

TO Hospital Advisory Committee

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



DATE 18 November 2014

SUBJECT Mental Health Review

MEMORANDUM

1. PURPOSE

This report provides Update 3 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

Good progress has been achieved in implementing the urgent actions from the work programme. Changes put in place with the nursing leadership of Ward 21 as an interim measure have brought a stronger focus to improving nursing practice, improving patient care and securing patient safety. Ward 21 has also implemented daily patient flow monitoring. A dashboard has been set up which is updated three times daily allowing clinicians anywhere in the hospital to check the status of Ward 21 bed occupancy. Bed availability has been capped at 26 as an interim measure to assist with demand until new patient management systems take effect to improve patient flow.

The Mental Health Serious Adverse Event Review Group continues to meet weekly to monitor quality improvement practice throughout the service and to recommend change where opportunities for improvement are identified. The group has now completed retrospective reviews of all reported ?SAC 2 community deaths over the past 12 months. This included ensuring that clinical experts within the service, under the leadership of the Clinical Director, lead and approve all reviews in addition to identifying if there are any learnings, patterns or similarities, and ensuring these are acted on. The reviews involved a review of the event triage information, i.e. the timeline, risk assessment and adequacy of the mental health management plan. In most cases this then led to a further file review and discussion with clinical staff. In two cases corrective actions have been identified and actions to address these are in progress. A number of themes were identified which appear to be consistent across two or more cases; these themes and proposed responses are discussed in Section 5.6.

Work continues with the review of all key leadership roles, reporting lines, accountability, and key partnerships at every level of the Mental Health Service. Phase One of that work is nearing completion. A *Proposal for Consultation* paper released to staff last month has drawn 51 submissions in response to the proposals and the implications of change. Those submissions are now under consideration by the Mental Health Project Board as part of the process for change management. A final proposal is due to be submitted to the CEO by 5 December 2014.

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.

Terms of reference for this review are broad and systemic across the whole Mental Health Service. They cover all aspects of the service including:

- 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)

4.1 Project Structure

A Project Board has been set up to provide governance oversight and leadership for the MidCentral DHB review and associated work programme. Members of the Project Board are:

Nicholas Glubb - Operations Director
Dr Syed Ahmer - Clinical Director
Michele Coghlan – Director of Nursing
Kim Fry – Director of Allied Health
Muriel Hancock – Director Patient Safety and Clinical Effectiveness
Anne Amooore – HR Manager
Claudine Nepia-Tule – Funding Portfolio Manager
Frank Bristol – Consumer Advisor

A Project Team has been established which reports to the Project Board to advance initiatives contained within the work programme. This is led by Brad Grimmer with support from Richard Atkinson and Sue Ellis. All three have many years experience of working in Mental Health and Addictions.

4.2 Current model of care

Secondary services are funded to meet the moderate to severe mental health needs of the MidCentral DHB population. Access to services is typically via referral from a General Practitioner, other government agencies, Non Government Organisations (NGOs) or from self referrals.

The following list of service descriptions sets out the overall model of care currently operating across the MidCentral district.

Ward 21

The Acute Mental Health in-patient ward is resourced for 18 acute and six (6) high needs beds located on the Palmerston North Hospital campus, to meet the needs of adults across the MidCentral DHB district.

Mental Health Emergency Team (MHET)

This crisis team provides seven day a week, after hours crisis resolution to the population of the MidCentral DHB district. The team is based with the Ward 21 inpatient service.

Community Mental Health Teams

The **Palmerston North** Community Mental Health Team is located on the Palmerston North Hospital campus. The service meets the needs of the population domiciled in urban Palmerston North. Maternal Mental Health and Eating Disorder Services for adults are based with the Community team.

The **Feilding** Community Mental Health Team is based at Clevely Health Centre to meet the needs of people in that community and rural Manawatu.

The **Horowhenua** Community Mental Health Team is integrated with the Horowhenua Family Health Centre located in Levin. The service meets the needs of the population domiciled in the Horowhenua District. Outreach clinics are provided to Otaki.

The **Tararua** Community Mental Health Team is based in Dannevirke. The service meets the needs of the Tararua population and provides an outreach clinic in Pahiatua.

Specialist Mental Health Services

The **Alcohol and Other Drug Services (AOD)** are located on the Palmerston North Hospital Campus, providing outreach clinics from Community Mental Health service locations in Horowhenua, Feilding, Dannevirke, Pahiatua and Otaki. The service meets the needs of adults with general alcohol and other drug problems and also provides specialist services to those who are opioid dependent.

