

Hospital Advisory Committee



FROM Operations Director, Specialist Community & Regional Services
Clinical Director, Mental Health & Addiction Services
Director of Nursing

DATE 20 April 2015

SUBJECT **Mental Health Review Update Six**

MEMORANDUM

1. PURPOSE

This report provides Update Six on actions underway by the Project Board to address the findings of the external review of the Mental Health Service following the two serious adverse events that occurred in Ward 21 during April/May 2014.

2. SUMMARY

The appointment to the position of Service Director, is a key step in strengthening the leadership and management of the Mental Health Service. The Service Director is the single point of leadership and management accountability for the Mental Health Service, in partnership with the Clinical Director and Nurse Director. Christopher Nolan, commenced on 13 April 2015 in this role. He brings a blend of demonstrated clinical, quality improvement, and management and leadership experience to the Service Director role. In addition to taking responsibility for the operational management of the services, Chris will lead the change process for service delivery imperatives currently underway. These include the restructuring of MHET, redesign of Ward 21, recruitment of new Clinical Managers for each team and once approved the realignment of the Older Adult Mental Health Service the Mental Health and Addiction Services.

The CEO has approved the operational leadership positions reporting to the Service Director. The decision has been made to proceed with Clinical Manager positions across the service. These positions will have responsibility for all aspects of clinical and operational service delivery.

Consultation meetings are underway with unions and staff to develop and implement on a 24/7 basis the Mental Health Emergency services, now to be known as the Acute Care Team. This project also includes integrating the Single Point of Entry (SPOE) into the Acute Care Team functioning. The implementation of this service will enhance access and the provision of emergency/crisis care to all new clients, (including AOD/CAF) presenting in crisis and not currently within the Mental Health Service.

In order to support the next phase of our work programme, focussing on district wide service development, the Project Board will be reformed to reflect these wider responsibilities. This will include a new terms of reference and increased membership to include PHO, and NGO perspectives. The Director of Maori Health and Disability has also joined the project board. The Project Board will continue to have oversight of the internal Mental Health Service

improvements, however it will have as its major focus service development for our mental health and addiction services district wide.

It is prudent to forecast the potential impact of the ongoing support being provided to the Mental Health Service, on the year end financial result for MidCentral Health. The Mental Health service is forecasting to have an unfavourable variance to budget of \$1,684k 2014/15. \$1,420k or 84% of this forecasted variance can be attributed to costs associated with the service review.

3. RECOMMENDATION

It is recommended:

That this report be received, and;

the additional costs (\$1.42M) to support patient safety and the implementation of the MH Review for 2014/15 are noted

4. BACKGROUND

Two serious adverse events occurred within a short period of time in the acute mental health inpatient unit at Palmerston North Hospital (Ward 21). At the request of the Board, and in consultation with the Ministry of Health's Director of Mental Health, it was determined that a wide external systematic review of the service as a whole be undertaken, referencing the two events. The external review was commissioned to ensure that any underlying issues in relation to the structure, resourcing, or culture of the service be identified and addressed.

5. WORK PROGRAMME PROGRESS

A status report, on Phase One of the Work Programme is provided as Appendix B. This is presented in the conventional format for project management reporting with three sections: *Completed Key Tasks* (green) and *Current Key Tasks* (amber). The status report indicates the extent of progress against each item.

5.1 Phase One – Change Management Update

Establishing the Mental Health Emergency Team on a 24/7 basis to support all Mental Health Services

Consultation meetings are underway with unions and staff to develop and implement on a 24/7 basis the Mental Health Emergency services, now to be known as the Acute Care Team. This project also includes integrating the Single Point of Entry (SPOE) into the Acute Care Team functioning. The implementation of this service will enhance access and the provision of emergency/crisis care to all new clients, (including AOD/CAF) presenting in crisis and not currently within the Mental Health Service.

To ensure the provision of an efficient and effective 24/7 Mental Health Acute Care Service, which best meets the needs of the consumers/whanau, the service delivery model and patient care arrangements need to be confirmed, staff establishment and resource requirements identified, and the development of robust systems and processes to support the team functioning.

The Project group will develop a standard operating policy for the Acute Care Team, which will include reference to templates utilised by neighbouring DHBs. This will include a single point of entry triage point and the process for referral at an appropriate time to the most appropriate specialty team to best meet the client needs.

The current phone number for MHET will remain the same, including the pathway though the Mental Health Line after hours. Any changes to contact numbers or communication pathways will be made via a clear change control process, paying particular attention to informing all stakeholders and the wider community well before any implementation takes place.

Recruitment of additional clinicians has commenced, applications closed late March, with a pleasing level of interest in the positions.

Leadership Structure for Mental Health Services

Christopher Nolan, Service Director, Mental Health and Addictions Services commenced 13 April 2015. Christopher brings a blend of demonstrated clinical, quality improvement, and management and leadership experience to the Service Director role. He has led service development across both secondary care and encompassing primary and NGO services. His appointment comes at a crucial time as we move to commence the broader developmental work for our mental health services, while continuing to strengthen our own secondary services.

The CEO has approved the operational leadership positions reporting to the Service Director. The decision has been made to proceed with Clinical Manager positions across the service. These positions will have responsibility for all aspects of clinical and operational service delivery. The Mental Health Emergency Team will be known as the Acute Care Team, to reflect the intention to shift the focus to include acute assessment, care and treatment rather than emergency assessment. The organisational structure, reflecting the establishment of these new positions is attached as Appendix A.

The new Clinical Manager roles will have responsibility for all aspects of **clinical service delivery**, including:

- Carrying the clinical accountability for the care of patients under the care of their teams within the Clinical Governance Framework;
- Monitoring the management of client care;
- Maintaining and supporting multidisciplinary functioning at team level, to provide appropriate access to assessment, treatment and care to clients, in line with their assessed needs;
- Ensuring multidisciplinary evaluation and review of care is undertaken , and appropriate arrangements are made for transfer of care and/or discharge
- Attend multidisciplinary staff focused and client focused clinical meetings, and if not present make arrangements to ensure meetings are appropriately led and supported;
- Ensure adherence to evidence based practice and service and organizational policy, guidelines and procedures;
- Leading and actively managing actual and/or potential clinical and service risks in terms of both client care and staff safety.

The Clinical Manager will also have responsibility for **operational leadership**, including:

- Leading and managing staff within the service, including resource management processes (i.e. performance management, recruitment, monitoring performance issues)
- In conjunction with the appropriate professional leaders, overseeing the development of clinical practice for their specialty area

Applications for these positions closed 17 April 2015. It is anticipated that decisions regarding appointments confirmed by mid May.

Despite an extensive recruitment process, we have been unable to make an appointment to our vacant fulltime, permanent Nurse Director, Mental Health position. Barry Keane will remain interim Nurse Director for the foreseeable future.

Re-alignment of the Older Adult Mental Health Service with Mental Health Services

Work continues on the development of the operational plan for the future configuration and alignment of this service. It is to provide greater definition of the proposed new service arrangements, to ensure that key stakeholders have clarity on what is proposed and are active participants in the development process so that the final decision is sufficiently well informed.

Planned implementation for the new service arrangements will be timed to link with the commencement of the new old age psychiatrist, in September 2015.

5.2 Longitudinal Clinical Reviews

The review into the care and treatment provided to Erica Hume has been completed and the final report has been made available to the family and MDHB. Next steps are to confirm with the family arrangements for communicating and reporting the findings, and to work with the family over the development of an action plan to implement the recommendations. This approach was recommended by the reviewer. It is expected that an update covering these aspects will be provided for the next MH HAC update.

The review into the care and treatment provided to Shaun Gray continues, with advice from the reviewer that a draft report can be expected late May 2015.

5.3 Update on Nursing Plan and Root Cause Analysis Action Plans

Work continues with the nursing plan including:

Staffing – Moving to the agreed improved staffing levels for the ward has necessitated a recruitment process which is now near to completion. Essentially the ward is moving to a staffing model across the three shifts (morning, afternoon and night) that has meant an increased Registered Nurse on each shift with an Associate Charge Nurse on morning and evening shifts seven days a week.

Balancing Capacity and Demand – Ward 21 is working with the Care Capacity Demand Management team nationally to implement the mental health module of Trendcare. The plan is to use Ward 21 as a pilot site for the development of Trendcare for the mental health inpatient setting which will mean focused support with the development and an opportunity for staff to actively contribute to this innovation.

