

# Improvement Plan

## Mental Health Service Event in Whanganui in June 2024

<b>Executive Sponsors</b>	Executive Clinical Director, MHAIDS General Manager, MHAIDS
<b>Improvement Plan Leads</b>	Acting Clinical Director & DAMHS, Te Korowai Whāriki (TKW) Group Manager, Te Korowai Whāriki
<b>Project Manager</b>	Quality Coordinator, MHAIDS
<b>Improvement Plan</b>	This improvement Plan has been developed as a result of a serious adverse event involving Te Korowai Whāriki and Whanganui Mental Health Services in June 2024. It sets out how Health New Zealand will implement improvements identified as a result of an external review of services provided by Te Korowai Whāriki; an internal review of the services provided by Stanford House by Whanganui Mental Health Services; and a services review by the FCMHT, Te Korowai Whāriki and Whanganui Mental Health Services more broadly, with a view to improving the quality and safety of care delivery and the experience of team members. <sup>1</sup>
<b>Plan Timeframe</b>	1 November 2025 – 31 October 2026

Theme	Improvement actions	Lead(s)	Timeframe				Status	Delivery date
			Already completed	Short March-April	Medium May-July	Long Aug-Oct		
Whānau Engagement	1. Ensure all FCMHT staff read the: <ul style="list-style-type: none"> <li>MHAIDS Whānau Framework</li> <li>Whānau Participation Policy</li> <li>TKW and ID Service Whānau Engagement Procedure</li> </ul>	Team Leader, FCMHT	X				<ul style="list-style-type: none"> <li>Presentation delivered to Whanganui FCMHT by Whanāu Advisor &amp; Quality Coordinator on Whānau Engagement in Practice (August 2025)</li> <li>Team Leader instructed all staff to read required documents (August 2025)</li> <li>Whānau Engagement Procedure was presented and discussed at the FCMHT Study Day in February 2026</li> </ul>	Complete
	2. Review of TKW and ID Service Whānau Engagement Procedure	Whānau Advisor Quality Coordinator Social Worker	X				<ul style="list-style-type: none"> <li>The TKW Clinical Governance Group approved the procedure as effective from 28 November 2025</li> </ul>	Complete
	3. Audit whānau engagement across the FCMHT within six months, present findings to TKW Clinical Governance Group, and report outcomes to MHAIDS SERC/Improvements Committee.	Whānau Advisor Quality Coordinator x 4		X			<ul style="list-style-type: none"> <li>The Whānau Advisor &amp; Quality Coordinator created an MHAIDS-wide whānau audit tool to monitor whānau engagement, which the FCMHT will use for audits.</li> <li>The Audit Committee reviewed the draft Audit tool on 10 March 2026. A decision is pending. Upon approval, whānau engagement will be audited across FCMHT.</li> </ul>	Complete 30/04/26
Clinical Leadership and Senior Medical Staff	4. Review and strengthen clinical leadership structures by confirming each team has a consistent, qualified clinical leader for case reviews and care planning.	Acting Clinical Director & DAMHS (TKW) Group Manager (TKW)			X		<ul style="list-style-type: none"> <li>TKW's clinical leadership is being aligned with the MHAIDS clinical leadership framework.</li> <li>The TKW Clinical Director will be supported by a Clinical Leader and Principal Clinicians will be responsible for overseeing different aspects of the Service. This includes designated positions for Stanford House and FCMHT.</li> <li>To be progressed once permanent Clinical Director appointed in April.</li> </ul>	31/07/26

<sup>1</sup> Note – these reviews are in the process of being finalised. The Improvement Plan will be updated and revised to ensure it covers all recommendations, once the reviews have been finalised.

