

MaST: Management and Supervision Tool for community mental health services

Adam Drage, Clinical Service Lead, Mersey Care NHS Foundation Trust

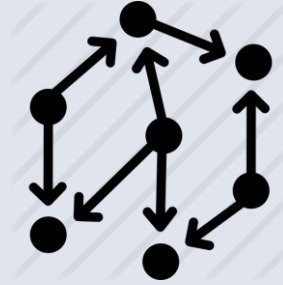
Caroline Gadd, Director, Holmusk

The Challenges we Faced

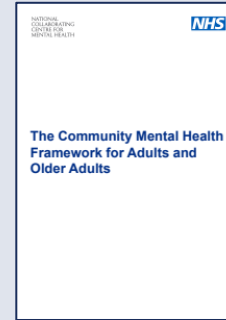
Situation



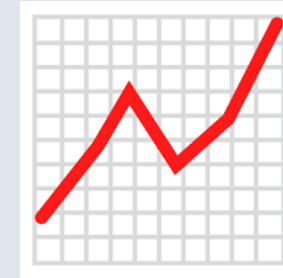
Large and Complex Caseloads



Reduced flow through services



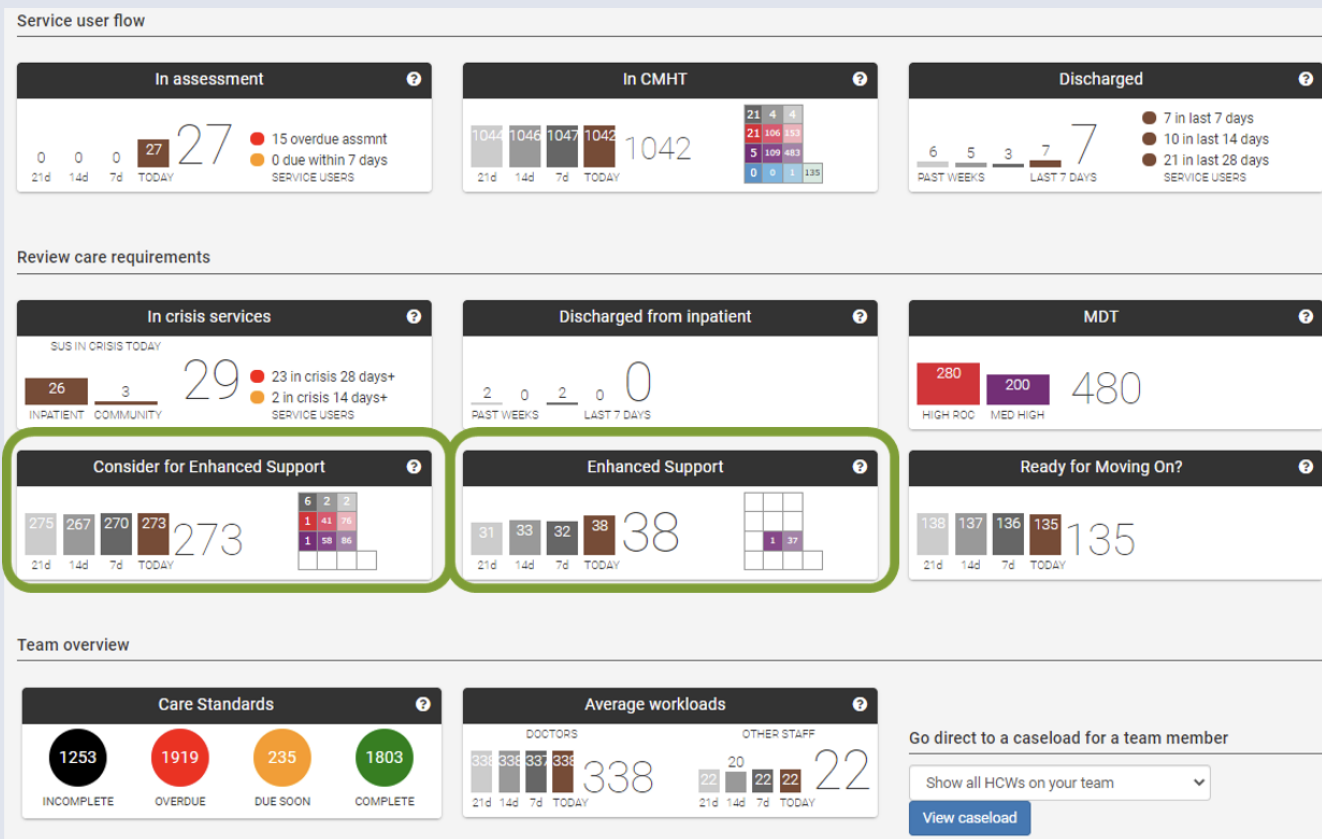
CMH Transformation



Covid making everything worse

Challenges

- Staff feeling overwhelmed with high caseloads
- Low confidence in moving people on from CMHTs safely
- Knowledge being lost when staff aren't present
- Difficulty identifying the most vulnerable and ensuring that their holistic needs are met
- CMH workforce shortages (vacancies, sickness, shielding and re-deployment during Covid)
- Trying to progress with transformation in a pandemic

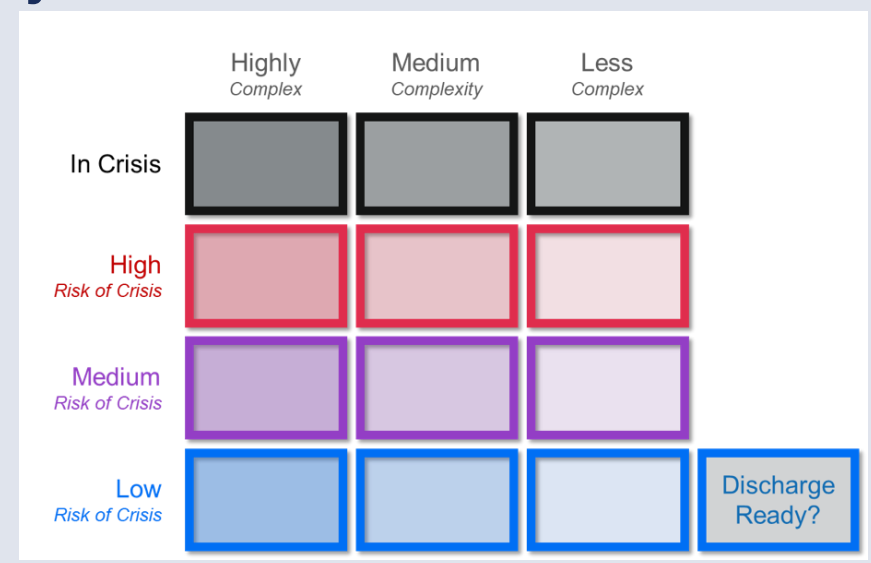


- MaST's analytics translate health record data into Risk of Crisis prediction, identifying the most vulnerable for support
- MaST's dashboards provide a platform for decision making across the MDT so that manual workarounds aren't required
- MaST provides consistent insight anywhere, reducing reliance on the presence of individual staff and enabling a joined up approach to care

By provoking clinical behaviour change in front line staff, MaST enables the delivery of strategic change across the system

A structured approach to understanding Risk and Complexity

- The Risk of Crisis algorithm was developed using a dual approach of evidence base and statistical analyses and validated with the Biomedical Research Unit, Kings College London (CRIS data)
- Identifies who might be more likely to use crisis services either in the community or as an inpatient
- Complexity factors provide a two dimensional approach to stratification and an opportunity to integrate data sources
- It informs where to invest resource for those needing stepped-up care and/or free up time by moving those who are recovering well to primary care
- This approach provides consistency across and between Trusts



MaST COVID19 DASHBOARD My Caseload All Service Users Team: All - Caroline Gadd-

Alert: RIO data file last provided at 14:37 on Saturday 9th May 2020 – 91 hours ago View all data feed dates

