive care and a rehabilitation ward. The five bedded intensive care ward provides care for patients who are in need of constant nursing. There is also a rehabilitation ward for patients who are usually progressing towards discharge. Patients also may be entitled to parole while on this ward and are able to spend time off the ward or in the community.

Chapter 3: Clinical Governance Arrangements within Medium Secure Units

3.1. Clinical governance is concerned with the arrangements through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Welsh Health Circular WHC (69) 2003 sets out details of the arrangements that are required to be in place within an NHS organisation if sound clinical governance is to be assured. The guidance includes criteria against which the adequacy of clinical governance arrangements can be assessed.

3.2. WHC (2003) 69 does not apply to independent providers in Wales even though they may be commissioned to provide health services to a NHS patient. Standards for provision of services in the independent sector are set out, for example, in the Private and Voluntary Healthcare Regulations 2002 and they are regulated and inspected against these by the Care Standards Inspectorate for Wales (CSIW)⁶.

3.3. As stated in Chapter 2 the independent sector provides two medium secure psychiatric facilities in Wales. NHS funded services provided by the independent sector are contracted on a patient by patient basis. There are no 'foundation contracts' or 'memoranda of understanding' with the independent sector providers. If these were in place it might be expected to include the requirement for sound clinical governance arrangements to be in place in line with the guidance issued by the Welsh Assembly Government, and this is a matter which HCW should address as a matter of urgency. However, the arrangements for clinical governance in the NHS reflect best practice in leadership and management arrangements applied more generally in many types of organisation. In that light it was felt reasonable that the clinical governance element of this review should be conducted across all four

⁶ Documents are referenced at Annex F

medium secure units using the guidance and criteria set out in WHC 2003(69).

Findings

3.4. *Currently independent providers of medium secure services are not required to comply with the arrangements for sound clinical governance as set out by the Welsh Assembly Government in WHC (2003) 69, despite a number of NHS patients being placed within these units.*

Recommendation 1: Health Commission Wales should ensure that when purchasing medium secure services from the independent sector the requirement for the provider to comply with clinical governance arrangements as set out in WHC (2003) 69 is included in all contracts/agreements.

3.5. The areas of clinical governance examined as part of this review were:

- the patients' experience;
- patient and public involvement;
- use of information;
- processes for quality improvement;
- staff focus; and
- leadership, strategy and planning.

3.6. For ease of reference the rest of this Chapter has been set out under the above headings.

The Patient Experience

3.7. All medium secure facilities had arrangements in place for involving patients in their own care and treatment. The formal routes for patients to contribute to planning their own care were within the individual one to one

clinical sessions and through invitations to attend Clinical Team Meetings (CTM). These arrangements were set out in policy and procedures and, in interviews, the arrangements were clearly in the forefront of staff's understanding about the way patients were engaged with their own care and treatment. All facilities had appropriate measures in place for dealing with 'consent' for treatment and there was evidence within the records of consenting procedures being undertaken appropriately. During the site visits the team witnessed nothing that would indicate that patients are not treated with anything but respect. Documentary and interview evidence demonstrated consistency of care. As one might expect the age of the building in which facilities were housed do affect the environment of care. In general the newer the building the better the physical care facilities.

3.8. Patients' perceptions varied between the facilities subject to review. Where negative comments were made they focused upon:

- recognition that formal arrangements for patients to be involved in their own care did not take into account the perceptions of patients about the daunting nature of, for example, attending a Clinical Team Meeting (CTM) about their own care;
- the availability of staff to act as escorts/supervisors for the use of internal facilities and escorted leaves;
- the quality of food.

3.9. The implementation of the Care Programme Approach (CPA) for planning patients' care and treatment was at different stages in the medium secure units⁷. Llanarth Court in the independent sector had been employing CPA for nine years and had reviewed its CPA policy in 2003 to reflect guidance from the Welsh Assembly Government. Ty Llywelyn, one of the NHS facilities, had been operating the system for some months. Caswell

⁷ *Mental Health Guidance: The Care Programme Approach for Mental Health Service Users*, Welsh Assembly Government 2003

Clinic was in the course of implementing CPA, while Cefn Carnau Uchaf was training staff with a view to fully implementing CPA in January 2006.

3.10. A particular criterion for examination of the patient experience related to the extent to which medium secure units reflected the need to support the patient through the whole journey of care. In general there were arrangements for continuity of care for patients during their stay within the medium secure units, for example, through the key worker or primary nurse arrangements and CTM reviews. However the particular challenges presented by arrangements for discharge, which involved a number of other agencies, were proving difficult. Outreach and, in some cases, the direct provision of post discharge services by medium secure units were found to be in place but the interfaces with other health and social care services and transfer of responsibility for patients was presenting problems. Further comment concerning these matters is set out in Chapter 4.

Findings

3.11. *While arrangements were in place at all facilities for involving patients in their care and treatment, there were different perceptions between the organisations and patients about the ease of accessing those arrangements. All four medium secure providers need to consider how the distance between the two perceptions could be narrowed (see Recommendation 2).*

Patient and Public Involvement

Patients

3.12. All of the medium secure facilities in Wales have developed arrangements for seeking the views of patients and carers about the services they provide and monitor the planning and organisation of care from the patients' perspective. These arrangements are detailed in extensive formal written policies and procedures by Caswell Clinic and Llanarth Court, although at the other two units the documentary evidence provided was more limited.

Across all facilities management were clear about the arrangements they had in place for patient groups, gathering the views of carers, using surveys, etc. Similarly doctors, nurses and other frontline staff confirmed in interview the commitment of the medium secure units to involving patients and carers both in planning their own care and in the wider aspects of life within the unit.

3.13. In relation to the formal arrangements for patients' input into planning and organising services, interviews provided evidence that the arrangements which had been put in place by the medium secure units had been implemented and that patients were able to access those arrangements. However responses from patients suggested that the nature of CTMs may limit the extent to which patients feel able to be involved in their own care. Patients' perception about those arrangements focused on the limitations. There is continuing work which may be undertaken in all units to further develop a culture of involvement of patients in their own care. Where patients expressed less positive views about the arrangements, these concerned two matters:

- the patients' perception of the effectiveness of the involvement groups which were available to them;
- the practical commitment of senior staff to attendance at meetings.

3.14. All four medium secure units were able to demonstrate changes that had been made to the environment of care as a result of consultation with patients.