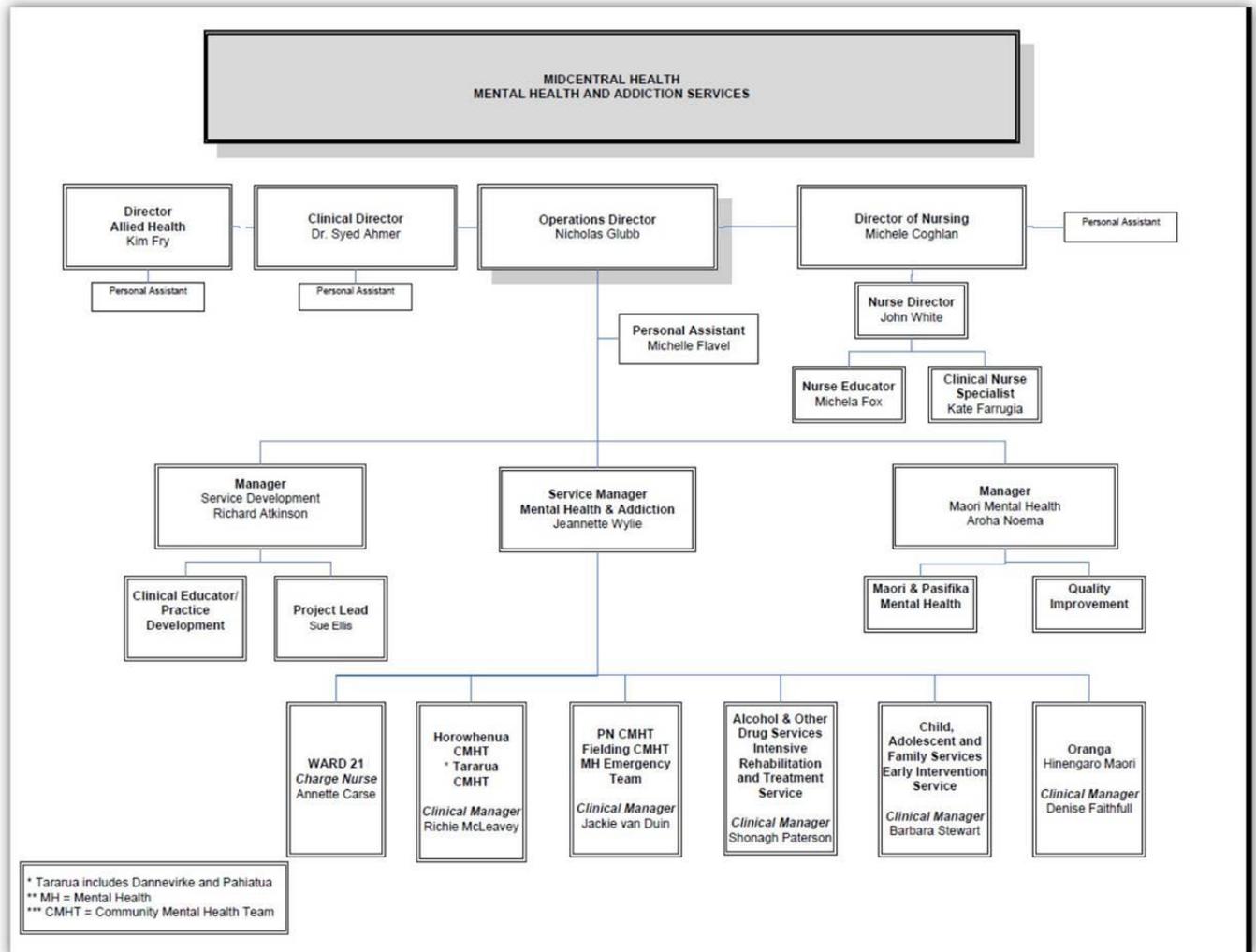
The **Intensive Rehabilitation Treatment Team (IRTS)** is based at 4 Rongapai Street some five minutes drive from Palmerston North Hospital. The team provides assertive outreach to a small group of adult clients with complex and enduring mental health needs. The service covers the MidCentral DHB district.

Early Intervention Services (EIS) are located with the Palmerston North Community Mental Health Team. The team provides intensive input to meet the needs of young people aged 14 to 24 years who are experiencing a first episode of psychosis.

Child, Adolescent and Family Mental Health Services (CAFs) are located on the Palmerston North Hospital campus with a permanent outreach clinic located with the Horowhenua Integrated Family Health Centre. The service meets the needs of 0 to 18 years old with moderate to severe mental health and substance misuse problems. Dedicated resources target the mental health needs of infants. A small team is co-located with education services in Palmerston North to meet the needs of children who are vulnerable to developing severe conduct disorders.

4.3 Organisational Structure

The following organisational chart sets out the current structure for mental health and addictions services across MidCentral DHB.



The work currently underway aims to make much clearer the lines of clinical and operational accountability that is not reflected in the current structure.

5 WORK PROGRAMME PROGRESS

5.1 Overall Approach

There are two parts to the work programme; firstly, some urgent actions crucial to patient safety and service delivery issues which need to be carried out immediately (Phase 1) and secondly, actions which require a more strategic approach and will be addressed in the medium to long term (Phase 2).

The Phase 2 actions will take a whole of system approach over time for the redevelopment of mental health services across the MidCentral DHB district. This includes the development of contemporary models of care across the service to support a service development plan for mental health and addiction services. This approach, which has been endorsed by the Ministry of Health, requires strong engagement with staff, consumers, families/whānau and the wider community.

The urgent initiatives under Phase 1 in relation to protecting patient safety are:

- Strengthening clinical leadership in Ward 21;
- Establishing the Mental Health Emergency Team on a 24/7 basis to support all mental health services;
- Restructuring leadership to ensure absolute clarity in terms of responsibilities and reporting lines within the mental health service; and
- Proceeding with the proposal for re-alignment of the Psychogeriatric Service with Mental Health Services – including a proposed restructure of nursing leadership across Ward 21 and STAR 1.