All Service Users

293 service users

Showing All HCWs All pathways

Service user	Contacts with services	Healthcare workers	Risk of crisis	Complexity	Grid	Complexity factors	Covid-19 pathway
Colm X PANIZZI 50 yo Female NHS No. 4123456789		Care team N. Epting, C. CP_09	High Less Complex	HC C LC IC HR MR LR	No CPA No Social care	No pathway recorded	No pathway recorded
Rosaline X WENYON 66 yo Female NHS No. 4123456789		Care team T. Draper, M. Polulack, C. CP_08	In Crisis Highly Complex	HC C LC IC HR MR LR	CPA MHA Other No CPA OAA S117	No pathway recorded	No pathway recorded
Loni X BERMEL 29 yo Male NHS No. 4123456789		Care team D. Niedzwiecki, M. McElerny, A. Woollam, R. Stegall,	High Complex	HC C LC IC HR MR LR	Substance No CPA No Social care avail	No pathway recorded	No pathway recorded
Marcela X LETENDRE 32 yo Female NHS No. 4123456789		Care team B. Sjerps, C. CP_02	High Complex	HC C LC IC HR MR LR	Substance No CPA No Social care avail	No pathway recorded	No pathway recorded
Loni X HABIB 62 yo Male NHS No. 4123456789		Care team A. Lormor, D. Haddad, N. Terranova, F. Wopf,	Medium High Less Complex	HC C LC IC HR MR LR	CPA No CPA Psychosis Residential Shielded Social care	No pathway recorded	No pathway recorded
Denver X TAHERI 80 yo Male NHS No. 4123456789		Care team A. Valerius, C. CP_03, C. Connors	High Complex	HC C LC IC HR MR LR	Substance No CPA No Social care avail	No pathway recorded	No pathway recorded

MaST Home Management - Team: Team2 - Caroline Gadd-

Routine data file last provided at 12:48 on Friday 11th December 2020 – 2 hours ago

In assessment In CMHT In crisis services **Discharged from inpatient** MDT Step up to CPA? Step down from CPA? Consider for discharge Discharged

Discharged from inpatient

11 service users

Showing All HCWs

Service user	Contacts with services	Healthcare workers	Risk of crisis	Complexity	Grid	Follow-up start date	72 hour follow-up	7 day follow-up
Rosie X BROUGHTON 80 yo Female NHS No. 4123456789		Care team B. Brinkman	High Less Complex	HC C LC D IC HR MR LR	6 days ago 05 DEC	FOLLOWED UP ON 07 DEC	FOLLOWED UP ON 07 DEC	
Barney X BRUNNER 34 yo Male NHS No. 4123456789		Care team (None)	High Less Complex	HC C LC D IC HR MR LR	5 days ago 06 DEC	FOLLOWED UP LATE ON 10 DEC	FOLLOWED UP ON 10 DEC	
Joye X DBASE 74 yo Female NHS No. 4123456789		Care team B. Campeau	High Less Complex	HC C LC D IC HR MR LR	3 days ago 08 DEC	FOLLOWED UP ON 08 DEC	FOLLOWED UP ON 08 DEC	
Paolina X DUFFEY 23 yo Female NHS No. 4123456789		Care team G. Bresnahan, C. Hutton	In Crisis Complex	HC C LC D IC HR MR LR	14 hours ago 11 DEC	FOLLOWED UP ON 10 DEC	FOLLOWED UP ON 10 DEC	
Thanh-Hoa X FURLow 90 yo Female NHS No. 4123456789		Care team B. Brinkman, T. Moynihan	High Less Complex	HC C LC D IC HR MR LR	5 days ago 06 DEC	09 DEC DEADLINE NOT MET	1 days to go 13 DEC	
Esko X GROVES 30 yo Female NHS No. 4123456789		Care team (None)	In Crisis Less Complex	HC C LC D IC HR MR LR	5 days ago 06 DEC	09 DEC DEADLINE NOT MET	1 days to go 13 DEC	

