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# PARTNERING FOR WELLBEING AND ENABLING RECOVERY

Annex 9: Leadership, Governance and Outcomes Report



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## 1.0 Introduction

Effective clinical leadership and robust governance structures are critical to ensuring the delivery of safe, effective, and professionally accountable person-centred care. A review of current HSC Trust arrangements in place to provide professional leadership and ensure the governance of mental health nursing was conducted. This review also involved consideration of the use of outcome measures by Trusts to support their evaluation of the quality of nursing care and treatment.

The methodology applied included a survey with follow up interviews with each of the HSC Trust's Mental Health Nurse Leadership and Governance Teams.

The information gathered offered insights into the following;

- Clinical Leadership Model, including lead roles and grades:
  - Approaches to supervision, Clinical Mentorship and Restorative Practices;
  - Evidence of Mental Health Nurse Led Quality Improvement Programmes; and
  - Mental Health Communities of Practice, Learning and Development forums.
- Mental Health Clinical Governance Arrangements and Infrastructure:
  - Mental Health Clinical Audit and Professional Standards Assurance Processes;
  - Learning from Mental Health Nurse Related Serious Adverse Incidents; and
  - Learning from Service User feedback and Mental Health Nurse related Complaints.
- Models for reviewing the Impact of Mental Health Nursing Practice, Health Care Outcomes and Person-Centred Experience.

## 2.0 Programme Overview

A survey questionnaire was designed to capture a broad overview of each Trust's approach to leadership, governance and outcomes measurement within the context of Adult and Child and Adolescent Mental Health Services (CAMHS) with a specific focus on Mental Health Nursing.



The surveys were shared with each Trust's Mental Health Consultant Nurses who were tasked with distributing the questionnaires to the relevant Nursing Leadership and Governance Managers within their respective organisations for completion by an agreed date.

The surveys contained twenty-four questions aimed at eliciting feedback on each Trust's nursing leadership model, clinical governance arrangements and infrastructure and their models for reviewing mental health nursing practice, person-centred experience and care outcomes. Survey questions are presented in Appendix 1.

Follow-up meetings were organised with four of the five HSC Trusts, to drill down further into survey responses, enabling the collation of additional detail, thereby enriching the level of information available for analysis. Due to time constraints, a follow-up meeting with one of the Trusts had to be cancelled.

The meetings were led by members of the Northern Ireland Practice and Education Council (NIPEC) Project Management Group who recorded notes from the feedback received. Each meeting began with an overview of the NIPEC Mental Health Nursing Review, an outline of the aims of the work and an explanation on how these discussions would contribute to the overall project.

Following the meetings, the notes recorded, together with the survey responses were independently analysed by three NIPEC Project Management Group members before a collective approach was adopted to the identification of the key themes arising from the two data collection exercises.

## **3.0 Clinical Leadership Models and Lead Roles**

### **3.1 Clinical Leadership Models**

HSC Trusts report that nursing leadership stems from the Nursing and Midwifery Executive, however, mental health nursing leadership models vary across HSC Trusts. A number of HSC Trusts have created dedicated professional nursing leadership roles aimed solely at focusing on the mental health nursing agenda, while in other HSC Trusts, managers with lead nurse responsibility have combined operational responsibility. Participants within these HSC Trusts indicated that the operational function typically takes priority by virtue of the needs and demands of the role and service, often at the expense of mental health nursing professional development.

Participants referred to nursing as becoming a casualty of the growing emphasis on multidisciplinary approaches, which has given rise to the increased use of the term Mental Health Practitioner. There is a perception this has blurred the role and functions of mental health nurses and has diluted the unique contribution of nursing. A theme emerging from the findings of the surveys and HSC Trust interviews



indicated that while Nurses have a seat around the decision-making table, there was a sense their voice is becoming more limited.

Participants report that mental health nurses have diversified over recent years, creating opportunities for career development and progression. Each of the Trusts identified the development of roles, such as; Advance Nurse Practitioners, nurses working as Psychological Therapists and Cognitive Behavioural Therapists, EMDR Therapists, Family Psychotherapists, Nurse Specialists, Practice Educators, Innovation Nurses, Non-Medical Prescribers and Dual Diagnosis Specialists, all uniquely placed to deliver nurse-led services across Adult Mental Health and CAMHS Services. Advanced Nurse Practitioner and Consultant Nurse roles are in their infancy in Northern Ireland, but it is anticipated these roles will strengthen the voice of Mental Health Nurses within clinical settings and strategically across the region.

