25th March 2022

[redacted]

Email: [redacted]

Dear [redacted]

Official Information Act Request for – Mental Health

I write in response to your Official Information Act request received by us 27th January 2022, you requested the following information:

1. **Data showing the total population covered by the DHB's mental health and addiction services at the end of December 2021.**
2. **Data showing the total number of full-time staff employed by the DHB's mental health services in each of the last three years to the end of December 2021, particularly the number of psychiatrists, psychologists, and nurses.**
3. **A breakdown for each of the past three years to December 2021 showing the number of full-time psychiatrists, psychologists, and nurses employed in each of your mental health and addiction teams (eg alcohol and drug, child and youth, community, inpatient units etc).**
4. **Data showing the number of vacancies for psychiatrists, psychologists, and nurses in each of those three years to December 2021, broken down by teams.**
5. **Data showing the number of psychiatrists, psychologists, and nurses who left the DHB's mental health and addiction services in each of those three years to December 2021, broken down by teams.**
6. **Details of what regular updates are received by the mental health and addiction service's senior leadership on workforce and/or recruitment. (For example, do they have access to a dashboard of key metrics that provides data in real time; do they receive weekly or monthly written reports; which key metrics do they track.) If applicable, please provide copies of the three most recent updates.**
7. **Copies of key documents held by senior management created in the last two years that were substantially about the challenges in recruitment and/or the impact of staffing pressures on services.**
8. **Copies of key documents held by senior management created in the last two years that were substantially about the state of or challenges in CAMHS services.**
9. **Copies of key documents held by senior management created in the last two years that were substantially about the impact of the Covid-19 pandemic on your mental health and addiction services.**

Counties Manukau Health Response:
For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

1. **Data showing the total population covered by the DHB's mental health and addiction services at the end of December 2021.**
   Counties Manukau District Health Board (CMDHB) serves a population of 601,490. The number of people domiciled in the CMDHB catchment area accessing the CMDHB Mental Health & Addictions (MH&A) Service at a snapshot for December 2021, was 21,159 unique clients. This snapshot for December 2021 has been reported using the period October 2020 to September 2021 of three months lag, obtained from the Ministry of Health Access rates (PSS) report.

2. **Data showing the total number of full-time staff employed by the DHB's mental health services in each of the last three years to the end of December 2021, particularly the number of psychiatrists, psychologists, and nurses.**
   Please refer to the table below.

	01-Jan-19	01-Jan-20	01-Jan-21	01-Jan-22
Psychologists	41.0	30.8	44.0	43.0
Psychiatrists	48.0	49.4	60.0	50.0
Nurses	295.0	273.4	345.0	331.0

3. **A breakdown for each of the past three years to December 2021 showing the number of full-time psychiatrists, psychologists, and nurses employed in each of your mental health and addiction teams (e.g. alcohol and drug, child and youth, community, inpatient units etc).**
   Please refer to appendix 1 for a breakdown of this information.

4. **Data showing the number of vacancies for psychiatrists, psychologists, and nurses in each of those three years to December 2021, broken down by teams.**
   We do not hold historical data on vacancies. We have provided the below information by service and role as at 16th March 2022.

	Psychologists	Psychiatrists	Nurses
Acute Mental Health Unit			
Whai Oranga – Tiaho Mai	0	0	1.42
Ki Te Whai Ao – Tiaho Mai	2.0	0.5	-4.69
Kimi Whanaungatanga – Tiaho Mai	0	0	18.14
Manaaki Tangata – Tiaho Mai	0	0	-0.8
Tamaki Oranga	0	1.0	3.0
Koropiko – Psychogeriatric Ward	0	0	-3.85
Intake & Assessment and Home-Based Treatment	0	-0.5	11.48
Dedicated services			

Alcohol and other Drugs	2.0	0	-1.0
Dual Disability	1.5	0	0
Youth Forensics	1.3	0.55	1.0
Early Psychosis Intervention Team	0.6	0	0.4
MHSOP Community	1.0	0	3.5
Eating Disorders Service	0	0	0
Intensive Behavioural Team	1.0	0.2	0
Infant Mental Health	0.3	0.5	1.0
Intensive Community Team	1.0	1.0	0
Maternal Mental Health	-0.31	0.7	1.8
Mental Health Management	0.5	0	-8.12
Community Mental Health Teams			
Otara Mangere CMHC	2.0	1.4	0.4
Eastern CMHC	0.2	0	3.3
Franklin CMHC	-0.9	0	0
Manukau North CMHC	-1.0	1.0	0
Papakura Manurewa CMHC	1.0	0.3	0.2
Faletoa Pacific Cultural Clinical Liaison Team	1.0	0	1.8
Rapua Whaioranga Maori Cultural Clinical Liaison Team	0	0	0
Psychiatric Liaison	0	0	5.6
Vulnerable Children's Team	-1.0	0	-1.8
Taunaki CAMHS	1.0	1.0	3.0
Te Puawaitanga CAMHS	1.4	2.15	7.0
Grand Total	**14.59**	**9.33**	**42.96**

5. **Data showing the number of psychiatrists, psychologists, and nurses who left the DHB's mental health and addiction services in each of those three years to December 2021, broken down by teams.**
   CM Health experiences and expects staff turnover each year, staff may resign from their role including a number of reasons, including: family and/or personal reasons; new work or training opportunities; moving into the private sector or moving out of cities.

   Please refer to appendix 2 for a breakdown of the information requested.

6. **Details of what regular updates are received by the mental health and addiction service's senior leadership on workforce and/or recruitment. (For example, do they have access to a dashboard of key metrics that provides data in real time; do they receive weekly or monthly written reports; which key metrics do they track.) If applicable, please provide copies of the three most recent updates.**
   Business intelligence live data on workforce and People metrics are available to Managers at all times. The information changes regularly because it is available in real time. HR Business Partners highlight and work together with Managers to address any trends as part of their service delivery to the Services.

   Reports that are available for Managers to access 24/7 are:
   - KPI scorecard – staff headcount, labour turnover, leave trends etc
   - Staff management – individual employee dashboard with leave, training, attendance records etc
   - Leave management – team leave balances, leave taken over 12 months etc

- Recruitment – Current vacancies, budgeted FTE, approved ATR (approval to recruit) etc

A centralised Human Resources database sources the information used in for these reports and a new business intelligence tool (Qliksense) is currently being developed to enable local managers to access information at real time.

7. **Copies of key documents held by senior management created in the last two years that were substantially about the challenges in recruitment and/or the impact of staffing pressures on services.**
   The following key documents discuss challenges in recruitment and/or staffing pressures on the Mental Health & Addictions Service.

   Key Documents:
   - **Monthly Reports -** Regular monthly reports are provided at Senior Leadership Team level demonstrating the impacts of staffing levels on clinical services and provides a range of interventions clinical services are undertaking to ensure clinical and operational risks are safely managed with ongoing monitoring mechanisms. We have pulled related excerpts out of these monthly reports related to the challenges in recruitment and/or the impact of staffing pressures on the service in appendix 3, anything out of scope of these excerpts has been withheld.
   - **Deep Dive Presentation to Hospital Advisory Committee -** On the 4th November 2020, the Mental Health & Addictions Management presented an Operational Deep Dive to the Hospital Advisory Committee which provided an update on Mental Health and Addiction Services and included an update on workforce pressure. Appendix 4 reflects the section in the minutes on this presentation and a slide from the presentation that are in scope of your request.
   - **Hospital Advisory Committee Update 25/08/2021 (Public Excluded) –** During the public excluded part of the Hospital Advisory Committee in August 2021 the Committee had questions for the Mental Health & Addictions Team in relation to workforce, bed numbers and waiting list measurements. Appendix 5 reflects an excerpt of the minutes of updates that are in scope of your request.
   - **Clinical Services Plan -** Workforce development is one of the key priorities for the MH&A division and is included in the Clinical Services Plan – A 5 year forward view plan for specialist mental health and addiction services. The Clinical Services Plan is a whole of system plan however each Division has their own high level section in which a number of initiatives will be worked on across each Division. Appendix 6 contains the Mental Health & Addictions high level plan.
   - **Workforce Plan for MH&A –** attached as appendix 7 is a workforce plan for the MH&A division put together in November 2020 by the Clinical Head and Service Manager looking at workforce recruitment and retention.

8. **Copies of key documents held by senior management created in the last two years that were substantially about the state of or challenges in CAMHS services.**
   Please refer to Q7 - CAMHS is a service within the MH&A divisions.

   In addition to information provided in Q7 an update was provided about on the CAMHS waiting lists in the public excluded section of the Hospital Advisory Committee in August 2021. An excerpt of the minutes is reflected in appendix 8.

9. **Copies of key documents held by senior management created in the last two years that were substantially about the impact of the Covid-19 pandemic on your mental health and addiction services.**

Attached as appendix 9 is the latest Critical Service Delivery Guidance Omicron outbreak document from February 2022, and the draft COVID-19 Mental Health and Addictions Response Plan February to March 2022. Both documents are substantially about the impact of the COVID-19 pandemic on the Mental Health and Addiction Services, and serve slightly different purposes as outlined below:

The overall COVID-19 Response Framework for the Mental Health & Addictions service at Counties Manukau Health is attached as appendix 10. This document has been in existence since early 2020, and is a live document amended as required during the evolving COVID-19 pandemic situation in New Zealand. It remains a live document and will continue to be amended as required. The main contributors to this document have been the Clinical Quality & Risk Manager, the Service Development Manager, all Service Managers and all Clinical Heads.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Dr Peter Watson
Acting Chief Executive Officer
Counties Manukau Health

Appendix 1 – Full-time Psychiatrists, Psychologists and Nurses employed in MH&A Teams

Psychologists	2019 (Jan)	2020 (Jan)	2021 (Jan)	2022 (Jan)
Acute Mental Health Unit	0	1	1	1
AOD		0	0	
Dual Disability	1	2	2	1
Early Psychosis Intervention T	2	3	1	3
Faletoa		0	0	
Intensive Community Team (ICT)	1	1.8	1	
Manukau		2.5	3	
Matariki		0.9	4	
Maternal Mental Health	5	4.1	5	2
Mental Health Management	1	0	0	
MHSOP Community	2	0	0	1
Nga Raukohekohe		2	3	
Rapua te Ao Waiora		0	3	
Rapua Whaioranga				
Tamaki Oranga	0	0	1	1
Taunaki		4.6	5	
Te Puawaitanga		3.05	6	
Te Rawhiti		5.8	8	
VCT MH	0		0	
DWYF	1			1
eastern CMHC	5			7
Franklin CMHC	3			2
Infant Mental Health CMH	2	0	1	4
Manukau North CMHC	3			4
Otara Mangere CMHC	3			1
Papakura Manurewa CMHC	1			3
Whirinaki North	6			4
Whirinaki South	5			8
Grand Total	**41**	**30.75**	**44**	**43**

Psychiatrists	2019 (Jan)	2020 (Jan)	2021 (Jan)	2022 (Jan)
Acute Mental Health Unit	8	6	10	3
AOD		1	0	
CD MH	11	4.5	6	8
Dual Disability	1	1	1	1
Early Psychosis Intervention T	0	0	1	1
Intake & Asst and HBT	3	7	5	5
Intensive Community Team (ICT)	2	2.9	3	1
Manukau		1.9	3	
Matariki		5.1	6	
Maternal Mental Health	0	2.7	3	1
Mental Health Management	1	1	1	1

MHSOP Community	3	2	4	5
Nga Raukohekohe		1	2	
Rapua te Ao Waiora		2.9	4	
Taunaki		3	3	
Te Puawaitanga		3	3	
Te Rawhiti		4	4	
VCT MH	0		0	
Ward 35 East Koropiko	0	0	0	1
DWYF	0			1
eastern CMHC	4			3
Franklin CMHC	3			2
Infant Mental Health CMH	0	0.4	1	2
Manukau North CMHC	3			2
Otara Mangere CMHC	5			4
Papakura Manurewa CMHC	2			3
Whirinaki North	2			3
Whirinaki South	0			3
Grand Total	**48**	**49.4**	**60**	**50**

Nurses	2019 (Jan)	2020 (Jan)	2021 (Jan)	2022 (Jan)
Acute		2	3	1
Acute Mental Health Unit	16	1	16	10
AOD		1	1	4
CD MH	0	1	0	
CND MH	3	4.8	7	9
Dual Disability	2	2	3	3
DWS Community		3	3	4
DWYT		1	1	
Early Psychosis Intervention T	7	5.2	10	7
Eating Disorders Service	1	1	1	2
Faletoa		4	3	
IBT MH	2			
Infant Mental Health CMH	1	1	1	
Intake & Asst and HBT	49	44.3	54	57
Integrated Care South			1	1
Intensive Community Team (ICT)	12	13	13	12
Ki Te Whai Ao Wd 42	26	21.5	27	36
Kimi Whanaungatanga Wd 43	20	20.5	4	1
Manukau		6.8	9	
Matariki		7.6	11	
Maternal Mental Health	4	2.6	5	2
MHSOP Community	11	12	11	11
Nga Raukohekohe		6.9	7	
Pacific IC North		0.4	2	1
Psychiatric Liaison	8	4.4	5	3
Rapua te Ao Waiora		10.6	12	

Tamaki Oranga	16	16	17	12
Taunaki		12	16	
Te Puawaitanga		5.6	10	
Te Rawhiti		6.8	6	
Tui		30.4	25	
VCT MH	2		1	
Ward 35 East Koropiko	30	25	35	26
Watchhouse Project	1			
DWYF	1			1
eastern CMHC	7			7
Franklin CMHC	8			6
Manaaki Tangata			25	26
Manukau North CMHC	4			8
Otara Mangere CMHC	7			13
Papakura Manurewa CMHC	5			13
PI Team MH	4			3
Whai Oranga Wd 41	33			34
Whirinaki North	9			10
Whirinaki South	6			8
Grand Total	**295**	**273.4**	**345**	**331**

Appendix 2 – Psychiatrists, Psychologists and Nurses who left the DHB's Mental Health & Addictions Service

Psychologists	2018	2019	2020	2021
Acute Mental Health Unit	1			
Dual Disability	1			
DWYF	1			
Early Psychosis Intervention T	1		1	
eastern CMHC	1	1	1	
Franklin CMHC	2		1	
Infant Mental Health CMH	1	1	1	
Intensive Community Team (ICT)				1
Manukau North CMHC	2			
Maternal Mental Health				2
MHSOP Community				1
Otara Mangere CMHC	1	2	1	2
Papakura Manurewa CMHC	1	1		
PI Team MH		1		
Tamaki Oranga	1			
VCT MH	1			
Whirinaki North	1	1	3	1
Whirinaki South	2	3	2	1
Grand Total	**17**	**10**	**10**	**8**

Psychiatrists	2018	2019	2020	2021
Acute Mental Health Unit		1	1	3
CD MH	4	1		
Early Psychosis Intervention T				1
eastern CMHC	3			
Infant Mental Health CMH		1		
Intake & Asst and HBT		1	1	
Intensive Community Team (ICT)	1			1
MHSOP Community	4	1		
Otara Mangere CMHC	1			
Papakura Manurewa CMHC				2
Ward 35 East Koropiko		1		
Whirinaki North		1		
Whirinaki South				1
Grand Total	**13**	**7**	**2**	**8**

Nurses	2018	2019	2020	2021
Acute Mental Health Unit	1	4	1	
CD MH				1
CND MH			2	
Dual Disability		1		
DWS Community			1	
Early Psychosis Intervention T		1		1

eastern CMHC	1	1	2	
Eating Disorders Service				1
Franklin CMHC				1
IBT MH	1			
Infant Mental Health CMH				1
Intake & Asst and HBT	7	4	2	9
Intensive Community Team (ICT)	1	1	2	4
Ki Te Whai Ao Wd 42	3	2	2	5
Kimi Whanaungatanga Wd 43	1	6	3	1
Manaaki Tangata				4
Manukau North CMHC	3	1	1	2
Maternal Mental Health		3		2
MHSOP Community	3		5	1
Otara Mangere CMHC	3	1	1	3
Papakura Manurewa CMHC	6	1		2
PI Team MH			1	1
Psychiatric Liaison	1		1	1
Tamaki Oranga	1		1	3
VCT MH	3	1		
Ward 35 East Koropiko	3	1	3	1
Whai Oranga Wd 41	5	4	4	5
Whirinaki North	2			2
Whirinaki South	1	2	2	3
Grand Total	**46**	**34**	**35**	**54**

Appendix 3

APRIL 2020

Emerging Issues

Workforce Recruitment and Retention

Since the last vacancy report, the MH Division has had a net gain of 1FTE to a total of 609 employees. The overall vacancy in the Division remains at 17.5% with the highest vacancy rates across medical, nursing and psychology disciplines (21-25%) and in the CAMHS, MHSOP and Acute MH services. Service delivery is maintained through staff undertaking overtime and additional duties and the use of contractors.