5.4 Ward 21 Facilities and Environment

Working on the ward 21 environment has been a continuing focus, to identify and implement corrective actions to minimize, eliminate risks, including changes to clinical practice as explicit requirements to improve patient safety.

The Occupational Safety and Health representative from the ward and the Charge Nurse complete a monthly environmental audit. There is a health and safety board in the staff group room that allows staff to report hazards.

5.5 Phase 2 Service Development Planning (Previously known as Overarching Model of Care)

Consideration has been given to the most appropriate approach to supporting the Phase 2 Service Development, given the need for much wider engagement and consideration of whole of system development and change across the mental health sector for MDHB. As reported last month, engagement with the MDHB Clinical Leadership Council, along with discussion within the Mental Health Review Project Board has informed the proposed changes to the governance for this work.

In order to support this next phase of development the Project Board will be reformed to reflect its wider responsibilities. This will include a new terms of reference and increased membership to include PHO, and NGO perspectives. The Director of Maori Health and Disability has also joined the project board. The Project Board will continue to have oversight of the internal mental health Service developments, however it will have as its major focus the development of mental health and addiction services across the district.

These changes to the project board membership and focus are planned for late May 2015, to coincide with the commencement of engagement with the wider sector, including primary and NGO, cross sector agencies, patients, families and the wider community.

This will also allow for wider engagement on the development of models of care, including community based acute care options that were highlighted in this report last month. Extensive engagement across the sector is crucial to ensuring that there is wide participation in the consideration of these developments, particularly with consumers and families and that any revised service arrangement aligned with services across the district.

5.6 Self Harm Trends

Minimizing the risk from self-harm incidents is a key therapeutic goal for the Ward 21 clinical team. Challenges include balancing the need for close monitoring with respecting the privacy of a client, and supporting appropriate self responsibility as a crucial part of recovery. However the clinical leadership of the ward are working hard with the ward team to ensure regular and robust client assessment, maintenance of client safety and reducing the incidents of self- harm to an absolute minimum. The number of incidents is influenced by the needs of an often small number of patients.

Listed in the figures below is the self harm and violence to property and people trends. Whilst the data may show an increase in the self harm, it is important to note that this relates to a change in reporting culture by the staff in response to any actual/potential and relatable self harm incidents, in particular the minor incidents which were not being reported in the Riskman system prior to the review. The increased reporting can also be attributed to the QPR training in which 98% of ward staff have attended which assists with improved clinical awareness and professional development. (The 2 % who have not yet attended are recently employed new graduate nurses.)

Figure 1 below shows all the *self harm events* (actual and threatened) in Ward 21 for the period April 2014 to February 2015

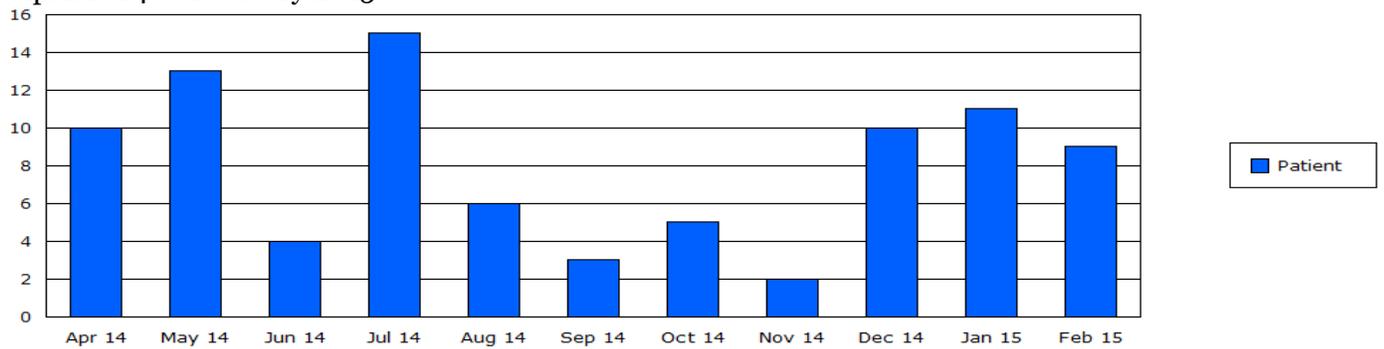


Figure 2 below shows the *total attempted self harm* per month from February 2014- March 2015

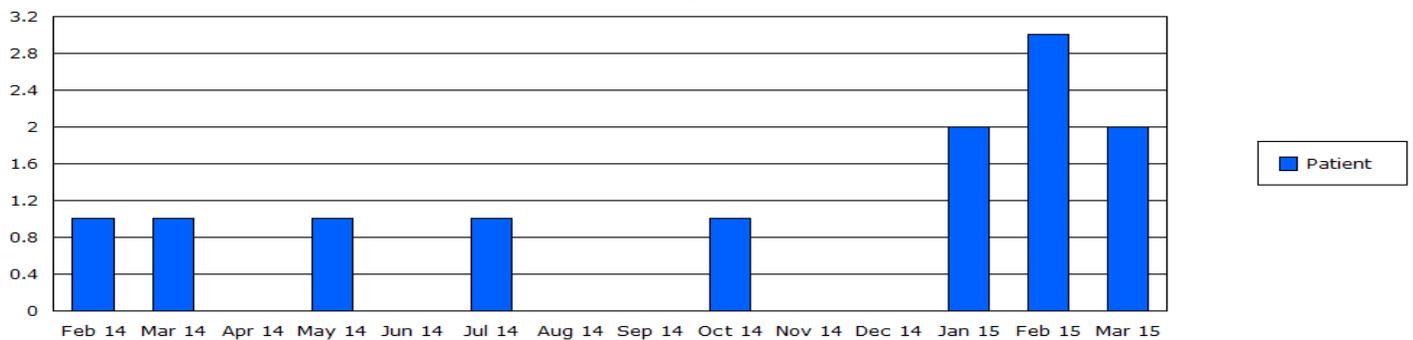


Figure 3 below shows the *Total violence to property* per month from February 2014- March 2015

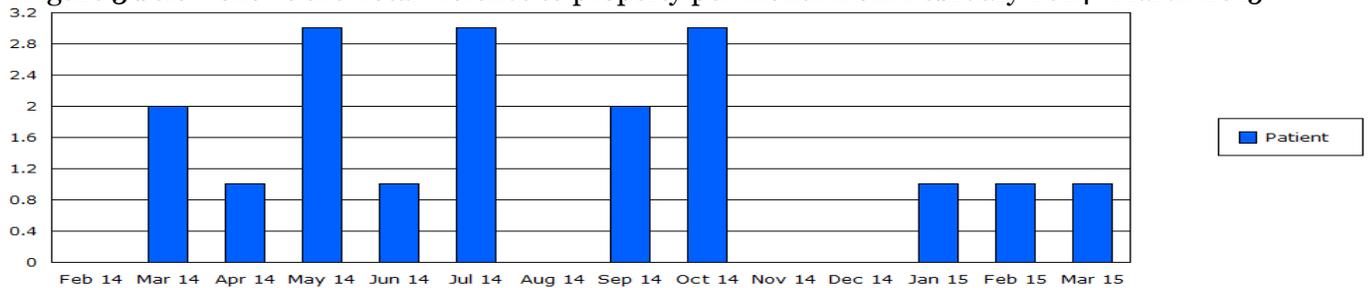
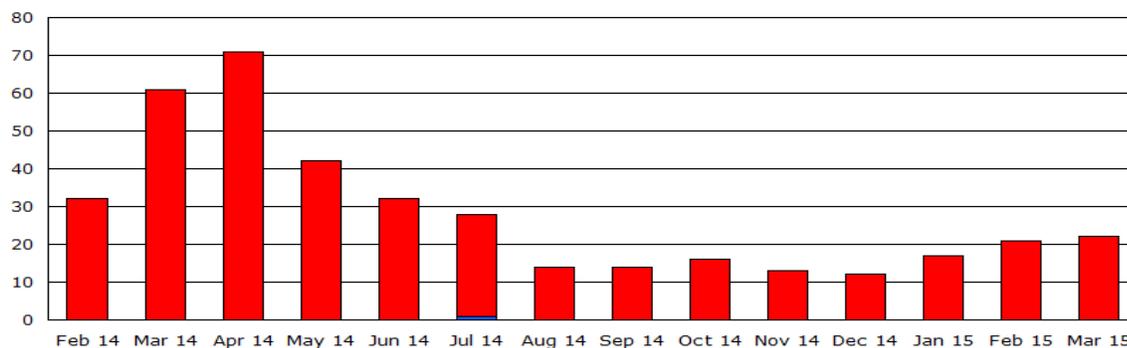


Figure 4 below shows *Total violence towards staff* per month from February 2014-March 2015



5.7 Performance Reporting

A working group was set up in January 2015 to review the current process for collating and reporting on data currently available. Questions were raised about the completeness of current intelligence reports and whether the service leadership is receiving sufficient information to properly perform a service monitoring role.

