Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

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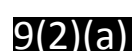
11 June 2019



RE Official Information Act request CDHB 10104

I refer to your email dated 14 May 2019 requesting the following information under the Official Information Act from Canterbury DHB.

- **All Canterbury DHB reports and presentations given to WorkSafe since December 5 last year. This should include, but not be limited to, a presentation named "WorkSafe 161218.pptx" discussed by Toni Gutschlag and David Meates on December 16 2018.**

Please find attached as **Appendix 1** information sent to WorkSafe since 5 December 2018. We have redacted information under section 9(2)(a) of the Official Information Act i.e. *"….to protect the privacy of natural persons, including those deceased".*

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

From: Toni Gutschlag
Sent: Wednesday, 19 December 2018 1:47 p.m.
To: 9(2)(a) @worksafe.govt.nz
Cc: Tania Beynon <Tania.Beynon@cdhb.health.nz>
Subject: WorkSafe 171218.pptx

Kia ora 9(2)(a)

My sincere apologies for the delay in sending this through to you, the days are getting away on me!

Thank you again for your visit this week., Tania and I are looking forward to working with you 9(2)(a) in the new year.

If you have any questions about the presentation please don't hesitate to contact us.

Kind regards
Toni

Toni Gutschlag
General Manager - Mental Health

Canterbury District Health Board
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| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: toni.gutschlag@cdhb.health.nz

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Specialist Mental Health Services
Canterbury District Health Board

Toni Gutschlag, General Manager - Mental Health
Tania Beynon – Head of Wellbeing, Health and Safety

DHB Context

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- District Health Boards (DHBs) are geographically focussed Crown Entities established under the New Zealand Public Health and Disability Act 2000.
- DHBs plan, manage, provide and purchase health services for the population of their district
- DHBs shall be deemed the provider of last resort in all circumstances – for example, when a third party contractor fails to provide or deliver care. In circumstances in which a DHB is required to act as the provider of last resort, the Ministry will work with the DHB to assess the implications, including the impact on the provider arm, and to agree service delivery plans.

Canterbury DHB

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- CDHB is the second-largest DHB in the country in terms of area and are responsible for the second-largest population—an estimated 558,830 people or 11.6% of the total New Zealand population

Specialist Mental Heath Services (SMHS) operate in top 2 tiers

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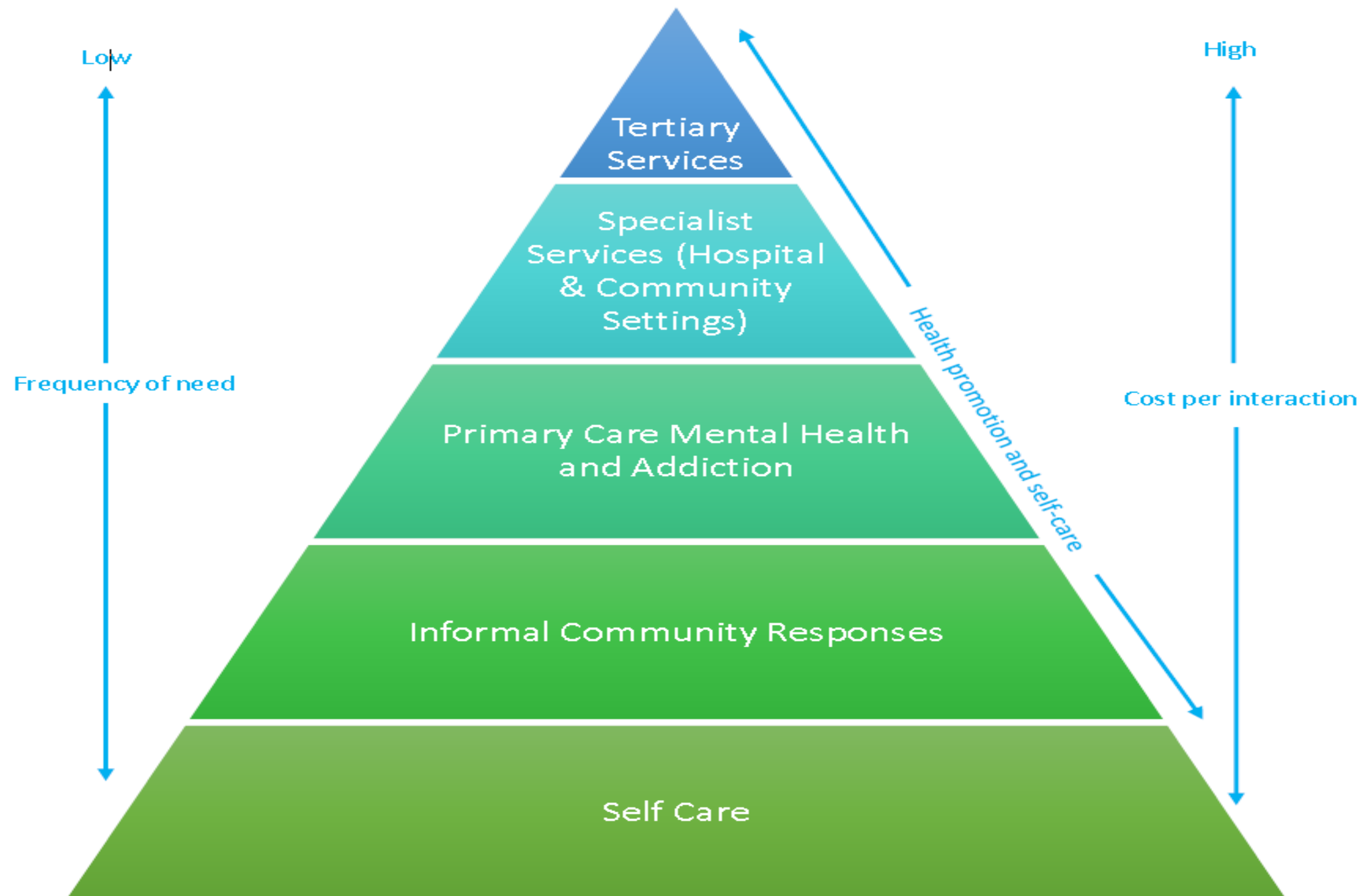

Specialist Mental Health Services

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- 200 inpatient beds
  - National – Adult forensic
  - Regional (South Island) – Eating Disorders, Maternal Mental Health, Child and Youth, Medical Detoxification
  - Local – Adult acute, Psychiatric Service for Adults with Intellectual Disability, Rehabilitation/Extended Care
  - Hybrid – Secure/Forensic service for Adults with Intellectual Disability has local and national/regional elements.

Specialist Mental Health Services

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- Approx 5000 patients under care at any one time.
- Vast majority of our work is outpatient based.