5.2 Immediate Changes

i. Strengthening clinical leadership in Ward 21

Immediate changes have been put in place with the nursing leadership of Ward 21. A senior registered nurse has been appointed as Interim Charge Nurse. Two Clinical Nurse Specialists are also dedicated to Ward 21 to support the Charge Nurse and focus on improving nursing practice, improving patient care and to secure patient safety. This change has been very well received and is making a positive difference for consumers and staff alike.

ii. Establishing the Mental Health Emergency Team (MHET) on a 24/7 basis

The external review recommendation was for the separation of daytime and out of hours acute responses is to be reviewed, given dissatisfaction with the current model.

A proposal for more staff in the team and a change to a 24/7 model for the service was developed and incorporated into the staff and union consultation phase. Up to four staff will be required during the day to fulfil these functions and enable the community mental health teams to focus on their core work providing planned care. It is anticipated that the daytime MHET will also provide the first point of contact for a psychiatric consultation-liaison service for Palmerston North Hospital and strengthen the linkages across clinical services.

Once the final decision has been made implementation will commence.

iii. Restructuring leadership to ensure absolute clarity in terms of responsibilities and reporting lines

The external review identified that staff expressed a lack of clarity about their reporting lines and knowing who is responsible.

The review team recommend adopting a clear single point of accountability and leadership for mental health and addiction services that sits at service level, reports to the Operations Director and is responsible for decision making in conjunction with clinical partners. The review team commented that there is no one managerial lead at service level, rather there are three managers at the level with separate responsibilities for operational management, service development and service-wide quality improvement as well as Maori/Pacific health.

Staff feedback has been collated and a final decision is pending before any implementation can proceed.

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

As previously reported this proposal is for the **Older Adult Mental Health** service to be incorporated within the Mental Health Service. The proposal is the subject of staff union consultation and the feedback is currently under consideration.

In relation to the utilisation of STAR 1, it is noted that there are a number of patients who are admitted under the care of the Elder Health physicians, where STAR 1 is considered appropriate. This proposal is not intended to change those arrangements.

A key benefit will be in the development of clinical processes and multidisciplinary team functioning between Ward 21 and STAR 1. The acuity and complexity of some STAR 1 patients requires an increasing input of comprehensive and psychiatric trained staff, better integrated with Mental Health Services.

More work is required to describe the combined service and clarify the reconfiguration of and interface between Older Adult Mental Health, Mental Health and Elder Health Services. The discussions have begun, to better inform the final decision.

5.3 Clinical Leadership and Partnership

The review team recommended the incoming Clinical Director be supported and mentored into this role, and that additional clinical leadership roles be established. It also recommended clear partnerships between the key professional groups within the service.

The Clinical Director plus Directors of Nursing and Allied Health are considering the implications of the review in terms of clinical leadership, governance and the interface across their respective disciplines, which is being considered in the proposal for changes to leadership arrangements subject to consultation currently. Both Director of Nursing and Director of Allied Health are currently developing responses to this recommendation, the focus being to ensure safe and effective care for patients across the service.

A new orientation pack for all new doctors joining the service is in development, taking into consideration the outcome of the review of serious adverse events and clinical practice within the service. It will contain clear minimum standards of care expected of all doctors working in the service.

5.4 Quality & Safety Processes

The review team made a number of recommendations covering the way in which root cause analyses are carried out at MidCentral Health, open disclosure and active learning, and the development of a plan for clear governance of quality and risk in the service.

Adverse Event Reviews

The Mental Health Serious Adverse Event Review Group have now completed retrospective reviews of all reported SAC 2 community deaths over the past 12 months. This included ensuring that clinical experts within the service, under the leadership of the Clinical Director, lead and approve all reviews in addition to identifying if there are any learnings, patterns or similarities, and ensuring these are acted on.

The reviews involved a review of the event triage information i.e. the timeline, risk assessment and adequacy of the mental health management plan. In most cases this then led to a further file review and discussion with clinical staff. In two cases corrective actions have been identified and actions to address these are in progress. A number of themes were identified which appear to be consistent across two or more cases. Ensuring appropriate staff training is available and taken up is a key overarching response to a number of areas where improved competencies and capability are identified as necessary. We will establish a process to ensure essential training is available continuously and compliance/attendance is maintained.

1. Risk Assessment

Risk assessments are not always undertaken or fully completed routinely at patient contact or seen as a critical tool to develop a management plan. This needs to be a mandatory requirement for all clinical staff with an immediate review of the policy and dissemination of this to all staff.

Plan:

- MDHB 255 Risk Assessment policy to be reviewed and all staff to attend mandatory education regarding requirements;
- A process to audit this will be developed.

2. Communication

There appeared to be a lack of proactive communication with some patients and families with at times a reliance on patients and families to contact the service. The communication from the service was in response to that, as opposed to the service having a plan about how/when to engage with families/whanau and significant others. Whilst there needs to be a balance with patients and families self caring, there also needs to be reliance on rigorous risk assessment which ultimately will lead to decisions regarding proactive communication.

