North Richmond Community Health AOD Program Independent Review

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with support from Aspex Consulting

Background, Objective & Approach

Since 1974, North Richmond Community Health (NRCH) has provided health and community services, principally to the residents of Richmond and Collingwood, and worked in partnership with its local community to promote and improve equity, health and wellbeing. A social determinants model of health underpins much of the approach to people with, or at risk of, poor health outcomes. Primary care, early intervention and people with chronic and complex conditions are core to NRCH's role.

NRCH currently provides a comprehensive Alcohol and Other Drug (AOD) including: Needle and Syringe Program (NSP); drug outreach program; brief interventions; naloxone training; nursing services; mobile drug safety / overdose prevention and response; safer injecting practices; and sex education.

The overarching program objectives are to reduce harms associated with injecting drug use; provide early intervention strategies using an outreach framework; and improve quality and coordination of care. The core workforce for the NRCH AOD Program include the Program Manager, AOD Nurses, Outreach Workers and NSP Workers.

NRCH, in collaboration with government, has recently established a trial Medically Supervised Injecting Room (MSIR). In the new larger building, NRCH and partner agencies provide, or facilitate access to, services including overdose response, basic health care, drug treatment, mental health care, blood-borne virus treatment, harm reduction education, sterile injecting equipment, counselling and casework. The existing AOD Program has been based within the new building.

The provision of the MSIR represents an important development in the provision of care and treatment of AOD in the community. Whilst this review does not make conclusions on the efficacy of the program, which is being determined by other processes, it is recognised that the trial of this significant and innovative harm minimisation initiative and the ongoing development of the NRCH service model presents both opportunities and challenges that require ongoing proactive management.

In October 2019, there were allegations of inappropriate behaviour of NRCH employees associated with the AOD Program. The Victorian Government commissioned an independent review of the AOD Program at NRCH. Specifically, the review is intended to assess policies, practices and governance arrangements relevant to the AOD Program in relation to *culture, recruitment, incident reporting, staff management and resourcing*.

The approach adopted for the review involved five key components:

- *Review Framework*. This project stage defined the scope for the review, based on the Terms of Reference;
- *Best practice model review*. A desk-top review of best practice models relating to the various aspects of AOD program service provision was complemented with a range of interviews of representatives from several peer services organisations and stakeholder groups;
- *Current state analysis*. An assessment was undertaken of all relevant NRCH policies, procedures and practices through review of relevant documentation and interviews with staff and Board representatives;
- *Synthesis & analysis*. An evaluation was undertaken of the opportunities to strengthen the systems and processes in place at NRCH; and
- *Reporting*. This report outlines these opportunities and provides recommendations for further work by NRCH and considerations for the Department of Health & Human Services (DHHS).

Key Findings

The NRCH AOD Program operates within the broader role of the centre. As an entity, NRCH has demonstrated a very significant history of service delivery. For forty-five years NRCH has worked in partnership with its local community to promote and improve equity, health, and wellbeing. NRCH has a dedicated and highly motivated service delivery and management team committed to improving health and social outcomes for the community. NRCH has significant strengths including a deep commitment to the local community and clients and strong local connections that have developed over decades. Within this context the AOD Program provides important services to a highly marginalised and vulnerable community.

There has been notable growth in service demand and the associated staffing profiles across the community health service in recent years. This, coupled with increasing client complexity, has driven the requirement for more sophisticated governance and executive leadership structures. In relatively recent times, NRCH recognised that its structures were not fit for purpose and has embarked on a program of reform.

Over the past six months, this has included the transition from a community-based Board to a skills-based Board supported by a local Community Advisory Committee, recruitment of a Chief Operating Officer, development of stronger policy framework, and the preliminary design of an executive leadership team to support the only executive officer. A journey towards strengthened governance and leadership has commenced, albeit it at a slow pace.

It must be noted that the rapid implementation of the MSIR at NRCH put significant pressure on existing management structures. Whilst the investment in the establishment, operation and support of the MSIR has been necessary, this has diverted the already limited management attention from existing programs.

The establishment of the MSIR has generated significant community, media and political scrutiny, which has impacted on the culture of the organisation and placed additional stress on the staff.