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Safe Practice Effective Communication

What is SPEC

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- Launched in November 2016
- Aims to provide national consistency in use of evidence based therapeutic interventions to reduce restraint and seclusion
- A national training package supporting best and least restrictive practice
- Training covers: rationale for restraint minimisation, communication and de-escalation strategies and working collaboratively. Also includes personal restraint and breakaway techniques.
- National SPEC Collaborative Governance Board oversees the implementation and development of SPEC across NZ

SPEC is working towards:

- Emphasising prevention and on therapeutic communication skills and interventions that reduce incidence of restraint and seclusion
- Elimination of flexion based (painful) holds
- Elimination of prone positioning (ie lying faced down on floor) which has asphyxiation risk
- Elimination of injuries to staff and to service users
- Improved national oversight of restraint through consistent national reporting

Why is SPEC important?

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- Using restraint can cause trauma, injury and severe emotional distress for service-users and for staff.
- What is restraint? " the use of any intervention, by a service provider, that limits a patients normal freedom of movement" (Stds NZ, 2008) Within MH setting mainly physical (use of force), chemical (forcibly given medication), or mechanical (use of restraining devices). Restraint is used to prevent harm to an individual or limit an individuals ability to harm someone else.
- What is seclusion? A practice where a service user is placed alone in a room or area at any time and for any duration, from which they can not freely exit (MoH, 2010)
- Staff express concern re safety related to restraint and seclusion reduction initiatives, however within the literature, those organisations who implemented S/R reduction projects also reported a decrease in staff and service users injury rates.

Why is SPEC important?

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- International push to reduce seclusion and restraint practices because they are detrimental to service user's recovery.
- Drive by Ministry of Health – S/R recognised as more traumatic than therapeutic for both service users and for staff.
- Use of seclusion in NZ concerning – length of time in seclusion and Maori and Pacifica are secluded more frequently than Pakeha
- "patients perceive seclusion negatively and staff perceive it as therapeutic or vital…" (Van Der Merwe et al, 2013, p. 203)
- Essential to ensure staff safety and honour policy to minimise coercion in mental health facilities.
- Workforce development is an essential factor in reducing violence and aggression = SPEC

Mental Health Act

Mental Health Act

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- MHA is used when someone refuses treatment AND has a mental disorder as defined by the act AND poses a serious risk to themselves or others due to the mental disorder.
- at any point in time approx 400 people are treated under the MHA, most of those in the community.
- use of the act is closely monitored at national level by the Director of MH and is policed by the district inspectors (see later slide)
- Patients can challenge being under the act through a court process or via the MH review Tribunal.

Number of people under SMHS care continues to increase

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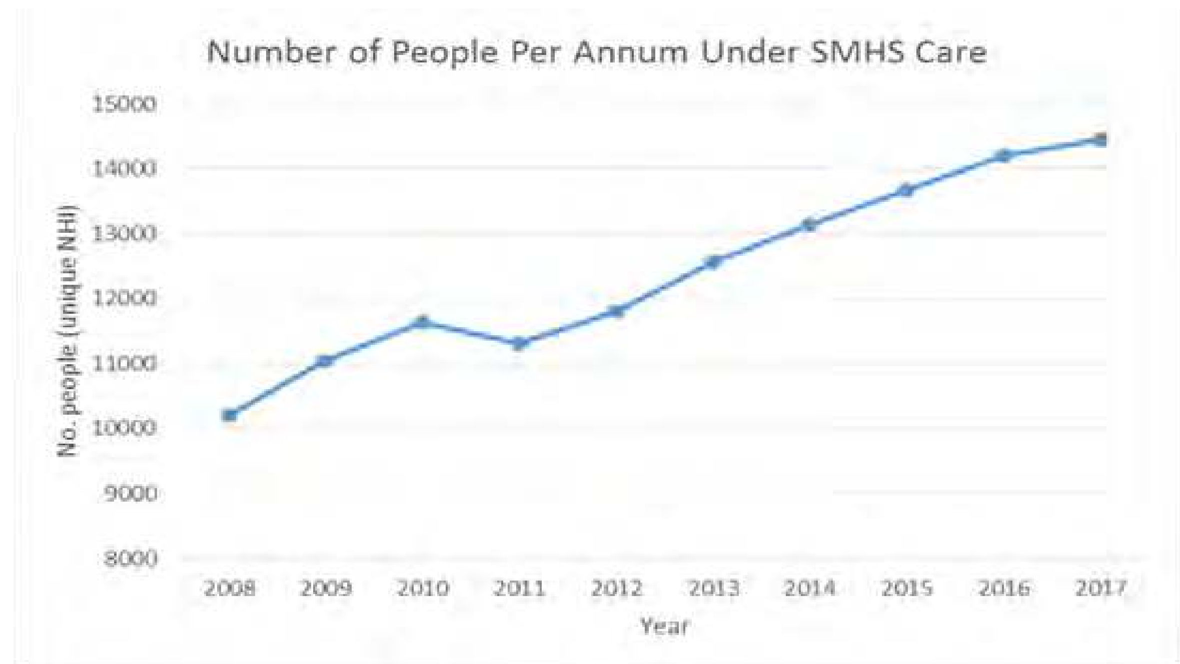
Year	No. People
2008	10208
2009	11040
2010	11640
2011	11315
2012	11801
2013	12567
2014	13131
2015	13681
2016	14209
2017	14461