The workforce issues are common across DHBs and were reflected in He Ara Oranga - the report form the Government's Inquiry into Mental Health and Addictions.

Concerns exists about potential impacts on staff wellbeing and service responsiveness. Mitigation includes enhancing our local recruitment and exploring international recruitment opportunities and focussing on supporting staff and teams through values based wellbeing approaches.

JULY 2020

Emerging Issues

Rapua Te Ao Waiora:

Rapua Te Ao Waiora, the Adult Mental health team covering the Manurewa/Takanini/ Papakura catchment areas are currently struggling to meet the service demands due to a continued increase in clinical requirements and decreased clinical capacity. At present the vacancy rate is 25% with 29FTE positions employed out of total of 39FTE.

The main pressure areas for the team are:

- Recruitment – ongoing challenges to recruit clinicians, particularly Consultant Psychiatrists, Occupational Therapists and Nurses (including clinical coordinator role). The team have been supported by a number of short-medium SMO locums and short-term assistance from clinicians in other community teams, however this approach does not support or provide strong clinical leadership within the team.
- Referrals - consistent high referral numbers, a number of which are from the acute services (Intake and Acute Assessment and inpatient services), with complex presentations (reluctance to engage with service, homelessness, co-morbid health issues etc). This has put additional pressure on the team, where clinicians are already struggling to provide appropriate clinical follow-up.

A number of strategies have been identified in order to support the team and to ensure that clinical risk and response are prioritised. Some of these short-medium term actions are as follows:

- Development of a comprehensive action plan. Initial stages of this have been completed, with next step being to meet with the wider staff group, including involvement with PSA, to engage staff in the solution focused approach and prioritisation of activities.
- A focus on recruitment and retention activities (high areas of vacancies for SMO, OT and RN)
- Identifying additional clinical resource from other community teams to support various functions within the team (eg caseload reviews/ discharges, coaching/ mentoring etc.)

The Clinical Head and Service Manager are prioritising their work to focus on the identified strategies and to ensure that mitigating activities are achieving the intended outcomes.

Update on previously reported issues

Issue	Update July 2020
High vacancies in some disciplines	16.3% (19% Dec) overall vacancy rate with nursing at 23.6% (27% Dec), SMO at 15.4% (18% Dec) and psychology 29% (22% Dec) which does not reflect the 5 psychology interns that are employed and provide some support. Contributing to the improvement in the overall rate is the over recruitment in OT (18%)and SW (13%) as interim approach. Contingency planning in place and new pilot with HML started to provide support for triage of referrals within working hours as well as after hours. There has been an increase in vacancies in acute and inpatient services following a number of staff retiring and various other reasons with Tiaho Mai having 21 vacancies across RN, EN and PA's and Acute Community has 16 vacancies mainly RN.

	The issue of continued vacancies continues to be a concern and is impacting on the ability of Tiaho Mai to open new beds. Other steps to support recruitment and retention are being considered across the MH
Te Puawaitanga (Child & Adolescent South team)	As reported over the last 12 months, the Child & Adolescent Mental health team covering the Southern part of CMH, (Te Puawaitanga) have struggled to meet service demands due to a continued increase in clinical requirements and decreased clinical capacity. The vacancy rate fluctuated over the year, reaching a high of 61.5% in October 2019 to 35.2% at the end of June 2020. There are an additional 6 clinicians who have accepted permanent roles with the team and are expected to join over the coming months. Noting however, that 5 of them are from overseas and the start date for 4 is still unconfirmed due to the Covid-19 situation. The team also continues to rely upon short-medium term SMO locums, however with the expected arrival of a permanent SMO in September and the potential to recruit a further 1-2 long term/ permanent candidates in late 2020, there is a more optimistic feeling within the team.

Risk Register

Risk	Strategy
1. Inability to deliver clinically safe core mental health services	• Proactive recruitment. Psychiatry: • Use of locums while seeking permanent staff. • Use of a flexible service model approach to support team with greatest need. Nursing: • Holding IMI clinics. • Active overseas 12 month fixed term appointments. • Active engagement with local training institutions to ensure future workforce pipeline. Psychology: • Private psychology agreements. • Active overseas recruitment. • Commitment to psychology internship. OTs: • Dedicated new grad posts with confirmed permanent employment.
Out of Scope	• Out of Scope

	Out [redacted]

Overtime in acute services Commentary - including contributory factors:

The service increased the use of overtime and external casual staff. The main contributor for the overtime and causal use is the high RN vacancies. The service is also recruiting to the converted PA to EN vacancies and it is anticipated that once this recruitment is finished we will see a reduction in the use of external PA/HCA staff. However, until recruitment improves for the RN workforce we will continue to see high overtime and external bureau use to cover these gaps.

Overseas Recruitment – Mental Health Services

Across Mental Health Services there are a total of 16 clinicians who have been offered permanent roles/ medium to long term contracts but who are currently overseas. The majority of them have had delayed start dates which has been primarily due to COVID19 related issues.

These clinicians are from the nursing (10) psychology (3) and medical professions (3) and are from the UK, USA and South Africa.

For the nurses, we are expecting a senior nurse in early August (his flights are now booked) and although we do not have specific arrival dates for the others, we are hopeful that they will complete their immigration and nursing council requirements and arrive within the next few months.

It is unknown when the 3 psychologists will be able to arrive due to delays in their home country in obtaining the necessary documentation for immigration requirements.

We are expecting the 3 permanent consultant psychiatrists between mid-August to mid September. All 3 of them are from South Africa and are in the final stages of obtaining their visas and MCNZ registration.

Over the last three weeks 4 clinicians have successfully arrived in New Zealand. 3 of them (2 SMO's and 1 RN) have completed the quarantine requirements and are now working in their respective clinical teams. As the SMO's had travelled by themselves (and therefore there were no privacy issues related to undertaking clinical activities while in the hotel room) we were able to utilise their time in quarantine to complete a number of on-boarding activities, including obtaining their APC. During their second week of quarantine, the SMO's were able to undertake remote clinical work via zoom.

The 4th clinician who is currently in quarantine, is an SMO. He arrived from Canada with his partner and young child and although he will not be undertaking any clinical work while in quarantine, we will utilise this time to orientate him to the NZ health sector and introduce him to the team (via zoom catch-ups).

There are a further 7 international candidates (SMO's) who are in various stages of the recruitment process and if appointed, are expected to start within the next 3-6 months.

In addition to the above, there has been a dramatic increase in the number of SMO CV's which have been sent to Recruitment via agencies in the last month. The majority of these are from the USA with candidates indicating that they would be available almost immediately for 6-12+ month periods. A number are wanting to come with their families and are citing that they are attracted to New Zealand as it has demonstrated its ability to successfully manage COVID-19 (as well as the opportunity to avoid being in the USA for the Presidential election).

With the influx of CV's this has provided the service with the ability to carefully select potential candidates, especially those who are looking for permanent/ long term locums.

Workforce Recruitment and Retention Project

The CDAH MHAS has been asked to project lead a workforce plan for MHAS. For CMH MHAS to meet the current and future needs of our community, we require a workforce that is representative of the people we serve and can deliver high quality services in an equitable and culturally responsive system of care. Workforce shortages and workforce capability are recognised among the critical challenges facing the sector globally and CMH is no exception. To meet this aim we require a cohesive workforce plan encompassing both short term and longer term goals. This project is in initial stages and involves clarifying the brief, accessing appropriate workforce data and initial ideas generation.

AUGUST 2020

Update on previously reported issues

Issue	Update August 2020
High vacancies in some disciplines	14.1% (16.3% July, 19% Dec) overall vacancy rate with nursing at 16.5% (23.6% July, 27% Dec), SMO at 14.6% (15.4% Jul, 18% Dec) and psychology 31% (29% Jul, 22% Dec) which does not reflect the 5 psychology interns that are employed and provide some support. Contributing to the improvement in the overall rate is the over recruitment in OT (20%)and SW (2%) as interim approach. It is encouraging to see the reduction in nursing vacancies which can partly be attributed to 11 new graduates commencing in August. The issue of continued vacancies continues to be a concern and is impacting on the ability of Tiaho Mai to open new beds. Other steps to support recruitment and retention are being considered across the MH
Te Puawaitanga (Child & Adolescent South team)	As reported over the last 12 months, the Child & Adolescent Mental health team covering the Southern part of CMH, (Te Puawaitanga) have struggled to meet service demands due to a continued increase in clinical requirements and decreased clinical capacity. The Clinical Head and Service Manager continue to prioritise activities which will enhance and support improved clinical delivery and team functioning. -Significant improvement has been made regarding vacancies. Vacancy rate in June 2019 was 58% and currently is 28.7%. (with an additional 3 staff expected to join in the coming months) -The team are also focused on streamlining and improving their clinical & operational processes to ensure responsive and best practice therapies are delivered within the required timeframes. -Referral volumes remain high, especially post COVID-19 lockdown, however with the introduction of the Single Point of Entry and the Acute Pathway it is hoped that this will reduce some of the pressure -With the increase in staffing levels, the team are planning to offer more therapeutic groups and to re-establish the integration work in the Franklin locality (in partnership with the MH&A NGO partners)
Rapua Te Ao Waiora the Adult Mental health team covering the Manurewa/ Takanini/ Papakura catchment areas are currently struggling to meet the service demands.	Number of strategies have been identified to support the team and to ensure that clinical risk and response are prioritised. • development of a comprehensive action plan overseen by CH and SM • engagement with staff group & PSA to work together to identify & implement solutions • targeted recruitment approach (vacancies are 33.3%) • redeployment of senior staff from other teams to assist with workload and coordination • employment of experienced agency nurse to focus on targeted clinical activities • Clinical Head and Clinical Director undertaking clinical work for part of week • Review of caseload, identifying 'hot spots' • CH and SM have a weekly liaison meeting with MH&A senior management team to review progress and identify high risk areas & response plans.

Risk Register

Risk	Strategy
3. Inability to deliver clinically safe core mental health services	• Proactive recruitment. Psychiatry: • Use of locums while seeking permanent staff. • Use of a flexible service model approach to support team with greatest need. Nursing: • Holding IMI clinics. • Active overseas 12 mos fixed term appointments. • Active engagement with local training institutions to ensure future workforce pipeline. Psychology: • Private psychology agreements. • Active overseas recruitment. • Commitment to psychology internship. OTs: • Dedicated new grad posts with confirmed permanent employment.
Out of Scope	Out of Scope

owever, a new risk will be documented that highlights the inability to achieve the planned increased capacity due to not being able to recruit enough staff to fill the roster. This change in the Corporate Risk Register will be completed in September 2020.

Overseas recruitment update:

Over the last 4-6 weeks we have had 3 overseas recruits arrive in New Zealand; 2 have joined Te Puawaitanga, the Child & Adolescent South team (SMO for 9 month locum from Canada and a permanent CNS from UK) and 1 joined the Ngaa Raukohekoe adult team in Pukekohe (permanent SMO from South Africa). While the clinicians were staying in the quarantine hotels, they had been

sent an orientation package, which included a work phone, tablet and relevant resource material. This enabled them to undertake some of the orientation activities, computer training and participation in relevant team meetings while in isolation. All of these activities were completed via zoom. The clinicians reported that they appreciated the opportunity to utilise this time productively while in the hotel and to also get to know some of their team colleagues.

Currently there are 2 additional clinicians in quarantine (2 permanent psychologists from South Africa who will be going to Matariki and Te Puawaitanga) with another 2 permanent clinicians expected within the next fortnight (SMO – ICT, SMO – Te Puawaitanga).

Across Mental Health Services there are a further 14 clinicians who have been offered contracts and are in the process of coming to NZ, 3 are SMO's, 1 psychologist and 10 registered nurses. In regards to the nurses, recruitment advises that a number of the RNs are currently still awaiting for CGFNS to complete their checks in order for the candidate to gain registration – this is a process that has been put in place by Nursing Council. For most of the candidates CGFNS have reached out to them advising that they are currently waiting on responses from universities, and due to COVID, some universities still remain closed.

SEPTEMBER 2020

Update on previously reported issues

Issue	Update 2020
High vacancies in some disciplines	15% (16.3% July, 19% Dec) overall vacancy rate with nursing at 20% (23.6% July, 27% Dec), SMO at 14.6% (15.4% Jul, 18% Dec) and psychology 31% (29% Jul, 22% Dec) which does not reflect the 5 psychology interns that are employed and provide some support. Contributing to the improvement in the overall rate is the over recruitment in OT (20%) and SW (2%) as interim approach. The issue of continued vacancies continues to be a concern and is impacting on the ability of Tiaho Mai to open new beds. Other steps to support recruitment and retention are being considered across the MH
Te Puawaitanga (Child & Adolescent South team)	The Clinical Head and Service Manager continue to prioritise activities which will enhance and support improved clinical delivery and team functioning. • Progress continues to be made regarding the vacancies with 3 clinicians starting in the team this month and a further 3 joining in October. • The team continues to refine clinical & operational processes including a review of the CAMHS eligibility criteria. • The team continues to develop robust systems to assist with early identification and mitigation of clinical risk. • Clinicians are delivering a variety of therapeutic groups, with a focus on offering options within the Franklin locality.
Rapua Te Ao Waiora - the Adult Mental health team covering the Manurewa/ Takanini/ Papakura catchment areas are currently struggling to meet the service demands.	The focus remains for the Service Manager and Clinical Head to support the local team and ensure that clinical risk and response are prioritised. A number of the support activities as detailed last month are ongoing and unchanged from last month. • Action plan overseen by CH and SM and bi-weekly regularly with senior management team. • Work with staff group & PSA continues to implement solutions. • targeted recruitment approach (vacancies are 33.3% no change) • redeployment of senior staff from other teams to assist with workload and coordination - ongoing • employment of a senior nurse (agency) to focus on targeted clinical activities • Clinical Head and Clinical Director undertaking clinical work for part of week. • Review of caseload, identifying 'hot spots'

Risk Register

[redacted] Out of Scope

However, a new risk will be developed in the coming month that highlights the inability of MH&A to staff to the facility's full resourced capacity of 60 beds due to nursing vacancies. This change in the Corporate Risk Register will be completed in October 2020.