The aim is for the Mental Health Executive Group to regularly receive a consolidated report which draws together all existing data for analysis, performance monitoring, quality assurance and service planning into a single function. Such reports will provide:

- Quality intelligence for decision making and risk management on a regular basis;
- Ability to build rapid information feedback loops to support management decisions related to resource allocations; an outcomes framework which compares service performance measures with strategic objectives.

Some anticipated benefits:

1. Enables regular governance oversight and confidence that clinical care is focused on improving client safety;
2. Clinical decision making and performance can be monitored, supported and corrected when necessary to ensure more effective service response to client need with greater transparency and consistency throughout the service pathway
3. MHA services move from reactive to a predictive capability that can identify, assess and respond to changing levels of activity at different points across the service before issues become a crisis;
4. More effective management of entry processes, ensuring that the appropriate level and nature of intervention occurs;
5. Increased integration of previously siloed parts of the MHA service whereby resources are allocated on the basis of need rather than historical patterns.

Greater confidence in utilization trends and assessment of outcomes via this systemic approach will support better decision making across the service.

a) Items included in the consolidated report include:

Total Reportable Events
Open Reportable Events
Assault
Restraint
Self Harm
Missing Person
Medication
Falls
Safe Staffing
Occupational Health & Safety
Status of MHA Wellness Plans
Complaints/Compliments

b) Items included in the Current MidCentral Mental Health Scorecard:

Customer Patient

% clients receiving first assessment within 21 days
% complaints responded to within 15 working days
% patients discharged without incident

Financial

Budget variance (\$000) – Expenses
Budget variance (\$000) – FTEs
Budget variance (\$000) – Operating Surplus / (loss)
Budget variance (\$000) – Revenue
Clinical Supply Costs / HS Revenue
Costs per bed day
Health Service Revenue / FTE
Personnel Costs as a Proportion of Total Expenditure
Personnel Costs / FTE

Internal Process and Operations

% patients who did not attend booked outpatient clinic appointment
Average length of stay (day case inclusive)
Occurrence rate of selected incidents per thousand bed days
Performance to contract ratio

Organisational Health and Learning

% sick leave rate
% staff stability rate
% staff turnover rate (voluntary) average per month
% staff with leave entitlement in excess of two years

c) Items included in the Mental Health KPI (National Benchmarking):

28 day acute inpatient readmission rate (December, due to 28-day calculation)
Average length of acute inpatient stay
Pre-admission community care (Seen in 7 days before ward admission)
Post-discharge community care (Seen in 7 days afterward discharge)
% current clients with deferred diagnosis (DSM IV 7999)
% HoNOS/CA/65+ Compliant Admissions and Discharged – Community Teams
% HoNOS/CA/65+ Compliant Admissions and Discharged – Inpatient Team

d) Listed below is the information requested at the last Hospital Advisory Meeting for Ward 21.

Over time we will present this information on a rolling twelve month basis.

Nursing Recruitment and Retention in Ward 21

Nursing Staff	March 2014	March 2015
Senior Nurse	4.65	6.25
Registered Nurse	28.21	30.37
Health Care Assistant	7.8	10.05

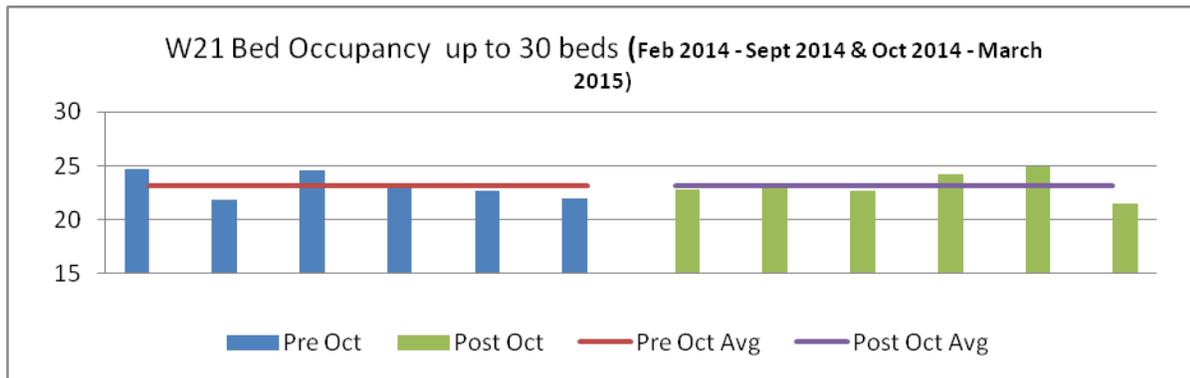
Total employed staff within Ward 21 has increased considerably over the past 12 months. Prior to October 2014, the senior nurses included one Charge Nurse and nurse educator, this has been increased to One Charge Nurse, two Mental Health Clinical Nurse Specialists and Clinical Nurse educator (Monday – Friday, since October 2014.

Associate Charge nurse positions have also been established for all morning/afternoon shifts seven days per week.

Recruitment of further RNs continues and has resulted in two more appointments recently. Nursing Staff from the hospital coordination unit and inpatient wards (when able) are providing the extra nursing support whilst the recruitment continues.

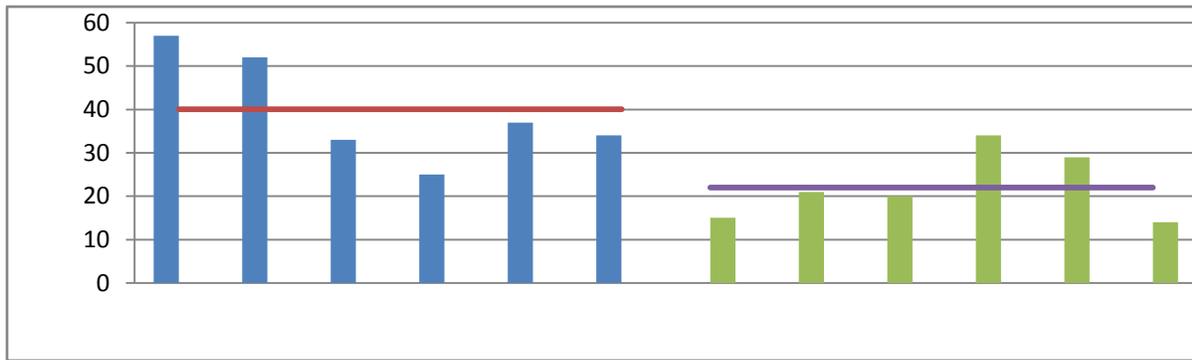
Ward Occupancy rates

Ward 21 Occupancy rates from 1st April 2014 to 31st March 2015



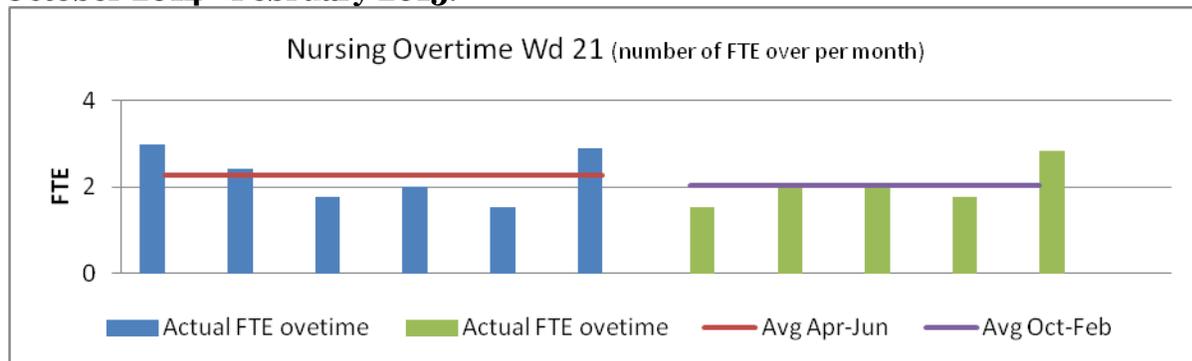
Ward 21 occupancy was compared using the average of 3 shifts over each month from April – 30th September 2014 compared with October 2014 – 31st March 2015.