Plan:

- MDHB 255 Risk Assessment policy to be reviewed and all staff to attend mandatory education regarding requirements;
- Based on risk and other assessment information a plan for patient/family engagement to be included in the management plan;
- A process to audit this will be developed.

3. Patient Contact

There is a need to increase face-to-face contact with some patients in the community rather than relying on phone contact. This again is reliant on rigorous risk assessment to determine the level and nature of follow up required. Thorough documentation is required for any patient/family communication/contact and/or expectations of the patient/family in relation to this.

Plan:

- MDHB255 Risk Assessment Policy to be reviewed and all staff to attend mandatory training;
- Based on risk and other assessment information develop a clear plan for patient engagement i.e. frequency and method is to be included in management plan;
- A process to audit this will be developed.

4. Physical Health Assessment

The focus of clinical and risk assessment appears to be on the presenting mental health problems and less consideration, if any, on physical health problems. Physical health problems often compound mental health issues and need to be assessed as equally significant in a timely way and on a scale relevant to the persons overall needs. This would include the need for referrals to other services within and beyond MidCentral Health and in some cases establishing shared care arrangements. Long term condition management also needs a far greater focus.

Plan

- Develop a directory of services that could be accessed for patient/family support.

5. Partnerships

Greater consideration is required with regard to options for patient/family support e.g. shared care, other providers, whanau ora navigators, patient/family social networks and general practice teams. The people that the patient is most reliant on or has a long standing relationship with are not always identified or included in care.

Plan

- Assessment process to include identification of other supports who could assist with management plan for patient and family.

6. Service Silos

The service appears to generally work in silos and does not take a shared care approach or consider what collaborative arrangements might better meet the needs of the patient. A patient can be seen in several teams without information being shared or a complex case management approach being taken. In the longer term this will require a co-design approach i.e. consumer partnerships to redesign services. In addition, the Phase Two service development plan should take models of service delivery into account.

The matters raised above will be included, where not already covered, in the wider Mental Health Review work programme with much of this already in progress.

5.5 Independent Clinical Review

The terms of reference for the clinical review into Erica Hume's care has been finalised between the reviewer, the family and the DHB. The review commences 17 November 2014, with a draft report expected by 31 December 2014. The matters relating to the terms of reference and conduct of the review into Shaun Gray's care are still to be finalised.

5.6 Medical Head Appointments

The two Medical Head appointments have been made, with both appointees commencing in the roles 13 October 2014. Dr Mona Ali has taken up the appointment for General Adult Mental Health, and Dr Olukayode Fayomi has taken up the appointment for Specialist Mental Health. Their responsibilities include day to day clinical leadership of their services and as well as delegated responsibilities to support the Clinical Director.

5.7 Actions to address the two Root Cause Analysis Reviews Recommendations

Both RCA reports are complete with recommendations confirmed and an action plan for each identified. Ownership for the actions has been agreed, with reporting on progress six weekly to the project board. The first formal reports are due 18 December 2014.

5.8 Workshop with Lead Clinician for External Review

Further to the request from the committee, Dr Gloria Johnson has made herself available for the workshop with committee and board members between the 25 November HAC and CPHAC meetings.

5.9 Ward 21 Facilities and Environment

All the immediate changes to the environment recommended in the facility review have been implemented. In addition consideration is being given to replacing door handles where they can be used in a suicide attempt. Arrangements have been made to trial a sample replacement before a final decision is made.

The CEO visited Ward 21 on 16 October to meet with the Charge Nurse and two CNSs to acknowledge their work in leading change in clinical practice and role modelling acceptable standards for staff.

The Project Team have approached the Kaumautua 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 have 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.

The nursing and medical leadership together are working on capping the Ward 21 bed numbers at 26, as previous practice of admitting everyone regardless of the ward already being full resulted in patients being placed in less than ideal settings. This resulted in both poor patient experience and increased the risks for both patients and staff. To support this a “dashboard” has been developed that is updated three times a day to provide information to staff across the service about bed availability, potential and actual admissions, planned and actual discharges, along with a real time update on the number of acute respite and inpatient beds available.

A number of initiatives are underway to enhance patient flow to support managing with 26 beds, including a focus on discharge planning from the point of admission, and identifying potential “stranded “ patients at an early stage, where specific work is required to facilitate discharge for individuals with complex needs. Also, proactive use of the Dalcam Healthcare Crisis Respite Service that opened in April, to ensure that patients who can be managed in

other settings get appropriate access to them. Ultimately consideration has to be given to other settings within Palmerston North Hospital, if appropriate, or transfer to another DHB. Since commencing this initiative in late October, one patient has been transferred to Hawke's Bay DHB, this occurred on the first day the beds were capped and at the time of writing had not been required since.

In mid November Ward 21 clinical leaders visited Whanganui DHB, spending time with the leadership of Te Awhina, Acute Inpatient Service, returning with very positive feedback on their experience and learnings. This is being summarised for presentation to the Project Board for their consideration and action.

Resourcing

Horowhenua Community Mental Health Team

In Horowhenua, the Community Mental Health Team resource has been increased by 20 hours per week as an interim measure to assist with acute/crisis workload.

Ward 21

As previously reported, since 2 October 2014 Ward 21 has had two Clinical Nurse Specialists dedicated to the ward to support clinical practice and safe patient care.