Findings

3.15. *The units subject to this review all had structures, policies and procedures for involving patients in their day to day operations. However the views of patients concerning the adequacy of these arrangements varied (see Recommendation 2).*

Recommendation 2: All medium secure units should use the arrangements they have for consultation with patients to determine how the patients' experience of their involvement both in their own care and the day to day operation of the unit can be improved.

Public

3.16. The extent to which medium secure units actively engage with the public in planning and organising services varied to a great extent. Caswell Clinic, Llanarth Court and Ty Llywelyn have active liaison groups and extensive arrangements for informing and consulting the public. Cefn Carnau Uchaf has a policy for dealing with press enquiries.

Findings

3.17. *The arrangements for public involvement need to be sensitive to the particular circumstances of the units concerned. It is important the arrangements are documented. These matters should be more formally set out by Cefn Carnau Uchaf.*

Recommendation 3: At Cefn Carnau Uchaf, a formal position with regard to the involvement of the public and provision of information about the units should be established and documented for the guidance of staff.

Use of Information

3.18. Routine information for the purposes of management control is produced by all of the medium secure units and submitted to their Boards and senior management teams. Each of the four units were found to have arrangements for clinical review and audits. At Cefn Carnau Uchaf differing views were expressed by staff about arrangements for clinical audit. While managers there were clear that routine audits covering areas of clinical governance were actioned, clinical staff indicated that at the time of the review

clinical audit in its broadest sense was less securely in place than it had been some years previously.

3.19. Information produced by the units for their Boards and senior management teams, including clinical audit, appeared to be thoroughly integrated into the wider processes of risk management, organisational development and policy setting at Caswell Clinic, Llanarth Court and Ty Llywelyn, for example, through reporting to the clinical governance or other relevant sub committees of the Board.

3.20. Clinical staff in all units collect data relating to their own professional performance for purposes of professional revalidation, accreditation and/or review.

3.21. However, there was little documentary evidence of outcome data being collected which might inform clinical practice, and interviews with staff confirmed that that might be an area for development. The review team accepts that collecting and using information about clinical outcomes in psychiatry and, in particular, relating to a single 'stage of treatment' such as that provided within a medium secure unit, is different in nature to collecting data about clinical outcomes, for example, in relation to cardiac surgery. Benchmarking data relating to forensic psychiatry is sparse and to date no national or professional body has provided guidance in this respect. Clinicians in Wales may wish to prompt such discussion within the Royal College of Psychiatry and other professional bodies.

3.22. All units collect information about the patients' experience, primarily through patient surveys. Additionally staff and Board members at some units highlighted the importance of informal relationships with patients on the wards and the extent to which senior managers and Board members made themselves available to meet with patients. All units were able to recount changes which had been made to service provision as a result of patient views being taken into account.

Findings

3.23. *While all four medium secure units collect information about the patients' experience there was little documentary evidence of outcome data being collected to inform clinical practice.*

Recommendation 4: All medium secure units should identify and implement ways in which they can better use outcome data to inform clinical practice. Further, the Welsh Assembly Government should co-ordinate the development of benchmarking data.

Processes for Quality Improvement

3.24. All units have documented arrangements for the management of risk and for patient consent. Incident reporting was found to be grounded in each unit, and there were appropriate arrangements for learning lessons from incidents. Child protection matters had been addressed and each unit had lead staff responsible for that matter. Complaints procedures were in place and the external role of the Mental Health Act Commissioners was clearly understood and their availability to patients was advertised. However the way in which internal complaints procedures for NHS funded patients related to the wider NHS complaints procedure was not clear in the independent units' policy/procedure documents. In addition, other than at Caswell Clinic, there was no reference to the Welsh Ombudsman.

3.25. As set out in the earlier section, clinical audit and review was integrated into the wider management arrangements at Caswell Clinic, Llanarth Court and Ty Llywelyn, and impetus towards integration of clinical risk arrangements with wider arrangements relating to corporate risk and health and safety was a good indication of attention being given to quality improvement at Llanarth Court and Ty Llywelyn.

Findings

3.26. *There were arrangements in place to ensure quality improvement at each of the medium secure units. The position in relation to clinical audit at Cefn Carnau Uchaf was unclear. While there was documentary evidence of routine audit arrangements relating to audits of clinical governance, clinicians felt that aspects of clinical audit were less established than they had been in the past.*

3.27. *The way in which internal complaints procedures for NHS funded patients related to the wider NHS complaints procedure was not clear in the independent units' policy/procedure documents. In addition, other than at Caswell Clinic, there was no reference to the Welsh Ombudsman.*

Recommendation 5: The position in relation to clinical audit at Cefn Carnau Uchaf needs to be clearly established and agreed by the Board.

Recommendation 6: Other than Caswell Clinic, all units should ensure that complaints documentation includes full references to complaint pathways including NHS and independent sector procedures and the Ombudsman.

Staff Focus

3.28. Caswell Clinic, Llanarth Court and Ty Llywelyn have well documented policies in respect of staff development and training. In interview managers at all four units were clear about the training opportunities which were offered to staff and considered them to be appropriate to identified need. Interviews with staff showed agreement that, for most staff groups, training opportunities were extensive and well resourced. However, while there were extensive training and development arrangements in place at Cefn Carnau Uchaf, discussions with some healthcare support staff highlighted some inconsistency in the delivery of training and development opportunities.

3.29. One particular problem at all four units, especially experienced by nursing staff, was the difficulty of releasing staff from ward duties in order to attend training. This was a problem acknowledged by managers as well as staff.

3.30. Induction arrangements for newly appointed staff are in place in each of the medium secure units. The formal arrangements, either documented or as explained by managers at interview, were considered appropriate. However discussions with staff at Cefn Carnau Uchaf suggested that practical implementation of the induction arrangements was not always consistent with the policy of that unit.

3.31. Appraisal systems are in place in all units. At their best, these are associated with the annual corporate business plan and tied into annual training and development plans.

3.32. All units have arrangements for routine consultation with staff both in relation to professional development and concerning the operational management of the organisation. Managers believe communication systems to be good, although again at Cefn Carnau Uchaf interviews with some staff suggested that that was not always so.