Nursing Double Shifts (number of instances per month)



Nursing Double shifts – the above graph shows the number of instances of double shifts per month from April 2014 – 30th September 2014 compared to October 2014 – 31st March 2015. It is pleasing to see that since October 2014 the number of double shifts has halved and continues to trend down.

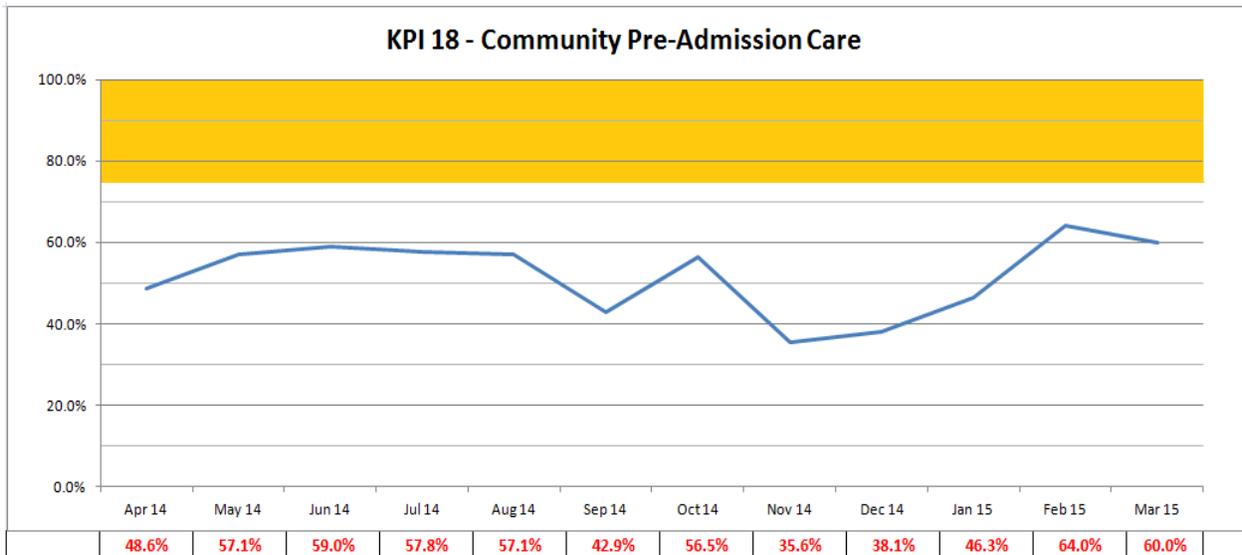
Nursing Overtime in ward 21 from April 2014 –September 2014 compared with October 2014 –February 2015.



Nursing overtime – Expressed as total overtime in FTE per month. The overtime peak at the end of the green section was related to staff vacancy, staff ACC and sickness.

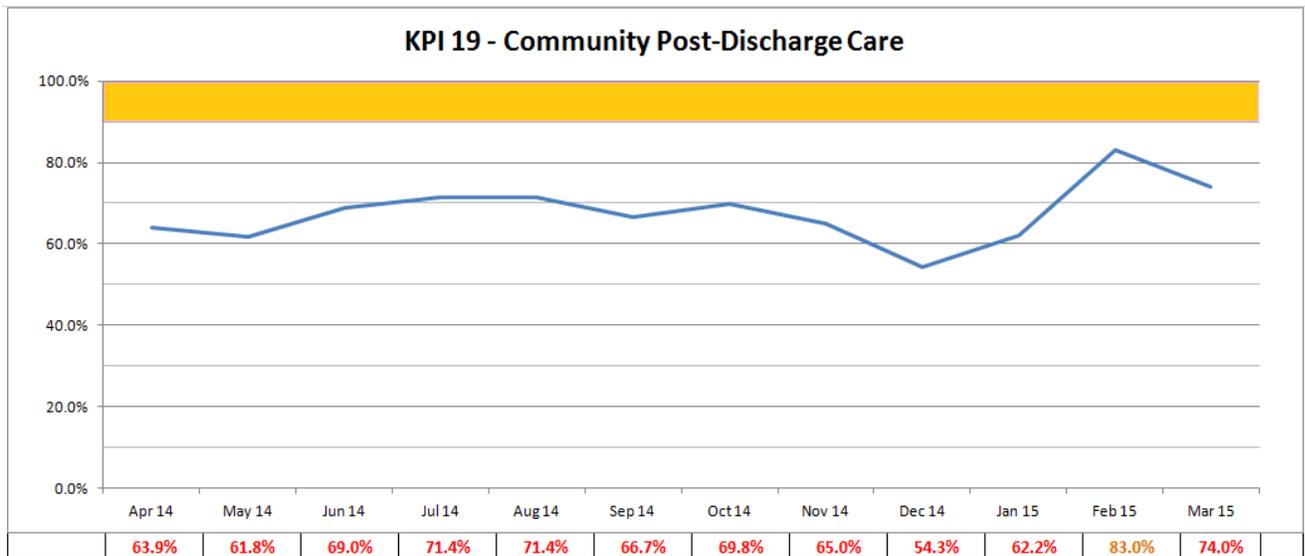
KPI 18

Percentage of Acute Inpatient Clients Seen in the Community within 7 Days Prior to Admission to Ward:



KPI 19

Percentage of Acute Inpatient Clients Seen in the Community within 7 Days of Discharge from the Ward:

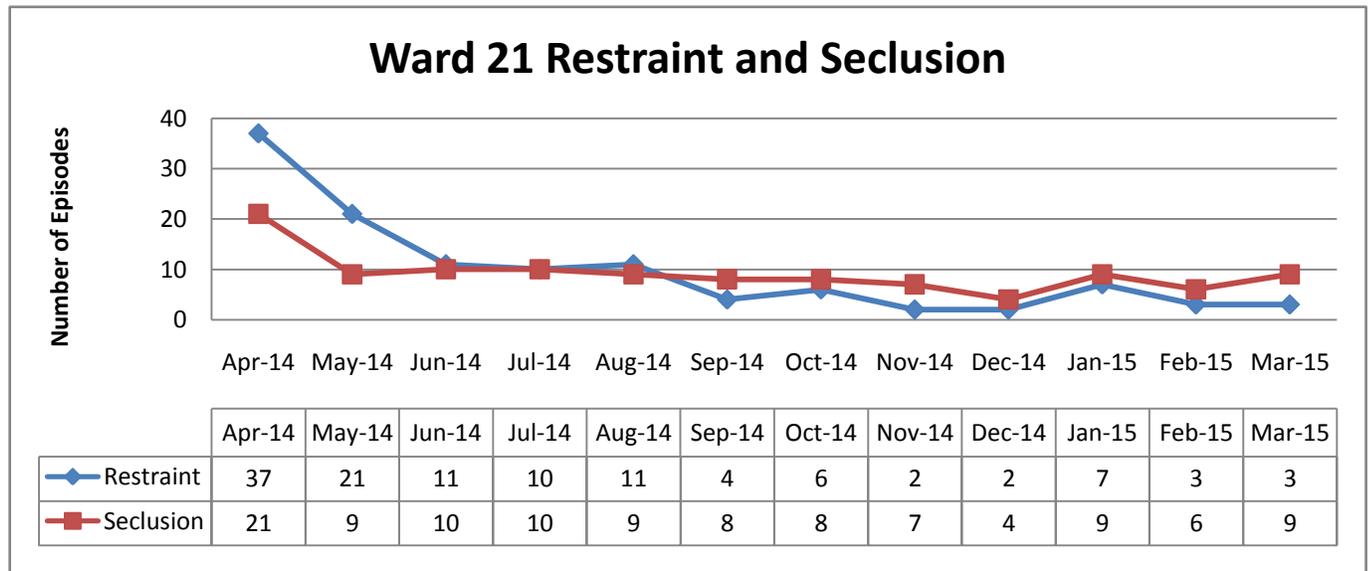


Community Pre-Admission and Post-Discharge care is derived from face-to-face contact data recorded in CHIPS compared with Ward Admissions and Discharges recorded in Homer. The information is reliant on the clinicians themselves entering this information into the CHIPS system.