Co-Design Partnerships

MidCentral is increasingly adopting service improvement approaches which embrace the concept of co-design. This is about capturing and understanding consumer, family/whānau and health care providers' experiences of the healthcare system and then working together to improve them. The current Mental Health Review project is actively engaged with consumer and family/whānau representatives at this early stage and expects to expand the network as work proceeds.

The traditional view of the user as a passive recipient of a service is shifting to an alternative view of users as integral to the improvement and innovation process. Involving consumer, whānau/family and health care provider experiences of the healthcare system in service improvement and listening and responding to what they say should be a key part in the redesign of healthcare processes into the future.

Locally this approach is being adopted and efforts made to capture the consumer's broader experience, beyond asking what was good and what was not. Questions aim to find out details of what the experience was or should be like ("experience" being different from "attitudes") and the information then systematically used to co-design services with consumers. Knowledge of the experience, held only by the consumer is unique and precious.

When the co-design approach is working, consumers and users representatives are involved in stakeholder fora, they participate in discovery interviews, complete surveys, map healthcare processes and even contribute to the design of new hospitals with healthcare staff.

5.10 Dialectic Behaviour Therapy (DBT)

This specialist intervention, targeting the needs of clients who are vulnerable to self harm and risk of suicide, has been challenging to sustain after a number of clinicians originally trained to provide DBT have moved on.

The service continues to support the provision of DBT and four MH staff have been accepted to attend the 10 day intensive DBT training November 2014 and April 2015. Whilst it will take them time to consolidate new learning into practice, the increase in DBT capacity will ensure the ongoing sustainability of the program. Further, four of the existing foundation

trained DBT clinicians will be able to training in April for refresher up skilling to achieve intensively trained status.

These two initiatives will provide eight staff with a level of training consistent with established standards – this will enable patients accessing Palmerston North based mental health services significantly improved access. In addition a system will be established to track referrals and monitor and manage waiting times for patient indentified as requiring DBT.

In addition, a *Framing Personality Training* is being delivered over three one day modules by the Regional Personality Disorder Service to further support staff to develop evidence based practice in managing clients with challenging behaviours,. The final module is being presented in November. The training is being attended by 25 MH staff inclusive of staff from our inpatient services.

5.11 Electronic Clinical Records

The external review recommends that MidCentral DHB develop an Information Management plan for the mental health service including implementation of electronic clinical records.

Steps are underway to open up the clinical portal for mental health clinicians by the end of January 2015. Some lead in time is required in order to orient both staff and existing clients to the intended change which will see existing isolated mental health record systems replaced by electronic records which will provide much easier access to health records for both clinicians within the mental health service and in the general hospital.

The clinical portal contains information on:

- Clinic letters
- Discharge summaries
- Lab reports – fed from Medlab
- Access to radiology reports and films (from RIS and PACs)
- Blood transfusing information
- Specialist information – e.g. lung function reports
- Patient demographics – fed from Homer
- All admission, discharge, transfer information - fed from Homer
- National alerts and allergies

The intention is that all clinical staff will have access to mental health records, subject of course to the usual requirement to have a good reason to do so and to access only the information that is relevant to their responsibilities. In this context clinical staff means all nurses, doctors and allied health staff as well as GPs and Community Pharmacies.

Some clerical staff have access to the portal currently e.g. clinical coders, clinical records staff and booking clerks and these will also have access to mental health records. Access is tightly managed for this group. We are working with Information Services to explore a “Break Glass” security system for monitoring access to mental health records.

5.12 Meeting with Waikato Mental Health Service Leaders

A Project Board delegation will visit Waikato DHB on 21 November 2014 to gain first hand insights into the comprehensive mental health service development plan undertaken there in recent years. Preceding that visit a teleconference was held on 9 October which enabled

preliminary discussions to occur with the Waikato DHB leads - Jeff Bennett GM and Dr Rees Tapsell Clinical Director for Mental Health & Addiction Services.

Both emphasised the importance of persistence in exercising the mandate for change and tenacity in managing the challenges, both internal and external plus the importance of advocating for service users, having passionate committed leadership and establishing a clearly defined model of care. They pose a telling question: Is what you are seeing a reasonable service response that you would trust for your own mother?

The learnings from Waikato and other DHBs will form part of an information gathering process as the Project Board prepare for Phase 2, the long term mental health and addictions service plan for MidCentral, and to seek formal peer review of our plan.

GENERAL

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

There are a number of developmental activities that in train, these are continuing to be supported and the work will be incorporated over time into the wider service development plan for the service. They are included for completeness.

6.1 Open Disclosure

Open disclosure training for all staff who lead or are involved in open disclosure has been scheduled for February 2015. Priority for attendance will be given to Mental Health and Addictions staff prior to other MCH staff.

6.2 Code of Health and Disability Consumer's Rights (The Code)

A seminar regarding the code was held in October and was very well attended by Mental Health and Addictions Service staff. In addition ready reference cards have been printed and will be provided to all staff.

6.3 Engagement with Central PHO

Central PHO Clinical Board has corresponded via our Chief Medical Officer in support of the current mental health review following extensive and passionate discussion about the relationship between primary and secondary mental health services in MidCentral at their last meeting.