### **3.2 Approaches to Supervision, Clinical Mentorship and Restorative Practices**

All five HSC Trusts report a significant and growing emphasis on implementing a range of restorative practices. The Department of Health's (2022)<sup>1</sup> *Reflective Supervision: A Framework to Support Nursing and Midwifery Practice in Northern Ireland* was cited as an essential enabler to support the mental health nursing workforce, improve practice and enhance the quality of care and lived experience of those receiving nursing care. It is widely recognised that the provision of reflective supervision, clinical supervision, appraisals, safety huddles, preceptorship, peer support forums and wellbeing initiatives collectively enhance the capability and capacity of mental health nurses. Nurse supervision and appraisals are routinely audited and reported on as key performance indicators across Mental Health Services.

All Trusts report they recognise the importance of attending to staff wellbeing and Critical Incident Stress Management (CISM) is a model utilised to support staff following serious adverse events and other incidents across HSC Trusts. Unfortunately, adversity is too common in health care settings, particularly with regards to violence and aggression. Staff impacted by such events can now avail of additional support to help mitigate against the potential effects of trauma, while promoting a culture of psychological safety and wellbeing.

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<sup>1</sup> Department of Health (2022) *Reflective Supervision: A Framework to Support Nursing and Midwifery Practice in Northern Ireland*.



### **3.3 Evidence of Mental Health Nurse Led Quality Improvement Programmes**

Quality Improvement (QI) has become second nature across the Health Service with each of the Trust's Adult Mental Health Services and CAMHS actively engaging in quality improvement initiatives derived from the findings from clinical audits and serious adverse incidents, together with an ambition to improve standards and the quality of care for patients. Variable numbers of Mental Health Nurses are trained in quality improvement with one Trust reporting that 80% of their nursing workforce is trained to Level One, while others admitting that mental health nurses' uptake of QI training has been quite limited. Many QI initiatives were referenced, including projects associated with Attention Deficit Hyperactivity Disorder (ADHD), Eating Disorders and Warm Handovers. Some projects have been showcased at the Annual Chief Nursing Officer Conference and promoted at regional events.

### **3.4 Mental Health Communities of Practice Development and Learning Forums**

HSC Trusts are creating an appetite and culture for enhanced learning and career progression within Nursing in Mental Health Services. Mental Health Services are increasingly engaging their nursing workforce in nurse-led forums, learning workshops, career events, research and development workshops, often supported by Advanced Nurse Practitioners and Consultant Nurses.

## **4.0 Mental Health Clinical Governance Arrangements and Infrastructure**

Mental Health Nurses highly value clinical governance processes as a means of generating learning that serves to enhance their practice and improve outcomes for people.

At the highest level, across the five HSC Trusts, accountability for governance sits with each HSC Trust's Board, supported by committees overseeing activities such as audit, quality and safety. Trust Corporate Nursing Teams maintain governance oversight across the nursing workforce. Beyond this, the surveys and interviews conducted as part of this review highlighted marked variation in governance infrastructure arrangements within Mental Health Directorates across the five HSC Trusts with very limited dedicated mental health nursing governance resource.

Each of the HSC Trusts identified robust governance arrangements and processes; however, uniquely, one Trust has created an Assistant Director Nurse Governance post with responsibility across the Mental Health Directorate and related Sub-Directorates. This role is in its infancy; however, it has been evaluated as successful



and represents a significant investment in developing frameworks to specifically enhance mental health nursing governance.

#### **4.1 Mental Health Clinical Audit and Professional Standards Assurance Processes**

A range of standard based clinical audit projects and key performance indicators are carried out across the five HSC Trusts, capturing quality standards related to nursing and wider multidisciplinary practice. A robust schedule of audits is facilitated within mental health services, often conducted in collaboration with the HSC Trusts' Corporate Nursing Team's Accountability and Assurance Forums. Audits are often aligned with regional and national frameworks, such as NICE Guidelines, the National Confidential Enquiry, Towards Zero Suicide and Minimising Restrictive Practices.