Risk	Strategy

5. Inability to deliver clinically safe core mental health services	• Proactive recruitment. Psychiatry: • Use of locums while seeking permanent staff. • Use of a flexible service model approach to support team with greatest need. Nursing: • Holding IMI clinics. • Active overseas 12 mos fixed term appointments. • Active engagement with local training institutions to ensure future workforce pipeline. Psychology: • Private psychology agreements. • Active overseas recruitment. • Commitment to psychology internship. OTs: • Dedicated new grad posts with confirmed permanent employment.
6. Inability to open increased beds in Tiaho Mai expansion due to staffing shortages	• Although the facility is resourced for 60 beds and has this capacity in the new unit, due to nursing vacancies the service is not able to staff the increase beds and continues to have only the initial 52 beds open.

Overseas recruitment update:
There continues to be some progress made with some overseas staff having now commenced employment, some are in quarantine which is encouraging. However, there are still 6 nurses currently still awaiting for CGFNS to complete their checks in order for the candidate to gain registration – this is a process that has been put in place by the NZ Nursing Council. There has also been a further RN withdraw for personal reasons as result of Covid19. Further candidates are being presented for interview and the services continue to advertise for RNs.

OCTOBER 2020

Update on previously reported issues

Issue	Update July 2020
High vacancies in some disciplines	Overall vacancy rate 16.5% (15% Sept, 19% Dec) with nursing at 20% (no change from Sept, 27% Dec), SMO at 13.5% (14.6% Sept, 18% Dec) and Allied Health at 12% with Clinical Psychology accounting for majority of the vacancies (31% Sept).
Te Puawaitanga (Child & Adolescent South team)	We have seen improvement in October in welcoming 6 new clinicians to the team (1.0FTE permanent SMO). Recruitment activities continue to be focused on the SMO, psychology and nursing vacancies. Referral volumes remain steadily high (with increased acute and clinical complexity) with regular oversight and support provided by the Clinical head. With increased staffing levels, this provides the team with the opportunity to continue to progress the various clinical quality improvement activities which include: • focus to reduce of the waiting lists/ people not contacted in last 90 days • reviewing the current eligibility criteria and refining the single point of entry processes • expansion of the ILoC function in the Franklin locality
	Situation remains unchanged but is under regular monitoring with the Service Manager and Clinical Head continuing to have increased presence onsite to support clinical and operational functioning of the team. Internally team meetings are held fortnightly to encourage active engagement and update of staff around progress including reviewing various improvement strategies that have been identified. Various activities are undertaken to identify, monitor and support areas of clinical risk with additional resources provided by other community mental health teams. Activities remain as previously reported • targeted recruitment approach (vacancies are 33.3% - unchanged from last month) • redeployment of senior staff from other teams to assist with workload and coordination (staff member extended for an additional 3 months) • employment of experienced agency nurse to focus on targeted clinical activities • Clinical Head and Clinical Director undertaking clinical work for part of week • Review of caseload, identifying 'hot spots' • CH and SM have a fortnightly liaison meeting with MH&A senior management team to review progress and identify high risk areas & response plans.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk	Strategy
7. Inability to deliver clinically safe core mental health services	Proactive recruiting strategy both domestic and overseas offering a range of employment contract types. **Senior Medical Officer** Utilising locums while seeking permanent appointments Flexible service model approach with SMO and Nursing to assist high demand areas **Mental Health Nursing** IMI Clinics - Community MHN flexing to cover pressure areas Supporting CMH Workforce Strategy targeting future workforce pipeline **Clinical Psychologists & Allied Health** Private Clinical Psychology agreements Clinical Psychology internship programme – 3.0FTE confirmed starting early 2021. Occupational Therapy New Graduate roles - 3.0FTE confirmed starting January 2021
8. Inability to open increased beds in Tiaho Mai expansion due to staffing shortages	Although the facility is resourced for 60 beds and has this capacity in the new unit, due to nursing vacancies the service is not able to staff the increase beds and continues to have only the initial 52 beds open.

NOVEMBER 2020

Update on previously reported issues

Issue	Update November 2020
High vacancies in some disciplines	Overall vacancy rate is 15.8% (16.5% Oct) with nursing at 18.6% (20% Oct), SMO at 11.5% (13.5% Oct) and Allied Health at 11.5% (12% Oct) with Psychology accounting for 31.9% of the vacancies (31%). ▪ Three Psychologist Interns will be starting in the service March 2021. ▪ MH&A services currently contracts to 12.65FTE locum SMO contracts.
Te Puawaitanga (Child & Adolescent South team)	The Service Manager and Clinical Head continue to oversee the various working groups and quality focused activities which are occurring within the team. These initiatives are to support the ongoing high and complex referral volumes as well as ensuring that clinicians are prioritising clinical activities to minimise risk and ensure a timely response. ▪ There has been an improvement in the overall vacancy rate for the service currently sits at 23.1%. ▪ The two priority areas for recruitment continue to be Senior Medical Officers and Registered Nurses. ▪ All SMO positions are currently filled by 2 permanent and the 3 locums who leave mid 2021. ▪ Last month the service reported 6 new staff joined the service mostly from overseas recognising there were great travel delays due to Covid-19 restrictions.
Rapua Te Waiora (Adult Community Mental Health South Team)	The focus remains for the Clinical Head and Service Manager to oversee the clinical and operational delivery of service for this team. Various activities are occurring to support the team: ▪ Targeted recruitment approach – current vacancy rate is 22% (last month was 33%) however issues remain with attracting OT's and MHN's. ▪ Appointment of an acting manager for 6 month period (current manager re-deployed due to health issues) ▪ Additional clinical support provided by senior clinicians seconded from other services ▪ Preliminary work commenced on review staffing resourcing in line with population growth and increased unmet needs for Papakura/Manurewa. The commencement of the Acting Manager (Jan 2021) will provide the opportunity to review/ strengthen clinical pathways to ensure targeted approaches are undertaken and effective prioritisation of workload occurs.

Recruitment update:
Covid-19 is having some impact in the services ability to recruit across a number of key clinical roles. A high number of people who would otherwise be overseas are now available to take up local positions. Favourably all RMO positions have been filled beginning February 2021.

NZ has increasing become an attractive place to live and work and the service has seen an increase number of overseas nurses who have either being formally offered and are now awaiting to arrive

pending immigration and registration. Since July we have had 4 new nurses complete quarantine and commenced work with another 9 more nurses expected to start in early 2021.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk	Strategy
9. Inability to deliver clinically safe core mental health services	Proactive recruiting strategy both domestic and overseas offering a range of employment contract types. **Senior Medical Officer** ▪ Currently employing 12.65FTE SMO on locum contracts while seeking permanent appointments ▪ Flexible service model approach with SMO and Nursing to assist high demand areas **Mental Health Nursing** ▪ Improvement in nursing vacancy rate 18.6% - with 6 new nurses starting in January 2021 and 25 NG Nurses starting March 2021. ▪ International: 5 nurses have offered contracts and 4 undergoing reference checks ▪ MHN flexing to cover pressure areas ▪ Supporting CMH Workforce Strategy targeting future workforce pipeline **Clinical Psychologists & Allied Health** ▪ Private Clinical Psychology agreements ▪ Clinical Psychology internship programme – 3.0FTE confirmed starting by March 2021. ▪ Occupational Therapy New Graduate roles - 5.0FTE confirmed starting January 2021 ▪ International : 1 Clinical Psychologist awaiting arrival from UK
10. Inability to open increased beds in Tiaho Mai expansion due to staffing shortages	Although the facility is resourced for 60 with the capacity to stretch to 74 in the future, due to nursing staffing levels (vacancies) the service is currently running with 52 beds open. **Short term mitigations:** ▪ At present the service is running high overtime hours and increasing bureau and casual staff utilisation. High bureau usage is being identified as a E$C project. ▪ The service is compiling an options paper to inform future decisions and sustainable plans around capacity challenges at Tiaho Mai. **Longer term mitigations** ▪ 6 new nurses will be starting in Tiaho Mai in January 2021. ▪ 25 New Graduates will start NESP programme in 2021. MH&A will be looking to offer more NESP positions in the midyear intake.

	▪ Work has begun to review Allied Health staffing as part of a larger piece of work looking to enhance the model of care within an inpatient unit.

DECEMBER 2020

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rate is at 15.9% (19% Dec) with nursing at 21.6% (27% Dec), SMO at 9.8% (majority of vacant SMO positions are covered by locum arrangements which is not included in this formula) and Allied Health at 9.2% (12% Dec) with Clinical Psychology accounting for 28% of the vacancies (31% Sept).
Te Puawaitanga (Child & Adolescent South team)	These initiatives are to support the ongoing high and complex referral volumes as well as ensuring that clinicians are prioritising their clinical activities to minimise risk and ensure timely response. • focus to reduce wait lists • reviewing CAMHS eligibility criteria • onboarding staff new to New Zealand safely Recruitment activity continues to remain a key focus for the team. All SMO positions are currently filled with two permanent and 3 locums (until mid-2021).
Rapua Te Ao Waiora (Adult Mental health team)	Situation remains unchanged but is under regular monitoring by the manager and Clinical Head. Team meetings are held fortnightly to encourage active engagement and communication around progress including reviewing various improvement strategies that have been identified. Various activities continued during month of December: • Targeted recruitment approach – vacancy rate is the same as last month (22%), OT and RN positions remain a key focus. • Additional clinical support provided by senior clinicians seconded from other teams. • Preliminary work commenced geographical boundaries for the team due to increasing population of Manukau North catchment.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk	Strategy
11. Inability to deliver clinically safe core mental health services	Proactive recruiting strategy both domestic and overseas offering a range of employment contract types. Focus will also be on retention and supporting existing staff in reaching their potential as an overall strategy. **Senior Medical Officer** Utilising locums while seeking permanent appointments **Mental Health Nursing** Sixteen new graduate nurses will commence work in January 2021. Experienced MHN flexing to cover pressure areas

	Clinical Psychologists & Allied Health • Clinical Psychology internship programme – 3.0FTE confirmed starting early 2021. • Occupational Therapy New Graduate roles - 5.0FTE confirmed starting January 2021
12. Inability to open increased beds in Tiaho Mai expansion due to staffing shortages	Although the facility is resourced for 60 beds and has this capacity in the new unit, due to nursing vacancies the service is not able to staff the increase beds and continues to have only the initial 52 beds open. The following actions are being reviewed or implemented: • Six new graduate nurses begin in Tiaho Mai early in January 2021 • International recruitment pipeline is insitu – working through Covid19 travel restrictions • Reviewing the model of care in Tiaho Mai to increase capacity and capability of allied health employed to work in the unit.

JANUARY 2021

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rates have improved and currently at 15.9% (19% Dec) with nursing at 17.3%, SMO 8.2% and Allied Health 9.4%. Clinical Psychology reduced to 25.8% (28% Dec). Longstanding recruitment approaches including on boarding of new graduate staff (OT, RN and Clinical Psychologists) have contributed this overall positive reduction in vacancies.
Te Puawaitanga (Child & Adolescent South team)	The service manager is actively working with the divisional leadership group to progress the following work streams: • Recruitment and retention activities (current vacancy rate is 27.4% with priority with SMO and RN vacancies). • Streamlining clinical processes and clinical pathways. • Establishing CAMHS Acute and Single Point of Entry project (currently being evaluated and presented to MH&A Clinical Governance). • Engaging and collaborating with contracted NGO partners The service continues to focus on areas of high clinical risk and prioritising resources toward acute needs of children and young people.
Rapua Te Ao Waiora (Adult Mental health team)	The service manager is actively working with the senior leadership with regular updates provided at a joint senior management leadership meeting (monthly). • Targeted recruitment approach – vacancy rate has improved to 23.8% and set to reduce further over March and April. OT vacancy remains high in the service. • Work continues regarding the review of staffing requirements to meet the needs of the catchment area – an options paper to being drafted.

Risk Register

Risk	Strategy
13. Inability to deliver clinically safe core mental health and addiction services	There has been reported improvement in reduction of vacancies across the division. The area of high concern is nursing vacancies in Tiaho Mai inpatient Unit. Service leadership will continue to monitor and work on identified actions but will maintain this as a risk item on the risk register. The following actions are in motion: • Proactive recruiting strategy both domestic and overseas is continuing including the use of a range of employment contract types to attract • Utilising locums while permanent positions are being advertised • Flexible service model with SMO and Nursing assisting high demand areas • Supporting CMH Workforce Strategy targeting future workforce pipeline • Clinical Psychology internship programme 2021 • Nursing and Occupational Therapy New Graduate programme 2021 • Flexible working policy to enable work life balance

14. Inability to open increased beds in Tiaho Mai expansion due to staffing shortages	Although the facility is resourced for 76 beds and has this capacity in the new unit, due to nursing vacancies the service is not able to staff the increase beds and continues to have only the initial 52 beds open. Six new graduate nurses started working in the unit in January 2021. Even with the increase in nursing staff the unit is not able to open new beds. A total of 21 new graduate nurses are expected to start in 2021.

MARCH 2021

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rate 13.7.5% (14.1% Feb) with nursing at 20.4% (20% Feb), SMO at 5.6% (5.7% Feb) and Allied Health at 6.7% with Clinical Psychology at 23% vacancy rate (25.8% Feb). Overall vacancies remain relatively steady with improvements seen in SMO and Clinical Psychology since the beginning of the year.
Te Puawaitanga (Child & Adolescent South team)	The Service Manager and Clinical Head continue to work closely with the team on the following activities in place to support the capacity and resource issues ensuring clinical risks are reviewed and addressed within a timely manner: • Focus on recruitment and retention (current vacancy rate is 17% which is a significant improvement. Key vacancy areas continue to be RN and SMO. • Progression of the Single Point of Entry/ Acute pathway (following positive evaluation of the 12-month pilot) • Workforce development (ensuring all staff complete mandatory training). Regular in-service sessions with a focus on improving clinical practice • Support for the local leadership group (which focuses on clinical and operational matters)
Rapua Te Waiora (Adult Community MH&A Team) covering Papakura/Manurewa	There have been positive shifts observed in the team as a result of a new acting team manager who is fostering positive team culture. Overall the team continues to experience stressors related to resource and capacity demands with some noticeable improvements in March. A range of supports remain in place to minimise clinical risks and to ensure the staff are being supported. • Improved engagement with NGO providers to increase their input with whaiora • Recruitment and retention (vacancy rate has reduced to 20%. Key areas of focus for recruitment – RN, Clinical Coordinator, OT • Re-establishment of SMO leadership meeting • Exploring community options for clinics (Clendon Public Health, NGO sites and Manurewa Marae) to reduce the workspace pressure at Awhinatia site • Review of caseloads, which remain high in the service • Additional staffing is provided as required by the other adult community teams The Clinical Head and Service Manager continue to provide regular updates to the MH&A Leadership team. A paper is being prepared for senior management to review a range of options that looks to manage the flow of referrals into the service.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk	Strategy
15. Inability to deliver clinically safe core mental health services	Proactive recruiting strategy both domestic and overseas offering a range of employment contract types. **Senior Medical Officer** Utilising locums while seeking permanent appointments Flexible service model approach with SMO and Nursing to assist high demand areas **Mental Health Nursing** IMI Clinics - Community MHN flexing to cover pressure areas Supporting CMH Workforce Strategy targeting future workforce pipeline **Clinical Psychologists & Allied Health** Clinical Psychology internship programme – 3.0FTE confirmed starting early 2021. Occupational Therapy New Graduate roles - 5.0FTE confirmed started January 2021
16. Inability to open increased beds in Tiaho Mai expansion due to staffing shortages	Tiaho Mai new build facility has the capacity for 76 beds and as a result of high nursing vacancies the unit continues to operate with 52 beds. The service is reviewing the inpatient model of care with the view to expand the range of interventions and specialist skills available to support tangata whaiora and whaanau when accessing short stay in the unit.