MaST Home Management - Team: Team2 - Caroline Gadd-

Routine data file last provided at 12:48 on Friday 11th December 2020 – 2 hours ago

Rosie X Broughton

Profile	Healthcare Workers	Timeline
<p>17th May 1940 (Age 80)</p> <p>Gender: Female</p> <p>NHS number: 4123456789</p> <p>Team: Team2</p> <p>Date of birth: Mental health cluster</p> <p>20 - Cognitive impairment or Dementia Complicated (High Need)</p> <p>ICPa summary: 1st Jan 2020</p> <p>Risk Assessment: No record</p> <p>CPA Review: Not required</p> <p>Annual Review: 1st Jan 2020</p> <p>Physical Assessment: 1st Jan 2020</p> <p>Care Plan:</p>	<p>Care team: B. Brinkman</p> <p>GP name: Dr Brown</p> <p>GP telephone number: 01632 960007</p> <p>GP address: The Surgery, 16-40 Riverside Drive, Hill Valley, Shireshire, BF1 1AA</p> <p>Other services with open referrals [other service list]</p>	<p>Filter by event type</p> <p>08 Dec 2020: F2F APPOINTMENT [F2F appointment details]</p> <p>01 Dec 2020: RISK ASSESSMENT [Risk assessment details]</p> <p>30 Nov 2020: F2F APPOINTMENT [F2F appointment details]</p> <p>23 Nov 2020: F2F APPOINTMENT [F2F appointment details]</p> <p>20 Nov 2020: F2F APPOINTMENT [F2F appointment details]</p> <p>17 Nov 2020: F2F APPOINTMENT [F2F appointment details]</p> <p>17 Nov 2020: F2F APPOINTMENT [F2F appointment details]</p>

Risk of Crisis and Complexity

Risk of Crisis: High

Complexity: Less Complex

Grid: HC C LC D
IC HR MR LR

Complexity factors: S117

Risk of Crisis history (algorithm generated)