Key performance indicator data is captured on HSC Trust dashboards facilitating analysis of themes and trends. Established HSC Trust electronic data bases capture additional service specific/self-audits determined by local, regional and national developments. Each of the HSC Trusts utilise intelligence from the audits (e.g. record keeping; physical health monitoring) allowing services to develop action plans and mechanisms for sharing key learning and quality improvement initiatives.

#### **4.2 Learning from Mental Health Nurse Related Serious Adverse Incidents**

All HSC Trusts apply the regionally approved Root Cause Analysis processes to the investigation of Serious Adverse Incidents (SAIs). Mental Health Nurses both lead and participate in SAI and Significant Event Audit (SEA) reviews, as well as contributing to recommendations and learning outcomes together with the multidisciplinary team. HSC Trust governance mechanisms maintain oversight of quality assurance processes and enable analysis of SAI and SEA themes and trends. Learning is disseminated across services through Regional, Corporate, Trust and Service networks to frontline multidisciplinary teams. In a regional context, learning is shared through the Echo Forum, to which Mental Health Nurses and multidisciplinary representatives contribute.

#### **4.3 Learning from Service User feedback and Mental Health Nurse Related Complaints**

Each of the HSC Trusts have appointed a Mental Health Service User Consultant, underpinning service user representation, in keeping with the Personal and Public Involvement Policy. The Service User Consultant role is highly valued and is instrumental in collating anecdotal feedback from service users and carers directly through formal and informal networks and service user feedback surveys across adult mental health services. Mechanisms for improving communication between Trust Mental Health Services and the carers/families of patients are well established,



including carers support groups. This, together with Care Opinion, carers forums, and the monitoring of complaints and compliments offers additional intelligence and insights into what is working well and helps to identify areas for improvement across Mental Health Services.

## **5.0 Models for reviewing the Impact Mental Health Nursing Practice, Health Care Outcomes and Person-Centred Experience**

Mental Health Nurses are seeking to develop processes that will better enable the measurement of the clinical effectiveness of mental health nursing practice, population health care outcomes and Service Users' therapeutic person-centred experience.

It was widely acknowledged there is often a greater focus on governance activities linked to nursing within inpatient settings, which are typically nurse-led. The generic structure of Community Mental Health Services and CAMHS means that governance activities are largely conducted through a multidisciplinary lens, which is clearly necessary; however, an enhanced emphasis on the evaluation and development of mental health nursing practice, will help to support stronger adherence to evidence-based frameworks, thereby improving outcomes for patients and families.

It was reflected in the surveys and meetings with HSC Trust representatives that current measurement processes do not adequately capture the clinical effectiveness of mental health nursing practice, population health care outcomes and Service Users' therapeutic person-centred experience.

It is the aspiration that as HSC Trusts develop a greater understanding of the Encompass system and digital capabilities, therapeutic person-centred experience and the clinical essence of mental health Nursing can be adequately captured. To achieve greater clinical intelligence and understanding, future consideration of Digital Nurse Governance and Mental Health Nursing Research roles is considered important.

## **6.0 Summary of Key Messages and Opportunities for Development**

The review highlights that strong clinical leadership and well-defined governance structures remain fundamental to delivering safe, effective and professionally accountable mental health nursing care across Northern Ireland. Evidence gathered from Trusts demonstrates encouraging progress in strengthening leadership models,



embedding learning cultures and enhancing governance processes. However, it also reveals opportunities to further refine and elevate the distinct professional contribution of mental health nursing within multidisciplinary systems.

Participants consistently emphasised that expanding nursing leadership capacity, particularly through Advanced Nurse Practitioner and Consultant Nurse roles is central to driving forward reform and shaping a highly skilled, person-centred, evidence-based workforce. These roles are ideally placed to lead the development of modernised professional frameworks that reflect the needs of individuals, families, communities and wider populations across the lifespan.