Being seen in the community prior and following admission is considered as a positive indicator of care delivery.

New Compulsory Treatment Orders and Patients on Section 30 at month end.

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
New CTOs	5	11	6	8	7	9	4	5	8	4	9	4
Sec 30 month end inpatients	8	10	10	8	10	5	8	10	5	8	8	10



Referral to Adult Mental Health Addiction Services

The Key Performance Indicator for wait times as defined by the Ministry of Health to access Mental Health Services is as follows:

80% of all clients are seen within 3 weeks of referral

95% of all clients are seen within eight weeks of referral.

MidCentral Health Results January 2014 - December 2014 referral times

MDHB Mental Health Arm	20-64 Years		
	Client seen	Percentage (%)	Cumm %
≤3 weeks	563	85.6%	85.6%
3-8 weeks	73	11.1%	96.7%
>8 weeks	22	3.3%	
Total	658	100.0%	

National Mental Health Results January 2014 – December 2014

Mental Health Provider Arm	20-64 Years		
	Client seen	Percentage (%)	Cumm %
≤3 weeks	18069	82.1%	82.1%
3-8 weeks	2580	11.7%	93.8%
>8 weeks	1367	6.2%	
Grand Total	22016	100%	

6.0 GENERAL

Update on other activity that has been undertaken in conjunction with the Mental Health Review Work Programme.

The following items highlight progress on a range of activities underway. These are being incorporated into the wider service development plan Phase Two.

6.1 Dialectic Behaviour Therapy (DBT)

The Palmerston North (PN) DBT Programme commenced a DBT Skills Group on 26 March 2015. There are a total of 24 Skills Group sessions planned to be delivered with the last group booked for 24 September 2015. After this, the skills group will repeat (another 24 sessions).

The skills group are facilitated by two DBT trained clinicians and cover the following topics:-

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal effectiveness.

There are currently 5 clients on the PN DBT Waiting List. One of these individuals is being assessed currently. One of these is having an extended assessment. One client is scheduled for an assessment in the near future. One client has declined an assessment currently, but is likely to request an assessment when their personal circumstances change. One referral requires more information.

There are currently 8 clients in the PN DBT Programme, 4 of who are participating in the current DBT Skills Group. Four referrals are pending. Over the next month, the PN DBT Team will continue assess referred clients and orienting and preparing those who are suitable for the DBT Programme. It is likely that at least 4 more clients will join the next module of Skills Group.

The Horowhenua DBT Programme commenced the next round of DBT Skills Group on 7 April 2015 with 7 clients attending. At least 3 clients are receiving DBT individual therapy only. They have not needed a waiting list to date.

DBT Training and Development

Four DBT Team members completed the first week of the DBT Intensive Training in November 2014. They will complete the second week beginning 27 April 2015, joined by two other DBT team members who are upgrading their Foundation Training to Intensive Training. The PN DBT Consultation Team is supporting those currently completing the training to work through their course requirements.

Internal Training

The DBT team are providing some internal training to staff across the service on DBT this year as well. This will be in the form of a four-hour 'Introduction to DBT' workshop. These workshops are scheduled for 22 April 2015, 10 June 2015 and 12 November 2015.

6.2 Consumer Engagement And Participation

The consumer engagement and participation initiative received a boost with the visit to MidCentral by Dr Chris Walsh, Director of *Partners in Care* for the Health Quality & Safety Commission, to present a draft national guideline resource on consumer engagement. The guideline covers consumer involvement in service planning, staff training in consumer engagement and the development of a co-design competency module in that staff training.

6.3 Professional Development

In addition to the DBT training and development reported earlier; Framing Risk and Management in Personality Disorder (FraMing) Training will be provided to Mental Health staff over three four hour modules with the first module being available in April. The key themes of the training are to support staff to understand the development of personality disorders and how to support people experiencing the distress frequently associated with such disorders to manage their emotions and risk behaviours

Suicide Assessment and Risk Management Training

Further Suicide Assessment and Risk Management Training will be provided by QPR NZ on 30th April 2015. It is expected that a total approaching 160 nursing and allied health staff will have completed the training by end of April 2015. Of this number 35 nursing and allied health staff from Ward 21 have completed the training.

The Detection and Management of People at Risk of Suicide

An evening forum schedule for 21st April 2015, is being provided in Levin on the detection and management of people at risk of suicide, to health education and social services professionals who practice in the Horowhenua.

Infant Maternal Mental Health Training

In Late March 2015, Mental Health in collaboration with Public Health and Maternity provided a day forum for health professionals and other health care providers with an interest in maternal mental health. Feedback from the thirty one attendees identified that the forum had increased their confidence in working with maternal mental health difficulties that they may encounter in their day to day practice. A Maternal Mental Health training session targeting midwives was also held in March with positive feedback received from those that attended.

6.4 Strengthening Clinical Governance

Road shows with all the clinical teams sharing the six key themes identified by the Serious and Adverse Events Group (SAERG), and then sharing clinical histories of reviewed cases continues; the most recent meeting was held with Oranga Hinengaro.

Quarterly Morbidity and Mortality Conferences for the entire service have now commenced with the first conference held on March 25th from 3-5pm. There were a large number of clinical staff who attended the conference and feedback has been extremely positive. Many staff was asking when the next one will be held, with feedback that the opportunity to discuss the cases and recommendations was welcomed as it allowed the staff to feel included.

An additional meeting was held with the clinical leaders at Oranga Hinengaro. The aim of this meeting was to focus on specific areas of improvement around clinical governance with recommendations for how to make changes.

6.5 Mental Health Clinical Portal

From 11 May 2015 all Doctors clinic letters, all Mental Health Act Assessments and Emergency Assessments will be available on the clinical portal. It is expected that all historical documents will be available via the portal from August 2015. Hard copy clinical information will continue to be available via the individual patient records.

All clinicians within the Mental Health and Addiction Service will have full access to the portal. All MidCentral clinicians outside the service will have access via a 'break the glass' process which requires the clinician to complete a reason via drop down box, as a transition measure. All access to the portal is fully auditable.

6.6 Ward 21 Acute Mental Health Inpatient Unit going smoke-free

The ward officially went smoke free on the 16th of March with a combined client and staff meeting to launch the initiative. Evidence from other centres suggests that such this transition can pose many challenges and that a consistent and collaborative approach is important.

The provision of nicotine replacement therapy has been supplied and encouraged in its use. Regular project meetings are being held with staff to address and manage issues as they arise and maintain the projects momentum. This change does represent a significant change for staff and patients alike, and the service leadership is very grateful to all those involved for supporting this important service improvement.

6.7 Financial Forecast for Mental Health 2014/15

Last month it was reported that 706K of additional expenditure had been incurred as at the end of January 2015, to support the mental health review and that this higher level of expenditure was expected to continue. It is prudent to forecast the potential impact of the ongoing support being provided to the Mental Health Service, on the year end financial result for MidCentral Health.

This additional support is predominantly additional staffing, with additional nursing staff on a regular basis in Ward 21 along with a low threshold for increasing staff to support high risk patients. Additional staffing in community settings has also been necessary to support patient safety. In support of the need to strengthen recruitment and retention, 10 new graduate nursing and allied health staff commenced in February 2015. These staff will have the opportunity over time to migrate to permanent roles within the service.

Senior medical staffing has been supplemented with the use of locum staff, to ensure appropriate levels of coverage. While this has resulted in significant additional expenditure it

has been key to maintaining two inpatient psychiatrists at all times in Ward 21, a protective measure to ensure patient safety.

There have been additional project management and support costs, to provide dedicated project resources to support the review work programme. In addition there have been costs associated with external and clinical reviews and legal costs.

