

Hospital Advisory Committee

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



DATE 27 January 2015

SUBJECT Mental Health Review Update Four

MEMORANDUM

1. PURPOSE

This report provides Update Four 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

Overall, very good progress has been made with the urgent actions required to be addressed in Phase One of the Work Programme now nearing completion. Also well advanced is the review of current staffing structures, including all key leadership roles, reporting lines, accountabilities and partnerships at every level of the Mental Health Service.

The Mental Health Review Project Board made recommendations for final decisions on the proposal that has been the subject of consultation, to the CEO on 5 December 2014. Those recommendations were accepted by the CEO and communicated to staff and unions as part of the process for change management on 11 December 2015. A further proposal on the clinical leadership and management of teams is out for consultation. The focus of this proposal is to streamline lines of responsibility for clinicians and provide more equitable distribution of workload across Clinical Manager positions. Appropriate communiqués have subsequently gone out to staff and unions and preparations for implementation of key decisions already made are in train.

Preparations for the service development plan for Phase Two have commenced and will gain momentum early in the New Year. As a first step the Project Board will commission the development of a comprehensive Project Plan which sets out the terms of reference and timelines for a process to consult with key stakeholders, including patients and families, specialist services, primary care, NGOs, iwi/Maori, intersectoral agencies, and the wider public. A crucial consideration is identification of the measures of success, to ensure the long term outcomes that are sought are able to be evaluated for completeness and effectiveness.

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

3. RECOMMENDATION

It is recommended:

that this report be received.

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 Hospital 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, in a revised format on Phase One of the Work Programme is provided as Appendix A. 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.

It is noted that the period from mid December through January has been quiet, nevertheless current key actions are reported below.

5.1 Phase One - Change Management Update

The final decisions around Phase One proposed changes are as follows:

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

Submissions strongly supported the expansion of the Mental Health Emergency Team on a 24/7 basis. Feedback was also received regarding the appropriate hours of work required to meet patient needs and this will be further developed over the next few weeks in consultation with staff and unions.

Strengthening the Mental Health Emergency Team (MHET) so it can function on a 24/7 basis will proceed. These changes also include a dedicated MHET role based with the Horowhenua/Otaki Community Mental Health Team, and the Palmerston North based staff being located in the Ruahine Building. Rural community mental health teams will continue to manage their own emergencies 9 am to 3.30pm Monday to Friday, with support as required from the MHET. Work will also be undertaken to strengthen capability within Alcohol and Other Drug (AOD) to manage mental health crises for their clients.

Implementation will commence at the end of January 2015, with the first step being consultation with staff and unions as to the appropriate hours of work, roster and skill mix to meet client needs. Engagement with the unions over this process was undertaken prior to Christmas, in preparation for this work.

2. Leadership Structure for Mental Health Services

The decision has been made to proceed with one position to have a clear single point of accountability for mental health and addiction services that sits at service level and reports to the Operations Director. The current role of Service Manager will be disestablished and replaced by the position of Service Director. The person specification for this position will include demonstrated skills in leadership and management in mental health, along with a clinical practice background in mental health. The Service Director position was advertised late December 2014, in conjunction with recruitment to the vacant Nurse Director position. Applications close for both positions in the first week of February 2015.

For the leadership positions reporting to the Service Director, a decision has not been made at this time. A revised proposal was released on 12 December 2014, and is subject to a further period of consultation through to 23 January 2015, with submissions being considered before a final decision is made. The focus of this proposal is to streamline lines of responsibility for clinicians and provide more equitable distribution of workload across Clinical Manager positions.

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

The proposal to align the Older Adult Mental Health Service with Mental Health Services – including a proposed restructure of nursing leadership across Ward 21 and STAR 1, received considerable feedback. The Phase One proposal to align these services acknowledged the operational synergies and multidisciplinary links to psychiatry and wider mental health clinical practice in the care of Older Adults.

Feedback covered operational and clinical considerations ranging from the need to gain better clarity in terms of proposed job sizes, responsibilities and reporting lines to day to day concerns about rosters and how staff would work in a new model. The breadth of feedback highlighted the need to refine the proposal before further consultation.