**Table 1: Leadership, Governance and Outcomes Summary of Key Messages**

| Summary of Key Messages and Opportunities for Development                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Trusts employing Lead Nurses with combined responsibilities for professional and operational duties, report that the operational function typically takes priority by virtue of the needs and demands of the role and service, detracting from their ability to lead mental health nursing development. |
| Mental Health Nurses highly value clinical governance processes as a means of generating learning that serves to enhance their practice and improve outcomes for people.                                                                                                                                |
| Mental Health Nurses are seeking to develop processes that will better enable the measurement of the clinical effectiveness of mental health nursing practice, population health care outcomes and service users' therapeutic person-centred experience.                                                |

## 8.0 Conclusion

While HSC Trusts already demonstrate a strong commitment to governance, quality improvement and staff wellbeing, there is clear scope to apply these strengths more intentionally within a mental health nursing context. Assessment against the [Maturity Matrix](#) within the *Quality Excellence Framework* (NIPEC, 2025) will support the identification of strengths and areas for improvement across the structures, processes and culture of the team or organisation. Strengthened approaches to measuring clinical effectiveness, person-centred experience and population health outcomes will be essential in ensuring the unique contribution of mental health nursing is both visible and value. This will require robust measurement of clinical effectiveness, patient experience and overall population health impact.