Year End Mental Health Forecast (000's)

	Forecast	Budget	Variance
Revenue	28,292	28,359	(67)
Expenditure			
Personnel	19,677	18,804	(873)
Outsourced	1,741	1,149	(593)
Clinical Supplies	215	161	(54)
Infrastructure	4,469	4,372	(97)
Corporate Services	1,567	1,567	0
	27,668	26,051	-1,617
Contribution	624	2,307	-1,684

The Mental Health service is forecasting to have an unfavourable variance to budget of \$1,684k for the year ending June 2015. \$1,420k or 84% of this forecasted variance can be attributed to costs associated with the service review and improvements to staffing levels. Additional resources have been budgeted for 2015/16 taking these and other planned changes into consideration.

6.8 Mental Health Service links with Social Housing Providers

There was a request from the last Hospital Advisory Meeting regarding “What contact does MidCentral Health’s MHA Service have with social housing providers such as Shepherds Rest?”

MCH MH Services has long standing contractual relationships with two non government organizations, MASH and Dalcam, who provide accommodation and day to day support to clients who experience mental health and addiction difficulties. The service’s key contact with these providers is through the office of the Service Coordinator whose function is to support planned access to supported accommodation as appropriate to the client’s needs, subsequent to receiving referral from the secondary mental health client’s key worker.

As part of the process to determine how the client’s needs may best be met, the Service Coordinator completes with the client and their key worker, and preferably a family member, a support needs assessment to better understand what the client’s specific needs are. The client’s key worker will continue to engage with them and provide care as appropriate. Service Coordination provide an evaluation of ongoing client accommodation needs on an annual basis, or more frequently as determined by the clients care plan. The client, family and key worker are supported to be active participants in the review process.

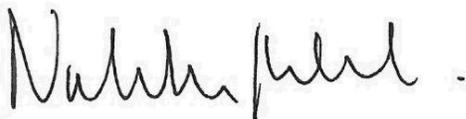
The Service Coordinator has regular ongoing meetings with the NGO providers to discuss matters that may arise, and as appropriate further develop our relationship with them as a Service. An example of the latter was the collaborative project work approach taken to developing the six crisis respite beds as provided by Dalcam from early May 2015.

Contact between Service Coordination and NASC is regular and ongoing due to the frequent need for accommodation arrangements to be secured as a precursor to hospital discharge.

People who are, or may become clients of Secondary Mental Health Services may as a life style choice , or as an outcome of circumstance, have their accommodations needs met by non DHB funded agents such as Shepherds Rest, or other accommodation providers. Secondary Mental Health Services provide a full range of assessment and treatment interventions based on need for those clients who are accommodated by Non DHB funded agents, inclusive of visiting clients at their accommodation, and with the client's consent, talking with the provider where it is appropriate to do so.

7.0 NEXT STEPS

- Recruit to new Clinical Manager positions reporting to Service Director
- Commence Service Development Planning supported by expanded project board and engagement with stakeholders across the district;
- Implementation of Acute care team, including 24 hour coverage
- Finalise the Operational Plan for Older Adult Mental Health Service alignment for CEO approval;



Nicholas Glubb
**Operations Director
Specialist Community & Regional
Services**



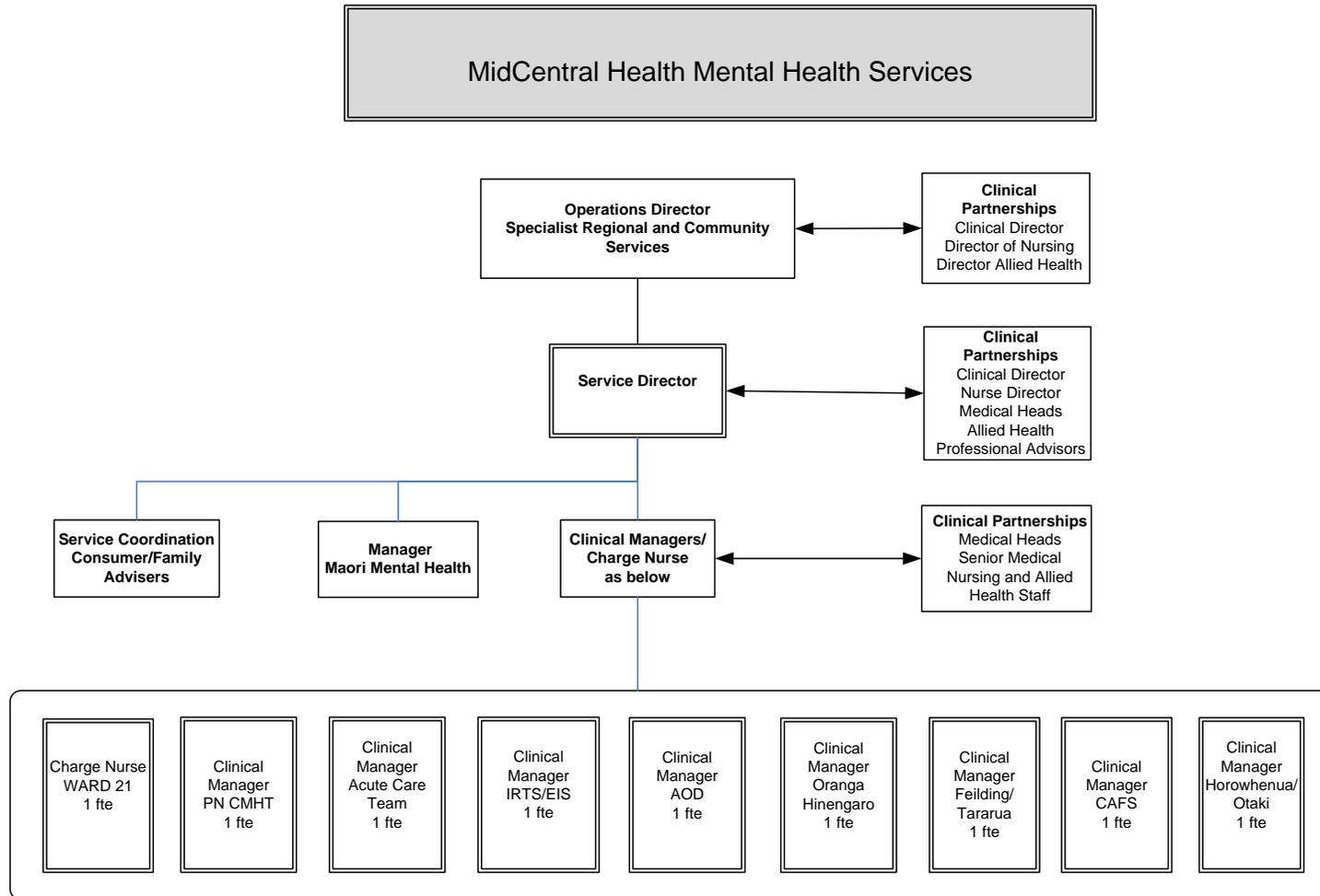
Dr Syed Ahmer
**Clinical
Director
Mental Health**



Michele Coghlan
Director of Nursing

Appendix A

Mental Health Operational Management Structure – Highlighting Clinical Manager Positions



Appendix B

Mental Health Review Work Status Programme Project Status Report – Phase 1

Reporting Period:	March 2015
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Summary Project Status		
Scope	G	Mental Health Review of Clinical Systems and processes; clinical governance; clinical leadership; services resources; the culture of the service; adherence to policies and established standards of practice; patient pathways (including older adult mental health)
Time	G	Two Years

Expected Outcomes	Responsible	Due Date	Completion Date
Establishing the Mental Health Emergency Team (MHET) on a 24/7 basis	Operations Director, Clinical Director, Director of Nursing	1 March 2015	
Restructuring Leadership to ensure absolute clarity in terms of responsibilities and reporting lines within the mental Health Service	Operations Director, Clinical Director , Director of Nursing	2 March 2015	
Re-alignment of the Older Adult Mental Health Service with Mental Health services – including a proposed restructure of nursing leadership across Ward 21 and Star 1	Operations Director, Clinical Director , Director of Nursing	TBA	

Key Updates/Successes
MHET team is to be known as Acute Care Team, recruitment has commenced in order to assist with resourcing the 24/7 service. Key staff, union representatives and managers are working to develop a standard operating policy.
Mental Health Clinical Portal is to 'go live' from 11 th May when all prospective Dr's clinic letters, Acute Assessments and Mental Health Act assessments will be available to all Clinicians within the Mental Health Service and via 'break the glass' process for all MCH clinicians not within the Mental Health Service.
Suicide Prevention and Suicide Triage and Risk Management Training - Advanced Suicide Triage and Risk Management Training facilitated by QPR NZ have been attended by 135 Nursing and Allied Health Staff. Expected to have a total of 160 staff completing by end of April 2015.
Performance reporting dashboard is currently being developed for Mental Health Services, to provide a rolling twelve month performance scorecard which will indicate any trends to be addressed and support future service development processes.
The PN DBT Programme commenced In March 2015