APRIL 2021

MH&A Planning Days – 5 year forward view

The division and service leadership came together over two days, along with enabling functions, to review and identify key areas MH&A services for CM Health needs to focus on over the next five years. The divisional leadership signalled a number of key policy shifts at a national level that could impact how MH&A services will be delivered. The two days were divided into five key discussion themes that informs the framework for the MH&A Clinical Services Plan:

1. Planned and Integrated Care
2. Equity of Access and Outcomes
3. People Strategy
4. Patient, Whaanau and Community Centric
5. Quality Improvement Culture

Update on previously reported issues

Issue	Update April 2021
High vacancies in some disciplines	The divisional vacancy rate slipped to 14.9% in April (13.7% March) with nursing slipping to 22% (20.4% March), SMO steady at 5.9% (5.6% March) and Allied Health increasing slightly to 7.9%. Clinical Psychology also slipped to 25.2% (23.0% March).
Te Puawaitanga (Child & Adolescent South team)	The service manager and clinical head work closely with the Te Puawaitanga leadership group to identify risks and implement mitigation strategies as required. Focus remains on supporting the clinical and operational functions of the team. • Designated senior clinicians continue to review caseloads to ensure at risk clients are receiving timely interventions (noting there remain a high number of young people awaiting allocation). • The team manager continues to focus on recruitment with the overall vacancy rate remaining stable at 17%.
Rapua Te Waiora (Adult Community MH&A Team) covering Papakura/Manurewa	A change in operational manager has seen a positive shift regarding staff morale, engagement with the contracted NGO providers and recruitment efforts. Significant concerns remain relating to the team's capability and capacity to meet current clinical demands. Referrals into the team remain high, with a high number of whaiora presenting with acute and complex needs. Listed below are a range of activities supporting the team: - Recruitment and retention - vacancy rate has reduced to 18%. - Re-establishment of SMO leadership meeting as well as regular nursing forums - Exploring community options for clinics (Clendon Public Health, NGO sites and Manurewa Marae) to reduce the workspace pressure at Awhinatia site - Review of caseloads, which remain very high for some clinicians - Additional staffing resource is provided as required by other adult community teams

	A paper is being prepared to present to MH&A SLT to discuss demand and capacity options. Staffing resources has not kept up with increasing demand and complexity of presenting illnesses.

Risk Register

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses and Clinical Psychologists: • Increased barriers to access treatment and interventions • Reduced continuity of care within an integrated model for clients and their families Increased stress for staff • There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies.	High (Likelihood = likely, Consequence = moderate)	General • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff Senior Medical Officers • Any teams with vacant permanent roles utilise locums while they are seeking permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a particular team that has spare capacity can easily be released to assist a team in a different service that requires additional capacity Registered Nurses • IMI Clinic formations established (Covid-19) • Active overseas 12 month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Clinical Psychologists • Private psychology agreements • Active overseas recruitment focus • Commitment to psychology internship programme Occupational Therapist • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds.	High (Likelihood = likely, Consequence = moderate)	• Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme.

The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. The service currently has a high level of RN vacancies and has been unable to open any beds. The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.		• Recruit registered nurses from overseas for locum contract. • Temporarily moving staff from other areas to support service. • Utilize respite and home based treatment options for patients who may be discharged earlier.

MAY 2021

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rate 14.2% (14.9% April) with nursing at 22% (no change from April), SMO significantly slipped to 11.9% (5.9% April) and Allied Health at 8.9% with Clinical Psychology improving at 21.2% (25.2% April).
Te Puawaitanga (Child & Adolescent South team)	Focus remains on supporting the clinical and operational functions of the team. The service manager and clinical head work closely with Te Puawaitanga to identify short term solutions. • Senior clinicians continue to review the caseload to ensure that those most at risk are receiving timely interventions. (noting that there remains an unacceptable high number of young people awaiting allocation to a mental health clinician) • The team manager continues to focus on recruitment, and although the overall vacancy rate remains stable at 17.5%, one locum left in June and another one leaves in July and nursing vacancies sit at 54.7% (7 out of 12.8FTE filled – which includes the NG nurse)
Rapua Te Waiora (Community Adult MH&A Service) – Manukau, Manurewa, Takanini	Vacancy rate in the team is improving with a current vacancy rate of 18% (32/39 funded FTE). Demands continue to increase with reports the service received the highest number of referrals (114 referrals) in the last twelve months during May. The service manager and clinical head continue to actively work through recruitment efforts with some progress to date. The local team leadership group are also providing support to various staff groups and contributing to quality improvement initiatives. Staffing and skill-mix levels are struggling to meet current demands and complexity of presenting illnesses. The service will be looking to undertake a service sizing exercise to better understand the resources in the team.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in: • increased barriers to access treatment and interventions • reduced continuity of care within an integrated model for clients and their families	High (Likelihood = likely, Consequence = moderate)	The service leadership are working on the following actions. • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff • Develop a recruitment campaign working with an advertising/marketing agency – market the new Tiaho Mai Building • Reviewing the model of care in the Inpatient Unit with the aim to expand the

• increased stress for staff There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies.		range of psycho-social interventions and associated skill-mix required to deliver. Psychiatrists • Teams with vacant positions utilise locums while they are actively recruiting permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a particular team with capacity can be released to assist a team in a different service in demand. Nurses • IMI Clinics • Active overseas 12 month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Psychologists • Private psychology agreements • Active overseas recruitment focus • commitment to psychology internship programme OT's • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. Unfortunately the service has a high level of RN vacancies and has been unable to open any beds. The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to	High (Likelihood = likely, Consequence = moderate)	The service leadership are working on progressing the following actions. • Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. • Recruit registered nurses from overseas for fixed term DHB contracts. • Temporarily moving staff from other areas to support service. • Utilize respite and home based treatment options for patients who may be discharged earlier. • Develop a recruitment campaign using an advertising/marketing agency – market the new Tiaho Mai Building

the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.		

JUNE 2021

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rate remains relatively unchanged at 14.4% (14.2% May) with nursing at 18.9% (22% May), SMO at 11.9% (11.9% May) and Allied Health at 9.9% (8.9% May) with Clinical Psychology accounting for 25.8% (25.2%May).
Te Puawaitanga (Child & Adolescent South team) Servicing Papatoetoe, Manukau, Takanini, Manurewa, Pukekohe and Papakura	The service manager and clinical head continue to be actively involved in the clinical and operational aspects of this team. • Recruitment strategy remains focused on the key vacancy areas – SMO's, RN's and psychologists and the Service Manager attends the weekly local leadership meeting, providing guidance and input as required. • The Clinical head maintains oversight of clinical areas of concern (young people awaiting allocation) and directs clinical response and prioritisation of available resource. • Working groups have been established to review the various pathways and improve clinical functions (Neuro Development Pathway, Workflow Meeting).
Rapua Te Ao Waiora – the Adult Mental health team. Servicing the area of Takanini and Manurewa	Over the last 12 months several significant activities have meant there's been an improvement in the operational and clinical running of Rapua Te Ao Waiora team. Recruitment has seen new staff employed reducing the vacancy rate from 30% in July 2020 to 15% in June 2021. • Quality driven initiative groups have been established to focus on how to get most gains from MDT meetings and the use of IMI clinics. • Optimal utilisation of NGO resources delivering a holistic approach to whaiora wellbeing with focus on transitioning whaiora to primary care. • Therapy groups are now available for whaiora and whaanau (facilitated in partnership with NGO and/or delivered from NGO facilities. • Regular staff forums to improve transparency regarding areas of concerns, solution focused discussions, targeted training / development opportunities for staff, APA's completed. • Staff report improved working environment and increased support from local leadership team – SMO group, acting manager and clinical coordinator.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in:	High (Likelihood = likely, Consequence = moderate)	The service leadership are working on the following actions. • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff

• increased barriers to access treatment and interventions • reduced continuity of care within an integrated model for clients and their families • increased stress for staff There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies.		• Develop a recruitment campaign working with an advertising/marketing agency – market the new Tiaho Mai Building • Model of care review project in the Inpatient Unit with the aim to expand the range of psycho-social interventions and associated skill-mix required to deliver. Senior Medical Officers • Teams with vacant positions utilise locums while they are actively recruiting permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a team with capacity can be released to assist a team in a different service in demand. Registered Nurses • Active overseas 12-month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Clinical Psychologists • Active overseas recruitment focus • commitment to psychology internship programme – 5 new positions February 2022 Occupational Therapists • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. The service has a high level of RN vacancies and has been unable to open any beds.	High (Likelihood = likely, Consequence = moderate)	The service leadership are working on progressing the following actions. • Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. 12 NESP Nurses starting August 2021 • Recruit registered nurses from overseas for fixed term DHB contracts. • Temporarily moving staff from other areas to support service.

The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.		• Utilize respite and home based treatment options for patients who may be discharged earlier. • Develop a recruitment campaign using an advertising/marketing agency – market the new Tiaho Mai Building

JULY 2021

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rate is 14.2% (14.4% June) with nursing improving slightly down 16.7% (18.9 June), SMO at 10.8% (11.9% June) and Allied Health slipping to 14.4% (9.9% June). Clinical Psychology attributes the slippage in Allied Health with 31.6% (25.8% June) however the service has confirmed they will be taking on 7 Psychology Interns starting in February 2022.
Te Puawaitanga (Child & Adolescent South team)	Te Puawaitanga CAMHS continues to respond to high demand for complex and acute mental health presentations in young people. Although referrals have dropped over the last month, this is thought to be an anomaly and referrals are expected to return to regular volumes over the coming weeks. An acting manager has been confirmed for the team whilst recruitment is underway for a permanent manager. Clinical Head and Service Manager remain actively involved and work alongside the local management team. Main areas of focus are: • Recruitment (focus on SMO, RN and psychology) Current vacancy rate is 25% (RN 5.0 out of 12.8 FTE filled) • Staff retention and upskilling (regular in-service slots occur, completion of annual reviews, projects to review centralisation of appropriate clinical pathways/ therapies across the Taunaki and Te Puawaitanga CAMHS • Team processes and systems (enhancing the weekly MDT/ IDG processes, case reviews)
Rapua Te Waiora Community Adult service covering Manurewa and Takanini	Acting Team Manager, supported by the Clinical Head and Service Manager continues to support the operational and clinical work of the team. However as reported previously, the clinical demand at times exceeds the resource available from within the team. Space availability on site for clinical assessments is also becoming a significant challenge, particularly for psychologists. Work is underway to review and scope space options to improve patient flow and work areas for staff. Key areas of focus for the team: • Service manager continues to discuss staffing and resource needs with the General Manager and Clinical Director Recruitment • Quality initiatives • Caseload management • Staff Retention • NGO interface

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken

Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in: • increased barriers to access treatment and interventions • reduced continuity of care within an integrated model for clients and their families • increased stress for staff There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies.	High (Likelihood = likely, Consequence = moderate)	The service leadership are working on the following actions. • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff • Develop a recruitment campaign working with an advertising/marketing agency – market the new Tiaho Mai Building • Model of care review project in the Inpatient Unit with the aim to expand the range of psycho-social interventions and associated skill-mix required to deliver. Senior Medical Officers • Teams with vacant positions utilise locums while they are actively recruiting permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a team with capacity can be released to assist a team in a different service in demand. Registered Nurses • Active overseas 12-month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Clinical Psychologists • Active overseas recruitment focus • commitment to psychology internship programme – 5 new positions February 2022 Occupational Therapists • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by	High (Likelihood = likely, Consequence = moderate)	The service leadership are working on progressing the following actions. • Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. 12 NESP Nurses starting August 2021

the end of 2020. The service has a high level of RN vacancies and has been unable to open any beds. The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.		• Recruit registered nurses from overseas for fixed term DHB contracts. • Temporarily moving staff from other areas to support service. • Utilize respite and home based treatment options for patients who may be discharged earlier. • Develop a recruitment campaign using an advertising/marketing agency – market the new Tiaho Mai Building

AUGUST 2021

Update on previously reported issues

Issue	Update July 2020
High vacancies in some disciplines	Overall vacancy rate 14.2% (no change from July) with nursing improving slightly at 15.9% (16.7% July), SMO at 10.9% (10.8% July) and Allied Health (AH) at 15.6% (14.4% July) with Clinical Psychology accounting for the majority of the AH vacancies 33.5% (31.6% July).
Te Puawaitanga (Child & Adolescent South team)	Te Puawaitanga has seen a reduction in referrals in August largely as result of the nationwide lockdown. Experience show from previous lockdowns that a sharp increase in referrals shortly follows a high-level lockdown scenario. Service leadership remain actively involved and work alongside staff focusing on the following areas: • Ongoing recruitment for SMO, RN and Psychology. Current vacancy rate is 25% (RN 5.0FTE in position and 12.0FTE budgeted) • staff retention and upskilling (regular in service slots occur, completion of annual reviews, projects to review centralisation of appropriate clinical pathways/ therapies across Te Puawaitanga and Taunaki (CAMHS teams) • Improving team processes and systems through enhancing the weekly MDT/ IDG processes and case review meetings.
Rapua Te Waiora Adult Community Mental Health Service Takanini, Papakura, Manurewa	The service leadership team continue to support identified measures in place to ensure the safe and high-quality delivery of clinical services. However as reported previously, the clinical demand exceeds the resource available from within the team and has been exacerbated by chronic vacancies with some improvement seen in the last 2 months. Key areas of focus for the team: • Recruitment • Quality initiatives • Caseload management • Staff Retention • NGO interface

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in: • increased barriers to access treatment and interventions • reduced continuity of care within an integrated model for	High (Likelihood = likely, Consequence = moderate)	General • proactive recruiting strategy to ensure we attract quality candidates and retain quality staff Psychiatrists • any teams with vacant permanent roles utilise locums while they are seeking permanent staff • MHS utilises a flexible service model

clients and their families • increased stress for staff There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies.		approach where a psychiatrist allocated to a particular team that has spare capacity can easily be released to assist a team in a different service that requires additional capacity Nurses •IMI Clinics •Active overseas 12 month fixed term appointments •RN flexing to cover pressure areas •Active engagement with local training institutions to ensure a solid future workforce pipeline Psychologists •Private psychology agreements •Active overseas recruitment focus •commitment to psychology internship programme OTs •Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. The service has a high level of RN vacancies and has been unable to open any beds. The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.	High (Likelihood = likely; Consequence = moderate)	Only open beds for which staffing is available. Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. Recruit registered nurses from overseas for locum contract. Temporarily moving staff from other areas to support service. Utilize respite and home-based treatment options for patients who may be discharged earlier.