## Leadership, Governance and Outcomes Survey

|                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mental Health Nurse Clinical Governance Arrangements and Infrastructure</b>                                                                                                                                                                                                                                 |
| 1. Please outline Identification of relevant corporate nursing committees, such as; Nursing and Quality Committee, Clinical Governance Committee at which mental health nursing is represented                                                                                                                 |
| 2. Please outline any specific resources dedicated to the governance of mental health nursing, such as; staff e.g. mental health nursing governance lead roles, governance training, governance technology e.g. dash boards, allocated to support clinical governance activities within mental health nursing. |
| 3. Please describe the lines of accountability and reporting for mental health nurses, from frontline staff to senior mental health nurse leadership                                                                                                                                                           |
| 4. Please outline key nurse specific governance, policies and procedures that guide mental health nursing practice                                                                                                                                                                                             |
| <b>Mental Nurse Clinical Audit and Professional Assurance Processes</b>                                                                                                                                                                                                                                        |
| 5. <b>Audit Model:</b> Is there a schedule of planned audits, if so in what areas?                                                                                                                                                                                                                             |
| 6. <b>Audit Approach:</b> What audit methodologies are used for conducting audits?                                                                                                                                                                                                                             |
| 7. <b>Audit Improvement Action Plans:</b> Is there a bespoke quality improvement plan. If so, what has been the focus of improvement?                                                                                                                                                                          |
| 8. <b>Mental Health Nursing Assurance:</b> What are the assurance mechanisms within mental health nursing services for ensuring that audit findings have been addressed?                                                                                                                                       |
| <b>Approaches to Mental Health Standards and Clinical Care Indicators</b>                                                                                                                                                                                                                                      |
| 9. <b>Identification of Key Standards and Indicators:</b> Please detail any key standards and indicators used by your Trust to evaluate the impact of mental health nursing care.                                                                                                                              |
| 10. <b>Data Collection and Reporting:</b> What, if any, systems and processes are in place to gather mental health nursing specific sensitive outcomes data?                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Model for Reviewing Mental Health Nursing Person Centred Experience and Care Outcomes</b>                                                                                                                                                                                                                                                                      |
| <b>11. Mental Health Outcome Measures:</b> Please detail the key outcome measures used to assess the effectiveness of mental health nursing interventions, such as; patient satisfaction, symptom reduction and functional improvement.                                                                                                                           |
| <b>12. Outcome Analysis and Interpretation:</b> Please describe how outcome data is used to improve mental health nursing care?                                                                                                                                                                                                                                   |
| <b>Key Learning from Mental Nurse Related Serious Adverse Incidents</b>                                                                                                                                                                                                                                                                                           |
| <b>13. Incident Reporting and Investigations:</b> Do mental health nurses play any particular role in the investigation of Incident and SAI processes?                                                                                                                                                                                                            |
| <b>14. Root Cause Analysis and Incident Investigation Models:</b> Please outline any incident investigation and learning methodologies utilised within mental health nurse training.                                                                                                                                                                              |
| <b>15. Patient Safety Approaches:</b> Please outline mental health nursing patient safety strategy models and approaches. Specifically include, mental health nursing approaches to individual risk assessment, risk management, monitoring and risk review, as well as safety planning and the engagement of families and carers where possible in this process. |
| <b>16. Dissemination of Learning:</b> Please detail the mechanisms for disseminating learning from SAIs to mental health nursing staff and how assurance is provided that improvement action has been taken.                                                                                                                                                      |
| <b>Key Learning from Service User Feedback and Mental Health Nurse Related Complaints</b>                                                                                                                                                                                                                                                                         |
| <b>17. Collection and Analysis of Feedback and Complaints:</b> Please outline systems for collecting and analysing service user feedback and complaints related to mental health nursing.                                                                                                                                                                         |
| <b>18. Identification of Themes and Trends:</b> Please detail any trends and key recurring themes from service user feedback over recent years.                                                                                                                                                                                                                   |
| <b>19. Action Planning and Implementation:</b> Please detail how services users' feedback /complaints has been used to improve mental health nursing practice.                                                                                                                                                                                                    |
| <b>20. Co-design and Shared Decision-making Engagement:</b> What are the mechanisms for shared decision making, shared risk taking, and how does lived experience shape mental health nursing practice?                                                                                                                                                           |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Approach to Supervision, Clinical Mentorship and Restorative Practices</b>                                                                                                                                                               |
| <b>21. Supervision Policies and Procedures:</b> Please detail any policies and procedures that govern clinical supervision for mental health nurses.                                                                                        |
|                                                                                                                                                                                                                                             |
| <b>22. Supervision Models:</b> Please provide an outline of the Supervision models and methodological approaches applied to mental health nursing supervision.                                                                              |
|                                                                                                                                                                                                                                             |
| <b>23. Availability and Accessibility of Supervision:</b> Please describe who and grades of staff who provide supervision for mental health nurses. Please indicate frequency of supervision and what training is provided for supervisors. |
|                                                                                                                                                                                                                                             |
| <b>24. Clinical Mentorship Programmes:</b> Please detail any existing clinical mentorship programmes applied to support mental health nurses.                                                                                               |
|                                                                                                                                                                                                                                             |
| <b>25. Restorative Practices:</b> What, if any, restorative practices and models are used to support staff well-being and address workplace conflict?                                                                                       |
|                                                                                                                                                                                                                                             |
| <b>Evidence of Mental Nurse Led Quality Improvement (QI) Programmes</b>                                                                                                                                                                     |
| <b>26. Services Methodology and Implementation:</b> Please detail any mental health nursing improvement approaches.                                                                                                                         |
|                                                                                                                                                                                                                                             |
| <b>27. Quality Improvement Training:</b> What proportion (%) of mental health nurses have been trained in QI and/or other improvement methodologies?                                                                                        |
|                                                                                                                                                                                                                                             |
| <b>28. Overview of Mental Health Nursing Improvement Programmes:</b> Please detail any key areas of improvement over recent years and include any evidence of mental health nursing research.                                               |
|                                                                                                                                                                                                                                             |
| <b>29. Innovation:</b> Please describe how mental health nursing innovation is supported and outline the key mental health nursing innovations in recent years.                                                                             |
|                                                                                                                                                                                                                                             |
| <b>Clinical Leadership Model, Including Lead Roles and Grades</b>                                                                                                                                                                           |
| <b>30. Identification of Leadership Roles:</b> Please outline all leadership roles within mental health nursing, such as; specialist, advanced and consultant nurse roles, well as operational management roles.                            |
|                                                                                                                                                                                                                                             |
| <b>31. Leadership Development Programmes:</b> Please identify any model of clinical leadership development and what proportion (%) of mental health nurses have been trained in clinical leadership models?                                 |
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| <p><b>32. Staff Involvement and Shared Decision Making:</b> Please identify any mechanism for harnessing the voice of mental health nurses in shared decision making.</p>                                       |
|                                                                                                                                                                                                                 |
| <p><b>33. Clinical Leadership Gaps:</b> Outline any key gaps in your clinical nurse leadership structure, specifying the roles required to fill any gaps.</p>                                                   |
|                                                                                                                                                                                                                 |
| <p><b>Mental Health Nurse Communities of Practice and Learning Forums</b></p>                                                                                                                                   |
| <p><b>34. Identification of Existing Forums:</b> Please outline any existing communities of practice or learning forums for mental health nurses. Please detail the role, function and frequency of forums.</p> |
|                                                                                                                                                                                                                 |
| <p><b>35. Impact on Practice:</b> Please describe how these forums improve nursing mental health nursing practice.</p>                                                                                          |



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