One year ago Previous 52 weeks Last week

MaST Home Management - Team: All - Caroline Gadd-

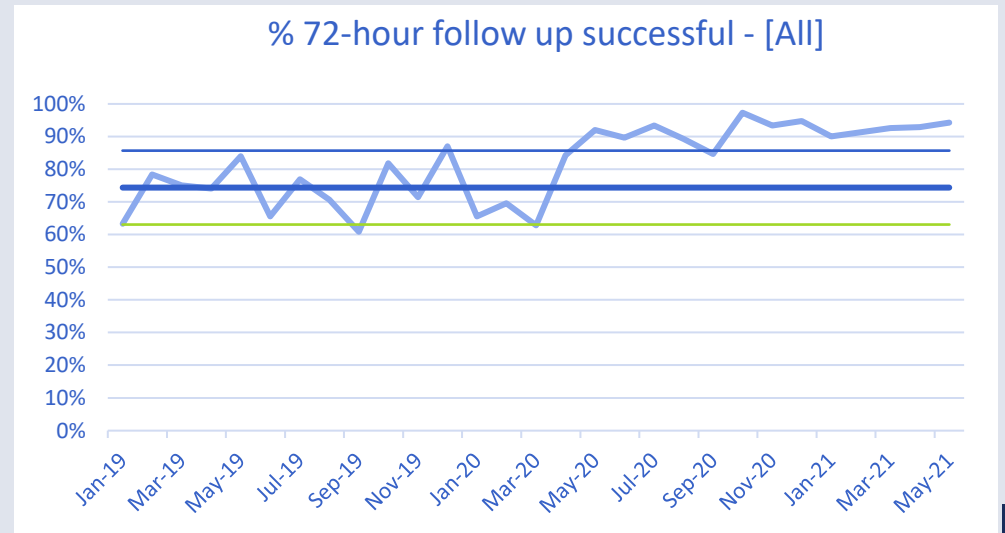
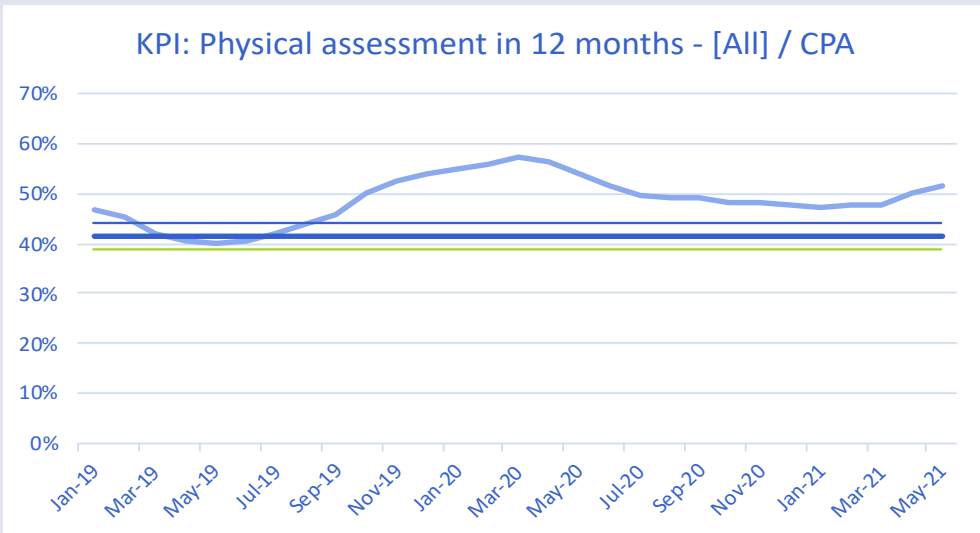