An operational plan is being developed, led by the Clinical Director, Dr Ahmer, and the clinical leadership for this area. The plan will provide a more detailed analysis of the planned reconfiguration between Older Adult Mental Health, Mental Health and Elder Health Services including greater detail on leadership, nursing roles and the model of care going forward. The operational plan will be developed over the next three months.

Also of note operationally for OAMH Services, the recruitment process is active in addressing the longstanding vacancy for a permanent psychogeriatrician, with prospective candidates under consideration.

5.2 Workshop with Lead Clinician for External Review

Further to the request from the committee, Dr Gloria Johnson has confirmed her availability for the workshop with committee and board members on 3 February 2015 following the HAC meeting.

5.3 Update on Root Cause Analysis Action Plans - 155 (Gray) and 156 (Hume)

Achievements against the RCA recommendations are starting to have a positive effect. Examples include:

- the Nursing admission processes compliance rates, including risk assessments, have increased from 35% to 80% and a service wide risk assessment tool is currently being developed to strengthen consistency of practice;
- new nursing observation guidelines implemented in August 2014 are working well and will be reviewed regularly by the CNS as part of the nursing plan;
- shift coordination has been strengthened by the appointment of two additional Associate Charge Nurses on a temporary basis;
- the shift handover process has been strengthened by the introduction of formal documentation plus a 'walk round' procedure;

- the Charge Nurse is promoting an open and supportive team culture through regular team meetings and regular staff communication. Fortnightly meetings are held with Human Resources and Occupational Health to manage staff issues proactively and positively; and
- Ward 21 staff is participating in the preliminary project team work looking at the physical environment of Ward 21. Staff visited Te Awhina, the Whanganui Mental Health Unit, on 14 November 2014; one of the goals being to learn more about possible building layout ideas for any re-development at MidCentral Health.

Trendcare training for staff is underway and a programme to ensure all staff has completed CPR training. The Ward 21 Nurse Educator maintains a staff register of training with a system to report adherence to the nursing leadership meetings.

A part-time pharmacy role is now established in the ward to drive improvement in medication management. This is supported by regular pharmacy project group meetings which are chaired by the Chief Pharmacist.

5.4 Ward 21 Facilities and Environment

The Project Team has approached the Kaumatua Group requesting their advice on improving the *taonga* of Ward 21. This input will contribute to the future re-design and layout in Ward 21 to make it more welcoming for Maori. The Kaumatua Group responded by undertaking a visit to *Te Awhina*, the Whanganui DHB in-patient unit on 21 November as well as a familiarisation walk through of Ward 21 locally. Latest advice is that the respective views of Kaumatua are currently being gathered for presentation and inclusion in the Phase Two Development Plan.

5.5 Phase Two - Overall Approach

With Phase One nearing completion, planning for Phase Two is underway and will take a whole of system approach to the redevelopment of mental health and addiction services across the MidCentral district in the medium to long term. It will involve the development of a plan to introduce contemporary models of care for mental health and addiction services which emphasise concepts such as:

- a recovery approach for each individual;
- a whanau ora approach involving each client's other natural supports;
- partnership with clients and their families as a fundament to care planning and provision;
- an integrated approach across services and across agencies;
- better, sooner, more convenient access to services;
- stepped care services delivered in the least restrictive environment.

Government direction is described in the strategy document - *Rising to the Challenge*: the Mental Health and Addiction Service Development Plan 2012-2017. That direction signals a shift towards the development of an overall system of care that spans the life journey and guides the direction, philosophies and principles for the 'whole mental health system'.

Directions contained within *Rising to the Challenge* include:

- using our current resources more effectively;
- building infrastructure for integration between primary and specialist services;
- building on gains in resilience and recovery for people in various cohorts e.g. those with low prevalence high needs, Maori and Pacific peoples, refugees, people with disabilities, infants, children and youth and adults;
- increasing access for our growing older population;

- supporting and strengthening our workforce.

These will form the foundation of the Phase Two development plan in conjunction with specific responses to the findings and recommendations arising from the external review.