It is widely acknowledged that whilst an employer cannot fully mitigate the risk of inappropriate behaviour by staff, there is a responsibility to implement a risk-management framework and embed contemporary best practice policies, practices and governance arrangements to identify and manage the risk.

Whilst attentions have been strongly focussed on community concern and reputational risk mitigation, NRCH has had limited capacity and capability to effectively identify and manage internal risks. Robust risk management requires evidence-based policies and procedures to be embedded in the day to day operations of the organisation by suitably resourced, experienced and qualified managers.

A key finding of this review is that in a high-risk climate, the recent allegations of inappropriate behaviour by NRCH employees have highlighted gaps and shortcomings in governance, leadership, culture and workforce management that will need to be addressed.

This Review makes 12 recommendations to address these gaps. Together with the actions already commenced to improve policies and practices, implementation of these recommendations will position NRCH to continue to deliver much needed, high quality services to the community.

A detailed implementation strategy for the Review recommendations must be developed with close oversight of progress by the NRCH Board and the Department of Health & Human Services.

There is currently no clear evidence that major structural change is needed, but this should be considered if there is not timely and effective execution of the implementation strategy.

NRCH Governance, Leadership & Culture

There has been a deliberate strategy to reconfigure the NRCH Board to reflect a more contemporary skills-based corporate governance model, with new members appointed to the Board in September 2019. At the same time, work has commenced on strengthening the executive structure. Achievements to date include the recent employment of a Chief Operating Officer. These are positive developments and should be commended.

There is however little evidence to indicate that the former Board had the capabilities to proactively oversee the service or provide critical assessment of the direction or activities of executive management. Further work is now required to:

- Institute a *policy framework that embeds transparency and accountability across the organisation for quality, safety and risk management,* building on the existing culture of the individual programs that is strongly focussed on delivering services to the community;
- Establish a unifying culture that underpins *corporate responsibility* for achieving the organisational mission and adequate communication across the organisation;
- Implement new *corporate structures to strengthen executive capacity, capability and accountability;*
- Establish *overarching clinical leadership* across the organisation. Given the nature of the service and clientele and in the context of the significant growth in client facing staff, this function should provide senior clinical leadership and decision-making, manage supervision models and scope of practice/credentialing, incident/risk and policy oversight; and
- Through unified clinical leadership, better integrate "*wrap-around*" care to the clients served by NRCH.

For NRCH, addressing these governance and management capabilities will be critical to the identification and implementation of risk mitigation strategies suitable to the changed scale and profile of operations.

NRCH Operational Management

Funded services are required to embed a comprehensive system of continuous quality improvement, promoting best practice and regular review of structures, systems, processes and practice, to improve services and consumer outcomes. Services should have comprehensive, accessible, relevant, and accurate policies and procedures to guide decision-making that are regularly reviewed and updated.[1]

Key approaches to strengthen the operational management of the AOD Program are:

- Immediate review of the *operational management, reporting lines and accountabilities*;
- Further development of the *organisational capacity* to adequately meet the obligations of a contemporary health provider; such as day-to-day operational management, accreditation, performance reporting and compliance obligations;
- Bolstering *Occupational Health & Safety policies* to proactively manage the *mental health and wellbeing* of staff working in a highly stressful environment; and
- Improved Executive and Board accountability for *incident reporting*, review and follow-up.

It is acknowledged that the recent employment of an experienced Quality & Safety Manager has seen a significant improvement in the availability and quality of policies and procedures that guide NRCH operations. It is now imperative that these policies are translated into routine practice and that accountability for a continuous improvement process is embedded across all levels of the organisation.

1. DHHS (2018) *Alcohol and Other Drugs Program Guidelines*

AOD Program Recruitment & Employment

A review of the recruitment, pre-employment screening, employment and induction of AOD Program staff identified the following areas for further work:

- Strengthened engagement of human resource management to embed a *transparent, structured and systematic approach to recruitment*;
- *Reconfiguration of the AOD workforce* to ensure the qualifications, skills and experience across the team aligns with best-practice service models;
- A strengthened pre-employment screening approach through *routine safety screening assessments* for all employees and the *consistent implementation of risk mitigation strategies* where required;
- Establishing accountability for *consistent formal on-boarding* being undertaken with relevant online training modules to support induction and orientation; and
- Implementing systems to ensure all staff, regardless of casual or permanent employment status and primary location of work, *access induction, training and regular supervision*.