Findings

3.33. *All units had formal arrangements for induction and training of staff. At most units staff agreed that development opportunities were valuable and relatively well resourced. Arrangements for consultation with staff and their involvement in the strategic and operational arrangements at Caswell Clinic, Llanarth Court and Ty Llywelyn were in place and worked well. At Cefn Carnau Uchaf support staff clearly expressed views that demonstrated their feelings that induction, training and management processes were not as well organised for them and that they felt undervalued as compared with other staff.*

Recommendation 7: Managers at Cefn Carnau Uchaf should review with staff the arrangements for induction, training and communication with a view to securing their better integration into the life of the unit.

Leadership, Strategy and Planning

3.34. Leadership is the key factor determining the extent of direction, drive, energy and commitment to outcomes within an organisation. Hence emphasis was placed on the leadership element of this area of clinical governance in this review. There was good evidence of clear and effective leadership being delivered at three of the units (Caswell Clinic, Llanarth Court and Ty Llywelyn). However the effectiveness of leadership was among the more significant differences between the medium secure facilities. All senior staff in management roles interviewed were clear about what was required of them. However the corporate environments within which they operate are very different.

3.35. A key influence upon leadership is the extent of change being experienced within organisations and the nature of that change. Cefn Carnau Uchaf had been subject to change in ownership two years prior to the review. The senior management team at corporate level had had two significant reorganisations since that change, the most recent in 2005. Again, at a corporate level, the organisation had only within recent months appointed a lead for clinical governance following a period when such matters were dealt with an acting Director of Care with other responsibilities. At a local level the medium secure facility had experienced a number of changes in leadership. At the time of the review the general manager was filling the role on a temporary basis while still having continuing responsibility for performance in his substantive role within the organisation. This level of disruption and poor, or uncertain, resourcing in management roles had clearly diminished the leadership capacity within the organisation. In contrast, significant change by way of re-location into purpose built accommodation at Caswell Clinic had led to a sense of energy and dynamism among staff and had been used by senior managers to engender change and renewal in many aspects of work.

Findings

3.36. *There was evidence of good leadership at most of the medium secure units and some excellent examples of ways in which clinical governance can be promoted were noted. As a result of successive changes in the management arrangements for Craegmoor Healthcare, and the difficulties resulting from staffing turnover and consistency of management at Cefn Carnau Uchaf itself, that organisation appeared to be in a rather weaker position with regard to leadership.*

Recommendation 8: The Board of Craegmoor Healthcare should establish stable leadership and management arrangements for Craegmoor Healthcare and Cefn Carnau Uchaf which demonstrate a commitment to supporting clinical leadership and supervision and the effective operational management of the unit.

Chapter 4: Discharge of Patients from Medium Secure Units in Wales

4.1. Arrangements for the discharge of detained patients from medium secure units are subject to the provisions of the Mental Health Act (MHA). The MHA provides for the continuing after care of those who have been discharged and, together with the Code of Practice, Notes for the Guidance of Social Supervisors and Notes for the Guidance of Supervising Psychiatrists, sets out the arrangements for discharge planning and management of discharged patients in the community.

4.2. Section 117 of the MHA gives the statutory authorities (health and social services) a duty to make arrangements for a person's continuing support and care and applies to those patients who have been detained under sections 3, 37, 47, and 48. In all cases, discharge planning should begin as soon after admission as possible.

Key Features of Discharge Planning

4.3. The key principles of sound discharge planning are to ensure that several, perhaps obvious, elements of good practice are realised, specifically:

- a multi-disciplinary approach to community care provision following discharge;
- the systematic planning, recording and reviewing of the person's care and support;
- a system which integrates other requirements such as section 117 aftercare and care management;
- the involvement of users and carers in the creation and review of care plans;
- the identification of a lead person (key worker/care co-ordinator) to take responsibility for overseeing the delivery of the care plan;

- flexibility of service provision, responding to the person's changing needs;
- a proactive approach to offering support, in an attempt to ensure that people do not lose touch with services which they have been assessed as needing;
- a swift and appropriate response if a person's mental health deteriorates; and
- robust communication channels.

4.4. Over the years, a number of changes in approach have been made to try to enhance the care patients receive including aftercare planning, for example, through the introduction of the Care Programme Approach (CPA) which may be referred to as the cornerstone of mental health policy. The CPA was introduced into the NHS in Wales in 2003 becoming a formal requirement for the NHS in Wales on 1 January 2005.

4.5. Where the CPA framework is used to plan aftercare which has to be provided in accordance with section 117 of the MHA, the statutory health and social services agencies need specifically to ensure that their section 117 duties are being fulfilled within any CPA care plan agreed. The CPA should also dovetail with care management practised by local authority social services departments, where social services departments are undertaking their duties of assessing needs and purchasing appropriate services under the NHS and Community Care Act 1990⁸.

4.6. In addition to consideration of the policy documents provided by the medium secure units, the review of the discharge planning arrangements at the four adult medium secure mental health services in Wales included the detailed review of the planning arrangements relating to a sample of discharges that took place between 1 June 2000 and 31 December 2004.

⁸ Documents are referenced in Annex F

4.7. Each of the units were asked to provide details of all discharges made during the period 1 June 2000 to 31 December 2004 and a sample of 135 were chosen for detailed review. The sample included all patients subject to the MHA with a restriction on their discharge, together with all other section 37, 47 and 48 patients. It also included a number of patients subject to other sections of the MHA⁹. A small number of discharges were excluded from detailed review due to, for example, the discharge relating to an informal patient or a patient transferred from a medium secure units to other secure settings (for example transferred from medium secure units back to prison). Of the total number of discharges reviewed as part of the sample, 47 (35%) were subject to restrictions under either section 41 or 49 of the MHA.

4.8. To ensure consistency a standard pro-forma detailing the key aspects of sound and safe discharge planning requirements was developed against which each discharge was assessed. A list of the areas reviewed is provided at Annex D.

4.9. The core patient record should detail all key decisions, meetings, treatments and discussions and hence was used as the primary source of evidence. Although for some cases further clarification was sought from other sources, for example, legal files and computer records.

4.10. Evidence was sought to confirm the extent to which appropriate and robust discharge planning arrangements had taken place prior to discharge by reviewing in particular:

- case conference notes;
- CPA meeting minutes;
- patient care plans;
- section 117 meeting notes;
- appropriate correspondence; and
- any other relevant documentation contained within the patient files.

⁹ A brief outline of the provisions of the Mental Health Act 1983 is set out at Annex E.

4.11. Particular attention was paid to those patients who were the subject of restricted discharges, concentrating on the identification of risk factors, relapse indicators and management strategies for the intervention, where necessary, of local services should those indicators show it to be necessary. A summary of the findings of the detailed testing is set out below.