Directions contained in the MidCentral Mental Health External Review include:

- clinical systems and processes
- clinical governance
- clinical leadership
- service resources
- the culture of the service
- adherence to policies and established standards of clinical practice
- patient pathways (including older adult mental health).

Efforts to advance this work will commence in early 2015 and will include strong engagement with staff, consumers, families/whānau, the primary and NGO sectors, iwi/Maori and the wider community.

A key component of the work plan will be the refurbishment of Ward 21, planning for which will be undertaken once the overarching inpatient model of care is confirmed. This is crucial to ensure that the refurbished environment supports the approach to care, and provides a therapeutic environment for patients and staff. Formal facility planning is envisaged to commence in the second quarter of 2015/16.

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 Children of Parents with Mental Illness and Addictions (COPMIA)

Recently the Mental Health and Addictions District Group hosted a consumer presentation on the experiences of being a child living with a parent who has mental illness. A key message from the presentation was that children and young adults living in the presence of both mental health and addictions frequently do not get the supports they need to sustain their own well being and are at increased risk of developing difficulties themselves.

Advice has been received from the Ministry of Health that they will issue an implementation guideline for COPMIA in April 2015. This will include competencies for staff as well as best practice guidance. It is closely aligned with the cross agency Children's Action Plan for vulnerable children. The Mental Health Review Project Team will work with the Mental Health and Addictions District Group with this piece of work.

6.2 Dialectic Behaviour Therapy (DBT)

Four clinicians, three Clinical Psychologists and one Registered Nurse successfully completed the first of two, five day DBT intensive Training modules in November 2014, targeting the needs of clients who are vulnerable to self harm and risk of suicide.

As at January 2015 there are 7 prospective clients waiting to be assessed for suitability for this specialist intervention. With the pending increase in capacity it is expected that those clients who are eligible will enter the programme in the first three months of the New Year.

There is potential to accept further referrals in the months ahead as the competence of newly trained clinicians advances beyond the formative stages for this specialist intervention. It is expected that from early March 2015 the DBT clinicians will start assessing clients for commencing treatment. A clinical position in the AOD service has been backfilled to provide additional treatment capacity.

In addition *Framing Personality Training*, delivered by the Capital Coast Regional Personality Disorder Service, has been completed with twenty mental health staff having attended all three modules, eight of those being acute inpatient staff. The training focused on developing understanding of personality development, formulating personality disorder, understanding chronic risk and developing strategies for the management of personality disorder. Next steps include a meeting with representatives of the Regional Personality Disorder service, with a view to exploring how they may further support staff of MidCentral Mental Health and Addiction (MHA) services in the management of complex high risk clients.

6.3 Professional Development

The mental health workforce training and development calendar has been reviewed and updated for the 2015 calendar year. Two further initiatives will be included: firstly, ongoing QPR Advanced Suicide and Risk Management Training, and, secondly, the Mental Health Workforce Development Te Pou agency *Let's Get Real* training as related to values and attitude and co existing disorder modules.

The latter has been put together in conjunction with the Director and Consumer representatives of Te Pou and the Central Region Technical Advisory Services (TAS) workforce development coordinator. In February 2015 a workshop facilitated by Te Pou will support mental health and addiction services staff to work through the *Let's Get Real* values and attitudes module. Thereafter further work will be undertaken with Te Pou and TAS in relation to assessment of co existing disorder competencies amongst clinical staff.

6.4 Introduction of Training in Group Intervention

Our Child Adolescent Mental Health Service has well established groups available as part of the service's treatment options to support children and adolescents develop social skills. The Child Adolescent and Family MH Service is reviewing its plan for group interventions in the 2015 calendar year.

A new group intervention has started up to support children aged 8 to 11 years and their families manage anxiety. The group is running well with positive outcomes noted and children using the new coping strategies they have been taught.

6.5 Suicide Prevention and Suicide Triage & Risk Management Training

The agency QPR NZ is mandated by the Ministry of Health to provide suicide training in New Zealand. Much effort is going into training for both health staff and those working in other sectors concerning the detection and management of people at risk of suicide.