Completed Key Tasks-		Responsible	Due Date	Completion Date
Governance				
1.Support Clinical Director – internal milestones established		Chief Medical Officer (CMO)	15.8.14	September 2014
2.Medical Heads appointed – positions developed and job descriptions prepared		Clinical Director (CD)	29.8.14	September 2014
3.Clinical Governance specialties, include clinical leads for all services	Review the clinical governance structure and forums within the Mental Health Service and sub-specialties (Incorporated into proposal being finalised (as per Action 4 below).	C.D/Director of Nursing(DON), Director of Allied Health (DAH)	15.9.14	September 2014
	Incorporate proposed clinical governance structure into mental health service structure review proposal (See 4. below) and consult with staff.			
	Review and confirm the clinical governance framework in conjunction with the service structure review (see 4. below)			
Structure				
4. Review structure and reporting arrangements Meetings with unions held; structure reviewed with agreement that changes are required <ul style="list-style-type: none"> Service Management - proposal developed and finalised for consultation with unions and staff 24/7 Mental Health Emergency Team (MHET). Clarify reporting lines/Service Manager/Clinical Educator Practice Development (CEPD)/Integration of Older Adult Mental Health Service with Mental Health Ward 21 leadership. Clinical leadership - feedback closed Medical - feedback considered clerical Nursing - partial re-issue of proposal considered Allied Health - consider feedback Phase 1 decision determined Finalise Phase 1 proposal and submit to CEO and CMO Advise all affected staff that a further leadership proposal will be issued for consultation setting out a leadership structure, roles and responsibilities. Phase 1b decision determined 		Manager Human Resources(M.H.R)/ C.D/O.D DON/DAH (others as appropriate)	19.9.14	October 2014
			26.9.14	October 2014
			24.10.14	October 2014
			7.11.14	
			28.11.14	
			28.11.14	November 2014
			5.12.14	February 2015 February 2015
			10.12.14	March 2015
				March 2015
5. Daytime and out of hours acute response (including location) Review separation of daytime and out of hours acute responses, including use of new community-based acute		C.D/DON/OD	19.9.14	September 2014

respite service; determine proposed model of care and incorporate into Service Structure Review proposal as per(4) above and undertake consultation process 24 hour emergency team confirmed				
Culture				
7. Support timely decision making - establish Mental Health Team meeting and determine decision making process.		C.D/DON/O.D	30.9.14	Ongoing
<ul style="list-style-type: none"> Ensure barriers to decision-making during project implementation identified and remedied Currently the project board is addressing any identified barriers to decision making via bi-weekly meetings. Weekly meetings with Service Leaders identifying any barriers 		C.D/DON/O.D	31.10.14	Ongoing
<ul style="list-style-type: none"> Weekly walkabouts within the service by (O.D ,CD & DON) Six weekly meetings with Sponsor and Project Board Bi-Weekly meetings with Project Lead 			Ongoing	All Commenced and occurring as scheduled.
8. Team Development process		M.H.R	1.3.15	March 2015
<ul style="list-style-type: none"> Hospital Advisory Committee: Review staff safety in Mental Health Services. Results to inform Mental Health Review work programme Determine time line with Human Resources for Mental Health Inpatient Service to undertake team development 		C.D/DON/DAH/OD/HR		(Majority of areas complete) Will be scheduled again for new clinical managers later in 2015.
Completed Key Tasks-		Responsible	Due Date	Completion Date
Clinical Leadership & Partnership				
9. Establish Connections with other services	Complete stock take of opportunities for intra-hospital connections and do gap analysis in respect of Mental Health Service	Director Patient Safety & Clinical Effectiveness (DPSCE)	31.10.14	November 2014
	Encourage and support mental health service participation		28.11.14	Ongoing
	Hospital Advisory Committee: Engage with Whanganui and Waikato DHBs for shared learnings with regard to Mental Health and Addiction Service review			Ongoing
Quality & Safety Process				
10. Review quality and safety		DPSCE	28.8.14	Completed and Ongoing
<ul style="list-style-type: none"> Hospital Advisory Committee: Serious and Sentinel Event Group to review all reported adverse events as an opportunity for service improvement. This procedure has been implemented as mandatory requirement for all serious events Hospital Advisory Committee: Patients and families are routinely informed of adverse events which 				

<p>affect their care. This procedure has been implemented as a mandatory requirement for all serious events</p> <ul style="list-style-type: none"> Formally request Patient Safety and Clinical effectiveness to consider review team's findings and to develop a plan of action Action plan developed for implementation of recommendations Root Cause Analysis (RCA155) - to provide 6 weekly updates and report on Action Plan to Project Board synchronised with every Hospital Advisory Committee meeting Action plan developed for implementation of recommendations (RCA156) - to provide 6 weekly updates and report on Action Plan to Project Board synchronised with every Hospital Advisory Committee meeting. Consumer/family engagement – plan of action developed RCA process & membership - Clinical Board advised Open disclosure - Plan of Action considered by Clinical Board RCA communication – Plan endorsed Mental Health Service ownership and awareness re: RCA- Implementation Plan developed 	<p>Nurse Director Mental Health (N.D M.H)</p> <p>N.D M.H</p>	<p>30.0.14</p> <p>30.9.14</p>	<p>Ongoing</p> <p>Ongoing</p>
Staffing			
<p>11. Professional Development</p> <ul style="list-style-type: none"> Mental Health Workforce Training Plan and core competencies reviewed in light of review findings Suicide Prevention, Suicide Triage & Risk Management Training Update Mental Health Workforce Training Plan and implement 	<p>Project Team</p> <p>Project team</p> <p>DON,CD, DAH</p>	<p>31.12.14</p> <p>31.12.14</p> <p>30.6.14</p>	
<p>11a Dialectic Behaviour Therapy (DBT)</p> <ul style="list-style-type: none"> Set up database for quarterly reports on demand, waiting list (if any) and available staff resource. 	<p>Project Team</p>	<p>1.4.15</p>	<p>Commenced and ongoing</p>
<p>11b. Workforce</p> <ul style="list-style-type: none"> Staff to pt ratio Pt allocation Rostering process Embedding MHB professional practice culture 			<p>Ongoing</p>
Ward 21 Facilities & Environment			
<p>12. Upgrade facilities</p> <ul style="list-style-type: none"> Commission independent assessment by Waitemata DHB staff Review recommendations and identify immediate action items Arrange and implement immediate action items Reiterate with staff process for requesting maintenance work Develop timed and prioritised Action Plan to address all other items 	<p>O.D</p> <p>O.D/DON/CD</p> <p>OD</p> <p>Project team</p>	<p>14.8.14</p> <p>5.9.14</p> <p>14.9.14</p> <p>10.9.14</p> <p>31.3.15</p>	<p>August 2014</p> <p>October 2014</p> <p>December 2014</p> <p>September 2014</p> <p>April 2015</p>

13 Beds			
<ul style="list-style-type: none"> Develop structured plan to manage patient flow within capacity, including discharge planning, length of stay, complex case management for long stay patients, management of non-clinical patients, early identification of barriers to discharge Plan considered and endorsed by Mental health leadership group Plan Implemented 	DON/ND/ MHA/ CN/CNSs	31.1.15	Commenced
		28.2.15	Commenced
		31.3.15	Commenced
14 CCTV			
<ul style="list-style-type: none"> Project Team to meet with Ward 21 leadership to discuss any matters related to CCTV activity 	OD/CD.DON	11.12.14	January 2015
<ul style="list-style-type: none"> Complete a stock take of the Mental Health and Addiction Service's approach to meeting needs of complex and high needs patients and identify other options (including CCTV & Sensory Room use). 		28.2.15	March 2015
16. Staff Injuries	Human Resource (HR)		
<ul style="list-style-type: none"> Meet with unions regarding review findings, action plan and process for staff injury reporting 		12.9.14	
18. Location of Mental Health Emergency Team agreed	OD/CD/DON		March 2015