SEPTEMBER 2021

Update on previously reported issues

Issue	Update Sept 21
High vacancies in some disciplines	Overall vacancy rate 12.99% (down from August) with nursing improving slightly at 14.22% (15.9% August), SMO at 10.9% (No change from August) and Allied Health (AH) at 15.4% (15.6 % August). Clinical Psychology accounts for 29.4% of AH vacancies however this has improved slightly from last month (33.5% August)
Te Puawaitanga (Child & Adolescent South team)	The caseload or open cases is the lowest it has been in over 12 months (<490) as referrals have decreased during the current COVID lockdown period. Despite this, the service will remain under pressure until current vacancies have been filled. Clinically young people are presenting with high risks and complex health needs – related to the various psycho-social issues of lockdown. COVID-19 is impacting resources across the region to adequately respond to your people/ families who require intensive respite care. NGO partners working collaboratively with funders to create more respite options. The clinical Head, Service Manager and Acting Team Manager remain actively involved and work alongside the local leadership team. Main areas of focus continue to be: • Recruitment – current vacancies are 25.6% and expected to increase with the departure of an experienced RN and 2 locum SMO's in October. The Manager role has been advertised and shortlisting/ interviews will occur in mid-October. • Targeted meetings to ensure good understanding of the current issues/ risks and strategies developed in a timely manner (e.g. weekly team leadership meetings and weekly capacity and demand meetings) • Staff wellbeing – especially with extended COVID lockdown period
Rapua Te Waiora (Adult Community Mental Health Team, Manurewa, Takaniwi)	Caseload has remained relatively stable for this team (even during lockdown), and although vacancies are at 16.4% and staff morale is positive, there continues to be a challenge to meet the clinical demand placed on the team. Space availability on site for clinical assessments is also becoming a significant challenge, particularly for psychologists. (investigating options for porta-cabins on site). Service Manager and Clinical Head continue to support the Acting Team Manager. The team are engaged in identifying local initiatives to assist with clinical workflow management and pro-actively engage with their NGO partners to meet the needs of whaiora. • Additional FTE resource is still required for this team – with specific need for additional SMO, RN and admin support.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in: • increased barriers to access treatment and interventions • reduced continuity of care within an integrated model for clients and their families • increased stress for staff There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies.	High (Likelihood = likely, Consequence = moderate)	General • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff Consultant Psychiatrists • Any teams with vacant permanent roles utilise locums while they are seeking permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a particular team that has spare capacity can easily be released to assist a team in a different service that requires additional capacity Registered Nurses • IMI Clinics • Active overseas 12-month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Psychologists • Private psychology agreements • Active overseas recruitment focus • commitment to psychology internship programme OT's • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. Unfortunately the service has a high level of RN vacancies	High (Likelihood = likely, Consequence = moderate)	• Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. • Recruit registered nurses from overseas for locum contract. • Temporarily moving staff from other areas to support service. • Utilize respite and home-based treatment options for patients who may be discharged earlier.

and has been unable to open any beds. The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.		

OCTOBER 2021

Update on previously reported issues

Issue	Update Oct 21
High vacancies in some disciplines	Overall vacancy rate 15.06% (12.99% up from September) with nursing increasing to 16.54% (14.22% September), SMO increase to 13.53% (10.9% from September) and Allied Health (AH) at 16.31% (15.4 % September). Clinical Psychology accounts for 33.14% of AH vacancies increasing from last month (29.4 % September)
Te Puawaitanga (Child & Adolescent South team)	Caseload numbers continue to remain low (<500) during the COVID lockdown period. Clinically young people are presenting with high risks and complex health needs – related to the various psycho-social issues of lockdown. The Clinical Head, Service Manager and Acting Team Manager continue to progress the following: • Recruitment – the Team Manager role has been filled and the service will welcome the new person in December/January 2022. • Targeted meetings to ensure good understanding of the current issues/ risks and strategies developed in a timely manner (e.g. weekly team leadership meetings and weekly capacity and demand meetings) • Staff wellbeing – especially with extended COVID lockdown period
Rapua Te Ao Waiora (Adult Community Mental Health Service – Manurewa, Takanini, Papakura).	Caseload remains steady for this team despite Auckland being under COVID-19 Alert Level 3. Staff morale is positive the service is now recruiting for a permanent team manager. Service Manager and Clinical Head are continuing to carefully manage risks and mitigations. The team are engaged in identifying local initiatives to manage workflow and looking for opportunities to partner with NGO. Additional FTE resource is still required for this team – with specific need for SMO, RN and admin support capacity.

Risk Register

With the completion of phase II of the Tiaho Mai inpatient facility the Corporate Risk Register has been updated to include a new risk (Risk Item 2).

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in: • increased barriers to access treatment and interventions • reduced continuity of care within an	High (Likelihood = likely, Consequence = moderate)	General • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff Consultant Psychiatrists • Any teams with vacant permanent roles utilise locums while they are seeking permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a team that

integrated model for clients and their families • increased stress for staff • financial and clinical risk due to the costs of locum cover and unfilled vacancies.		has spare capacity can easily be released to assist a team in a different service that requires additional capacity Registered Nurses • IMI Clinics • Active overseas 12-month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Psychologists • Private psychology agreements • Active overseas recruitment focus • commitment to psychology internship programme OT's • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. Unfortunately, the service has a high level of RN vacancies and has been unable to open any beds. The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.	High (Likelihood = likely, Consequence = moderate)	• Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. • Recruit registered nurses from overseas for locum contract. • Temporarily moving staff from other areas to support service. • Utilize respite and home-based treatment options for patients who may be discharged earlier.

NOVEMBER 2021

Update on previously reported issues

Issue	Update
High vacancies in some disciplines	Overall vacancy rate 14.73% (15.06% down from October) with nursing slightly down to 15.84% (16.54% October), SMO up slightly to 13.99% (13.53% from October) and Allied Health (AH) at 15.72% (16.31% October). Clinical Psychology accounts for 30% of AH vacancies decreasing from last month (33.14% October)
Te Puawaitanga (Child & Adolescent South team)	The situation is improving with caseload numbers continuing to reduce this month for the service, however the overall vacancy rates of 35% remains a risk for the service of which 1.7 out of 5.0FTE are SMO, 8.1 out of 15.8FTE are nursing and 2.9 out of 19.0FTE of allied health positions remain vacant. Clinical Head and Service Manager continue to monitor and report on progress the following: • Recruitment – the Team Manager role has been filled and the service will welcome the new person in January 2022. • Targeted meetings to ensure good understanding of the current issues/ risks and strategies developed in a timely manner (e.g. weekly team leadership meetings and weekly capacity and demand meetings) • Staff wellbeing – especially with extended COVID lockdown period
Rapua Te Ao Waiora – Adult Community Mental Health Service covering Manurewa, Takanini and Papakura	The service will be removing this item off the issue register as the situation has improved and clinical and operational risks have been mitigated. Since the item has been raised the service overall vacancy rate has improved with 15% of which the highest number of vacancies sit within allied health with 6.0 out of 19.0FTE positions remain vacancy. Furthermore, the service has appointed a permanent team manager in September and the team was recently awarded a local team hero award in recognition of the COVID-19 response with the establishment of the drive through IMI clinics.

Risk Register

Risk (Include DHB # e.g. 10.4)	Overall Rating	Action Taken
Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OT's for some teams within MHS results in: • increased barriers to access treatment and interventions • reduced continuity of care within an integrated model for	High (Likelihood = likely, Consequence = moderate)	General • Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff Consultant Psychiatrists • Any teams with vacant permanent roles utilise locums while they are seeking permanent staff • MHS utilises a flexible service model approach where a psychiatrist allocated to a team that has spare capacity can easily be

clients and their families • increased stress for staff • financial and clinical risk due to the costs of locum cover and unfilled vacancies.		released to assist a team in a different service that requires additional capacity Registered Nurses • IMI Clinics • Active overseas 12-month fixed term appointments • RN flexing to cover pressure areas • Active engagement with local training institutions to ensure a solid future workforce pipeline Psychologists • Private psychology agreements • Active overseas recruitment focus • commitment to psychology internship programme OT's • Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment)
In September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds. The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. Unfortunately, the service has a high level of RN vacancies and has been unable to open any beds. The vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the Covid-19 restrictions has negatively impacted on the recruitment of overseas nurses.	High (Likelihood = likely, Consequence = moderate)	• Only open beds for which staffing is available. • Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. • Recruit registered nurses from overseas for locum contract. • Temporarily moving staff from other areas to support service. • Utilize respite and home-based treatment options for patients who may be discharged earlier.

Appendix 4 – Hospital Advisory Committee Minutes Excerpt

5.5 Operational Deep Dive: Mental Health and Addictions (Dr Ian Soosay, Charles Tutagalevao)

Dr Soosay and Mr Tutagalevao provided a presentation. Key points:

- The division employs 800 FTE with a staff ethnicity very similar to the DHBs community.
- The workforce is youthful and length of service peaks at 1-2 years although expecting to see a shift in this due to Covid-19.
- Services are provided from community centres through to respite care, catering for infant to older people.
- Service users and whaanau are at the centre of the service and are able to access a suite of services with less fragmentation that are culturally responsive, clinically safe and closer to home.
- Access rates for Maaori and Pasifika continue to meet Ministry targets and are high users of the service.
- Wellness support rates are pleasing, within GP practice users able to access funded interventions in the community.
- There is an increasing number of service users accessing secondary services.
- The DHBs peer support workforce (NGO and DHB) is the largest in Australasia.
- Covid-19 resulted in a significant increase in telehealth interventions with 67% of clinicians able to transition their approach to service user care during alert Level 3 and Level 4.
- Workforce pressure is a national issue but the DHB has seen some improvement in psychiatry and nursing vacancies in recent times and is leading the investment in Nurse Practitioners with three in place and a further two coming on-line in 2021.

Mr Gosche noted the lack of younger peer support workers and asked how the DHB could develop its workforce strategy as a career choice and a pathway into other health careers. Mr Gosche is interested to see the underlying vacancy problem. Dr Soosay advised that some areas are improving quite quickly, such as psychiatry, and more locals staying. The Junior Registrars training scheme is massively over-subscribed and Nursing is still a challenge.

Ms Glenn asked how many workers had returned since Covid-19. Dr Soosay advised the number was low, but more importantly people were not moving away. However, if Australia reopens its borders, it might become challenging again.

Operational Deep Dive Presentation Slide in scope of request

Challenges & Opportunities

COUNTIES MANUKAU HEALTH

Covid19

- Psycho social pressure in the community – SUDI
- Telehealth – 67% of clinicians were able to seamlessly transition their approach to service user care during each COVID-19 Alert level 4 and level 3
- Preparedness Plans

Workforce Strategy

- Psychiatry and Nursing vacancies are improving
- Development of alternative workforces
- Review of cultural models of care

Whole system Approach

Local NGO Procurement – system refresh

Investment in Primary Care – Access & Choice

Regionally agreed approaches – NRA

Appendix 5 - Hospital Advisory Committee Minutes Excerpt 25/08/2021 (Public Excluded)

1.1 Mental Health and Addiction Services (MH&A)

Questions were asked about current workforce, lack of staff (workforce), bed numbers (facilities) and wait list measurement in relation to CM Health mental health services. The following report has been provided by Charles Tutagalevao (General Manager).

Workforce

Challenges with recruitment to vacancies and retention of permanent Psychiatrists, Nurses, Psychologists and OTs for some teams within MHS results in:

- increased barriers to access treatment and interventions
- reduced continuity of care within an integrated model for clients and their families
- increased stress for staff

There is also potential to create long term financial and clinical risk due to the costs of locum cover and unfilled vacancies. The service leadership are working on the following actions:

- Proactive recruiting strategy to ensure we attract quality candidates and retain quality staff
- Development of a recruitment campaign working with an advertising/marketing agency – market the new Tiaho Mai Building
- Undertaking a Model of care review project in the Inpatient Unit with the aim to expand the range of psycho-social interventions and associated skill-mix required to deliver.

Senior Medical Officers

- Teams with vacant positions utilise locums while they are actively recruiting permanent staff
- Mental Health Services utilises a flexible service model approach where a psychiatrist allocated to a team with capacity can be released to assist a team in a different service in demand.

Registered Nurses

- Active overseas 12-month fixed term appointment
- RN flexing to cover pressure areas
- Active engagement with local training institutions to ensure a solid future workforce pipeline.

Clinical Psychologists

- Active overseas recruitment focus
- commitment to psychology internship programme – 5 new positions February 2022.

Occupational Therapists

- Dedicated new graduate posts with confirmed permanent employment (vs. fixed term employment).

Beds/Facilities

September 2020, the second stage of the Tiaho Mai facility construction was completed. The new unit has a total capacity of 76 beds.

The service had planned to open 8 new beds (an increase from 52 beds to 60 beds) by the end of 2020. However the service has a high level of RN vacancies and has been unable to open any beds.

The current high vacancy rates for RNs have seen an increase in overtime and utilisation of bureau staff. Closure of the borders due to the COVID-19 restrictions has negatively impacted on the recruitment of overseas nurses.

The service leadership is progressing the following actions:

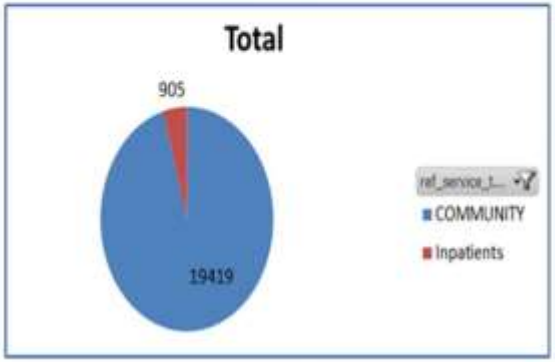
- Only open beds for which staffing is available
- Support higher numbers of newly graduated nurses into the New Entry to Speciality Practice NESP Programme. 12 NESP Nurses starting August 2021
- Recruit registered nurses from overseas for fixed term DHB contracts
- Temporarily moving staff from other areas to support service
- Utilize respite and home based treatment options for patients who may be discharged earlie.
- Develop a recruitment campaign using an advertising/marketing agency – market the new Tiaho Mai Building.