The Mental Health Review Project Team has linked with the Mental Health and Addictions District Group to support the development and implementation of a suicide and pre and post vention action plan for the district. This is a deliberate attempt to monitor effectiveness of current practice and to explore strategies for reducing the incidence of suicide in our district.

A further Advanced Suicide Triage & Risk Management training, facilitated by QPR New Zealand was held on 2 December 2014. A total of 81 Registered Nurses and Allied Health

Staff have now attended the training with potential for a total of approx 140 having attended subsequent to two further trainings scheduled for February and March 2015. The recent workshop has targeted Work and Income NZ (WINZ) staff and public health nurses, in addition to mental health service clinical staff.

Arrangements are in hand for QPR to support service leaders in monitoring clinical practice in their respective teams to ensure that what staff learn from QPR training is subsequently translated into practice.

6.6 Alcohol and Other Drug Measure (ADOM)

The objective of the ADOM tool is to measure client progress against a range of criteria benchmarked at the point of first contact with the service at regular points throughout the client's episode of care.

The Alcohol and Drug service continues to work with Information Systems and the data quality team to prepare to report on delivery of services. Information Systems advise that appropriate software is in process of being purchased to allow ADOM data collection by adaptation of SMART on line. ADOM reporting to the Ministry of Health becomes mandatory from June 2015.

6.7 Health and Disability Commissioner invitation to use 'Real Time Feedback'

In December 2014 the Health and Disability Commissioner (HDC) wrote to all DHBs inviting expressions of interest to adopt the consumer and family/whanau 'Real Time Feedback' (RTF) programme for mental health and addiction services. This programme uses internet enabled technology to elicit immediate point of contact feedback from consumers and their family/whanau on their experience of using MHA services.

The engagement of consumers and their family/whanau in partnership with health service providers is a vital component of any service improvement strategy. We have provided an initial response to HDC signalling a willingness to be an early adopter of RTF and proposing that MidCentral join the first roll-out phase starting in March 2015.

Further updates will follow as the implementation details emerge, however, three additional points are worth noting at this early stage:

- each DHB is encouraged to invite a Non Government Organisation (NGO) partner to participate in the RTF so that shared learning can occur and to support simultaneous approaches to service improvement;
- The Ministry of Health has indicated its intention to replace the mandatory DHB National Mental Health Consumer Satisfaction Survey with information collected by RTF, possibly by 2016/17;
- during 2015, HDC will hold two national workshops for providers to learn more about the system, to learn from each other how it has been used and the impact on service improvement.

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

Ward 21 has chosen 16 March 2015 as the day to go smoke-free. In line with the Ministry of Health endorsement that all Mental Health Inpatient Units make this move, Ward 21 has been preparing for the transition with a focus on smoke-free promotion, staff education and training and a strategy for the management of any adverse outcomes experienced as a

consequence of the change. This initiative is welcomed by the service and has proceeded well in other areas. Ongoing updates on progress will be provided.

6.9 MidCentral Health (MCH) Nursing Entry to Specialty Practice Programme (NESP) - Mental Health Nursing

At the conclusion of 2014, MCH's three NESP Registered Nurse's (RNs) have completed the Post Graduate Certificate in Mental Health Nursing and are now employed to permanent positions in Mental Health & Addiction Services. Eight NESP positions have been secured for 2015 to support the future development of Mental Health Nursing at MidCentral Health. Of the eight NESP RNs registered within the last six months four identify as being of Maori descent. Arrangements have been made with Whitieria Polytechnic to provide preceptorship training in early March 2015.

6.10 Mental Health Adult Crisis Respite

At the November HAC meeting an update was requested regarding the MH Adult Crisis Respite Service.

Dalcam Healthcare Manawatu Ltd, at the St Dominic's Centre facility in Feilding, is the provider for the provision of the mental health adult crisis respite service - Piki Te Ora. Piki Te Ora is a residential option in the community for use by people who unexpectedly are experiencing acute psychiatric or situational distress, who require an unplanned short break from their usual living situation who otherwise would require admission to the acute inpatient mental health unit.