Completed Key Tasks-	Responsible	Due Date	Completion Date
19. Electronic Records	CD/Project Team	31.12.14	December 2014
<ul style="list-style-type: none"> Stock take completed. Arrangements are underway for the Clinical Portal to be opened for inclusion of Mental Health and Addiction Service clinical notes by end January 2015. This is subject to 'Break the glass' security of access system being applied for first 12 months then reviewed. 			
<ul style="list-style-type: none"> Post stock take of M.H Clinical records , report findings to mental health leadership 	CD & Project Team Working Group set up	31.1.15	February 2015
<ul style="list-style-type: none"> Implement findings Ensure mental health service represented on WebPAS steering group (as WebPAS is the organisation's long term solution) 		30.9.14	January 2015
Additional Comments			
20. Independent Clinical review Approach suitably qualified senior clinician	CMO/OD		Arrangements are completed for the Independent Review to proceed.
<ul style="list-style-type: none"> Identify reviewer Establish TOR Inform families & seek feedback Finalise TOR Provide information to reviewer Arrange site visit, access to staff, family as required Report provided Work programme developed as required Report copied to families 	OD/CD/DON/PL	22.8.14 5.9.14 5.9.14 12.9.14 17.9.14 19.9.14 19.9.14 31.10.14 14.11.14 14.11.14	
21. Incident Reviews			
<ul style="list-style-type: none"> Action plan recommendations from both RCA 	DON/CD	30.11.14	November 2014

reviews implemented <ul style="list-style-type: none"> • Common factors from the RCA review findings Action Plans are implemented • RCA findings and independent review findings have been reviewed to determine policy and other process changes required • Policy and procedure changes have been implemented 		17.10.14	October 2014
		17.10.14	October 2014
		30.11.14	November 2014
Project Approach & Review			
24. Resourcing <ul style="list-style-type: none"> • Appointment of Project Lead completed 	OD	29.8.14	September 14
25. Review <ul style="list-style-type: none"> • Arrangements made for review team to revisit in 12 months to evaluate implementation of recommendations 	OD	29.8.14	November 14

Current Key Tasks	Responsible	Due Date	Completion Date
Governance			
3. Clinical Governance <ul style="list-style-type: none"> • Review clinical audit arrangements within mental health services • Review clinical delegations and expectations and re-establish. 	C.D/DON/DAH	28.2.15	Commenced
Structure			
4. Review structure and reporting arrangements <ul style="list-style-type: none"> • Advise service and staff of appointments as made, reiterating reporting lines, roles, responsibilities • Appoint to roles 	M.H.R/C.D/O.D/DON/DAH (others as appropriate)	10.12.14 -28.2.15 02.03.15	Commenced
5. Daytime and out of hours acute response (including location) <ul style="list-style-type: none"> • Ensure documentation and training re: agreed model of care in place • Evaluate arrangements after 6 months 	C.D/O.D	30.3.15 30.10.15	Commenced
Culture			
6. Culture Change Programme <ul style="list-style-type: none"> • Reaffirm mental health vision • Reaffirm mental health values • Embed into Team Development programme (refer 8 below) 	C.D/O.D/DON/HR	19.9.14 15.3.15	Commenced

Current Key Tasks	Responsible	Due Date	Completion Date
7. Support timely decision making <ul style="list-style-type: none"> Embed decision making process in Team Development process (refer 8 below) 	H.R	1.3.15	Commenced
8. Team Development process <ul style="list-style-type: none"> Commence Team Development Process with new managers Phase1 Develop Plan Phase 2 Consult on plan Phase 3 roll out plan Evaluation completed (six monthly) 	H.R	30.5.15 31.12.15	
Clinical Leadership & Partnership			
9. Establish connections with other services <ul style="list-style-type: none"> Evaluate mental health participation and effectiveness 	DPSCE	30.5.15	Not started
Quality and Safety Process			
10. Review Quality and Safety	Mental Health Service	Business as Usual	Ongoing throughout

Current Key Tasks	Responsible	Due Date	Completion Date
Staffing			
11. Professional Development <ul style="list-style-type: none"> Clinical leaders develop plan for performance management process, including professional development Clinical leaders to progressively undertake performance management process with all staff over 12 month period Team Development (Refer 10 above) 		31.3.15 30.3.16	Much of this progress has been stalled due to leadership restructure Not Started
11b Workforce <ul style="list-style-type: none"> COPMIA CAPA Nursing work plan <ul style="list-style-type: none"> safe pt care Admission & discharge criteria Reduction of seclusion Allied Health work plan 	Project Team N.D/CN/CNS/ Project		Ongoing Commenced and ongoing Depended on other initiatives outside the ward. Working group established Commenced and almost complete
Ward 21 Facilities and Environment			
12. Upgrade facilities <ul style="list-style-type: none"> Implement Action Plan 	Project Team	31.4.15	Commenced
13 Beds <ul style="list-style-type: none"> Plan Evaluated 	DON/ND/ MHA/ CN/CNSs	30.9.15	Not Started
15. Use of Sensory Rooms <ul style="list-style-type: none"> Undertake site visits to other DHBs and providers Develop proposal re: approach to complex and high need patient management and submit to service's leadership team Proposal endorsed Policies and procedures amended and staff advised Training provided Evaluation of new processes 	N.D/CN/CNS	15.4.15 30.5.15 15.6.15 15.7.15 15.7.15 31.1.16	site visits commenced

Current Key Tasks	Responsible	Due Date	Completion Date
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17. Debriefing <ul style="list-style-type: none"> Develop systemic approach for responding to incidents of this nature, including debriefing, staff support, family advice and support, escalation Link with work already underway on 'Resilience' which is due to be tabled at Serious Adverse Event Group meeting Approach considered and endorsed by Service Leadership Group Implementation 	DAH	31.1.15	Commenced
		28.2.15	Commenced
		31.4.15	Not Started
		Additional Comments	
21. Incident Review <ul style="list-style-type: none"> Evaluate changes made to policy and procedures post implementation 	DON/CD	30.5.15	Not Started
22. Co-existing conditions <ul style="list-style-type: none"> Education re: co-existing condition for services by psychiatrist with alcohol & other drug certification, including site visits and resource development Project team to talk to Ward leadership to discuss implementation training and development initiatives inclusive of Let's Get Real module for the ward staff. Suggest support be provided by current EPD CEP role and the ward Nurse Educator. 	CD	28.2.15	A Meeting with the ward is yet to be scheduled, however LGR training has commenced.
	Project team	28.2.15	

Current Key Tasks	Responsible	Due Date	Completion Date
23. Vision, Values for MCH This work will be phased to incorporate vision and values components of both the Mental Health Review plus the MDHB Health Charter developments. <ul style="list-style-type: none"> SMT consider approach going forward Vision, Values, Culture programme for MCH development Implementation Evaluation Health strategy/Charter Board workshop Health Strategy/Charter submitted to Board Health Strategy/Charter advised to Organisation Plan for socialisation of Health Strategy/Charter development Socialisation plan implemented 	CEO	30.5.15 30.11.15 TBA TBA TBA TBA TBA	

Planned/Future Key Tasks	Responsible	Due Date	Completion Date
Develop and Resource a Critical Intelligence framework for collection and analysis of all performance metrics to provide evidence of service effectiveness.	Project Team	1 September 2015	Commenced and pilot due to start May 2015



On track/ exceeding target



Outside of target (0-10%)



At risk – exceeding target (>10%)

Key Issues/Progress of current tasks

Item #	Issues/progress	Status	Responsibility
5	<p>Structure</p> <ul style="list-style-type: none"> Daytime and out of hours acute response (including location) The current afterhours acute response team will now be known as the Acute Care Team and is to be increased to a 24/7 service. The working group which consists of managers, clinical and clerical staff and union reps are working to develop this service. Recruitment has commenced. The Acute Care Team is to be located in the Ruahine building. <p><i>N.B the dates for this work stream are indicative only. The timing is dependent on the extent of change proposed and the impact on the individuals.</i></p> 		Manager H.R/CD/OD/ DON/DAH
8	<p>Team Development has been completed for the majority of Mental Health & Addiction Services. This will be scheduled for all new clinical managers once appointments have been set.</p>		
19	<p>Electronic Records</p> <ul style="list-style-type: none"> Clinical Portal is set to 'go live' for all new Dr Letters, Emergency assessments and Mental Health Act assessments from 11th May 2015. 		Project Team