New Adult Community cases continue to increase

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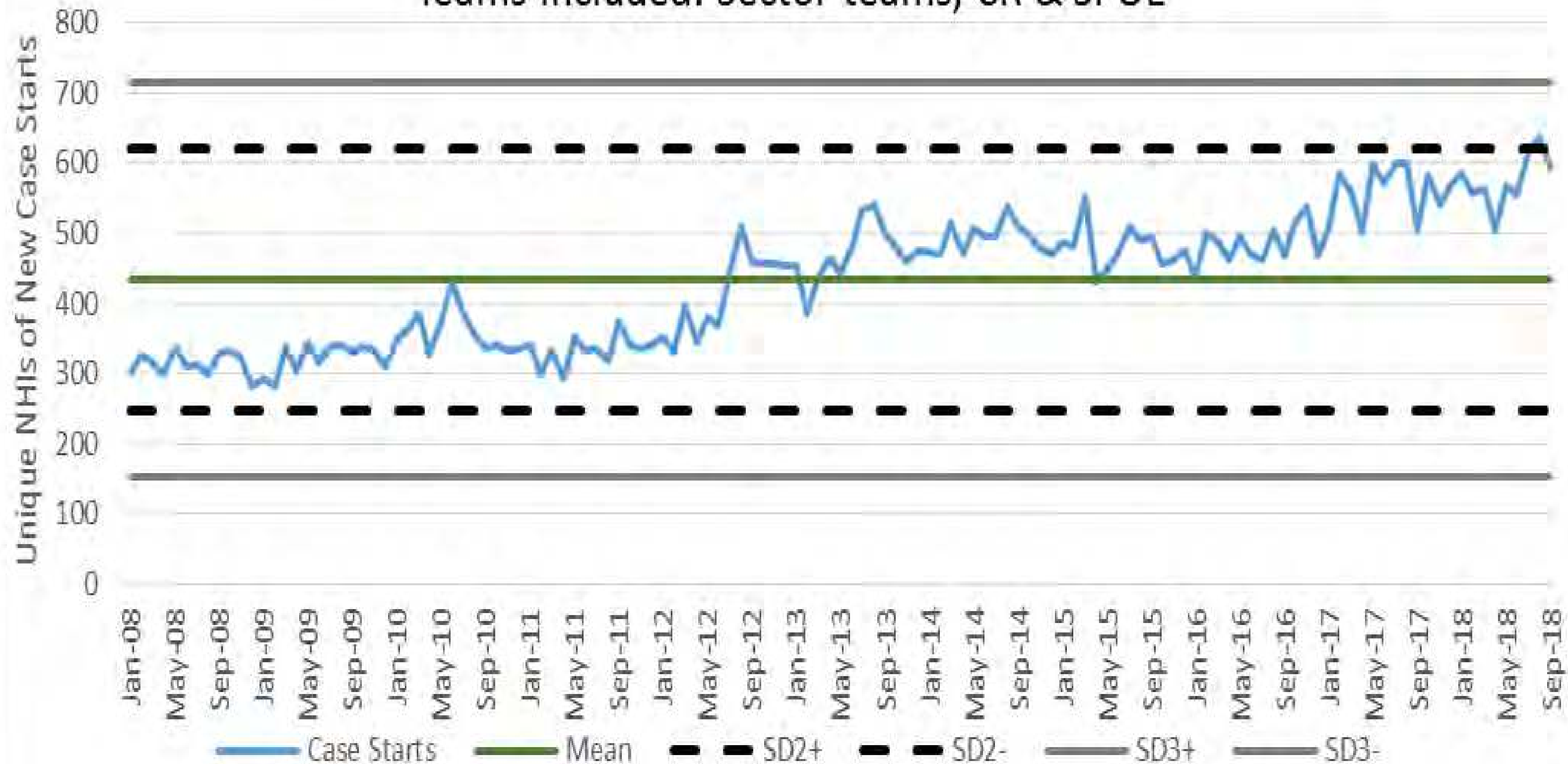

Te Awakura

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- 64 bed inpatient service
- Up to 12 beds high care capacity within this
- Building remodelled in 2012/13
- New model of care introduced when building completed

Statistical Process Control charts

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Notes to accompany the following Statistical Process Control charts

The graphs below is a statistical process control chart from the application “Signals from Noise.” The green line is a mean that SFN predicts based on past data. The outer red lines are set three standard deviations from the mean, so 99.7% of data would be expected to fall between the two red lines. The data is shown in blue. A run of eight or more data points above or below the expected mean is shown in red or green respectively to indicate a statistically significant change from the regular trend.

Te Awakura occupancy statistical process control chart

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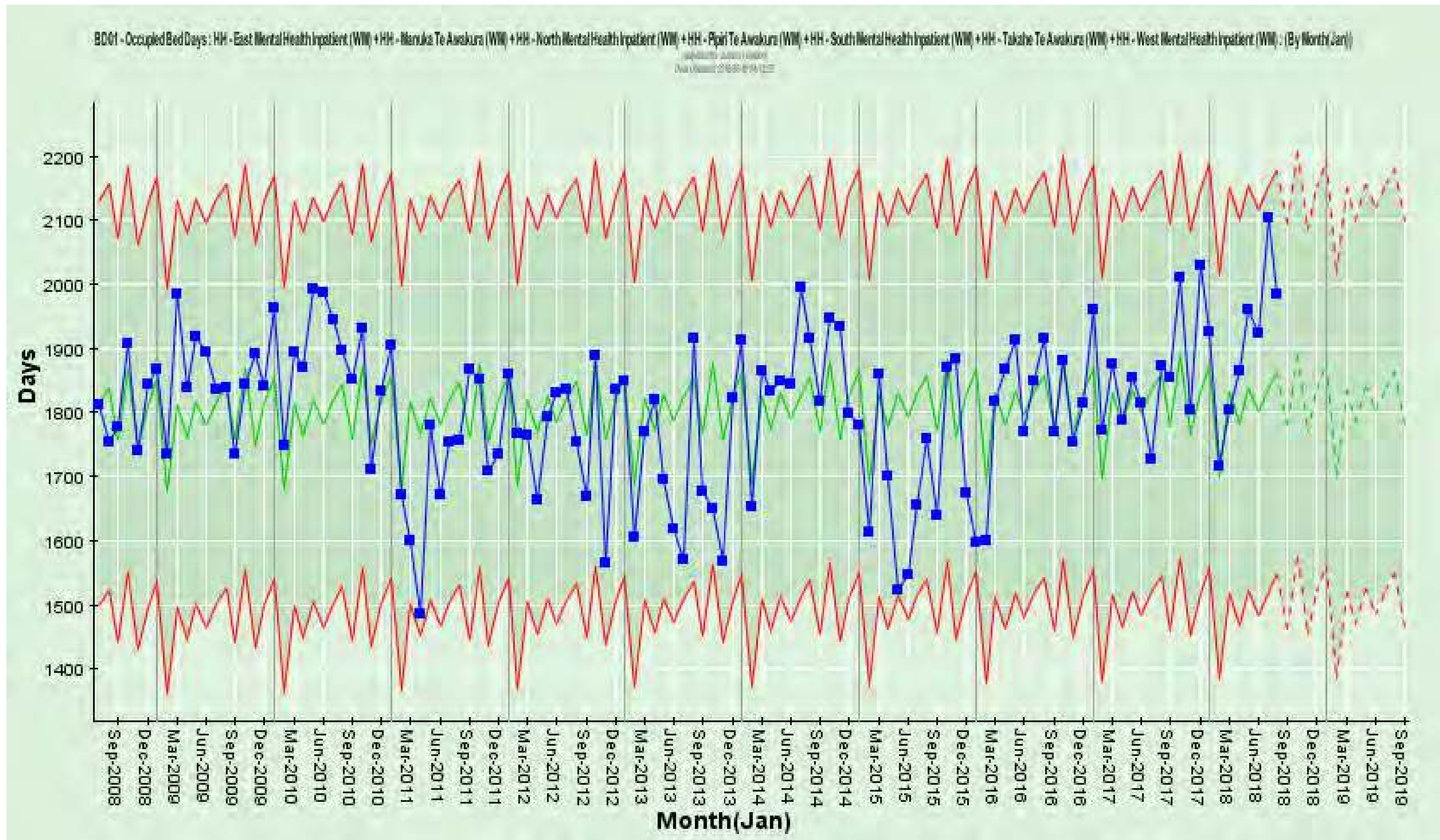