AOD Program Staff Management & Resourcing

Funded agencies are expected to: [2]

- Assemble, manage and sustain a competent and capable workforce with the necessary knowledge, attitudes and skills across the range of services, roles and functions they deliver;
- Implement workforce policies and organisational approaches to develop individuals and their knowledge base to support maximum service effectiveness; and
- Identify and respond to the professional development and workplace support needs of their workforce.

Key opportunities to strengthen AOD Program staff management & resourcing are:

- Embedding the *Code of Conduct* across the organisation;
- Continuing to *develop staff management policies and procedures and translate these into practice*. This includes policies relating to drugs and alcohol in the workplace, partnering with consumers, staff wellbeing, and occupational violence, amongst others;
- Delivering appropriate *line-management, professional/clinical supervision and support of the AOD Program workforce*;
- Establishing systems to ensure flexible, responsive and person-centred care is delivered within appropriate boundaries that consider risks to employees, clients and the organisation;
- Bolstering *structured training and education* to develop the competencies and capabilities of the workforce;
- Strengthening *performance management* through formal processes; and
- Establishing a *culture* where reported concerns are addressed in an open and transparent manner and ensure incidents are reported and managed appropriately.

2. DHHS (2018) *Alcohol and Other Drugs Program Guidelines*

Employment model for workers with lived experience

There is a body of evidence relating to the benefits of employing workers with lived experience, whether in formal peer worker or other roles. There are currently no employees at NRCH who are employed in a formal peer worker role. Employees with lived or living experience of AOD use should be systematically supported.

Engaging with clients in a harm reduction service may expose a worker with lived experience to situations that may compromise their wellbeing, and this needs to be proactively managed. Several protective factors have been identified as good practice by AOD providers interviewed for this review, including ongoing support and debriefing, group supervision and individual supervision, inclusion within a multi-disciplinary team, and access to communities of practice of workers with lived experience. It is further recognised that there is a need for an open and supportive culture.

In this context, contemporary recruitment practices would enable staff to feel comfortable to disclose lived experience in a safe and supportive environment where the employer puts in place appropriate structures and supports to protect the employee and mitigate risks to clients or the organisation. This requires attitudinal change and clarity regarding the role of workers with lived experience. It is apparent that the staff management policies and practices in place at NRCH require greater sophistication to support people with lived experience and a ‘peer workforce’.

Whilst it is recognised that the employment of staff with lived experience in a harm reduction service is an evolving model, it is critical to build a strong service model to reduce risks of stigma and discrimination of the People Who Inject Drugs (PWID) community. For some, the formal position title of ‘peer worker’ can in itself be perceived as stigmatising. Zero tolerance for AOD use that does not impact on performance is contrary to contemporary service models in the AOD sector and does not align with existing government policy.

A sector wide framework that clearly sets out what is required for this model and a suite of supporting resources would be helpful.

Co-location of AOD Program (including NSP) within the new building

The integration and co-location of the AOD Program within the new building was agreed between NRCH and Government. This was intended to facilitate enhanced access to, and integration with, the MSIR and associated health programs by clients. Looking forward, more work is required to:

- Enable access to NSP/outreach services by certain vulnerable client cohorts. This includes those who: do not wish to be associated with the injecting facility; do not feel culturally safe in the facility; are excluded from attending the MSIR; and/or are sanctioned from the MSIR;
- Limit barriers to confidential discussions with NSP/outreach clients; and
- Integrate two teams with differing philosophies/cultures:
  - The MSIR operates within a blended clinical/medical and harm reduction model. There is evidence that the trial has made significant improvements in health outcomes for willing clients. This includes Hepatitis treatment, oral health treatment and commencement of opioid substitution therapy; and
  - The AOD Program focusses on building relationships with clients within a harm reduction model that addresses their individual social, physical and mental health issues.

The review found a need for a strengthened approach to develop a shared culture between the AOD and MSIR teams.

Recommendations for NRCH

The capacity to identify and mitigate risks of inappropriate behaviour and strengthen the operation of the AOD Program can be enhanced through stronger governance and structural/organisational change. This includes further developing a skills-based Board, stronger capacity and capability of executive management and Program Manager positions, with clear accountabilities at each level. These changes will support sustainable governance and operational oversight of NRCH, and better support the AOD service delivery model.