Crisis respite is provided for up to six clients at one time, for a period of up to five days (then reviewed), for people experiencing a mental health crisis who do not pose a current risk to themselves or others, and are not medically compromised. The new service commenced on 3 May 2014.

The benefits include that it:

- offers an alternative to a hospital admission;
- is clinically effective for those in acute mental distress;
- provides a 'step down' approach from an inpatient episode;
- is an effective use of health sector resources; and
- results in greater client satisfaction.

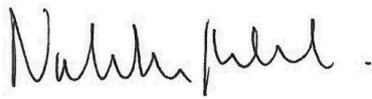
A memorandum of understanding between MCH mental health services and Dalcam identifies pathways for clients to access adult crisis beds and to ensure that relationships between the two organisations are clearly defined. A reference group from Dalcam, MDHB Funding and the Mental Health Service supports the service's ongoing functioning, and monitors that utilisation and flow of clients through the service is appropriate.

Over the past six months the number of clients utilising the service monthly has increased from around 15 per month to 20 in December 2014. The origin for referrals is predominantly the community mental health teams (approx 50%), along with the Mental Health Emergency Team (17%) and Ward 21 (30%). A small number of referrals have been direct from primary care. The average length of stay has been just under four days.

Very positive feedback has been received from the clients and families in regards to the service provided and the facilities.

7. NEXT STEPS

- progress consultations with staff regarding a further leadership structure proposal;
- implement change management processes with staff where final decisions have been announced;
- develop a framework for the Phase Two service plan;
- receive preliminary recommendations from the Kaumatua Group regarding Ward 21;
- build on consumer engagement and participation including concepts of Co-Design and the introduction of *Real Time Feedback*; and
- establish a process to ensure essential training is available continuously and that compliance/attendance is maintained.



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



Dr Syed Ahmer
**Clinical Director
Mental Health**



Michele Coghlan
Director of Nursing

Mental Health Review Work Status Programme

Project Status Report – Phase 1

(This replaces the previous work plan)

Reporting Period:	January 2015
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Summary Project Status		
Scope		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		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
Mental Health Emergency Team (MHET) - Sector wide support to proceed with changes as from 1 st March 2015.
Ward 21 RCA Action Plans Progress against the two Action Plans developed from the implementation of recommendations, are now being reported.
Suicide Prevention and Suicide Triage and Risk Management Training - Advanced Suicide Triage and Risk Management Training facilitated by QPR NZ have been attended by 81 Nursing and Allied Health Staff. Potential for 140 completing in March 2015.
Te Pou, The Mental Health Workforce Development Agency 'let's Get Real' training, as related to values and attitudes and co existing disorder modules is scheduled for February 2015.
DBT - Recently trained staff commencing therapeutic practice in January 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	CD/Director of Nursing(DON), Director of Allied Health (DAH)	15.9.14	September 2014

	proposal being finalised (as per Action 4 below).			
	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	Manager Human Resources(MHR)/ CD/OD DON/DAH (others as appropriate)	19.9.14 26.9.14 24.10.14 7.11.14 28.11.14 28.11.14	October 2014 October 2014 October 2014 November 2014	
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 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.	CD/DON/OD	19.9.14	September 2014	
Culture				
7. Support timely decision making - establish Mental Health Team meeting and determine decision making process.	CD/DON/O.D	30.9.14 31.10.14	Ongoing ongoing	

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 <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 affect their care. This procedure has been implemented as a mandatory requirement for all serious events 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. 	DPSCE	28.8.14	Completed and Ongoing	
	Nurse Director Mental Health (NDMH)	30.0.14	Ongoing	
	NDMH	30.9.14	Ongoing	
Ward 21 Facilities & Environment				
12. Upgrade facilities <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 	OD	14.8.14	August 2014	
	OD/DON/CD	5.9.14	October 2014	
	OD	14.9.14	December 2014	
		10.9.14	September 2014	
16. Staff Injuries <ul style="list-style-type: none"> Meet with unions regarding review findings, action plan and process for staff injury reporting 	Human Resource (HR)	12.9.14		