Te Awakura admissions statistical process control chart

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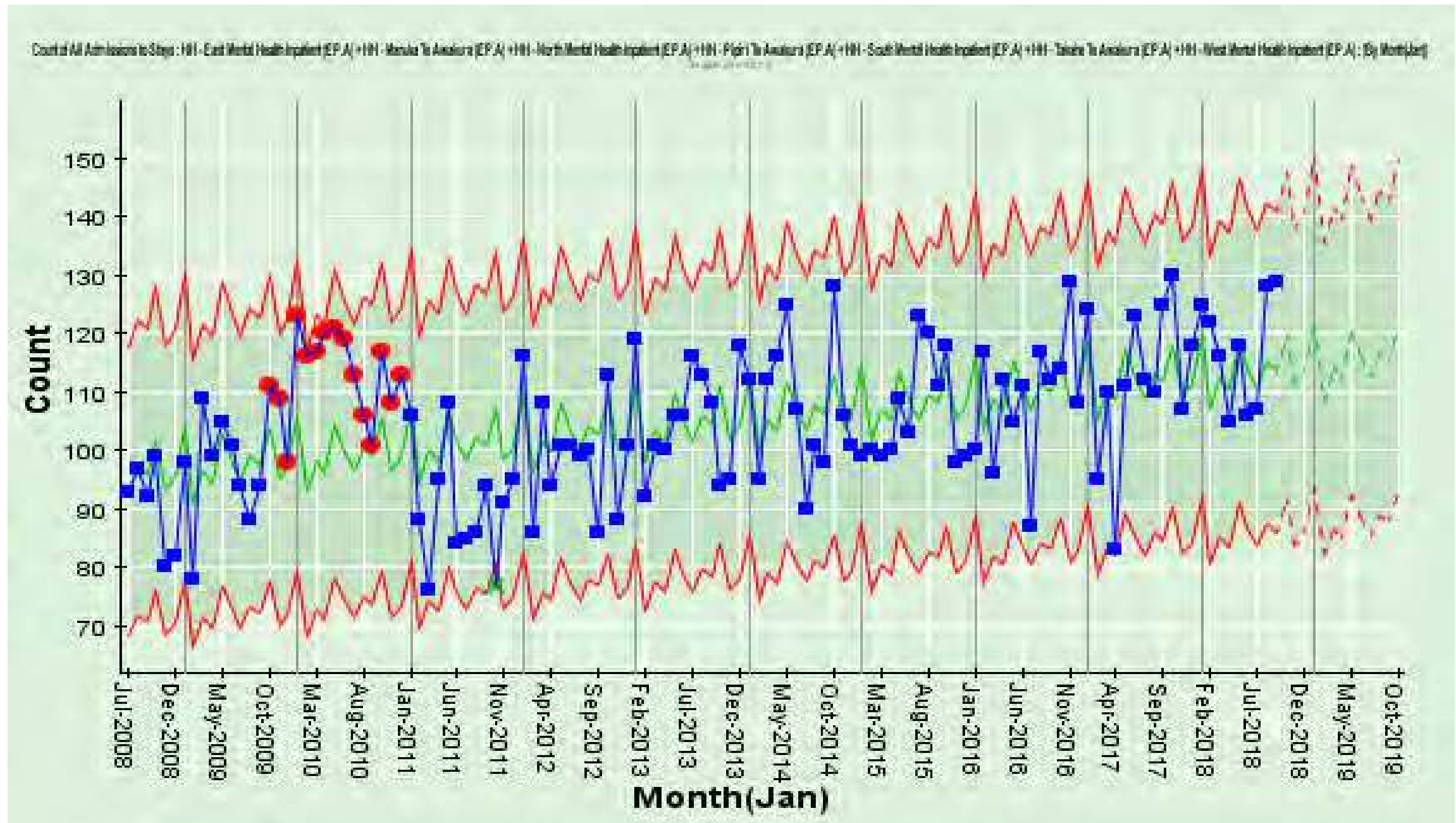

Te Awakura patients under care and sleep overs

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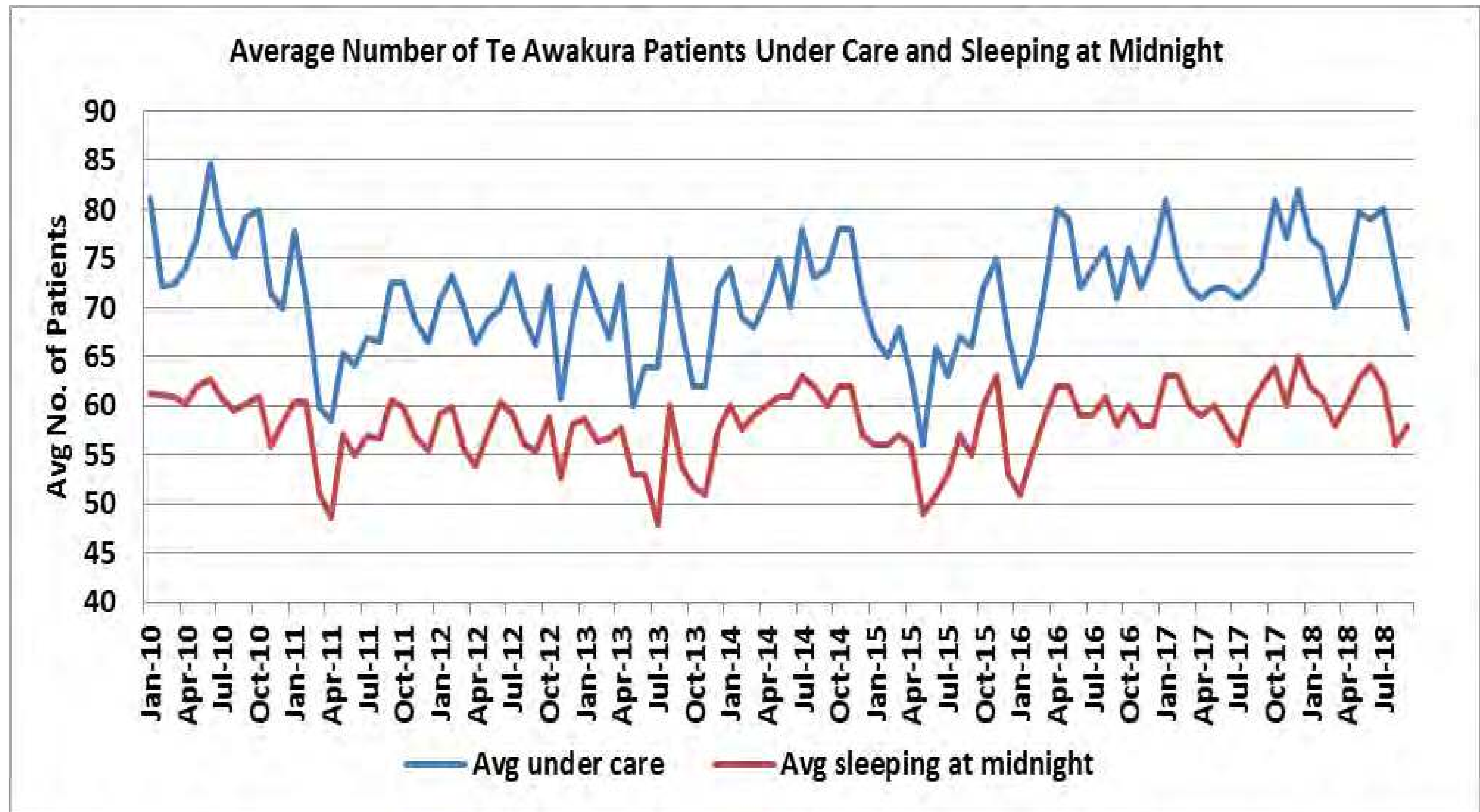