Findings

- *While from the review of policies and procedures as well as discussions with staff procedures for multi-agency and multi-disciplinary referrals/admissions panels appeared to be in place, the review of patient records provided little evidence of them actually having taken place. Only in 12 cases (9%) was it clear from the core patient record that a panel had sat to discuss and consider the particular patients' circumstances and needs.*
- *For 114 (84%) cases reviewed there was evidence that, on admission, a key worker had been allocated to the patient. This in turn was borne out through interviews with patients, who all appeared to be aware of who their key worker was.*
- *Systems were in place for comprehensive care planning. There was some evidence to show that the patients' social, educational and occupational needs were taken into account in the care planning process and other specialist interventions were available and where appropriate provided. However, in only a small number of cases (11) was there clear evidence to demonstrate these non-clinical factors had been taken into account in relation to the actual discharge. In addition to this, in some cases, discharge planning was evident from an early stage (not long after admission), although in other cases a few months had elapsed before any document noted those discussions.*

- *In the majority of cases, the notes showed documentary evidence of the following multi-disciplinary discussions:*

Type of Multi-Disciplinary Discussions	Cases Where Evidence of Discussions Taking Place	
	Number	%
<i>a. Clinical Team Meetings;</i>	124	92
<i>b. multi-disciplinary team meetings;</i>	108	80
<i>c. section117 meetings;</i>	93	69
<i>d. case conferences;</i>	113	84
<i>e. pre-discharge planning meetings.</i>	84	62

- *Whilst in only 91 (67%) of cases there was evidence that the patients' nearest relatives and/or carers were actually involved in pre-discharge planning, generally there was evidence to suggest that an invitation to become involved had been issued and that all units encourage patient and carer participation.*
- *There was only clear evidence in 53 (50%) cases that, as part of the process of identifying the appropriate placement on discharge, meetings and discussions with the provider had taken place. Where meetings were evidenced, the record did not necessarily clearly identify the patients' needs, any risk factors identified as part of the discharge planning process, or relapse indicators and action required.*
- *In only 49 (36%) of the cases reviewed was it clear that substance misuse was not an issue. While there was some evidence that substance misuse issues had been addressed by staff at the units, of the remaining 86 discharges evidence was only available in 36*

(42%) of the cases to demonstrate that external links had been made and plans discussed with the substance misuse services. Documentary evidence available to the review team did not include guidance about planning with external bodies for management of substance misuse issues post discharge. All units need to address this matter.

- *There was little evidence that following risk assessment and identification of a 'potentially dangerous offender', the arrangements for Multi-Agency Public Protection Panels (MAPP Panel) or other multi-agency discussions were being utilised.*

As stated earlier, 47 of the discharges reviewed related to patients discharged subject to a restriction under either section 41 or 49 of the MHA. Of these cases it was only clear from the records reviewed that a MAPP Panel had been held in relation to 14 of the discharges. For a further 9 cases, the review team considered it was clear from records that the level of risk posed to others by the patient did not warrant a panel. For the remainder there was no clear evidence of consideration being given to the need or otherwise of a MAPP Panel.

- *In less than half of the cases reviewed was there good evidence of risk factors and relapse indicators being clearly identified and appropriate action outlined. Identifying and detailing relapse factors represents good practice, although to the extent to which such should be developed is subject to some debate and is not a replacement for adequate and appropriate post discharge management and supervision. However we recommend that medium secure units should ensure that factors to be weighed in assessing relapse are part of the risk assessment included in the discharge plan of all patients.*

- *In less than a quarter of cases reviewed was there evidence of clear plans for re-admission, should it have been necessary.*
- *In the case of the 47 restricted patients, evidence was identified for 29 of those 47 cases which clearly outlined the conditions of discharge, and in a further 5 cases the patient had been transferred to another medium secure unit or hospital.*
- *There were no cases where substantial changes had been made to the discharge arrangements, without any formal changes to the discharge conditions.*

4.12. While the above gaps in evidence were identified by the review team, there was no discharge that gave the team immediate concern. Further work has already begun with the four units to ensure the issues raised by the examination of patient records are addressed.

Recommendation 9: Medium secure units should have clear policy and procedures in place that ensure multi-agency and multi-disciplinary referrals/admissions panels take place and the outcomes and decisions noted in his case patient records.

Recommendation 10: Medium secure units should ensure that non-clinical factors such as housing need are considered as part of the assessment process and integrated into care and discharge planning.

Recommendation 11: Medium secure units must ensure guidance setting out the processes and procedures for planning with external bodies for the management of substance misuse issues post discharge are in place and acted upon.

Recommendation 12: Medium secure units must ensure that clear policies and procedures are in place relating to the arrangements for

Multi-Agency Public Protection Panels. This should include clear guidance on the circumstances and issues that indicate that such a panel should be held.

Recommendation 13: Medium secure units should ensure that the factors to be weighed in assessing relapse form part of the risk assessment included in the discharge plan for all patients.

Recommendation 14: Medium secure units should plan at discharge for situations when patients may relapse and ensure arrangements that would facilitate timely recall are in place.

Findings

4.13. *The review also found that not all patients were provided with copies of the care plan formulated at discharge and not all care plans contained information about the circumstances under which the patients may return to medium secure health provision. The Care Programme Approach requires that patients should be provided with copies of their care plans and it has been increasingly common for patients who have been the responsibility of forensic psychiatrists to have copies of documents relating to their care. During the course of this inspection questions have been raised about the appropriateness of this on grounds of both the usefulness to patients and the difficulty for some patients in storing such documents in confidence. Whilst understanding the complexity of the issues raised, the principles of openness and involvement of patients in their own care and treatment sit along side statutory obligations to give patients access to their records at their request. We recommend as good practice that patients should receive appropriate information at the point of their discharge about the continuing arrangements of their care together with details of contact arrangements for the future. It may be a matter for individual discussion with patients as to whether the most appropriate way of providing that is by giving them a copy of the full discharge plan, or whether there are particular elements of that plan which they should*

receive to take with them at discharge, it having otherwise been made clear that they may access the full plan if they wish.

Recommendation 15: Medium secure units should ensure that at the point of discharge patients have a copy of their discharge care plan in a suitable format which includes appropriate information about the circumstances which might result in their return to secure mental health provision.