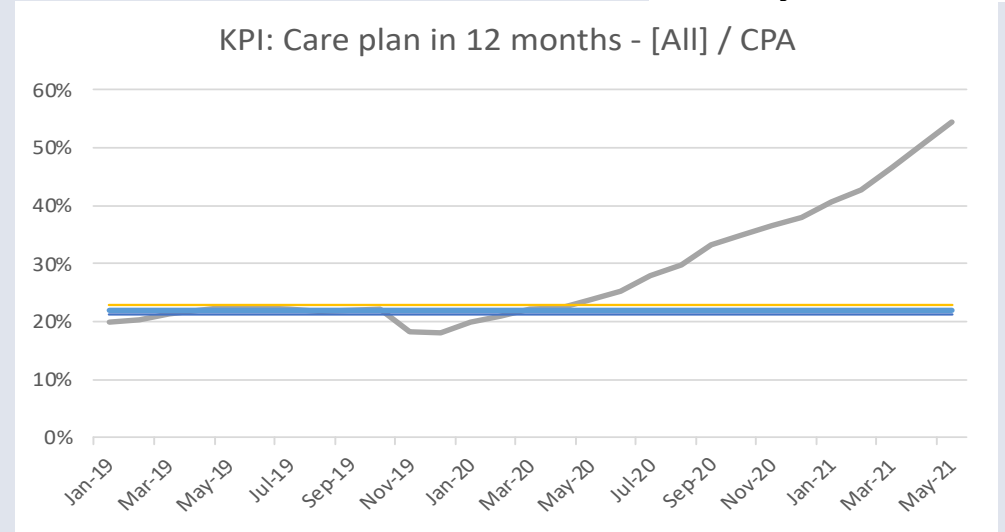
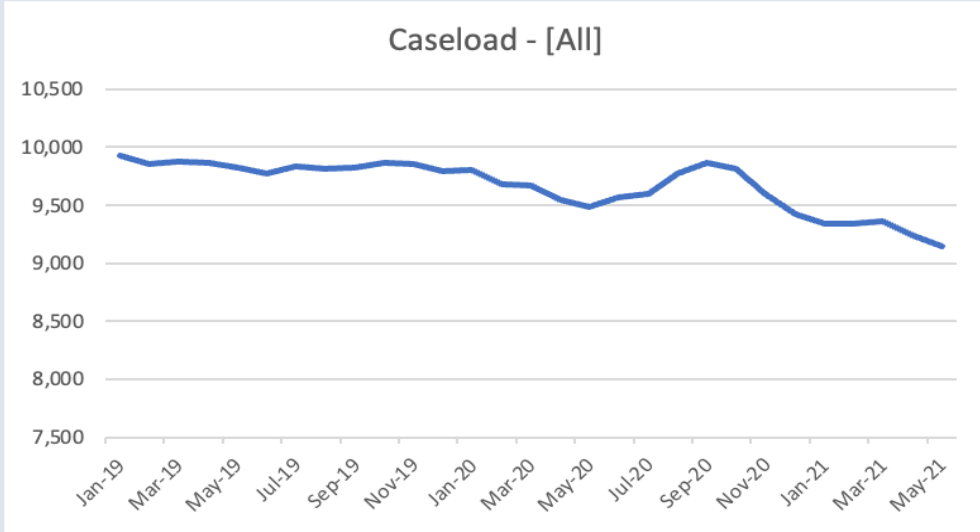
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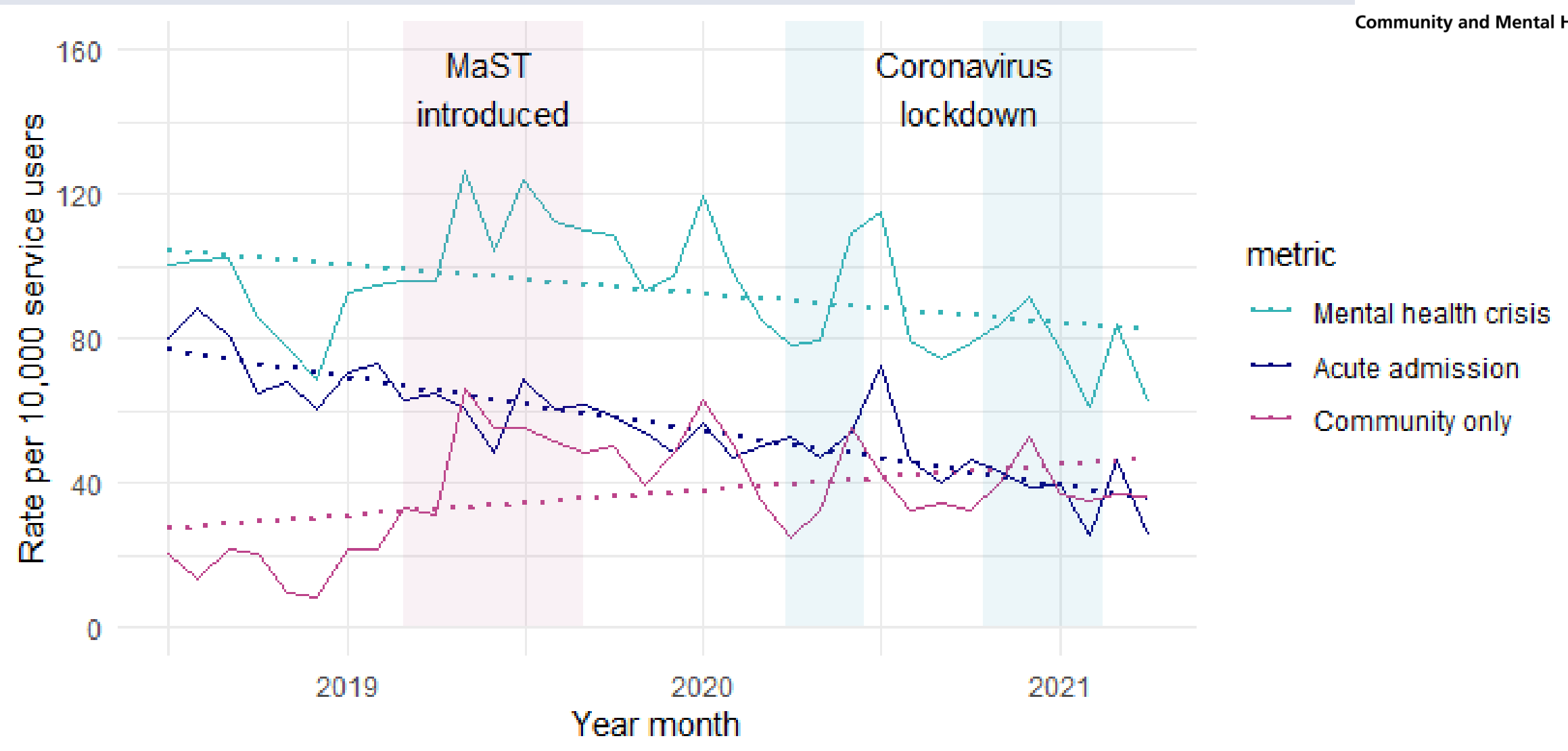
Average workloads