They note that there is an urgent need for primary and secondary mental health clinicians to develop highly functional working relationships in the face of a widening mortality and morbidity gap for patients experiencing mental health and addiction problems. They extend a commitment to prioritising mental health and addiction integrated pathways and developing communication and understanding with secondary care services. This generous offer will be actively followed up.

6.4 Shared Care, Secondary Mental Health and Addiction Services and PHO

The *Shared Care Model* supports clients to access subsidised primary health care and develop an ongoing relationship with a primary care provider whilst transitioning from secondary to primary care. It supports a principle that the client is able to rapidly access secondary services care at any time if the need arises.

There has been an increase in the placement of secondary care general adult MH and AOD clients on to the shared care program, from a total of 168 at July 2012 to 440 at July 2014. The total on the program now exceeds the 600 originally funded places, with approximately one third of clients being on the secondary service opioid substitution program.

The general adult services shared care clinician continues to offer regular clinics at Radius Health Centre with a steady increase in access for assessments.

6.5 Improvements in Accessibility and Capability of Mental Health Services

The Choice and Partnership Approach (CAPA) model has been embedded in the Child Adolescent Mental Health Services for some years, with the model now having been implemented across adult Community Mental Health teams, Maori MH and the Alcohol and Other Drug Services. This tool is excellent for matching demand to available capacity and for ensuring access to a face to face initial appointment where assessment and treatment options can be considered.

The intention is to implement CAPA as the over arching mental health service model with the goal of ensuring that there is consistency in its application across the whole of service and with associated documentation.

Another piece of work is underway to ensure that assessment formats are appropriate for co-existing mental health and addiction disorders also. A meeting was recently held with Te Pou, the MH and Addiction Workforce Development Agency to seek their support in that respect. A self assessment tool for clinicians to measure their competency for co existing practice has been accessed with the intent of rolling out in the early New Year.

6.6 Single Point of Entry Adult Mental Health and Addiction Services

A Single Point of Entry (SPOE) to the service has been implemented in the Palmerston North, Horowhenua and Tararua community mental health teams. Overall capacity of the SPOE team is being increased so that the model can also be rolled out in Feilding, Oranga Hinengaro, Alcohol and Other Drug and Child, Adolescent and Family MH services. The *Single Point of Entry* model provides:

- A single, streamlined process for all referrals into the secondary mental health service;
- A more tailored responses to individual needs;
- A responsive booking system;
- Support between referral and assessment;
- Improved access to secondary mental health.

The function of this part of the service will be considered in the final decision around the MHET Team as a 24 point of access for acute/crisis situations.

6.7 Single Point of Entry Child Health Services

Regular meetings between Child, Adolescent and Family Mental Health Services *well child* service paediatricians and the Child Development Unit are now established. These meetings provide an early integrated triage of referrals where it is unclear as to which service may provide the best match of skills to meet the needs of the child and their family.

The establishment of one integrated Child Health Record for MidCentral Health's Child Health Services (including Child, Adolescent & Family Mental Health, paediatrics and child development services) is to be scoped as per the Maternal; and Child health Annual Plan.

6.8 Project to Support Harm Minimisation for People Experiencing Addiction Problems

A project to confirm the approach for provision of service for clients under the Opioid Substitution Treatment (OST) program is nearing completion. The approach will look to ensure easy access, facilitate stabilisation and support transition to primary provision of care.

6.9 Introduction of Training in Group Intervention

Matua Raki, the addiction sectors workforce development agency is supporting 20 clinical staff to access four days introduction to working with clients via group interventions.

The Alcohol and Other Drug service has now embedded into practice a four session group intervention for new clients coming into the service which focuses on providing education and developing the motivation required to overcome addiction. A further eight session group therapy intervention will commence in early November with the objective of teaching clients mindfulness skills and relapse prevention strategies.

Our Child Adolescent Mental Health Service has well established groups available as part of the services treatment options, inclusive of, supporting children to develop social skills, and adolescent groups. A group intervention to support children and their families to manage anxiety is planned to start shortly.

6.10 Suicide Prevention

Subsequent to communication from the office of the Deputy Director General of Mental Health to all District Health Boards in late May 2014, outlining the expectation of DHBs to develop both pre and postvention suicide plans, a number of meetings have been held between representatives from Public Health, Secondary Mental Health and Funding Portfolio Manager to support the development of an integrated services response to meet the ministries expectations. Secondary Service MH and Public Health personal will attend a further workshop facilitated in early December by funding to further review the draft plan

The Clinical lead from Child, Adolescent and Family MH (CAFs) service continues to work in partnership with the Public Health Unit to provide training for both health staff and those working in other sectors concerning the detection and management of people at risk of suicide, recent workshops targeting WINZ staff and public health nurses.

6.11 Suicide Triage and Risk Management Training

Advanced Suicide Triage & Risk Management trainings, facilitated by QPR New Zealand were held on 18 August and 7 October attended by a total of 52 registered nurses with 30 percent of those attending being from our MH inpatient ward. Other places on the training were allocated to both specialist and general mental health teams and nurses from the Emergency Department and Elder Health. The response to the training has been highly favourable with further training to be held in early December being open to both RNs and Allied Health.