4.14. In considering matters relating to discharge the review also considered the views of a range of stakeholders.

4.15. The views were sought of LHBs which are responsible for commissioning low secure provision for patients suffering from mental disorders and which take responsibility for provision of aftercare services for post discharge patients of medium secure units. NHS trusts, which operate low secure services and provide community health services for post-discharge patients, were asked for comments regarding the matters covered by this review. A number of LHBs and trusts responded. All of the responding LHBs and trusts provided comments concerning discharge arrangements from medium secure facilities, while a smaller number felt able to comment on other aspects of medium secure provision.

4.16. In respect of discharge arrangements there was unanimity of views about the key issues. These concerned pre-discharge planning, the availability of 'step down' facilities, the responsibility for and co-ordination of post discharge provision, and the funding and oversight interface between Health Commission Wales (HCW) and LHBs.

4.17. The most common issue highlighted by LHBs was the variability of contact between themselves and medium secure units in relation to discharge planning. One difficulty was late notification of discharge of patients, which led either to delays in discharge while an LHB made the necessary

arrangements to assume the commissioning role or else rushed consultation with HCW to ensure that transfer of responsibilities was properly arranged. Two LHBs noted that it was difficult for them to maintain a list of all patients associated with their areas who were detained in medium secure accommodation as they were not routinely informed either by medium secure services or through the criminal justice system of admissions or transfers. That meant that it was difficult for LHBs to be pro-actively involved in early planning for resource allocation when responsibilities for funding fell upon them. Some LHBs also noted that local stakeholders were not always fully engaged in discharge planning. One LHB noted that the distance family members had to travel to attend patient reviews might be a factor in their capacity to become fully involved in patient care. Finally there were difficulties associated with limited low secure provision and other 'step down' facilities such as supported housing. One LHB referred to heavy dependence upon expensive private sector provision in that respect.

4.18. NHS trusts who contributed to this review raised a number of issues in relation to discharge arrangements. In common with the two LHBs above, some trusts raised the difficulty of identifying patients with local ties who would become the responsibility of the trust following discharge from a medium secure unit. Short notice of discharges were also an issue as was a recognition of the need for more developed links between medium secure units and local services. A shortage of assertive outreach teams and supported housing, linked to over dependence on out of area placements with independent organisations, were identified by one trust as factors in delaying the negotiation of funding, which in turn delayed discharge. One particular issue was the need for agreement concerning continuing care and the responsibilities for patients originating from one area of Wales being discharged to a different area of Wales.

4.19. Two local authority social services departments provided feedback to the review. Comments provided were generally positive in respect of relationships with the medium secure units and reflected upon appropriate liaison arrangements being in place for joint working. One response drew

attention to the difficulties which could arise when patients with complex needs were ready for discharge from a medium secure unit and a suitable placement was difficult to identify and issues arose in relation to funding.

4.20. In relation to restricted patients the views of Home Office officials were sought. Relationships between Home Office officials and medium secure units in Wales were generally good but officials felt that on occasions earlier notification of planning that was taking place for discharge would be useful. There were two issues raised by officials where it was felt that improvements could be achieved. First, there was a concern that, post discharge, routine reports from Responsible Medical Officers, and in fewer cases from Social Supervisors, were subject to considerable delay and were less comprehensive than required. Second, in cases where recall of discharge patients was necessary, there were delays in effecting recall either because of difficulties in obtaining all parties' agreement or because of lack of beds. While this was sometimes a matter of capacity within Wales, Home Office officials felt that it was related also to failure to plan and manage relapse and recall arrangements adequately.

Findings

4.21. *There is a need for better arrangements to ensure continuity of care and treatment following discharge. This is not solely a matter for medium secure units, but concerns the wider availability and provision of services for those patients discharged from medium secure provision.*

Recommendation 16: The Welsh Assembly Government should co-ordinate the development of a new strategy and guidance for the delivery of continuity in services for patients experiencing mental health problems who experience periods of treatment in medium secure units, paying particular attention to:

- a. The requirement for all relevant parties to be involved in timely pre-discharge planning and for details of discussions to be recorded appropriately;**
- b. Clarity concerning funding and responsibility for patients throughout the stages of their care (including engagement of commissioners and the improvement of communication between organisations);**
- c. Identification of the need for 'step down' provision in Wales; and**
- d. The responsibility of local services for post discharge management of patients, including full and timely reporting requirements and arrangements.**

Chapter 5: Summary of Conclusions and Recommendations

5.1 The review found differences between management structures and clinical governance arrangements of the four medium secure units, in part due to two being NHS and two being private sector providers. While each unit was found to have structures and processes in place to ensure sound clinical governance there were some areas where arrangements require strengthening.

5.2 While arrangements were in place at all units for involving patients in their care and treatment as well as the day to day operation of the unit, there were found to be different perceptions between the organisations and patients about the ease of accessing those arrangements.

5.3 In addition, the way in which the internal complaints procedures operated by the units related to the wider NHS complaints procedure was not clear in every unit's policy/procedure documents.

5.4 Specific issues in relation to public involvement, clinical audit and training and induction were identified at Cefn Carnau Uchaf.

5.5 Weaknesses in relation to discharge planning arrangements were highlighted by this review. A key concern is that links between medium secure units and local service commissioners and service providers were found to be under-developed leading to difficulties in the proactive involvement of local commissioners and providers in discharge planning and consequent delays in discharge.

5.6 There was found to be a lack of clarity in relation to the responsibility of commissioners in the provision of care for patients originating from one part of Wales but being discharged to a different area. Further, local health boards

stressed difficulties in keeping track of patients, subject to detention in a medium secure environment, in particular those detained outside of Wales.

5.7 While all four units had discharge planning policy and procedures in place, closer examination of a sample of patient records against guidance provided in relation to the statutory provisions for planning the discharge of patients highlighted gaps and weaknesses. Evidence of clear plans for re-admission, should it become necessary and regular review of the patients needs and expectations was weak.

5.8 Risk factors and relapse indicators were only clearly identified and appropriate action outlined in less than half of the cases reviewed. There was little evidence of non-clinical factors having been taken account of in discharge planning and in only a small number of cases had the patient been made aware of what circumstances result in their return to hospital.

5.9 There was no discharge that gave the team immediate concern. Further work as already began with the four units to ensure the issues raised by the examination of patient records are addressed.

5.10 This report will be presented to the relevant bodies/organisations who will be asked to produce an action plan to address the recommendations contained herein. A summary of the recommendations is provided on the following pages.