287 staff

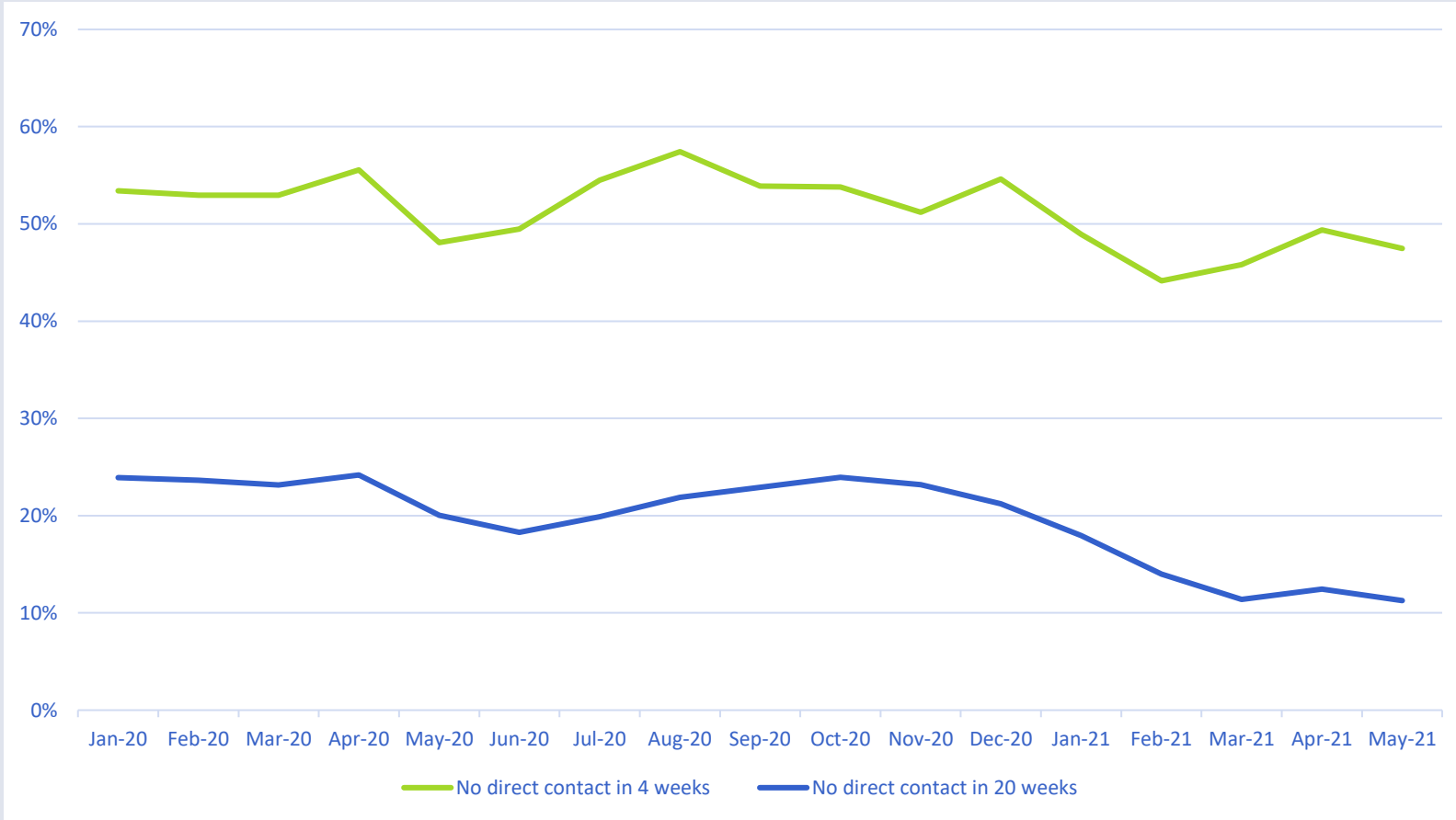
Staff member Role Total service users Faces to face contacts In crisis Highly complex Complex Less complex Discharge ready Last allocation