	5. Ensure every FCMHT client has a three-monthly review by a psychiatrist.	Team Leader, FCMHT Acting Clinical Director & DAMHS (TKW)		X			<ul style="list-style-type: none"> <li>Three-monthly reviews with a forensic psychiatrist are in place. File audit to take place in April to evaluate.</li> <li>MDT process to be revised to formalise three-monthly review by a psychiatrist as standard process.</li> </ul>	30/04/26
	6. Maximise efforts to employ a forensic psychiatrist for the FCMHT.	Team Leader, FCMHT Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Recruitment Consultant				X	<ul style="list-style-type: none"> <li>Substantial recruitment efforts are ongoing, with roles continuously advertised and promoted through NZFPAG and professional bodies.</li> <li>Health NZ has implemented a bespoke forensic psychiatry international recruitment campaign. All regions are participating.</li> </ul>	31/10/26
	7. Develop or utilise existing national recruitment and retention strategies for specialist forensic medical staff, ensuring consistent collaboration across regional forensic services.	Team Leader, FCMHT Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Recruitment Consultant				X	<ul style="list-style-type: none"> <li>As above.</li> </ul>	31/10/26
Model of Forensic Community Care	8. Revise the TKW Operations Manual section on FCMHT. Include guidance on care delivery models, team roles, whānau engagement, and minimum standards.	Team Leader, FCMHT Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Quality Coordinator Operations Manager				X	<ul style="list-style-type: none"> <li>Best practice standards and procedures were discussed at FCMHT Study Day in February 2026. Feedback received from team members.</li> <li>The project working group will update procedures, based on feedback, and submit to the TKW Clinical Governance Group in April 2026.</li> <li>Final documents will be submitted to the MHAIDS Controlled Documents Committee and published by June 2026.</li> </ul>	Complete 30/06/26
	9. All FCMHT staff to read the TKW Operations Manual section on FCMHT within three months, with a signed staff list as evidence.	Team Leader FCMHT Clinical Nurse Specialist				X	<ul style="list-style-type: none"> <li>As noted above, draft revised procedures have been reviewed by team members.</li> <li>Team members will read final procedures once complete, in June 2026.</li> </ul>	30/06/26
	10. Clearly outline expectations and processes for urine drug screening (UDS) for all FCMHT clients.	Team Leader, FCMHT Quality Coordinator	X				<ul style="list-style-type: none"> <li>The UDS procedures were reviewed during the FCMHT Study Day in February 2026.</li> <li>The team will now connect with peers in other regions to ensure practice alignment. FCMHT Team Leader is following up.</li> </ul>	Complete
Service Level Guidelines and Interservice Collaboration	11. Finalise the draft Service Level Guideline (SLG) between Whanganui District and TKW within 12 months.	Executive Clinical Director, MHAIDS General Manager, MHAIDS		X			<ul style="list-style-type: none"> <li>Draft SLG is nearing completion and will be distributed for feedback during April 2026.</li> <li>MHAIDS' Executive Clinical Director and General Manager maintain frequent contact with Whanganui</li> </ul>	31/05/26