6.3.7 Mental Health and Addiction Services Division

Mental Health & Addiction Services

Service Role	*Mental Health & Addiction Services deliver a wide range of specialist secondary and tertiary services to enable people in Counties Manukau with mental health and addiction needs to live longer, healthier lives. While services are predominantly delivered across the age spectrum to people within the Counties Manukau catchment area; Dual Disabilities and Forensics are specialised regional services. Services are focused on mental health promotion, prevention, identification and early intervention. These range from preventative services such as Suicide Prevention, Primary Care services such as Wellbeing Support, through to specialist secondary and tertiary mental health services delivered in hospital and the community. The Provider arm MH&A services also has key interests in the Psychosocial response in our community, as guided by the Kia Kaha, Kia Māia, Kia Ira Aotearoa: Psychosocial and Mental Wellbeing Plan.* *A whole-of-system, integrated approach is applied to mental health, addiction and wellbeing to provide holistic options for our population, across the full continuum of need*
Clinical Leads	*Dr Ian Soosay, CD & Divisional Lead; Rachael Muir, CND; Melodie Barr CD AH&ST*
Management Leads	*Suzanne Kerruish, Wanda Condell & Pip Matthews, SMs; Charles Tutagalaveo, GM*

Service Type		*Notes*
Community	✓	• *Maaori Mental Health & Integrated Care South provides community-based MH&A services to all ages with a clinical-cultural focus on the Maaori population. Community hubs are based in* **Papakura, Pukekohe and Manukau.** • *Pacific Mental Health & Integrated Care North provides community-based MH&A services to all ages with a clinical-cultural focus on our Pasifika population. Community hubs are predominantly in* **Otahuhu, Pakuranga and East Tamaki** • *District-Wide services provide the following specialised services: Regional Dual Disabilities (RDD), Needs Assessment Service Coordination (NASC), Mental Health Services for Older People (MHSOP), Early Psychosis Intervention Team (EPIT), Intensive Community Team (ICT), Youth Forensics/IBT, Maternal Mental Health, Infant Mental Health, and Eating Disorders.*
Acute	✓	• *Tiaho Mai Acute Inpatient Unit ; 28 beds in two High Density Units and 48 beds the two Low Density Units, based at* **Middlemore Hospital** • *Koropiko (Ward 35) ; an 18 bed ward within* **Middlemore Hospital** *for people over 65 years with mental health and behavioural issues.* • *Tamaki Oranga; a 20 bed regional male inpatient rehabilitation unit based in* **Otara,** *with 13 beds allocated to Counties Manukau, 3 allocated to Auckland DHB, 3 allocated to Waitemata DHB and 1 flexible bed shared between Auckland and Waitemata dependent on need.* • *Home Based Treatment (HBT) team provide acute clinical services in the community*



- *90% referrals are to the community teams, 4% to acute inpatient services*
- *82% of referrals to acute inpatient services transferred to community teams to support transition of tangata whaiora back into their environment.*

FTE	SMO	RMO	NP	SN & RN	Other nursing	AHST
Acute&in-patient	15.5	11		192	59	24
District wide	13	2		51	1	64
CMH South	14	2	2	43	0	72.5
CMH North	13	3	2	41	0	55
Other	9	2		6	0	13
Total	**64.5**	**20**	**4**	**333**	**60**	**228.5**

Mental Health & Addiction Service

BENEFIT	INTERVENTION / ACTION	CHANGE / ACTIVITY	ACCOUNTABILITY MEASURE
Is patient, whaanau & community centric	Roll out of Access & Choice Primary Mental Health initiatives	• Introduce Health Improvement Practitioners/ Health Coaches in 25 high needs GP practices, including marae based clinics by 2025 • Implement Awhi Ora – NGO psycho-social support in community	• Improvement in access rates • Formal evaluation of new service configurations • Reduction in waiting times for assessment
	Complete NGO procurement for co-designed specialist Mental Health services in localities	Implement and embed services in localities	
	Improve acute response for tangata whaiora in distress	• Complete trial with national telehealth service for 24hr triage and response • Utilise Access & Choice integration to provide more tailored & locally provided psycho-social support	
Is focussed on equity of access & outcomes	Implement Primary Mental health services for Maaori & Pacific peoples and Youth	• Develop referral and advice pathways for HIPs/HCs, youth primary services and Maaori and Pacific primary services • Implement pathways, inclusive of Ql risk reporting in 2022/23 • Review and refine pathways in 2023/24	• HIP and HC pathways complete by end of Q2 2021/22 • Youth primary pathways complete by end of Q3 2021/22 • Maaori and Pacific primary pathways complete by end of Q4 2021/22 • 90% s76 clinical reviews completed on time by Q4 2021/22 • Medication pathway implemented by Q2 2021/22
	Reduce rate of Maaori on indefinite orders under the Mental Health Act	• Complete s76 clinical reviews within regulatory timeframes • Develop funded medication pathway	
Supports safe, quality patient care	Improve range of enhanced interventions	• Embed Whare Tapa Wha care framework • Expand Occupational Therapy groups • Expand bed numbers & review skill mix and models of care	• Pathways implemented • Reduction in waiting times • New models of care and referral pathways in place
	Develop evidence based & culturally appropriate pathways of care	• Explore new models of care for toxic delirium in collaboration with the Emergency Department & Medicine • Implement a new neurodevelopmental service for children by 2022 • Implement a generic discharge pathway across all teams • Develop a disability pathway • Review and refine models of care and referral pathways for planned/episodic care	
Supports planned and integrated care	Expand and refine support for primary care in managing mental health in the population	• Strengthen GP helpline • Review ILoC model • Develop stronger intra-sectoral governance structures to support collaboration and co-ordination • Further develop opportunities for inter-agency collaboration through the South Auckland Social Wellbeing Board	• Comprehensive care pathways implemented • ICT and Tamaki Oranga reconfigured
	Enhance service to tangata whaiora with severe and complex needs	• Audit and review of relevant clients • Develop a comprehensive care pathway and an evidence based model of care • Review configuration of the Intensive Community Treatment team & Tamaki Oranga	

Appendix 7

DRAFT

Developing a workforce plan for Mental Health & Addictions – Workforce recruitment and retention: Executive summary

1. The need for an MH&A workforce plan

CM Health Mental Health & Addictions (MH&A) has a vision that people in Counties Manukau with a mental illness and/or an addiction live longer, healthier lives, with equity of health outcomes. To achieve this, MH&A needs a high quality/fit for purpose and fully recruited workforce that reflects the ethnic diversity of our community and meets their mental health and addiction needs.

He Ara Oranga identified that addressing a number of existing workforce issues, and developing an expanded and more culturally competent workforce would be key enablers of the changes it recommends, saying that 'significant recruitment and retention into the specialist (DHB) clinical workforce' would be required. Within the government's response to He Ara Oranga is the understanding that the development of a resilient, diverse and skilled workforce is crucial to delivering the vision of mental wellbeing.

There is also a clear expectation in the government's response to He Ara Oranga that services will be collaboratively designed to meet the needs of local communities and priority populations - meaning that, in addition to the provision of integrated primary mental health and addiction services, there will need to be an expansion of kaupapa Maaori, Pacific and youth-specific models of service delivery, with the core components developed collaboratively with communities, providing people with a choice of service models and settings.[1]

In this context a key strategic question for MH&A will be: how do we transform a system that requires both new / expanded workforces and the retention and growth of specialist mental health and addictions clinical workforces?

Future development must be underpinned by good workforce data and analytics, an understanding of the future service landscape and aligned workforce development strategies. MH&A is undertaking work to better understand future demand, and workforce requirements and trends, to inform on-going investment and activity within a workforce plan. In summary, MH&A is taking opportunity to consolidate current efforts into a cohesive vision / direction to build a future workforce which can continue to meet the needs of Counties Manukau's communities.

2. The CM Health and DHB context

As with the health systems of other developed countries, CM Health and the other New Zealand DHBs face the challenge of recruiting and retaining a MH&A workforce that meets the rising demand and increasingly complex and co-morbid health problems of their communities combined with meeting the expectations of the public.

Over time, as we transform our approach to mental health, addiction and wellbeing, our models of care and workforce approaches will change. This includes exploring intentional pathway development and structured supports to enable existing workforces to upskill quickly and implement new approaches in the workplace.

[1] MHA Partnership Group actions – MoH update on B19 (workforce development)

A MH&A workforce plan will look to draw understanding from relevant / current work being undertaken around workforce and organisational development and look to develop strategies for specific cohorts, including engagement with our staff on better understanding their experiences of working in MH&A.

2.1. Results from 2019 NZ DHB survey[2] - general trends

Summary: Of the national 6282.6 established (budgeted) nursing, medicine, psychology, occupational therapy and social work specialist clinical FTE in Oct 2019, there were 792.4 vacant *permanent* FTE and a vacancy rate of 12.6% across the DHBs. Of the larger DHBs CM Health had a vacancy rate of 20%, second to the Bay of Plenty and similar to CapCoast HV&W DHB. By discipline CM Health's Nursing vacancy rates were the fifth highest of all DHBs at 21.7%. SMO vacancy rates for CM Health were also the fifth highest at 23.3%. CM health's psychology vacancy rates were the second highest at 28.8%. It was recognised that MH&AS nationally had an ageing workforce and that there was a growing reliance on clinicians trained overseas to fill gaps. ; The removal of MH Nursing from Immigration NZ's 'Occupational Priority List' was considered to have hindered the ability to make NZ an attractive place to work for this profession. There was also competition from other sectors for some disciplines especially psychology and SMOs.

Vacancy issues: Qualitative report provided by the DHBs saw 75% say that vacancy issues had become 'a bit worse' (50%) or 'much worse' (25%) in the last two years. In terms of the difficulty of recruiting within ideal timeframes, SMOs (83%), Psychologists (61%) and Registered Nurses (62%) were considered 'very difficult'.

Recruitment challenges: Multiple challenges were reported including needing support with: the lack of specialist clinical workforce in local areas; identifying and reaching target recruitment audiences; competition from other sectors; and improvements to speed up processes with regulatory authorities for registration of new clinicians.

2.2. Identified challenges specific to nursing[3]

As nurses make up the largest proportion of clinical staff there has been on-going work to better understand issues and opportunities of this part of the workforce.

Relevant and specific issues identified for the nursing profession include an increase in competition for recruitment of experienced mental health nurses. This is coming from a variety of employers including: primary care, forensic services, telehealth organisations and criminal justice services. The police have recently indicated that they will be employing experienced mental health Registered Nurses. In addition, New Zealand trained nurses are moving to other countries, especially Australia, because the benefits are perceived to be better.

These factors have contributed to the large number of current vacancies for Registered Nurses in particular areas. Inpatient, Intake and Acute Assessment and some Community Mental Health Teams are experiencing high vacancy rates with little uptake of advertised positions. The situation is less significant for Enrolled Nurses now that training has recommenced. Mental health services seek to balance the staff in terms of gender and try to match the admission rates in terms of gender and ethnicity. This is increasingly difficult to achieve.

[2] Mental Health Specialist Clinical Workforce Issues presentation by Dr Peter Watson, Clinical Director, CMH MH&AS, October 2019

2.3. Results from the CM Health Employee Engagement Survey 2019

This survey in late 2019 provided an insight into what is important for staff and their experience of working for CM Health. Follow-up action plans are currently being developed within the different divisions/services to strengthen the connection between staff engagement, staff retention and better patient and service user outcomes.

CM Health summary: At the DHB level, the survey was completed by 60% of staff. On average 74% said they would recommend CM Health as a place to work and 72% said they would recommend CM Health as a place to receive care. Other high level results included: 94% agreed their work made a difference to people; 78% felt comfortable to speak up about errors and issues; 69% said they were comfortable to speak up about inappropriate behaviour; 59% said they were happy with their work-life balance; 63% said that senior leaders were visible and approachable; 63% agreed that we generally live our values. Furthermore, 20% said they had personally experienced what they perceived to be bullying or harassment in the past six months and 29% said their health and wellbeing had suffered due to their work, while 17% said they had experienced what they perceived as discrimination at work in the past six months. While these were average scores across all surveyed staff, there was a wide range of scores across specific groups e.g. division / teams, disciplines. CM Health generally compared well against the seven other DHBs who also undertook this survey. It was generally agreed that a key take-away theme from the results is the importance of addressing staff wellbeing.

Mental Health and Addictions summary: 63% of MH&A staff completed the survey, with 62% recommending CM Health as a place to work and 64% recommending CM Health as a place to receive care. 92% agreed their work made a difference to people; 69% felt comfortable to speak up about errors and issues; 70% said they were comfortable to speak up about inappropriate behaviour; 52% said they were happy with their work-life balance; 51% said that senior leaders were visible and approachable; 55% agreed that we generally live our values. Furthermore, 20% said they had personally experienced what they perceived to be bullying or harassment in the past six months and 30% said their health and wellbeing had suffered due to their work, while 21% said they had experienced what they perceived as discrimination at work in the past six months.

Mental Health & Addictions Response: Detailed understanding of these results at the MH&A divisional, service and team level, as well as developing action plans to address issues and leverage opportunities within specific groups (such as teams or disciplines) is being achieved through direct engagement led by service and team managers and clinical leaders. An engagement plan will be implemented to support this work and align with strategies for improving recruitment and retention.

3. Strengths, Weaknesses, Opportunities and Threats analysis (SWOT)

The following summarises strengths and weaknesses (internal focus) and opportunities and threats (external focus) that characterise or surround workforce recruitment and retention efforts in our current environment.

Strengths	**Weaknesses**
• High level of awareness and willingness to address current issues and future workforce needs (DHB and MH&A level) • Strategies and actions already underway to address various current and future issues • Positive signs of workforce engagement and passion for the work people do – as reflected in the Employee Engagement Survey	• Ageing workforce e.g. in nursing • Some areas of workforce dissatisfaction – as reflected in the Employee Engagement Survey • No formal workforce strategy to date to address recruitment and retention challenges • Challenges around accuracy and ease of access to up-to-date HR data • Current vacancy levels means some teams are stretched thin – drawing from one team to fill gaps in another
Opportunities	**Threats**
• High level of awareness of issues and willingness to address and change (MoH level and also nationally through He Ara Oranga etc.) • Continue to improve links with primary care and community wider social sector • COVID-19 may increase locally available workforces • Changes in workforce demographics towards being reflective of the population • Greater clarity and understanding of the role and scope of the unregistered workforce • Increased capacity and confidence working across the continuum – focusing specialist resource on responding to specialist needs [with Access and Choice spanning the primary care continuum] • Thinking differently about how we use the workforce • Workforce planning approaches that embrace complexity and uncertainty, as noted in the literature[4]	• Workforce development being done in an environment of ongoing and significant sector change • Significant national and international shortages of some health professions • Competition from other sectors and countries • MH nurses not on the NZ Immigration skills shortage list • Lack of coordination between tertiary training institutions and DHBs

4. Key risk and alignment

While there are workforce recruitment and retention risks that relate to the impacts of vacancy levels, ageing and dissatisfaction in areas, there are equally wider risks that relate to the alignment of health policy development and change programmes with workforce planning and considerations of impacts of the same[5]. Currently within the context of MH&A at Counties Manukau Health there are a number of frameworks and current strategic approaches – listed below - that a MH&A workforce plan would need to align with, as appropriate. In addition, further development of a workforce plan would require an active approach to risk analysis, at the least through the maintenance of a risk register to ensure MH&A has a detailed and updated understanding of short

[4] https://www.nzma.org.nz/journal-articles/new-zealand-s-health-workforce-planning-should-embrace-complexity-and-uncertainty (2019)

[5] *The evolution of New Zealand's health workforce policy and planning system: a study of workforce governance and health reform (2019), Gareth H Rees*

and long term risks and mitigation strategies including alignment, in the current landscape of change and reform.

Key current areas of alignment

- He Ara Oranga
- PSA career framework
- NGO procurement programme
- Health & Disability review
- Mental Health and Addiction Workforce Action Plan 2017-2021
    - CM Health Employee Engagement Survey 2019 and resulting action plans
- CM Health People Strategy – framework to support the Healthy Together strategy
- MH&A digital strategy.