The following outlines key recommendations on ways to strengthen the operations of the NRCH AOD Program to ensure that staff do not engage in behaviour that could endanger their own safety or the welfare of others.

COMPONENT	RECOMMENDATION
Governance	**1A.** Enhance Board accountability for strategic planning, risk identification and management, operational performance and culture. **1B.** Strengthen executive, clinical and operational management structure and capability.
Culture	**2A.** Building on the strengths of the existing client and community focussed culture, embed accountability for client & employee safety, risk management and continuous quality improvement. **2B.** Strengthen integration of, and communication between, the workforce and programs. **2C.** Ensure that internal management and administrative processes are transparent and communicated effectively. **2D.** Enhance focus on employee wellbeing and safety with the objective of minimising risk of harm for all workers.
Incident reporting	**3A.** Strengthen policy and practice regarding consistent incident reporting and follow up to embed accountability for continuous quality improvement.
Recruitment & resourcing	**4A.** Embed robust open and transparent recruitment processes, led by the Human Resources Manager, and ensure Program Managers implement HR advice regarding all recruitment and employment matters.
Staff management	**5A.** Strengthen the operational management of the AOD Program. **5B.** Enhance line-management, clinical supervision and support of the AOD Program workforce. This is to apply equally to casual and permanent employees.
Service integration	**6A.** Relocate the AOD outreach services within NRCH until MSIR trial is completed. **6B.** Commence a systematic and transparent examination of potential approaches to strengthen linkages, and unify cultures, between the AOD outreach/Needle & Syringe Program and other NRCH programs.

It is recommended that the Board and new Executive management develop a detailed implementation strategy to give effect to the actions identified through the review process.

DHHS Stewardship role

DHHS has a stewardship role for all publicly funded health services in Victoria. The lines separating system stewardship from community health services established as independent incorporated entities can however get blurred. It is clearly not the department's role to encroach upon an entity's independence as this simply diffuses and confuses accountability.

The key consideration is how the department can exercise this stewardship role effectively. What is the department's role if it comes to the view, through various accountability mechanisms, that an independent health service has governance or management capability deficits? Specific provisions available to the Minster in relation to a scheduled health service, (such as public censure and/or appointment of an administrator) do not apply to an independently incorporated community health service.

Learnings from this review would suggest that greater clarity around roles could be helpful for all parties. There are four considerations that are worth further development, including:

1. The valuable existing practice by which the department develops system-wide AOD policy could be extended or supplemented by *operating frameworks* in AOD that can assist service providers deliver high quality and consistent services across the state. The frameworks would provide suitable examples of effective service models/models of care, set service expectations, and suggest measurable (balanced scorecard) indicators and outcomes that service providers could implement. In short, operating frameworks provide a 'how to' model.
2. Development of *guidelines* that outline the circumstances where DHHS will escalate and impose additional registration conditions.
3. Require community health services to agree to a set of *clear governance and organisational capability expectations* and deliver *best practice board training* in business, risk and clinical governance.
4. Establishment of an *informal and voluntary peer 'service audit' function* for community health service AOD programs (which currently exists for NGO AOD treatment providers).

Priority operating frameworks may include:

- Policy and guidelines for employment of people with lived experience. This could include key elements such as workforce readiness assessment, capability, lived experience and peer worker support approaches, training and development amongst other factors; and
- Policy and guidelines for community development, harm minimisation and assertive outreach services. This includes the specification of core objectives, responsibilities and measurable outcomes.

It is expected that such frameworks will be co-designed with the sector.

LIST OF ABBREVIATIONS

AOD	Alcohol & Other Drugs
DHHS	Department of Health & Human Services
MSIR	Medically Supervised Injecting Room
NRCH	North Richmond Community Health
NSP	Needle & Syringe Program
PWID	People Who Inject Drugs

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DISCLAIMER

The opinions and recommendations in this report are those of the Independent Reviewer and are based on findings from extensive stakeholder interviews and review of documents. Whilst every care has been taken in preparing this report, the warranties are necessarily limited to the investigations. The report is for the consideration of the Minister for Mental Health and the Minister for Health. Neither the Independent Reviewer or Secretariat are liable for the use of, or reliance on the opinions, by third parties.