

Guideline

DUNDRUM Toolkit Use on the Recovery Pathway in Puawai

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Puawai: Midland Regional Forensic Services
Document Facilitator Name	Deborah Jennings
Document Facilitator Title	Clinical Nurse Specialist
Document Owner Name	Kylie Balzer
Document Owner Title	Operations Manager MHAS
Target Audience	Clinical staff Puawai

Disclaimer: This document has been developed by Te Whatu Ora Waikato specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Te Whatu Ora Waikato assumes no responsibility whatsoever.

Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
			* 70
			OPMANON ACX

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026	
Facilitator T	Γitle:	Clinical Nurse Specialist			Department:	Puawai : Forensic Services		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 1 of 8								





Contents

1	Overview	3
	1.1 Purpose	3
	1.2 Staff group	3
^	1.3 Patient / client group	3
	1.4 Exceptions / contraindications	3
2	Clinical management	3
	2.1 Roles and responsibilities	3
	2.2 Competency required	4
	2.3 Equipment	4
	2.4 Guideline	4
3	Patient Information	7
4	Audit	7
	4.1 Indicators	7
	4.2 Tools	
5	Evidence base	
	5.1 References	8
	5.3 External standards	8
	5.2 Associated Te Whatu Ora Waikato Documents5.3 External standards	で _入

1 Overview

1.1 Purpose

To ensure best practice in the use of the DUNDRUM toolkit to facilitate the tangata whaiora rehabilitation pathway in Puawai forensic services.

1.2 Staff group

This guideline applies to all registered health professionals within the Puawai forensic service.

1.3 Patient / client group

All prisoners on the Puawai waitlist, and those prisoners who have been assessed as needing to be placed on the waitlist. Tāngata whaiora in inpatient Puawai forensic services who are defined as being on the Puawai rehabilitation pathway and suitable adult rehabilitation tāngata whaiora currently in the adult rehabilitation beds (ARB) in Puawai.

1.4 Exceptions / contraindications

Prisoners who are returning to prison after acute care.

Definitions and acronyms

ARB	Adult Rehabilitation Beds
DUNDRUM	Dangerousness Understanding ,Recovery and Urgency Manual
HCR-20-V3	Historical-Clinical-Risk management –Version 3
Longer term tāngata whaiora	Longer term tāngata whaiora – a mix of Forensic and Adult Rehabilitation Bed Patients (ARB)
Special Patients	Patients who are remanded to or detained in a hospital under specific legislative provision. For further information see the Ministry of Health (2022) Special Patients and Restricted Patients. Guidelines for Regional Forensic Mental Health Services.

2 Clinical management

2.1 Roles and responsibilities

Clinicians

All clinicians complete the DUNDRUM components 1-4 accurately and within the stated time frames.

Charge Nurse Managers

The Charge Nurse Managers are to ensure the DUNDRUM components are understood and used correctly as a clinical assessment and treatment tool by all clinicians within each team. Review any feedback so quality improvements can be initiated in consultation with the DUNDRUM support team.

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026	
Facilitator T	Title:	Clinical Nurse Specialist			Department:	Puawai : Forensic Services		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 3 of 8								

2.2 Competency required

All clinical staff to attend education sessions on the DUNDRUM toolkit.

2.3 Equipment

- Scoring sheet and manual for DUNDRUM 1: Triage Security Items
- Scoring sheet and manual for DUNDRUM 2: Triage Urgency Items
- Electronic clinical record for DUNDRUM 3: Programme completion Items/ Health Care Recovery Plan (HCRP) and DUNDRUM manual
- Electronic clinical record for DUNDRUM 4: Recovery items / HCRP and DUNDRUM manual.
- Electronic clinical records for DUNDRUM Puawai clinical review.

2.4 Guideline

2.4.1 DUNDRUM 1: Triage Security Items

Score the 11 items on the grid provided using the DUNDRUM manual to ascertain who should be on the prison waitlist for admission to Puawai inpatient services. Triage items are all predicated on there being an established mental disorder present (through a preadmission assessment).

Those rated mostly '4' are likely to require high therapeutic security.