Te Awakura – seclusion has generally trended down

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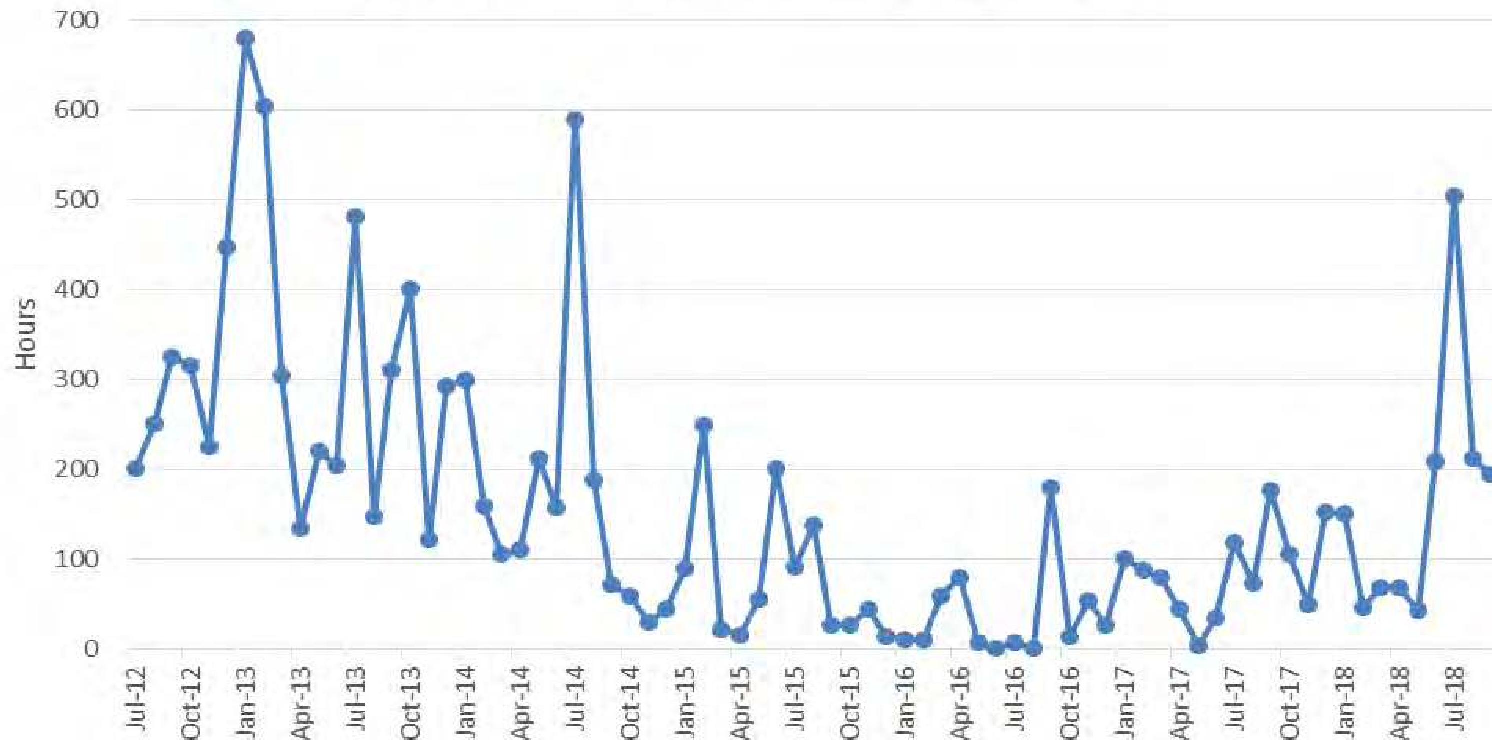

