



## **Addressing the issues arising from the External Review, January 2014**

The accompanying document makes no mention of the three men who tragically died last year, or the staff that cared for and supported them. This is because large parts of the review report contain information that is private and personal to them, their families and our staff and must remain confidential.

Please be assured the detailed findings of the full report have been discussed in face to face meetings with their families and with the staff most closely involved in their care.

As stated in the summary of the review enclosed and in light of the Ministry of Health issues based audit, a number of changes and improvements have already been implemented at Brackenridge.

Here are some of the initiatives that are already underway, or planned. They are arranged according to the issues they address. This list is not intended to be exhaustive and is a "work in progress":

### **Organisational structure, roles and responsibilities / accountability**

- A skills audit of staffing capability and a subsequent capacity review is well underway to ensure we can meet contracted outcomes and strategic goals.
- A comprehensive and clear performance management process is being put in place.
- Team Leaders have been introduced throughout the organisation in either individual houses or cluster areas. Each Team Leader and Manager will have specific training on performance management techniques and best practice.
- Team Leaders now have work plans for the houses they are responsible for, with clear Key Performance Indicators (KPIs).

### **Access to health services**

- We are actively working on developing positive relationships with clinicians, including GPs and local service providers. Better communication and collaboration with GPs will confirm their role as the first point of contact for non-urgent care.
- A collaborative care model that involves input from a range of health providers is being considered.

### **Professional nursing issues**

- Clinical and professional leadership responsibilities are being clarified as part of the stock take of roles and responsibilities throughout the organisation. Job description and KPIs are being revised accordingly and training and professional development to support any changes will be planned.
- A Registered Nurse group has recently been established and all RNs are required to complete a Health Assessment graduate certificate paper.
- A Direction and Delegation policy has been developed.
- Linking the Brackenridge registered nursing team with training offered through CDHB and through the Professional Development Recognition Programme is being actively discussed with the DHB.

### **Consistent policy implementation**

- A Quality Champion has been appointed within the senior management team to oversee the implementation of revised systems and resolution of issues.

- Staff will know which training is compulsory. Attendance will be monitored and considered part of their performance. Staff will be supported to attend at least 75% of house meetings.
- Working within our policy framework is a KPI for all staff. The workplace induction process is being revised and a programme for casual/agency staff is being put in place.

#### Visible leadership

- A team leader role has been introduced throughout the organisation, with clear responsibilities and accountabilities. These team leaders are highly visible, usually one per unit.
- Senior managers have been given a clear KPI in their position descriptions to undertake regular visits and these are already taking place.
- An organisational calendar has been developed for managers to enable them to attend house meetings.
- An annual/bi-annual survey of community stakeholders will be developed and implemented.
- Quarterly meetings will be held with schools, unions, and day service providers.
- Regular meetings with similar local service providers are being coordinated by BEL to work towards benchmarking indicators for services.

#### Responding to incidents

- An electronic system for recording and reporting incidents has been instated with standardised processes and documentation.
- Corrective action plans will be developed as appropriate and monthly progress reports made to the H&S Committee.
- The complaints policy has been reviewed and updated. It now includes an electronic complaint register and regular updates are being given to the Board.
- Individual *What You Need to Know About Me* plans are being reviewed to ensure they include client-specific advice on likely challenging behaviours or predictable health issues.
- Relationships and communication with day services and schools is getting renewed focus.
- The restraint policy (this includes locks, doors and gates) is being revised to ensure consistency with NZHDS standards.

#### Communication across health settings

- Families of clients are encouraged to register with GPs that use Shared Care View, a single up-to-date electronic health record accessible to Canterbury clinicians at the point of care.
- In discussions with clinicians responsible for providing health services to Brackenridge clients, the use of Collaborative Care Management System is also being encouraged for people with complex and long term health needs. CCMS facilitates better communication between health professionals and all those responsible for care, including families. Using CCMS, an individualised health care plan is created and can be updated as needed.

#### Implementation of the IABA multi-element model around challenging behaviours

- Brackenridge staff operate within the IABA framework and clients are continually assessed for challenging behaviours, with closest attention being paid to those who are also medically fragile.
- Clients continue to have an Individual Plan called *What You Need to Know About Me*, that reflects their goals and aspirations in life as well as the challenges that might be presented in caring for and supporting them.
- Support provision will be better targeted and linked to achieving the outcomes for each client.
- The long-term planning for residential accommodation will state an ideal limit of number of residents for each house. Long-term clients in residential care will be offered various options to move to smaller houses as outlined in *Choices in Community Living* - subject to availability and budget constraints.
- Medication policy will be aligned with 2013 guidelines - a schedule of medication audits for homes will be developed.
- The Admissions Policy now has clear entry criteria and where a suitable environment cannot be found for a prospective client, or if resources insufficient they will not be accepted.