Those rated mostly '3' will require medium secure therapeutic security.

Those mostly rated '2' would be best treated in acute low security (adult services)

Those mostly rated '1' will be cared for in an open inpatient setting

Those mostly rated '0" may be cared for in community settings and prison in-reach teams.

This doesn't preclude admission to forensic inpatient services if appropriate.

2.4.2 DUNDRUM 2: Triage Urgency Items

This is used to provide a structure for deciding who on the waitlist is the most urgent for admission, in practice though legal obligations can over-rule clinical priority. As for all professional judgement tools, the decision makers are not bound by the results of the assessments (individual context may influence the urgency for admission).

Score the 6 urgency items on the grid provided using the DUNDRUM manual. Ensure the correct scoring grid is used for **Court/Remand** prisoners and **Sentenced** prisoners. The higher the score the greater the urgency.

All ratings are based on the accompanying manual.

Triage Security and Urgency items are to be completed prior to placing an individual on the waitlist and these documents are uploaded into documents.

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026	
Facilitator T	Γitle:	Clinical Nurse Specialist			Department:	Puawai : Forensic Services		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 4 of 8								

Guideline

DUNDRUM Toolkit Use on the Recovery Pathway in Puawai

Urgency items are to be revised weekly at the prison team clinical meetings until admitted or taken off the waitlist. The weekly scoring is to be added to the prison waitlist by each tangata whaiora name.

2.4.3 DUNDRUM 3: Programme Completion Items

There are two goals of the treatment programmes:

- 1. To reduce the probability (risk) of future harmful behaviour.
- 2. To reduce the seriousness of harm should a similar scenario recur that has previously led to serious harm.

The programme completion items are called the 7 pillars of care and treatment.

- 1: Physical Health
- 2: Mental Health
- 3: Drugs and Alcohol Recovery
- 4: Problem Behaviours (offence related behaviour)
- 5 Self Care and Activities of Daily Living
- 6: Education, Occupation and Creativity
- 7: Family and Intimate Relationships
- 8: Cultural (Whilst this isn't scored as the other 7 items, it is seen as being integral to many tangata whaiora recovery)

The programme completion items are part of the comprehensive Health Care Recovery Plan (HCRP). This is scored and the plan developed by the clinical team. The initial scoring using the electronic DUNDRUM manual and the HCRP development is done within 6 weeks and then updated 6 monthly or on movement.

To assist in the development of the HCRP a functional assessment may be required. The HRC20-V3 is a requirement including 6 monthly updates.

Those mostly rated '4' are unlikely to be ready to move to a lower security setting.

Those mostly rated '3' may be ready to move to a lower security setting.

Those mostly rated '2" may be ready to move to a low security setting.

Those mostly rated '1' maybe ready to move to an open or community placement.

When the initial HCRP is developed it may be that the tangata whaiora is still too unwell to attend identified groups. In the HCRP it is possible to identify dates and wards when the interventions should take place. The initial plan is to identify the treatment needs and if possible to start treatment.

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026
Facilitator Title: Clinical Nurse Specialist			ialist	Department:	Puawai : Forensic Services		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 5 of							

2.4.4 DUNDRUM 4: Recovery Items

There are 7 recovery items that are scored.

R1: Stability

R2: Insight

R3: Therapeutic rapport

R4: Leave

R5: Dynamic Risk Items

R6: Victim Sensitivity Items

R7: Hope

The Recovery items sit below the programme completion items electronically in the HCRP and are to be scored concurrently with the DUNDRUM 3 programme completion items 6 weekly, 6 monthly or on movement.

2.4.5 DUNDRUM Clinical Review

The electronic Puawai DUNDRUM Clinical review is formatted to reflect the pillars of care in the programme completion items.

The closed groups in the therapeutic programme and ward based programmes will reflect the pillars of care. Attendance and engagement will be documented in the progress notes by clinical staff facilitating these groups.

The attendance and engagement information will be transcribed into the Puawai DUNDRUM clinical review each week/fortnightly or monthly depending on the ward, so progress within the 8 pillars of care and treatment can be assessed.