5. The Counties Manukau Mental Health & Addictions services context

5.1. Snapshot: updated workforce profile, July 2020 – who we are by discipline and service (July 2020 data based on a total 726 employees[6])

Overview *– At the level of the whole workforce, the ethnic makeup of MH&A staff (Fig.1) roughly reflects the makeup of the Counties Manukau population (Fig.2.). This staff profile however is much less aligned with the Counties Manukau population who are in all specialist MH&A services in the district i.e. including NGOs (Fig.3 Source: PRIMHD).*

Fig.1. MH&A staff ethnic make-up

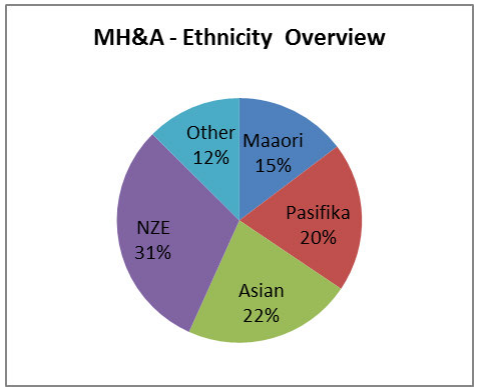


Fig.2. Ethnic make-up of Counties Manukau district

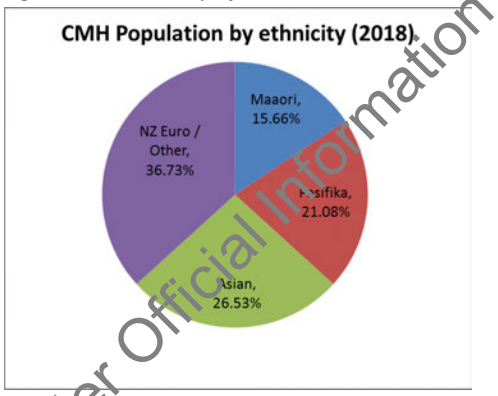
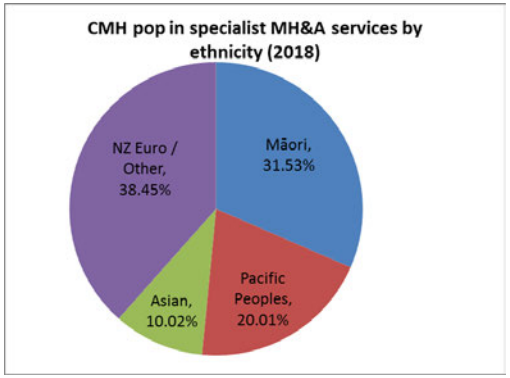


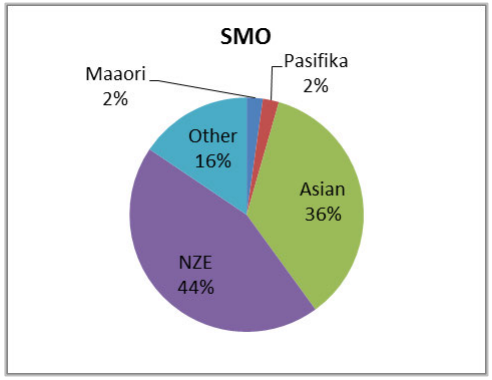
Fig.3. Ethnic make-up of service users across all MH&A - PRIMHD



[6] HR data provided for this snapshot, July 2020 comprises 753 names, within which there are 27 duplicates for a total 726 employees or 619.55 FTEs.

MH&A staff ethnic profiles by discipline *- There are significant inequities in the distribution of staff ethnicities when we view the distribution of staff by discipline (Fig. 5-14).*

Fig.4.



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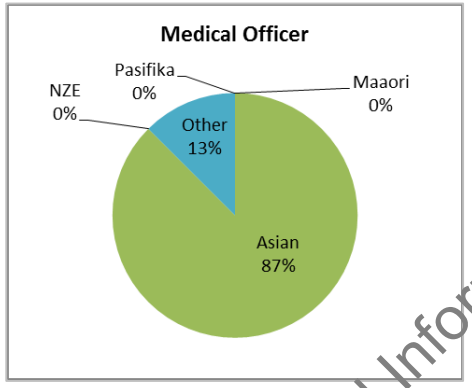


Fig.6.

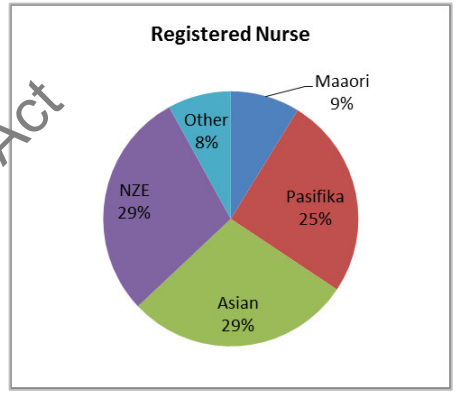
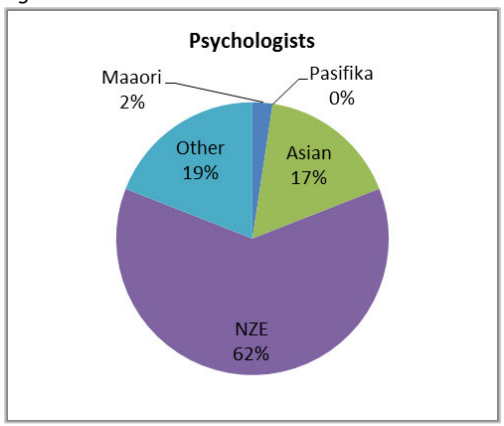


Fig.7.



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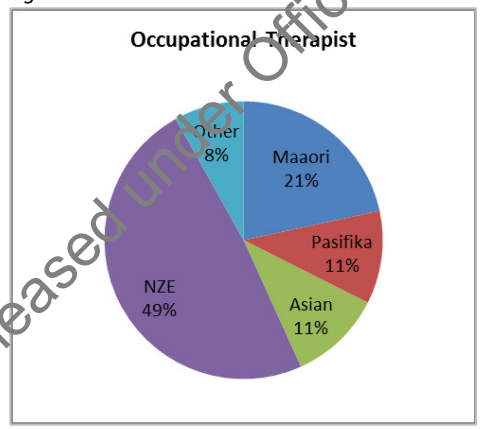


Fig.9.

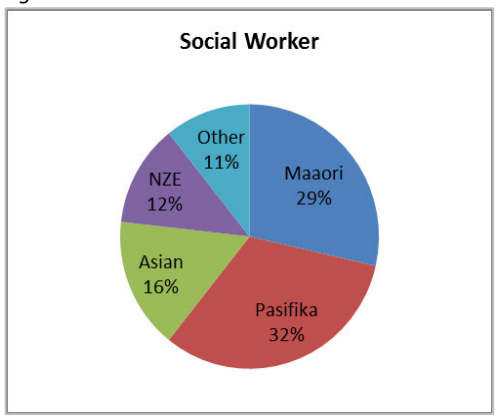


Fig.10.

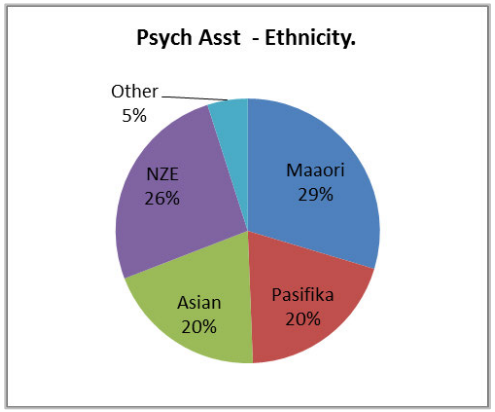


Fig.11.

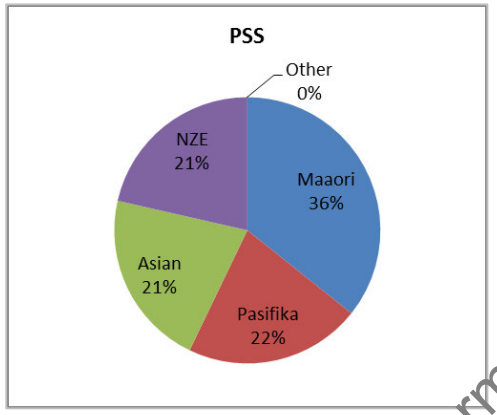


Fig.12.

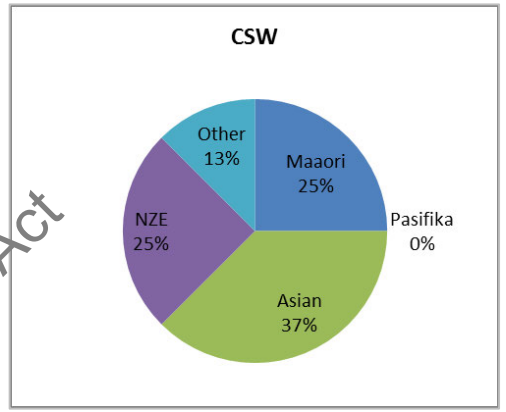


Fig.13.

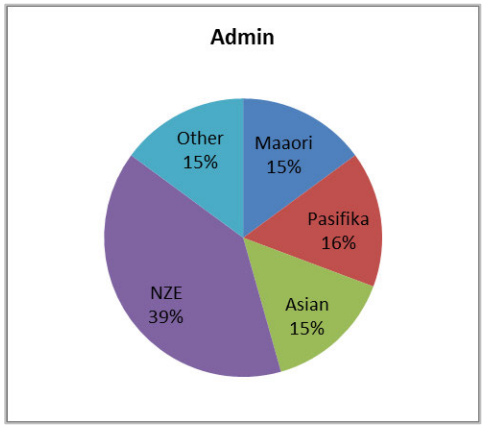
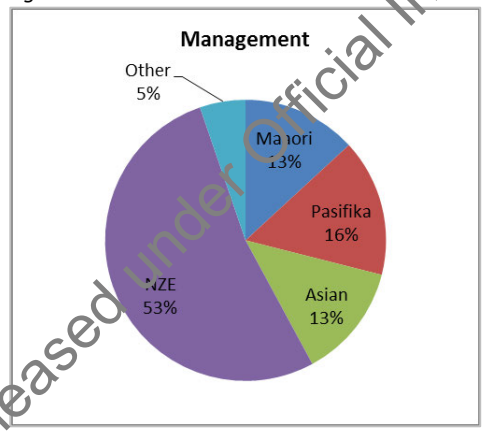


Fig.14.



Adult services, North and South by ethnicity – *at the all-staff level there are similar proportions of 'Other' and of Asian peoples in the North and South. There is also a similar proportion of Pasifika staff in the North and Maaori staff in the South.*

Fig.15.Adult North

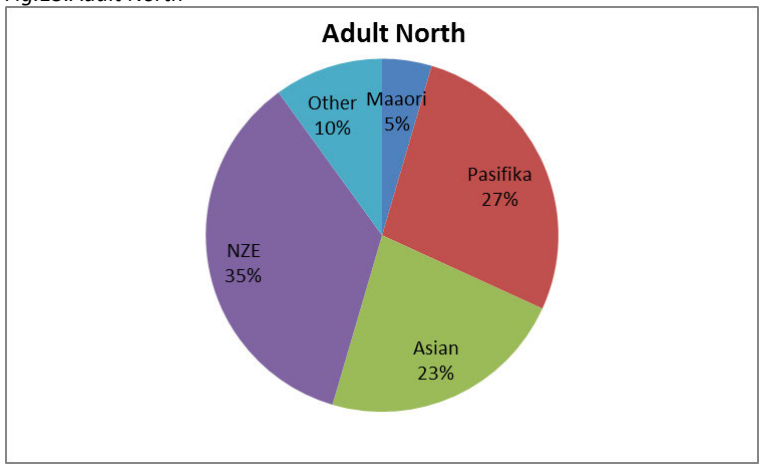
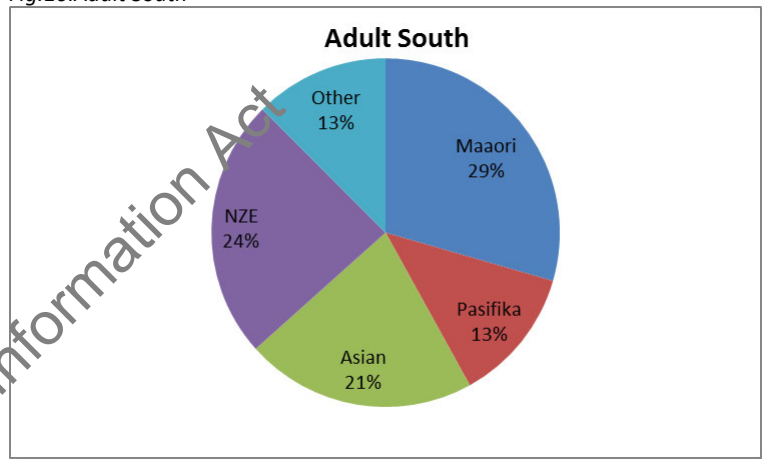


Fig.16.Adult South



Age and length of service profile for all staff *– at the all-staff level the bulk of staff fall in the range 25-54 years of age, and the bulk of staff have been with MH&A for no longer than 3-5years. Both staff age and length of service are broken down further (Fig.17-40)*

Fig.17.

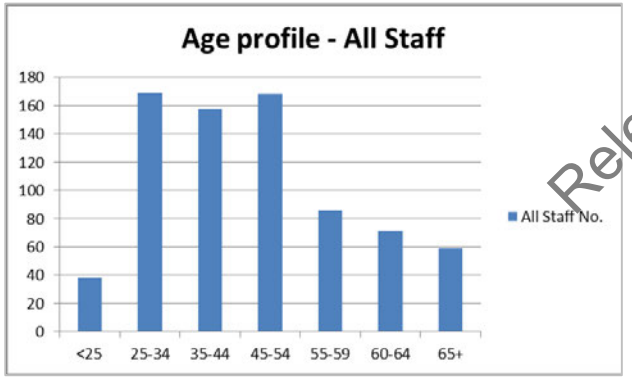
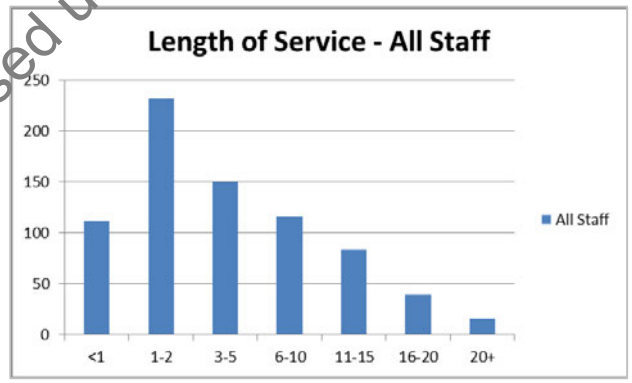
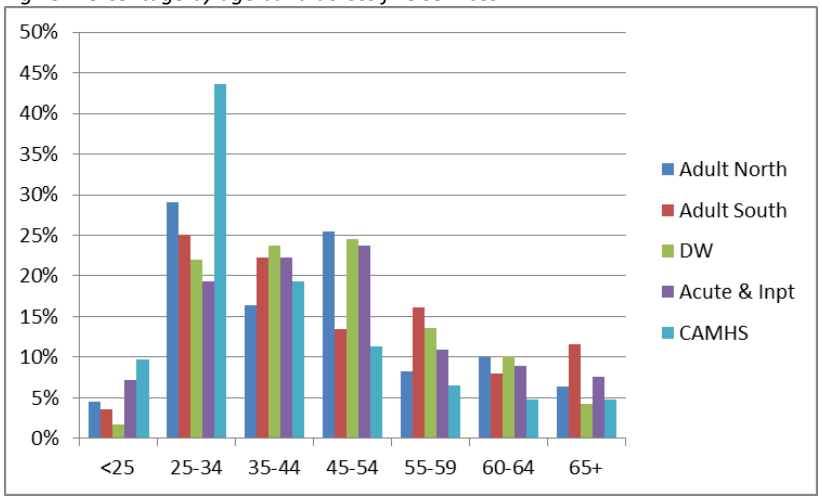


Fig.18.