Summary of Recommendations

Rec No	Recommendation	Page
1	Health Commission Wales should ensure that when purchasing medium secure services from the independent sector the requirement for the provider to comply with clinical governance arrangements as set out in WHC (2003) 69 is included in all contracts/agreements.	10
2	All medium secure units should use the arrangements they have for consultation with patients to determine how the patients' experience of their involvement both in their own care and the day to day operation of the unit can be improved.	14
3	At Cefn Carnau Uchaf, a formal position with regard to the involvement of the public and provision of information about the units should be established and documented for the guidance of staff.	14
4	All medium secure units should identify and implement ways in which they can better use outcome data to inform clinical practice. Further, the Welsh Assembly Government should co-ordinate the development of benchmarking data.	16
5	The position in relation to clinical audit at Cefn Carnau Uchaf needs to be clearly established and agreed by the Board.	17
6	Other than Caswell Clinic, all units should ensure that complaints documentation includes full references to complaint pathways including NHS and independent sector procedures and the Ombudsman.	17
7	Managers at Cefn Carnau Uchaf should review with staff the arrangements for induction, training and communication with a view to securing their better integration into the life of the unit.	19

Rec No	Recommendation	Page
8	The Board of Craegmoor Healthcare should establish stable leadership and management arrangements for Craegmoor Healthcare and Cefn Carnau Uchaf which demonstrate a commitment to supporting clinical leadership and supervision and the effective operational management of the unit.	20
9	Medium secure units should have clear policy and procedures in place that ensure multi-agency and multi-disciplinary referrals/admissions panels take place and the outcomes and decisions noted in the case patient records.	27
10	Medium secure units should ensure that non-clinical factors such as housing need are considered as part of the assessment process and integrated into care and discharge planning.	27
11	Medium secure units must ensure guidance setting out the processes and procedures for planning with external bodies for the management of substance misuse issues post discharge are in place and acted upon.	27
12	Medium secure units must ensure that clear policies and procedures are in place relating to the arrangements for Multi-Agency Public Protection Panels. This should include clear guidance on the circumstances and issues that indicate that such a panel should be held.	27
13	Medium secure units should ensure that the factors to be weighed in assessing relapse form part of the risk assessment included in the discharge plan for all patients.	28
14	Medium secure units should plan at discharge for situations when patients may relapse and ensure arrangements that would facilitate timely recall are in place.	28
15	All medium secure units should ensure that at the point of discharge patients have a copy of their discharge care plan in a suitable format which includes appropriate information about the circumstances which might result in their return to secure mental health provision.	29

Rec No	Recommendation	Page
16	<p>The Welsh Assembly Government should co-ordinate the development of a new strategy and guidance for the delivery of continuity in services for patients suffering from mental disorders who experience periods of treatment in medium secure units, paying particular attention to:</p> <ul style="list-style-type: none"> a. The requirement for all relevant parties to be involved in timely pre-discharge planning and for details of discussions to be recorded appropriately; b. Clarity concerning funding and responsibility for patients throughout the stages of their care (including engagement of commissioners and the improvement of communication between organisations); c. Identification of the need for 'step down' provision in Wales; and d. The responsibility of local services for post discharge management of patients, including full and timely reporting arrangements. 	31

Acknowledgements

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In relation to the independent sector, information and advice was also received from Care Standards Inspectorate Wales, for which we are grateful.

The review made significant demands upon the time and expertise of the team of external reviewers. We would like to thank them for all their hard work.

Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) was established on 1 April 2004 by the National Assembly for Wales to discharge the responsibilities specified for the Assembly in the Health and Social care (Community Health and Standards) Act 2003. HIW has been established as a unit within the Assembly with a formal independence provided through delegations made under the 2003 Act to the Chief Executive of HIW.

HIW's core responsibility is to undertake reviews and investigations into the provision of NHS funded care either by or for Welsh NHS organisations in order to provide independent assurance about and to support the continuous improvement in the quality and safety of Welsh NHS funded care. In doing so, HIW must play particular regard to:

- the availability of and access to healthcare;
- the quality and effectiveness of healthcare;
- the management of healthcare and the economy and efficiency of its provision;
- the information provided to the public and patients about healthcare; and
- the rights and welfare of children.

The Healthcare Standards for Wales (2005) and the frameworks of clinical governance set by the Welsh Assembly Government are central to the way in which HIW assesses Welsh NHS organisations and Welsh NHS funded care.

In this respect, HIW is committed to:

- strengthening the voice of patients and the public in the way health services are reviewed;
- working with others to improve services across sectors and agencies;

- working with other regulators/inspectionates to ensure that the public, NHS organisations and the Assembly receive useful, accessible and relevant information about the quality and safety of Welsh NHS funded care; and
- developing more effective and co-ordinated approaches to the review and regulation of the NHS in Wales.

Health Commission Wales

Health Commission Wales (Specialist Services) (HCW) is an executive agency within the Welsh Assembly Government. It is responsible for:

- Commissioning tertiary and other highly specialised services throughout Wales;
- Giving advice to NHS Wales on the commissioning of specialised secondary and regional services;
- Providing expert guidance, support and facilitation in relation to acute services commissioning;
- Being the first source of arms-length independent advice and guidance on difficult issues relating to specialist services.

These objectives are based on the Assembly's strategies. The functions of HCW are set out in the paragraphs below.

HCW will operate within a clear and precise policy and resources envelope with flexibility to manage within such a framework, to an agreed budget and business plan. HCW will publish annual reports and accounts, including a review of performance against targets.

In undertaking these roles, HCW will work closely with local health board chief executives, trust chief executives, National Public Health Service, senior operational managers, other Welsh Assembly Government officials and a wide range of health professionals, organisations, clinical networks and other stakeholders. Three Regional Stakeholder panels will act as a focus for stakeholder engagement.

HCW will also work closely with chief executives of trusts, strategic health authorities and primary care trusts in England and with the relevant private sector providers. The Welsh Assembly Government will work with the National Specialist Commissioning Advisory Group (NSCAG) and other specialised commissioning advisory structures at the policy level.

Terms of Reference for the Review

The terms of reference for the review were:

To undertake a review and audit of the discharge planning arrangements from adult medium secure mental health service provision in Wales and to undertake a clinical governance inspection of NHS funded adult medium secure mental health services in Wales.