		Clinical Director, MHS, Whanganui General Manager, MHS, Whanganui					leadership, including GDO, to work through any inter-service challenges that arise.	
12. Ensure the SLG mandates that acute admissions occur where adequate resources are available. Develop an escalation protocol for resource shortages.		Executive Clinical Director, MHAIDS General Manager, MHAIDS Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Team Leader, FCMHT		X			<ul style="list-style-type: none"> <li>As above</li> </ul>	As above
13. Integrate electronic mental health records between Whanganui District and TKW for FCMHT clients within six months.		Business Systems Team	X				<ul style="list-style-type: none"> <li>Completed through introduction of Single Clinical Portal</li> </ul>	Complete
14. Schedule and deliver regular in-person training days and workshops for entire FCMHT. This is with a view to enhancing connection and consistent practice between the Porirua hub and team members located throughout the region. Emphasis to be placed on developing forensic-specific skills (e.g., model of care, risk assessment).		Team Leader, FCMHT Quality Coordinator Clinical Nurse Specialist Learning and Development Manager	X				<ul style="list-style-type: none"> <li>The FCMHT held a two-day workshop on 26 and 27 February 2026. The team built connections, shared ideas, worked through the recommendations of this review and discussed important topics related to their work.</li> <li>Moving forward, the FCMHT study day will take place twice each year, focusing on a unique theme each time.</li> <li>The next workshop is scheduled for June 2026 and will focus on training in the service's model of care.</li> </ul>	Complete
15. MHAIDS to ensure all TKW staff have the requisite foundation-level skills and knowledge in forensic care and rehabilitation.		Executive Clinical Director, MHAIDS General Manager, MHAIDS Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Learning and Development Manager				X	<ul style="list-style-type: none"> <li>Define the required foundation-level forensic and rehabilitation skills for all TKW staff.</li> <li>Complete a baseline assessment to identify capability gaps and priority training needs.</li> <li>Implement targeted training and embed competencies into induction and ongoing professional development.</li> <li>Training programme will complement national mentoring and supervision initiative for staff in their second year of practice.</li> </ul>	31/03/26 30/06/26 31/10/26
16. MHAIDS to work in partnership with NGO providers (e.g., Emerge Aotearoa, Te Waka Whaiora) to ensure NGO staff have the requisite foundation-level skills and knowledge in forensic care and rehabilitation.		Executive Clinical Director, MHAIDS General Manager, MHAIDS Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Emerge Aotearoa				X	<ul style="list-style-type: none"> <li>Define the required foundation-level forensic and rehabilitation skills for NGO staff.</li> <li>Complete a baseline assessment to identify capability gaps and priority training needs.</li> <li>Implement targeted training and embed competencies into induction and ongoing professional development.</li> </ul>	31/03/26 30/06/26 31/10/26

	17. Complete a feasibility study for the repositioning of Stanford House under TKW, identifying governance impacts, operational dependencies, and transition actions.	Executive Clinical Director, MHAIDS General Manager, MHAIDS Acting Clinical Director & DAMHS (TKW) Group Manager (TKW) Clinical Director MHS, Whanganui General Manager MHS, Whanganui				X	<ul style="list-style-type: none"> <li>Meetings between staff from Stanford House, the FCMHT and the Porirua campus have been scheduled. These are aimed at strengthening connection and consistency of practice. The first meeting will take place on 17 April 2026, with a Terms of Reference to be developed.</li> <li>MHAIDS' Executive Clinical Director and General Manager have met with senior Whanganui leaders and agreed to undertake feasibility study.</li> <li>Project Manager to be recruited during April 2026.</li> </ul>	Complete  31/10/26  30/04/26
Regional Service Alignment (TKW & Stanford House, Whanganui)	18. Team Leader to ensure all FCMHT staff understand the importance of documenting all client and whānau interactions, with evidence provided to SERC/Improvements Committee within three months.	Team Leader, FCMHT	X				<ul style="list-style-type: none"> <li>The team leader has circulated the documentation policy and the documentation audit policy to all teams.</li> <li>Senior nurses are currently carrying out an audit of FCMHT documentation.</li> </ul>	Complete  30/04/26
	19. To ensure roles, responsibilities and accountabilities are clear, MHAIDS to review current Clinical Director and DAMHS coverage for Stanford House and FCMHT clients who reside in Whanganui. Whanganui District and Emerge Aotearoa leaders to be involved.	Executive Clinical Director, MHAIDS Acting Clinical Director & DAMHS (TKW) Clinical Director MHS, Whanganui Operations Manager MHS, Whanganui Regional Manager, Emerge Aotearoa DAMHS - MHAIDS and Whanganui			X			<ul style="list-style-type: none"> <li>To be progressed once permanent Clinical Director is appointed in April.</li> </ul>
Clinical Documentation	20. Identify FCMHT staff needing documentation training and ensure completion within three months, with evidence provided to SERC/Improvements Committee.	Acting Clinical Director & DAMHS (TKW) Team Leader, FCMHT Clinical Nurse Specialist				X	<ul style="list-style-type: none"> <li>Senior nurses are currently carrying out an audit of FCMHT documentation.</li> <li>The Team Leader and CNS have developed a training plan for staff who have been identified as needing documentation support.</li> </ul>	30/06/26