After a 6 month review and updated scoring a new HCRP will be developed with any changes in goals identified by the clinical team.

2.4.6 DUNDRUM General Information

The tāngata whaiora will also be expected to complete a 6 monthly self-assessment on DUNDRUM 3-programme completion items and DUNDRUM 4- recovery items.

All referral movements will need to be presented to the Pathway Panel. This will be made up of 1x representatives from the three streams – Acute, Rehabilitation and Tamahere, Programmes Clinical Lead, Service User Representative, Clinical Director (or delegate) and Puawai Clinical Nurse Specialist.

Documentation would include an updated HCR20-V3, current risk, current DUNDRUM scores, HCRP, latest clinical review and a brief summary of the tangata whaiora history and progress to date.

This would not preclude wards from presenting longer term tangata whaiora if they believe a move to a less secure ward is appropriate.

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026		
Facilitator 7	Γitle:	Clinical Nurse Specialist			Department:	Puawai : Forensic Services			
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 6 of 8									

Under the new DUNDRUM format tangata whaiora in the rehabilitation wards would need to be reviewed monthly. This will assist in the collation of information about group participation for tangata whaiora being cared for under DUNDRUM.

Puawai Streams of tāngata whaiora

In Puawai 3 streams of tangata whaiora have been identified:

- 1. Acute Care pathway –returning to prison after treatment.
- 2. Rehabilitation Care pathway Special patients, Section 30 patients and Adult Rehabilitation Bed (ARB) patients- Care under DUNDRUM 3 and 4.
- Longer term tāngata whaiora (long term –a mix of forensic and ARB patients)

Care under DUNDRUM 3 and 4. For some longer term tangata whaiora group participation is minimal. A plan of care can still be developed under DUNDRUM 3 but only scoring on the Recovery items in DUNDRUM 4 if necessary.

2.4.7 Documentation

Acute Care pathway: Puawai Clinical review / Recovery plan-(Tāngata Whaiora Inpatient). Replacing the current recovery plan used.

Rehabilitation Care pathway: DUNDRUM 3 and 4 - Puawai DUNDRUM comprehensive HCRP / DUNDRUM clinical review.

Longer term tāngata whaiora: DUNDRUM 3 and 4 – Puawai DUNDRUM comprehensive HCRP with scoring in DUNDRUM 4 only if necessary. DUNDRUM clinical review.

3 **Patient Information**

Each tangata whaiora participating in the DUNDRUM programme will receive a group programme handbook. This is their own record of progress and visually gives them some understanding of the work they need to do to be ready for discharge to live their "good life" The handbook should accompany each tāngata whaiora as they move through their rehabilitation A) OV AC) pathway.

Audit

4.1 Indicators

DUNDRUM 1-4 is used in accordance with this guideline.

4.2 Tools

Clinical audit of files using the DUNDRUM toolkit.

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026	
Facilitator 7	Γitle:	Clinical No	Clinical Nurse Specialist			Puawai : Forensic Services		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 7 of 8								

5 Evidence base

5.1 References

Kennedy, H.G., O'Neill, C., Flynn, G., Gill, P, and Davoren, M. (2016). The DUNDRUM Toolkit. <u>D</u>ANGEROUSNESS <u>UND</u>ERSTANDING, <u>R</u>ECOVERY and <u>U</u>RGENCY <u>M</u>ANUAL (THE DUNDRUM QUARTET). Structured Professional Judgement Instruments for Admission Triage, Urgency, Treatment Completion and Recovery Assessments.

5.2 Associated Te Whatu Ora Waikato Documents

- Admission, Discharge and Transfer policy (Ref. 1848)
- Clinical Records Management policy (Ref. 0182)
- Informed Consent policy (Ref. 1969)
- Mental Health and Addictions Working with Risk: Assessment and intervention for tangata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others procedure (Ref. 5241)

5.3 External standards

Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021)

Doc ID:	6484	Version:	01	Issue Date:	07 AUG 2023	Review Date:	07 AUG 2026	
Facilitator Title:		Clinical Nurse Specialist			Department:	Puawai : Forer	sic Services	
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 8 of 8								