1. To measure compliance with national policies, guidance and statutory requirements.
2. To identify any areas of non-compliance with national policies, guidance and statutory requirements, by methods which will include an audit of a selection of the records of a number of patients discharged from medium secure units in Wales.
3. To conduct an inspection of the systems for patient safety and clinical governance arrangements of adult medium secure mental health services in Wales.
4. To produce a comprehensive report, detailing the key findings and recommendations.
5. To present the recommendations of the audit and inspection to the relevant bodies as part of the corporate action plan that will be produced following the publication of the Paul Khan Independent Inquiry Report.

Discharge Planning – Review of Core Patient Record

Records were checked for evidence of:

1. A multi-agency and multi-disciplinary referrals/admissions panel being held.
2. A key worker having been nominated, on admission.
3. Comprehensive care planning covering the whole patient pathway including:
 - a. Pre-admission assessments;
 - b. Assessment for care following admission;
 - c. Risk – assessment and management plans;
 - d. Care- social, educational and occupational needs;
 - e. Specialist interventions (including mediation and psychological treatment);
 - f. Regular review of care plans;
 - g. Regular review of care plans involving all relevant people and agencies; and
 - h. Pre-discharge assessments of:
 - i. patient;
 - ii. carers; and
 - iii. relevant agencies.
4. Multi-agency and multi-disciplinary discussions having taken place during the patients in-patient stay, specifically:
 - a. Clinical team meetings;
 - b. Multi-disciplinary team meetings;
 - c. S117 meetings;
 - d. Case conference; and
 - e. Pre-discharge planning meetings.
5. In the case of “potentially dangerous offenders” of multi-agency discussions outlining any risk to the community having taken place.

6. Patient Involvement.
7. The patients nearest relatives and/or carers being involved in the pre-discharge planning.
8. In the process of identifying the appropriate placement on discharge, meetings and discussions with the provider having taken place and clearly outlining:
 - a. The patient needs;
 - b. Any risk factor identified;
 - c. Any relapse indicators;
 - d. Action required if relapse indicated; and
 - e. An identified liaison person at the medium secure service.
9. The patient being made aware of the date and time of the first contact with after-care provision.
10. Clear plans for re-admission, should this be necessary.
11. All risk factors and relapse indicators having been identified and the appropriate action required being outlined.
12. Where substance misuse issues are identified, links having been made and plans discussed with the substance misuse services.
13. Any substantial changes being made to the discharge arrangements, without any formal changes to the discharge conditions.
14. Non-clinical factors being taken account of in relation to the discharge.

Relevant Sections of Mental Health Act 1983

This annex is intended to act as a summary, outlining the sections of the Mental Health Act 1983, which have been pertinent in considering the review of the discharge planning arrangements in place at the four adult medium secure mental health units in Wales.

For the detailed provisions readers should refer directly to the Mental Health Act 1983.

Informal patients

Section 131 allows for the informal admission for treatment of a patient for their mental disorder. This section also provides an opportunity for patients to remain in hospital informally, following the end of their original detention.

Detention under the Act

The following sections of the Mental Health Act 1983 deal with the detention of patients:

- Section 2 – admission for assessment, sets out the circumstances under which the power to detain a patient for assessment for up to 28 days may be exercised;
- Section 3 – admission for treatment, sets out the conditions which have to be met to permit detention of a patient for treatment (applicable up to 6 months and renewable);
- Section 4 – admission for assessment in cases of emergency, sets out the requirements to be met for an emergency admission to hospital and detention for up to 72 hours for assessment;

- Section 5 - sets out the circumstances in which patients already subject to an informal hospital admission may be 'held' in hospital for the purposes of carrying out an assessment and application for admission under the Act. The 'holding' power is up to 6 hours for a suitably qualified nurse and up to 72 hours for a registered medical practitioner.

Patients who are involved in any criminal proceedings, or are remanded or sentenced to prison are dealt with through the following sections

- Section 35 - remand to hospital for report on accused's mental condition;
- Section 36 - remand of accused person to hospital for treatment;
- Section 37 - powers of courts to order hospital admission or Guardianship. Courts may order detention for treatment subject to evidence from two registered practitioners that an offender is suffering from a defined mental condition, the nature or degree of which makes it appropriate that makes him detained in hospital and the court is satisfied that is the most suitable method of disposing the case;
- Section 38 - interim hospital orders;
- Section 47 - removal to hospital of persons serving sentences of imprisonment etc. The Secretary of State is empowered to direct the removal of a person from imprisonment to a hospital subject to the same form of conditions which apply in Section 37 where the Secretary of State is of the opinion that it is both expedient and in the public interest to do so;
- Section 48 - removal to hospital of other prisoners.

Discharge from Section

Section 23 sets out who in law can end a Section before it has run its full course. It should be noted that the term "discharge" in the Act is used to mean the ending of a Section by one of the people/bodies authorised to do so. This is not necessarily the same as discharge from hospital - it can be seen from the above that it is possible for someone to be discharged from Section, but then to remain in hospital as a voluntary patient.

An "order for discharge" from the Section can be made by:

- the Responsible Medical Officer [RMO], who should continually review the need for detention in hospital;
- the Mental Health Act Managers [MHAM], following a direct appeal by the patient;
- the Nearest Relative who can order discharge (subject to powers of hospital managers and RMOs to resist such an order in appropriate circumstances); and
- the Mental Health Review Tribunal [MHRT], who can discharge on appeal following a formal hearing of the Tribunal.

Restrictions on Discharge

Section 41 provides Crown Courts with the opportunity to set restrictions on a patient's discharge, transfer or leave of absence from hospital. This applies to those patients who were the subject of a section 37 hospital order and can run either for a specified time or an unlimited period, without requiring the approval of the Secretary of State for the Home Department.

A restriction under section 49, also provides the opportunity to restrict a patient's discharge, who has been the subject of a transfer from prison, under sections 47 or 48.

Conditional Discharge of People Subject to Restriction Orders

Someone who has been the subject of a restriction order may be discharged from hospital and be made the subject of *conditions*, which would be imposed by the Home Office or by a Mental Health Review Tribunal. In either case the person could at any point be recalled to hospital by the Home Office. The conditions which can be imposed are not defined in the Act itself, but could include:

- supervision by a social supervisor (normally a local authority social worker, or a probation officer) who would provide appropriate support and assistance to the person's resettlement in the community. The social supervisor would also alert the Home Office to any need for the person to be recalled to hospital, or to any indications that absolute discharge should be considered;
- supervision by a supervising psychiatrist who would provide medical reports to the Home Office and oversee medical treatment.