SMHS entry pathways

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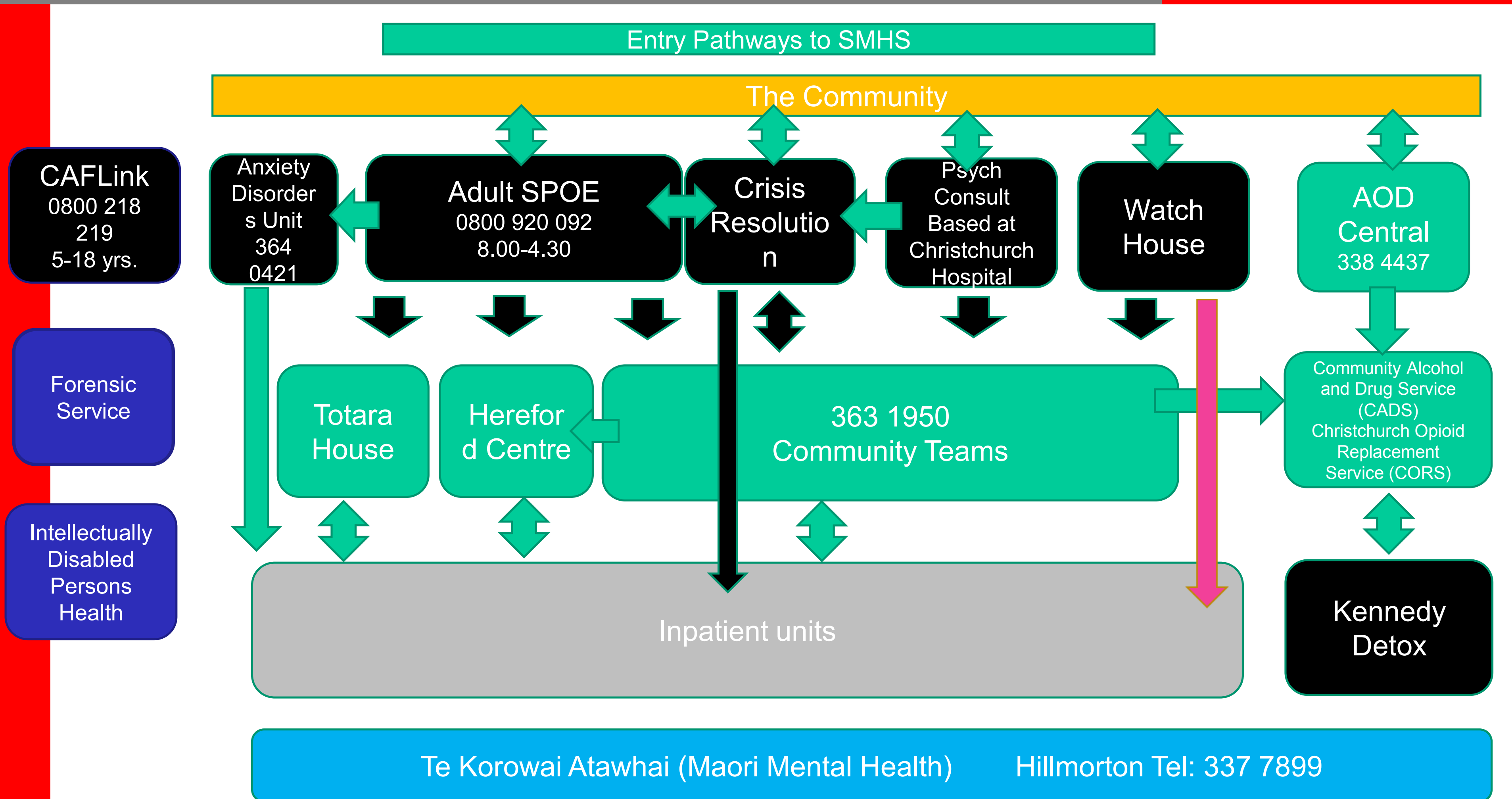

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AT&R

- Directly contracted by the Ministry of Health, two contracts:
  - AT&R for people with intellectual disability and severe behavioural challenges, sometimes we close off admissions for this group of patients into AT&R.
  - IDCC&R for people with intellectual disability that have committed an offence and subject to compulsory care order under IDCC&R Act. (Court directs these admissions, no ability to decline)
- 10 physical bed inpatient service (only able to utilise 6)
- Occupancy mostly influenced by ability to mitigate risks elsewhere in the system
- Environment significantly impacts on ability to provide safe care
- 4 new 'pods' being developed, completion 2020. Will enable individual patients to have the space they need, in a safe environment.
- A pod was created for a single patient and incidents significantly reduced following that.

AT&R occupancy

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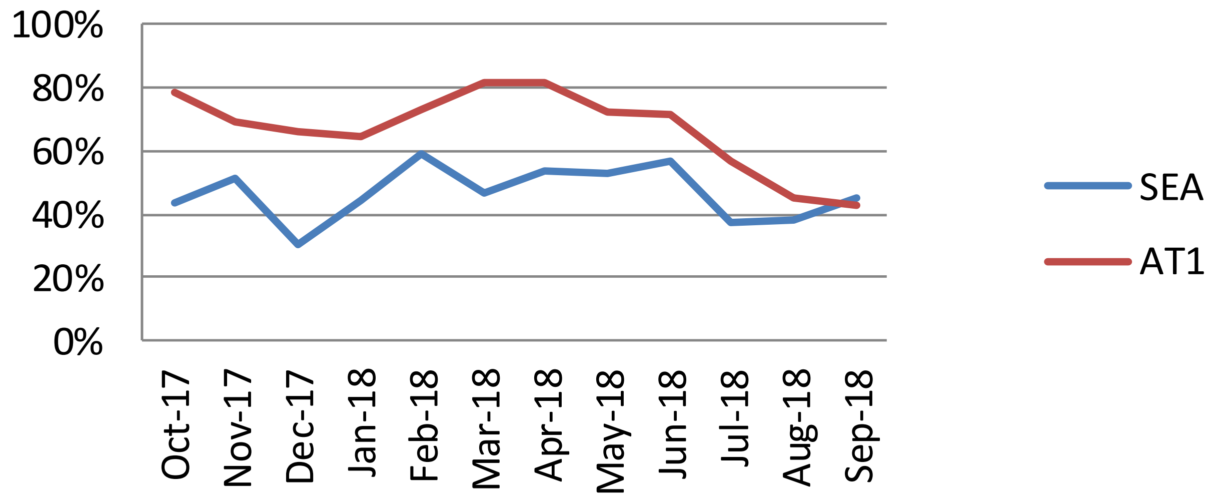

AT&R seclusion has come down

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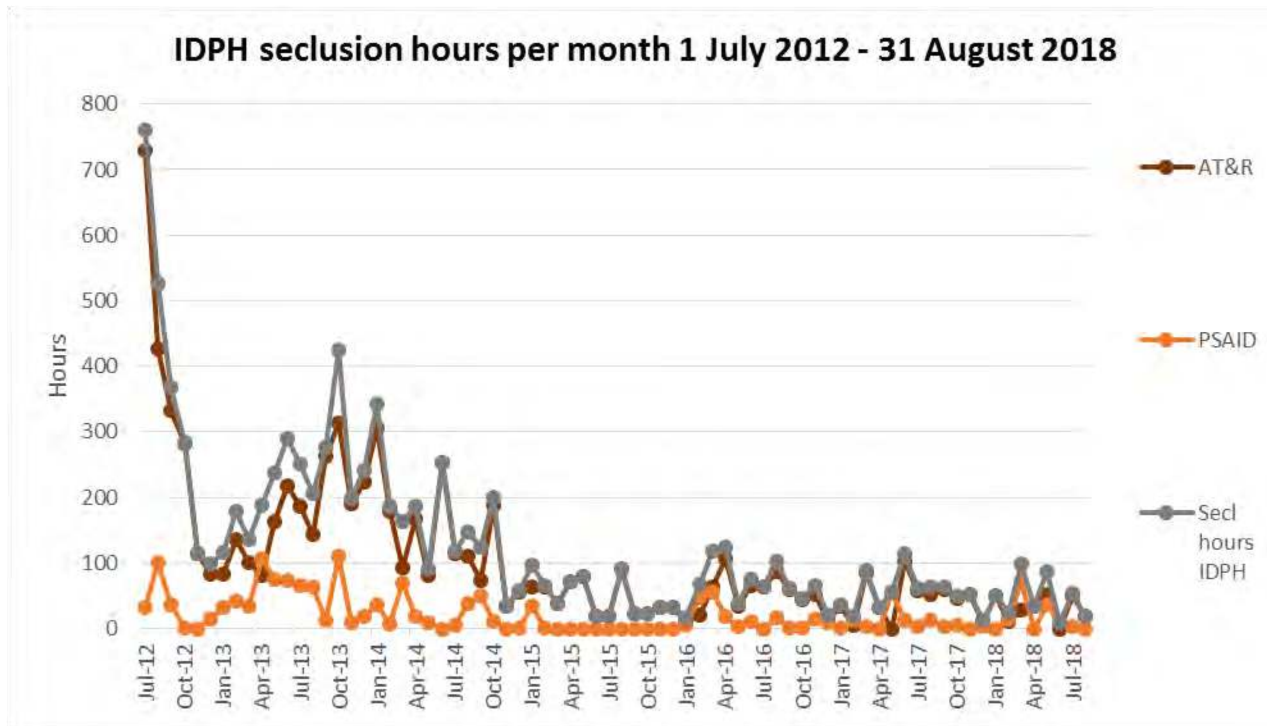