Completed Key Tasks	Responsible	Due Date	Completion Date
19. Electronic Records <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. 	CD/Project Team	31.12.14	December 2014
Additional Comments			
20. Independent Clinical review Approach suitably qualified senior clinician <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 	CMO/OD 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	Arrangements are completed for the Independent Review to proceed. Both are underway.
21. Incident Reviews <ul style="list-style-type: none"> Action plan recommendations from both RCA reviews implemented 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 	DON/CD	30.11.14 17.10.14 17.10.14 30.11.14	November 2014 October 2014 October 2014 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. 	CD/DON/DAH	28.2.15	Commenced
Structure			
4. Review structure and reporting arrangements <ul style="list-style-type: none"> • Finalise proposal and submit to CEO and CMO • Decision determined • Advise affected staff (if required) service and wider organisation, setting out structure, roles and responsibilities • Appoint to roles • Advise service and staff of appointments as made, reiterating reporting lines, roles, responsibilities 	MHR/CD/OD/DON/DAH (others as appropriate)	5.12.14 5.12.14 10.12.14 10.12.14-28.2.15 10.12.14-28.2.15	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 	CD/OD	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) 	CD/OD/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) • Ensure barriers to decision-making during project implementation identified and remedied • Currently the project board is addressing any identified barriers to decision making via weekly meetings. • Weekly meetings with Service Leaders identifying any barriers • Weekly walkabouts within the service by (O.D ,CD & DON) • Six weekly meetings with Sponsor and Project Board • Weekly meetings with Project Lead 	HR CD/DON/OD HR/DAH HR CD DON/DAH	1.3.15 Throughout 1.3.15 1.3.15 30.5.15 31.12.15	Commenced Commenced Commenced Commenced Commenced Commenced
8. Team Development process <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 • Commence Team Development Process • Phase1 Develop Plan • Phase 2 Consult on plan • Phase 3 roll out plan • Evaluation completed (six monthly) 	MHR CD/DON/DAH/O D/HR	1.3.15 1.3.15 1.3.15 30.5.15 31.12.15	Commenced Not Started
Clinical Leadership & Partnership			
9. Establish connections with other services <ul style="list-style-type: none"> • Evaluate mental health participation and effectiveness 		30.5.15	Not started
Quality and Safety Process			
10. Review Quality and Safety <ul style="list-style-type: none"> • RCA process & membership - Clinical Board advised • Consumer/family engagement – plan of action developed • Open disclosure - Plan of Action considered by Clinical Board • RCA communication – Plan endorsed • Mental Health Service ownership and awareness re: RCA- Implementation Plan developed • Consumer & family engagement guidelines – Implementation undertaken 	Director Patient Safety Clinical Effectiveness (DPSCE)	2.9.14 30.11.14 2.12.14 2.12.14 3.2.15 30.6.15	Commenced

Current Key Tasks	Responsible	Due Date	Completion Date
Staffing			
11. Professional Development <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 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) 	Project Team Project team DON,CD, DAH	31.12.14 31.12.14 30.6.14 31.3.15 30.3.16	Commenced Commenced Commenced Not Started
11a Dialectic Behaviour Therapy (DBT) <ul style="list-style-type: none"> Set up database for quarterly reports on demand, waiting list (if any) and available staff resource. 	Project Team	1.4.15	Commenced
Ward 21 Facilities and Environment			
12. Upgrade facilities <ul style="list-style-type: none"> Develop timed and prioritised Action Plan to address all other items Implement Action Plan 	Project Team	31.3.15 31.4.15	Commenced Not Started
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 Plan Evaluated 	DON/ND/ MHA/ CN/CNSs	31.1.15 28.2.15 31.3.15 30.9.15	Commenced Commenced Commenced Not Started
14 CCTV <ul style="list-style-type: none"> Project Team to meet with Ward 21 leadership to discuss any matters related to CCTV activity Contact Regional Security manager regarding the process for saving and storage of CCTV footage and how this might be managed in regards to incidents 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) 	OD/CD/DON	11.12.14 18.12.14 28.2.15	Commenced Commenced Commenced
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 		15.4.15 30.5.15 15.6.15 15.7.15 15.7.15 31.1.16	Not Started