Cyndia X MANSOURATI NON-DOCTOR	33 SUs	31 Last 28 days	●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	23 days ago 08 Sep
Ame X BOROSKI NON-DOCTOR	31 SUs	74 Last 28 days	●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	3 days ago 28 Sep
Corabella X HALOVANIC NON-DOCTOR	30 SUs	17 Last 28 days		●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	4 months ago 07 Jun
Sickle X JARNAK NON-DOCTOR	29 SUs	22 Last 28 days	●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	12 days ago 19 Sep
Serene X WILLEKES NON-DOCTOR	28 SUs	43 Last 28 days	●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	5 days ago 25 Sep
Alaine X STAYTON NON-DOCTOR	28 SUs	14 Last 28 days	●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	25 days ago 05 Sep
Dusty X SALEH NON-DOCTOR	28 SUs	3 Last 28 days	●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	●●●●●●●●●●	1 month ago 18 Aug



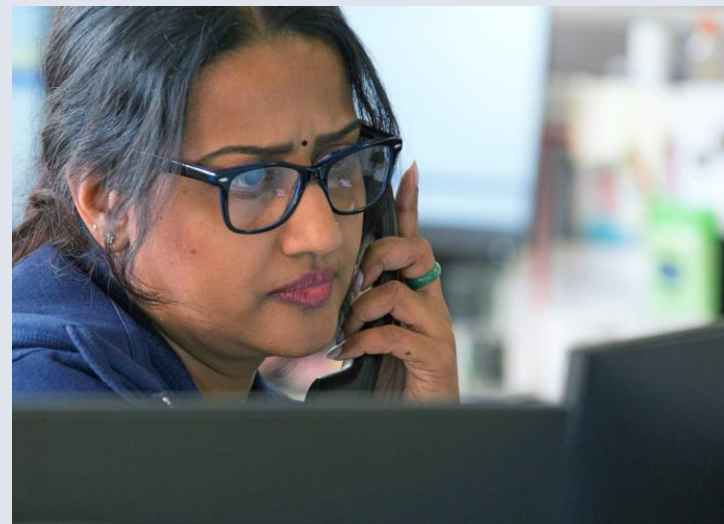


Impact on Contact Rates



MaST is an enabler for the CMH transformation programme

- All staff (clinical and managers) have a tool to support safe decision making and effective caseload management
- Improved flow of non-SMI patients from Adult CMHTs towards other appropriate services
- Prioritisation of our most vulnerable patients
- Rapid identification of unmet need for SMI patients
- Significant reduction of inactivity on CMHT caseloads
- MaST brings services together by presenting key 'cross-service' information in one place





- Expansion across Community Services with integration of physical health and social care data for consistency and continuity
- Pathways based approach with quality and safety indications which are meaningful to a range of providers
- System level insights to support planning and delivering effective care