Demand has increased

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Between the 2009/10 and the 2017/18 financial years there was a:

- 59% increase in adult community case starts
- 100% increase in child and youth case starts
- 85% increase in rural case starts
- 125% increase in mental health crisis assessments undertaken at the Emergency Department

SMHS workforce numbers

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Headcount as at 20 November 2018
Source: Human Resource Information System

	Non-Nursing	Nursing	Total
Headcount	492	714	1206

Nursing vacancies as at 30 October 2018
Source: SMHS Finance System

All nursing	64
Adult inpatient (Includes 19 vacancies in Te Awakura)	32
AT&R	5
Forensic	11
Other	16

Workforce turnover

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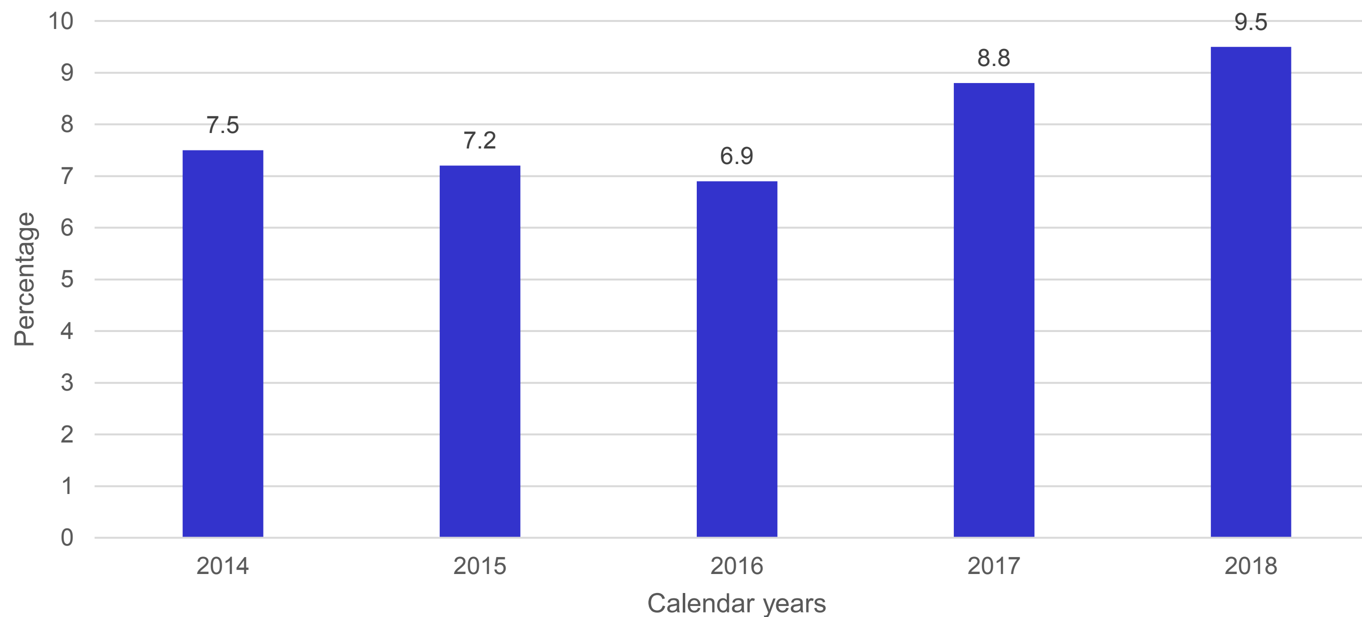

Note:
Health sector average 13.8%
Large organisation average 15.6%

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Safety Systems - Incident Management

Clinical Incident Management

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- CDHB including SMHS is required to comply with the Health Quality & Safety Commission's (HQSC) National Adverse Reporting Event policy.
- HQSC is a clinically-focused Crown Entity established in 2010 to lead a Government expectation of quality and safety improvements in the health sector.
- HQSC requires mandatory notification of reportable events, including adverse events (previously referred to as serious and sentinel events)

National Adverse Reporting Event policy

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In scope

- All New Zealand Health and Disability providers who have obligations under the Health and Disability Service (Safety) Act 2001
- All adverse events and near misses that occur or have the potential to occur to any person as a result or related to the provision of health and disability services.

Out of scope

- Occupational health and safety events within health and disability service in NZ managed under the Health and Safety at Work Act 2015 and regulations.
- Employment relation ship issues and events affecting employees are managed by the Employment Relations Act 200 and regulation.

Clinical Incidents / Adverse Events

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- Any unplanned or unexpected event that has resulted in harm to consumer.
- Required to determine the severity of every adverse event using the severity assessment code (SAC) based on the severity of the potential outcome.
- Required to report all SAC 1 and 2 related adverse events to the HQSC within 15 working days
- SAC 1 is a Severe, SAC 2 major, SAC 3 moderate/minor SAC 4 minor /minimal
- SAC 1 and 2 events require a serious event review or an independent file review
- SAC 3 events may require an independent file review or a service level review
- SAC 4 events may require a service level review
- If an employee has sustained a serious injury but no harm resulted for the consumer during an event, the general manager will commission a comprehensive review of related systems and processes.