6.12 Support for Emergency Department Staff to Screen Self Harm/Suicide Risk Presentations

A manual, paper based, suicide risk assessment screening tool is in place to support ED staff to refer people at risk of suicide or with self harm behaviours to the appropriate specialist service. At this time an electronic screening tool does not exist to capture data but meetings are underway with MH, ED and Data Quality Services to develop an electronic system from which reports can be drawn.

6.13 Legal Highs

Mental Health and Addiction services are working collaboratively with the NGO sector, Central PHO, Public Health and representatives of other government agencies to raise awareness of difficulties people experience related to legal highs. Over the past two months the numbers presenting to the secondary service associated with legal high use withdrawal have been minimal. A small increase in presentation of methamphetamine problematic use has been reported. The situation continues to be monitored notwithstanding recent legislative changes to minimise the supply of legal highs.

Alcohol and Other Drug Measure (ADOM)

The object of this tool is application is to measure client progress against a benchmark assessed at the point of first contact with the service. The service continues to work with information systems and our data quality team to ensure we are prepared to report on our utilisation of the measure when reporting becomes mandatory from June 2015. Information systems advise that this work will be prioritised.

6.14 Child and Adolescent Mental Health

The Ministry of Health now requires all CAF services to report against the number of young people transitioned from secondary services to a primary provider with a completed transition plan.

The *My Transition Plan*, includes early warning signs, identifies key contacts and has been incorporated into the structure of CAF services first point of contact CHOICE appointment. A process has been established whereby no young person is to be discharged from CAF without a transition plan to primary care being completed.

The service is working with the planning and quality information department at MidCentral in order to better manage data collection with a view to supporting monthly reporting on how many young people have been transitioned under this plan.

6 NEXT STEPS

- Feedback to staff and unions on the submissions they contributed during the Phase 1 Proposal for Consultation;
- Make final decisions in respect of the proposals contained within the *Proposal for Consultation*;
- Commence change management processes with staff (if any);
- Meet with Waikato DHB mental health and addiction service leaders and commence the development of a service development plan framework;
- Receive preliminary recommendations from the Kaumatua Group;
- Progress the Co-Design partnership concept; and
- Establish process to ensure essential training is available continuously and compliance/attendance is maintained.



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Clinical Director



Michele Coghlan
Director of Nursing

Mental Health Review Work – Update to HAC - Work Programme (week ending 3 October 2014)

Action No.	Action	Milestones	Completion Date	Responsibility	Progress against milestone
	Governance				
1.	Support Clinical Director	Internal mentor established	15.8.14	Chief Medical Officer (CMO)	Completed – Ken Clark to be internal mentor
2.	Medical Heads appointed	Positions developed and job descriptions prepared	29.8.14	Clinical Director (CD), Operations Director (OD) & CMO	Completed. Job descriptions agreed and finalised
		Expressions of interest sought	12.9.14	CD Director of Nursing (DON) Director of Allied Health (DAH)	Interviews completed and offers made 3.10.14
		Appointments Made	13.10.14		Appointed and commenced 13.10.14
3.	Clinical Governance	Review the clinical governance structure and forums within the mental health service and sub-specialties, including clinical leads for all services	15.9.14	CD OD DON DAH	Incorporated into proposal being finalised (as per Action 4 below)
	Structure				
4.	Review service structure and reporting arrangements <ul style="list-style-type: none"> • service management • clinical leadership • medical • clerical • nursing • allied health • clinical leads for all services 	Meet with unions to discuss Work Programme Review structure and if changes are deemed necessary develop a proposal for consultation Issue proposal to for consultation/feedback (including unions)	12.9.14 19.9.14 26.9.14	Manager, Human Resources (HR), CD OD DON DAH (others as appropriate)	Meeting with union held 16.9.14. Structure Reviewed – agreement that changes are required Proposal developed and finalised for consultation with unions and staff on 3.10.14: 1. 24/7 MH Emergency Team 2. Clarify reporting lines-

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					Service Manager, CEPD 3. Integration of psychogeriatric service with Mental Health 4. Ward 21 leadership
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	19.9.14	CD DON OD	Included in proposal which is subject of consultation with unions
		Determine proposed model of care	19.9.14		24 hour Emergency team confirmed
		Incorporate into "service structure review" proposal as per (4) above, and undertake consultation process	As per (4)		This was included in proposal as per Action 4 above) and staff consultation has been completed.
	Culture				
6.	Culture change programme	Reaffirm mental health vision	19.9.14	CD,OD,DON	Project team drafted a values paper to create a starting point for the culture change programme. Now for wider review. Discussions held with Te Pou re running workshops in the new year.
		Reaffirm mental health values	19.9.14	CD,OD,DON	As above
7.	Support timely decision making	Establish mental health team meetings	30.9.14	CD,DON,OD	The stock take has been completed. A MHA connectedness memorandum was tabled at the last Project Board meeting. Discussion followed on priority areas for including MHA representation.