Current Key Tasks	Responsible	Due Date	Completion Date
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 28.2.15 31.4.15	Commenced Commenced Commenced Not Started
18. Location of Mental Health Emergency Team – Refer (5)			
19. Electronic Record <ul style="list-style-type: none"> • Post stock take of M.H Clinical records , report findings to mental health leadership • Implement findings • Ensure mental health service represented on WebPAS steering group (as WebPAS is the organisation's long term solution) 	CD & Project Team	31.1.15 TBA 30.9.14	Commenced Not Started Commenced
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 Project team	28.2.15 28.2.15	

Current Key Tasks	Responsible	Due Date	Completion Date
<p>23. Vision, Values for MCH</p> <p>This work will be phased to incorporate vision and values components of both the Mental Health Review plus the MDHB Health Charter developments.</p> <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 March 2015	1 September 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
4	<p>Structure</p> <p>Review Service structure and reporting arrangements</p> <ul style="list-style-type: none"> Finalise proposal and submit to Chief Executive Officer and Chief Medical Officer. Advise affected staff (if required) service and wider organisation, setting out structure, roles & responsibilities. Advise service & staff of appointments as made, reiterating reporting lines, roles, responsibilities. <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>	<p>Due Now</p>	Manager HR/CD/OD/ DON/DAH
6.	<p>Culture</p> <p>Reaffirm Mental Health Vision – First meeting was held with Te Pou on 20 October 2014</p> <p>Planning for 2015 workshops was held on 9 December</p> <p>Implementation planned for February 2015</p>	<p>Due Now</p>	CD/OD/DON/ HR
10	<p>Quality & Safety Process</p> <p>Review quality and safety considerations</p> <ul style="list-style-type: none"> Open disclosure - Plan of Action is being considered by the Board RCA communication process - plan has been endorsed 	<p>Due Now</p>	DPSCE
11	<p>Staffing</p> <p>Professional Development</p> <ul style="list-style-type: none"> The Clinical Educator Professional Development (CEPD) group have reviewed the 2014 Training and Development calendar in light of the Mental Health and Addiction (MHA) Service external review. The proposed Training calendar for 2015 has been circulated to Service Managers and clinical leadership for feedback on 10/12/14 Suicide Prevention, Suicide Triage & Risk Management Training – The Agency 'QPR' is mandated by the Ministry of Health to provide suicide training in New Zealand, who has proposed that from 2015 Suicide and Risk Management training be compulsory <p>A further Advanced Suicide Triage & Risk Management training day (provided by QPR), was held on 2 December 2014, with a total of 81 Registered Nurses and Allied Health staff attending</p> <p>It is anticipated that the remaining staff will attend these sessions in February & March 2015</p> <p>Arrangements are in hand for QPR to support service leaders in monitoring clinical practice in their respective teams to ensure that staff are able to translate what they have learnt and translate this in practice</p> <ul style="list-style-type: none"> Let's Get Real training – supported by Te Pou (the MH Workforce Development Agency) is included to address development of essential attitudes required to deliver effective MH and Addiction Services In line with Rising to the Challenge (the National MH and Addiction plan 2012-2017) we will include training to assist in developing competence to build co existing responsiveness 	<p>Due Now</p>	Project Team

Item #	Issues/progress	Status	Responsibility
13	<p>Ward 21 Facilities and Environment</p> <p>Beds (patient flow)</p> <ul style="list-style-type: none"> Dashboard is now implemented for circulation across the service regarding bed status at approx 0800hrs,1300hrs and 1700hrs. This tool provides a real time report on bed occupancy for both open and HNU beds. It also reports on availability of respite beds and projected discharges. 	 On track	DON/ND/CN/ CNs
14	<p>CCTV use</p> <ul style="list-style-type: none"> Contact has been made with the Regional Security Manager at Spotless re: the process for saving and storage of CCTV footage and how this might be managed with regard to incidents. Project team to meet with Ward leadership to discuss any matters related to CCTV activity. 	 Due Now	OD/CD/DON Project Team