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Safety Systems - Employee Incident Management

Employee Incidents

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- Incidents are defined as events that:
  - cause injury or illness
  - could cause injury or illness (near-miss)
  - affect or could affect person's mental health
- Serious incidents are aligned with the definition of notifiable events under HSWA 2015
- **Serious incident management process**:
  - Preserve the site
  - Immediately report to Senior Management and Wellbeing Health and Safety Team
  - Record incident in Safety 1st
  - Investigate the incident
  - Record the investigation in Safety 1st
  - Review and, if necessary, update risk register

Employee Incidents

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- Communicate changes to workers in affected areas
- Implement necessary changes
- Monitor the effectiveness of controls

- **Wellbeing Health and Safety Team**:
  - Immediately notifies WorkSafe New Zealand and updates Senior Management
  - Liaise with WorkSafe New Zealand and advise the business if the site can be released
  - Lead or support incident investigation, provide feedback and make improvements to the risk management programme

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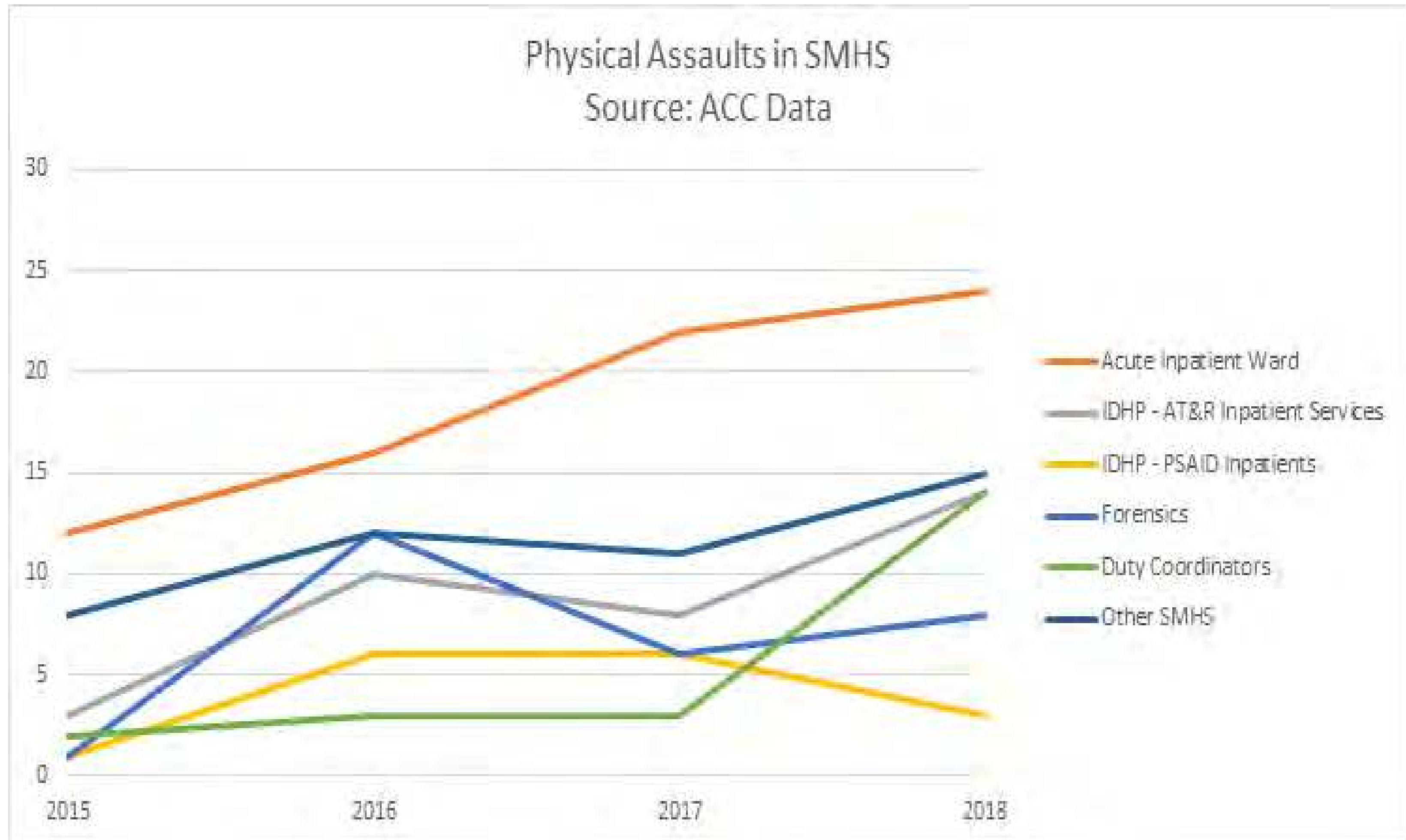
Harm from assaults



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Safety Systems – Safer Staffing

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Safer Staffing

- A bi-partisan action group that is set up through the Nursing Collective Agreement (MECA).
- This group informs the staffing and resourcing of Specialist Mental Health Services inpatient services (SMHS).
- As part of this work the Union and staff work on issues of mutual interest which includes review of incident data and discussions about violence.

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Reviews

A number of external reviews have been undertaken

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- **2016 January:** Office of Auditor General audit
- **2017 March:** Ministry of Health Certification Surveillance audit
- **2017 May:** Christchurch Opioid Substitution Service
- **2017 July:** AT&R (Assessment, Treatment & Rehabilitation) - Quality Evaluation report
- **2017 November:** Te Awakura - all wards - Office of Ombudsman
- **2018 June:** Ministry of Health Certification
- **2018 July:** Te Whare Manaaki (Forensic service); Te Whare Hohou Roko (Forensic service), AT&R (Assessment, Treatment & Rehabilitation); PSAID (Psychiatric Service for the Adult Intellectually Disabled) - Office of Ombudsman
- **2018 November**: Child and Family Service - Office of Ombudsman

Office of the Auditor General

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- Inspections to our services have all been unannounced.
- Inspections included:
- Review of the treatment of people detained in the hospital, including any allegations of ill-treatment, the use of isolation, force or restraint
- Staff, such as staffing levels, conduct and training.
- Most of the recommendations relate to our environmental constraints of the inspected facilities.

Ministry of Health Certification

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- Our inpatient mental health services must be certified by the Director-General of Health (DG) under **the Health and Disability Services (Safety) Act 2001** in order to legally provide services.
- **June 2018** 3 yearly full audit
- **March 2017** 18 months surveillance audit (in between3 yearly audit)
- **Consumers, their families and staff were interviewed as part of each visit**.

District Inspectors

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- Lawyers appointed by the Minister of Health with powers and responsibilities under the **Mental Health (Compulsory Assessment and Treatment) Act 1992.** They visit hospitals that provide treatment under the Act as often as they like, for as long as they like, on any day or any hour of the day or night. Their responsibilities and powers include
- Talking to patients subject to the Mental Health Act (MHA) and ascertaining their wishes as regards
- Any other matters they think fit respecting any patients or the management of the service.
- Investigate any complaint made to them or the HDC by a patient under the MHA or the family of someone under the MHA

A number of internal reviews have also been undertaken

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We have commissioned several reviews in response to serious concerns about incidents and patient care that don't meet HQSC criteria for serious event.

Services involved include:

- Child and Youth inpatient
- AT&R
- Te Awakura