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	Quality & Safety Process				
10.	Review quality and safety considerations	Formally request Patient Safety & Clinical Effectiveness to consider review team's findings and to develop a plan of action	28.8.14	DPSCE	Completed
	RCA process & membership	Clinical board advised of approach	2.9.14	DPSCE	Completed - approach being developed for finalisation in December 2014
		Serious and Sentinel Event Group to commence review all reported adverse events as an opportunity for service improvement	3.10.14	DPSCE	Completed
		Patients and families are routinely informed of adverse events which affect their care	3.10.14	DPSCE	Procedures are now in place to ensure that this reliably occurs.
	Ward 21 Facilities and Environment				
12.	Upgrade facilities	Commission independent assessment by Waitemata DHB staff	14.8.14	OD	Completed.
		Review recommendations and identify "immediate action" items	5.9.14	OD,DON,CD	Completed
		Arrange implementation of immediate action items	14.9.14	OD	CAPEX approved and work instructed – for commencement 29.9.14. Since completed.
		Re-iterate with staff process for requesting maintenance work	19.9.14		Completed. Memo sent to Ward 21 staff on this matter.
16.	Staff injuries	Meet with unions regarding review findings, action plan, and process for staff injury reporting	12.9.14	HR	Completed. These matters were included in meeting with unions 15 October.
	Resourcing				
19.	Electronic record	Ensure mental health service represented on	30.9.14	OD	Meeting arranged for CD

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		WebPAS steering group (as WebPAS the organisation's long term solution)			& Project Manager with IS on 11 November.
	Additional Comments				
20.	Independent clinical review	Approach suitably qualified senior clinician	22.8.14	CMO & OD	Psychiatrist confirmed
		Identify reviewer	5.9.14		Confirmed
		Establish terms of reference	5.9.14		TOR 1 st Draft drafted
		Inform families & seek feedback	12.9.14		Correspondence with families sent 19.9.14
		Finalise ToR	17.9.14	OD, CD & DON	Hume review feedback incorporated and finalised Gray Review still under consideration
		Provide information to reviewer	19.9.14		Hume Review information provided
		Arrange site visit, access to staff, family, etc as required	19.9.14	PL	Commenced for Hume Review, draft report due 31 December
21.	Incident reviews	RCA review teams review findings for evidence of common factors between deaths	17.10.14	DPSE	Completed. The clinical review group have undertaken this work and a report went to the Project Board meeting 6 November.
21.	Incident reviews	Review RCA findings and independent review findings and determine policy and other process changes required	17.10.14	DPSE	Under consideration currently – while awaiting clinical review outcomes
23.	Vision, values for MCH	SMT consider approach going forward	23.9.14	CEO	A draft paper has been prepared for discussion and more work has since been undertaken to include the MDHB vision and directions as

Action No.	Action	Milestones	Completion Date	Responsibility	Progress against milestone
					contained in the current Annual Plan.
	Project Approach & Review				
24.	Resourcing	Establish dedicated project lead resource(s)	29.8.14	OD	Brad Grimmer approached and agreed in principle for confirmation 29/8/14 –confirmed and in place 8.9.14
25.	Review	Make arrangements for review team to return in 12 month's time to evaluate implementation of recommendations	29.8.14	OD	Gloria Johnson agreed to return in 12 Months
	Other activities				
	Communication Plan	First Draft of detailed plan of communications and reporting – internally and externally	29.8.14	OD	Completed with input from HR, and Comms
	Seek Review Team's preparedness to meet Board	Contact Gloria Johnson to explore possibility	29.8.14	OD	Completed and confirmed
	Engage with MH clinical leaders	Canvass initial response to report and consider feedback in relation to future service planning	4.9.14	Project Board	Complete
	Engage with staff	Canvass initial response to report and consider feedback in relation to future service planning	4.9.14	Project Board	Complete. Meetings with staff have been held across all services
	MH Service Review addressed at HAC	HAC requirements to be incorporated into Work Programme	9.9.14	Project Lead	Completed and any requests are now incorporated into work programme
	Consumer for Project Board	Identify and Confirm	12.9.14	Project lead	WDHB Consumer Advisor confirmed
	Review resource needs for Project Board	Identify competent project managers to support work programme	12.9.14	OD	Further internal project resources identified and confirmed
	Clinical Director MHA to visit Waitemata DHB.	CD to meet with Gloria Johnson CD to discuss Waitemata MHA models of care with senior clinicians CD to seek feedback on MH Review Work	12.9.14	CD	CD visit 11.9.14 and reports productive visit with excellent learnings gained. Gloria Johnson to

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		Programme			feedback in writing
	Consider process for consumer input to Project Board	Recommend suitable consumer for Project Board	19.9.14	Project Lead	Contact to be made with WDHB Consumer Advisor – appointment of Frank Bristol confirmed.
	Engage with Wanganui DHB	Review initial visit to Wanganui MHA service to view innovations as per HAC request to inform future service planning (note: visits to other DHBs also being planned)	30.9.14	Project Lead	Key findings to be summarised both to inform our review process and also to provide feedback to HAC committee.

	Action	Key activity	Completion Date	Responsibility	Outcome
	Additional Items				
21.	Incident reviews	RCA review teams review findings for evidence of common factors between deaths	17.10.14	DPSE	Completed. The clinical review group have undertaken this work and a report went to the Project Board meeting 6 November. Currently under consideration
23.	Vision, values for MCH	Vision, values, culture programme for MCH developed	28.10.14	CEO	A draft paper has been prepared for discussion and more work has since been undertaken to include the MDHB vision and directions as contained in the current Annual Plan.