DHB Office Braemar Campus



Private Bag 18 Nelson, New Zealand

Via Email:

Response to a request for official information

Dear

28 January 2021

Thank you for your request for official information received 10 December 2020 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 28 January 2021, where you ask:

 The name, location and number of beds for each mental health and intellectual disability unit (this includes forensic units) operated by your DHB.

NMH response:

- Wahi Oranga Mental Health Inpatient Unit: Nelson, 30 beds
- Older Persons Mental Health Inpatient Unit: Richmond, 10 beds.
- 2. All reports carried out by the Ombudsman in the past five years on any one of these units.

<u>NMH response</u>: A Chief Ombudsman report for Wahi Oranga Mental Health Inpatient Unit dated 19 April 2016 is available on the Office of the Ombudsman website at this link <u>COTA Report Acute Mental Health Unit</u> As such, NMH declines to respond under section 18(d) of the Act in that 'the information requested is publicly available'.

For each unit, please provide the occupancy data for the 12 months ending November 30.
 What I mean by this is the average occupancy (in bed numbers) each month and the number of times the unit was caring for more patients than it had beds.

NMH response: Please see Table One on the following page.

¹ Nelson Marlborough District Health Board

TABLE ONE:

Average Midnight Occupied Beds by Month and Mental Health (MH) Inpatient Unit

	Wahi Oranga MH Inpatient Unit	Older Persons MH Inpatient Unit
2019 12	28	10
2020 01	30	11
2020 02	28	9
2020 03	25	7
2020 04	24	8
2020 05	25	8
2020 06	28	10
2020 07	24	10
2020 08	27	8
2020 09	27	9
2020 10	28	10
2020 11	24	10

Notes: Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.

- Wahi Oranga Mental Health Inpatient Unit: There were 31 days in the 12 month period ending 30 November 2020 with more than 30 occupied beds at midnight (including patients on leave).
- Older Persons Mental Health Inpatient Unit: There were 22 days in the 12 month period ending 30 November 2020 with more than 10 occupied beds at midnight (including patients on leave).
- 4. Please describe what strategies your DHB employs to house and care for people in mental health and intellectual disability units if there are too few beds. Does your DHB turn office space/seclusion rooms into bedrooms? If not, how do you manage demand.

<u>NMH response</u>: Wāhi Oranga Mental Health Inpatient Unit does not use seclusion rooms as bedrooms and in recent years we have not had to turn offices into bedrooms.

We do face pressure for beds and it is an ongoing concern that we may have to house patients in less than ideal environments. The pressure on beds at Wāhi Oranga reflects both the general accommodation shortage in the rental market in Nelson and subsequent difficulty for clients to obtain rental accommodation when they are ready for discharge, as well as an increasing complexity in the discharge support required for clients with dual diagnosis.

To manage demand we work closely with community services to ensure that the clients with the highest needs are in hospital, and those that can be supported appropriately in the community are supported. We also work with the Older Persons Inpatient Unit, and at times transfer appropriate clients between the two units to meet demand. We have two whanau rooms, one contains a sofa that folds down to a double bed and this is the initial emergency plan if demand exceeds capacity. The whanau room would then become a bedroom although we would still have a suitable space for family to meet on the ward. The alternative plan is to require clients to share a room, all our rooms are single rooms so in an emergency situation we would consider adding another bed or mattress into a bedroom and have two suitable clients sharing. We have not yet had to utilise these plans to date.

5. Please provide the most recent engineering/building report for each of your mental health and intellectual disability units (again, this includes forensic units).

<u>NMH response</u>: The DHB has not completed an engineering report.

6. Please provide the self-assessment data collected by your DHB and submitted to the Ministry of Health for each of your mental health and intellectual disability units.

NMH response: The DHB is not aware of self-assessment data.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Peter Bramley
Chief Executive

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