Conditional discharge can only apply to people who have been through the courts.

Aftercare arrangements

Section 117 requires the statutory authorities to make arrangements for a person's continuing care and support. It only applies, however, to those patients who were detained under sections 3, 37, 47, and 48, stating that:

“It shall be the duty of the District Health Authority and of the local social services authority to provide, in co-operation with relevant voluntary agencies, after-care services for any person to whom this section applies until such time as the District Health Authority and the

local social services authority are satisfied that the person concerned is no longer in need of such services”.

Despite the Act requiring the authorities to arrange these services, there is no obligation for the patient to accept the services which are offered.

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Glossary of Terms

action plan An agreed plan of action and timetable that makes improvements to services, following a clinical governance review.

appraisal An assessment or estimate of the worth, value or quality of a person, service, or thing.

approved social worker An 'approved social worker' is a social worker who has received specialist training and who has been given responsibilities under the Mental Health Act 1983 to assess, when requested, whether a person needs to be detained in hospital.

audit A review that establishes how well a service meets pre determined standards or criteria.

benchmarking A process of comparison with similar groups to see how local practice matches that in similar practice elsewhere.

cardiac, cardiology To do with the heart; the branch of medicine concerned with the heart and it's diseases.

care manager A social worker, nurse, or other professional who assesses needs and helps families plan and arrange informal and formal services.

care pathway Most simply this is seen as a description of the journey taken (or intended to be taken) through clinical service. Some have defined it as a defined set of treatment and care steps designed to meet the particular need of each patient.

carers People who look after their relatives and friends for no pay, often in place of paid care.

clinical audit The continual evaluation and measurement by health professionals of how far they are meeting standards that have been set for their service. Standards can be set by health professionals themselves or others. Successful clinical audit also involves changing practice to meet the standards.

clinical director The clinician (often a doctor) who is accountable for clinical and sometimes management elements of service delivery.

clinical effectiveness For individuals, this means the degree to which a treatment achieves the health improvement for a patient that it is designed to achieve. For whole organisations, it means the degree to which the organisation is ensuring 'best practice' is used whenever possible.

clinical governance Refers to the quality of healthcare offered within an organisation. The Welsh Office document *Quality Care and Clinical Excellence (1999)* defines clinical governance as: “A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”. It is about making sure that health service provides patients with high quality and high standards of care.

clinical governance review A review of the policies, systems and processes used by an organisation to deliver high quality healthcare to patients. The review looks at the way these policies work in practice, (a health check for a health organisation).

clinical incident An incident which occurs in a hospital or in the community where actual or potential harm may have been experienced by patients or the public.

clinical information Information about treatments given to a patient by a health professional. Could also mean information collected by an organisation about clinical practice (of individuals or teams).

clinical networks A group of services which work together across organisational boundaries to provide better patient care. For example, in cancer services where the cancer unit and the cancer centre work together to care for patients. Similarly a group of surgeons may work together across a district to provide a full service to a number of hospitals.

clinical outcome The impact/effect of a treatment on the health or well being of an individual.

clinical risk Risks associated with various health care treatments.

clinical risk management Understanding the various levels of risk attached to each form of treatment and systematically taking steps to ensure that risks are minimised.

clinician/clinical staff A fully trained health professional – doctor, nurse, therapist, technician etc.

commissioning The process of identifying local health needs, drawing up plans with strategic partners to meet those needs, identifying appropriate health services and making agreements with health service providers to ensure that services are delivered.

consent Permission to allow a health treatment, examination or investigation to happen.

data protection - This is covered by the 1984 Data Protection Act and the 1990 Computer Misuse Act and includes eight principles to safeguard data held on individuals.

evidence based practice A series of practices and disciplines in clinical fields in which clinical staff are enabled to make the best use of available evidence in establishing common practice. These practices include asking the best question for a particular patient, searching for evidence to answer the question, critically appraising the evidence to make sure that it applies to the patient in question, applying it and auditing success. The application of clinical guidelines is also encompassed by this term.

focus groups A group of people brought together to give their opinions on a particular subject or issue. Often used to help plan new services.

freedom of information The Freedom of Information Act passed in 2000 gives rights of access to information held by public authorities.

general practitioner A family doctor.

information management and technology (IM&T) A term that encompasses the way an organisation manages its information using technology.

incident reporting system A system which requires clinical staff to report all matters relating to patient care where there has been a special problem.

incidents Something which has happened that is out of the ordinary which may be harmful to patients.

local health board (LHB) Replacing local health groups and health authorities the LHBs were established in 2003 as statutory bodies, each with its own board and management team. The prime function of the LHB is to implement strategies concerned with improving the health of the local population, corporate and clinical governance, securing and providing primary and community health care services, securing secondary care services, improving the health of communities, partnership, public engagement and provision of services.

medical director The term usually used for a doctor at trust or LHB Board level (a statutory post) responsible for all issues relating to doctors and medical and surgical issues throughout the trust/LHB.

NHS trust A self-governing body in the NHS, which provides health care services. Each employs a full range of health care professionals including doctors, nurses, therapists etc.

National Institute for Clinical Excellence (NICE) a special health authority providing guidance for the NHS and patients on medicines, medical equipment and clinical procedures.

outcome All the possible results that may occur from a treatment, service or prevention programme.

patient involvement The amount of participation that a patient (or patients) can have in their care or treatment. It is often used to describe how patients can change or have a say in the way that a service is provided or planned.

performance management The use of a review process (usually results delivered against objectives set) to assess how well a person, team or service is working.

performance monitoring A permanent, ongoing system which records how a particular service or procedure is carried out and how well it meets targets or standards.

risk assessment An examination of the risks associated with a particular service or procedure.

social care worker Workers who offer support or more personal care to service users to help them with the tasks for everyday living.

social services department A local government council department responsible for the non-medical welfare care of adults and families in need. social services departments organise needs assessments for people and provide services under community care for adults and children and families services.

stakeholders This is used to cover a whole range of people and organisations that are affected by, or have an interest in, the services offered by the organisation. It includes patients, carers, staff, unions, voluntary organisations, community health councils, social services, health authority, GPs, primary care staff, LHBs and trusts.

trust Board A group of people who are responsible for major strategy and policy decisions in each NHS trust. Typically comprises a lay chairman, lay members, the trust chief executive and directors.

Welsh Health Circular (WHC) Publications issued by the Welsh Assembly Government.