Age profile by service

Fig.19. Percentage by age band across five services



Age profile by discipline – Fig.19-29

Fig.20.

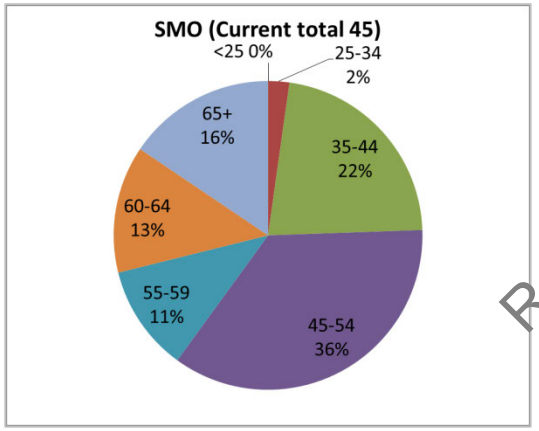
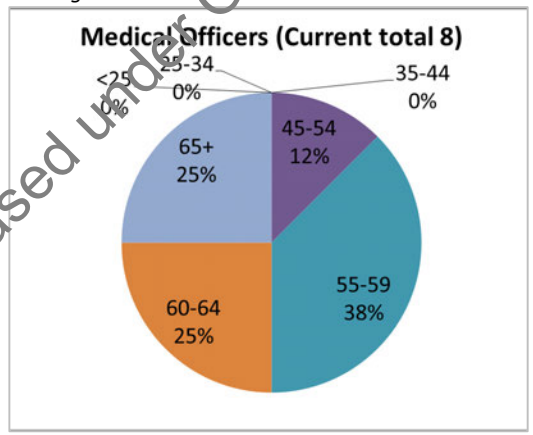


Fig.21.



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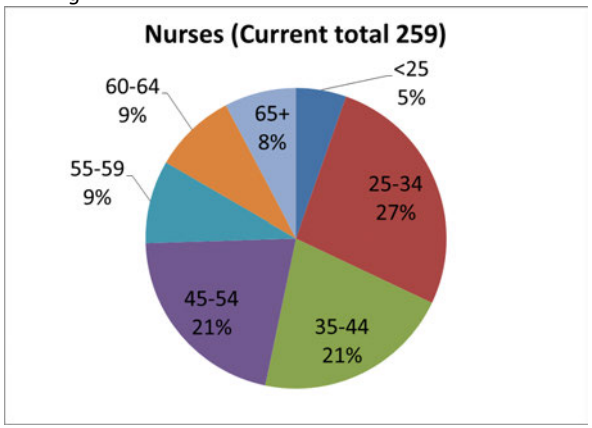

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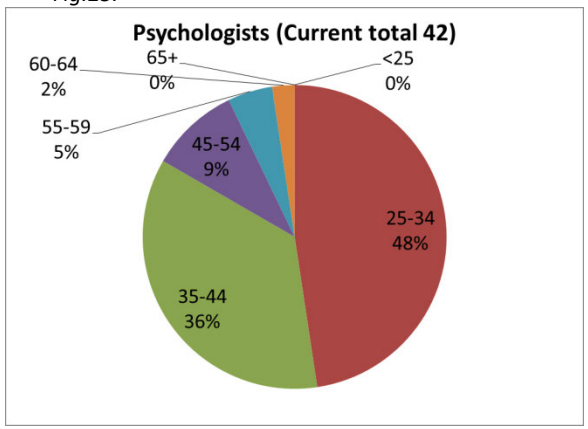

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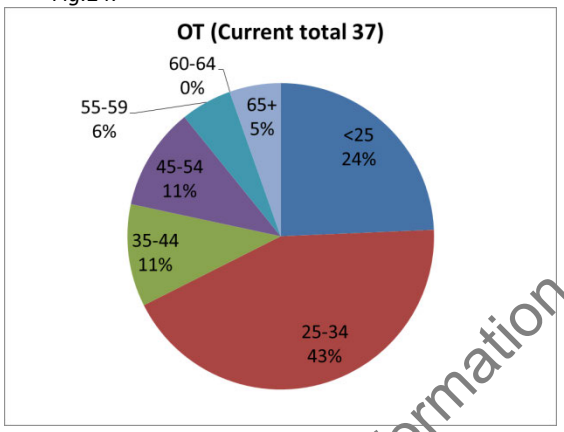

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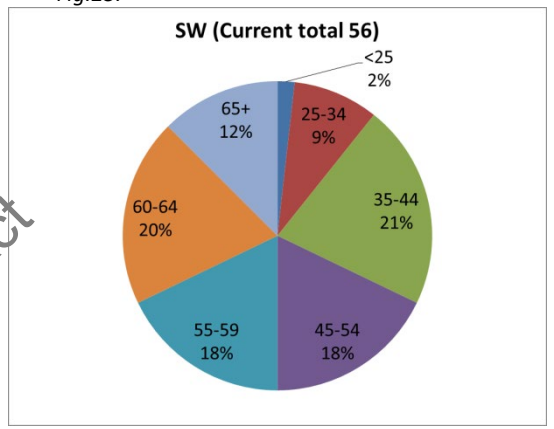


Fig.26.

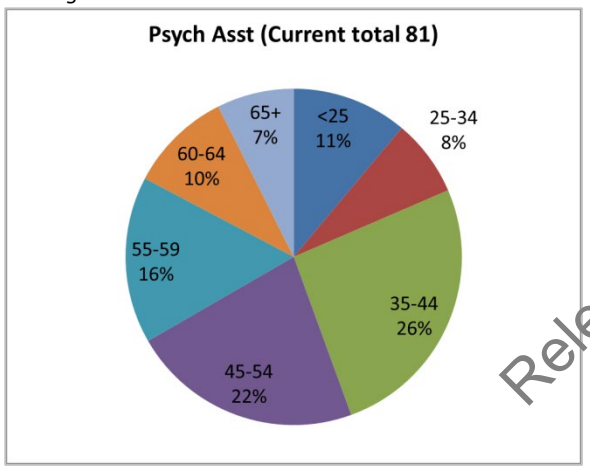


Fig.27.

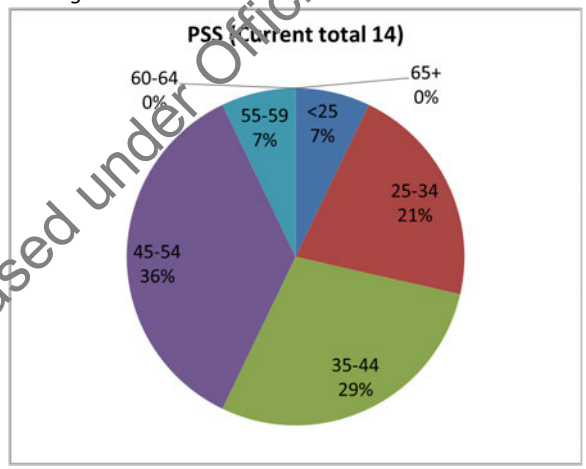


Fig.28.

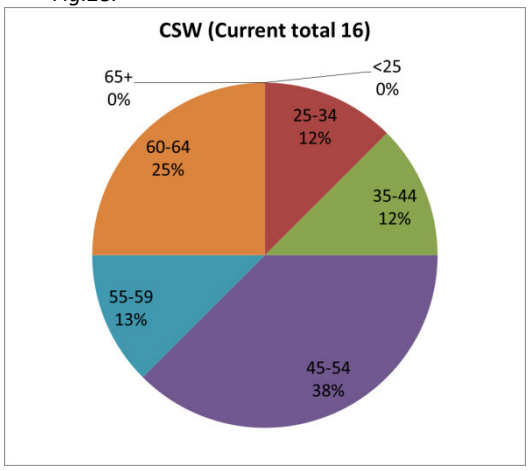


Fig.29.

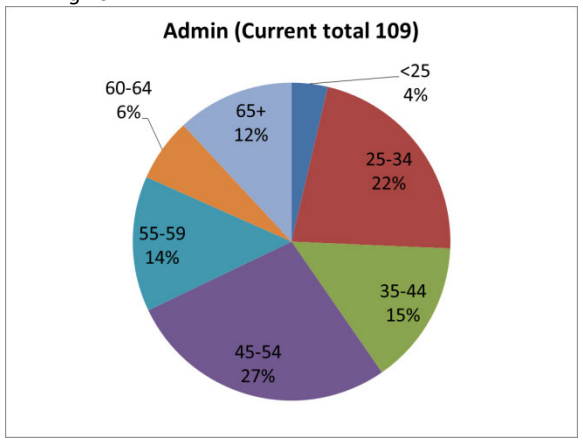
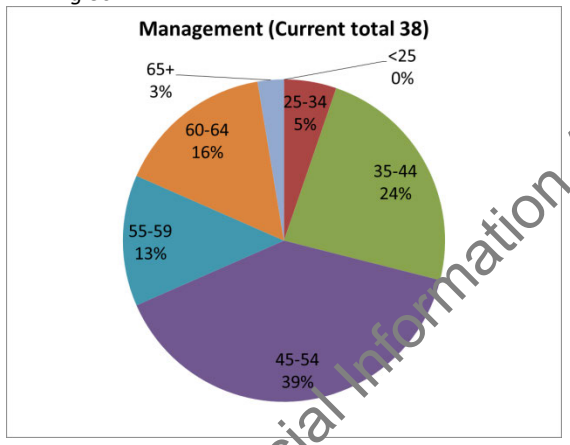


Fig.30.



Length of service profile by discipline – *Length of service bands in years: <1, 1-2, 3-5, 6-10, 11-15, 16-20, 20+*

Fig.31.

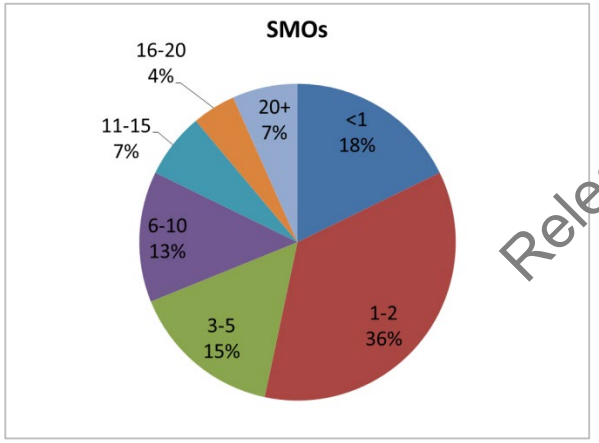


Fig.32.

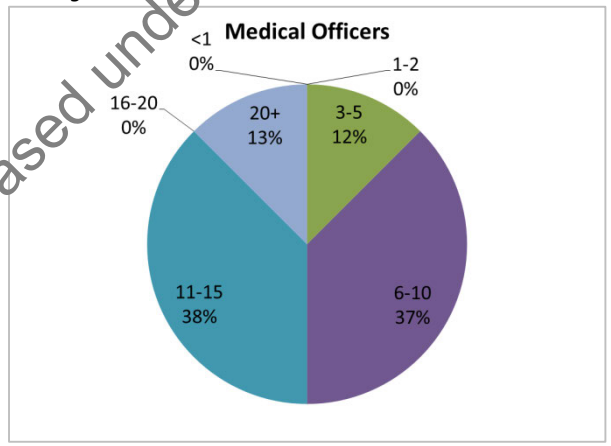
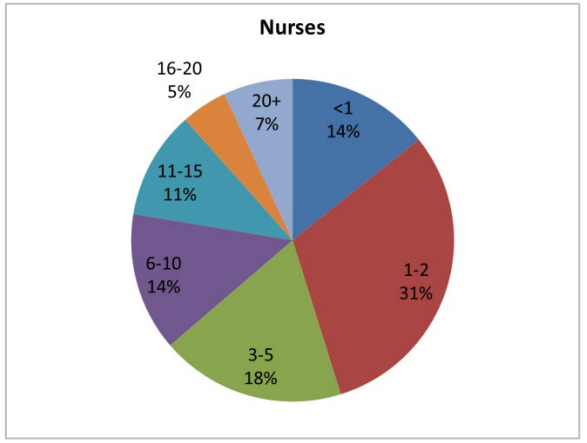


Fig.33.



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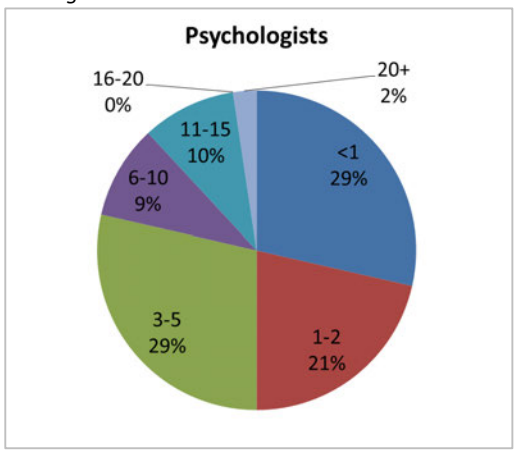

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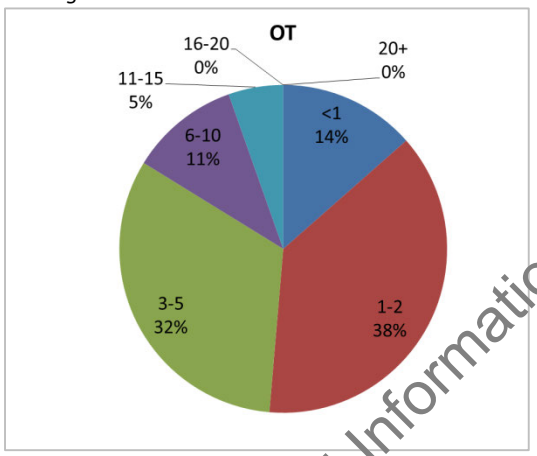

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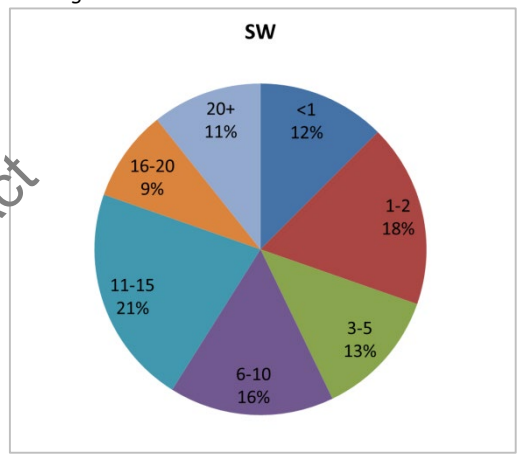

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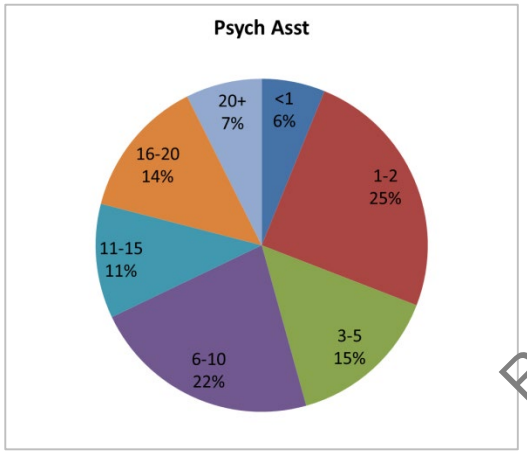

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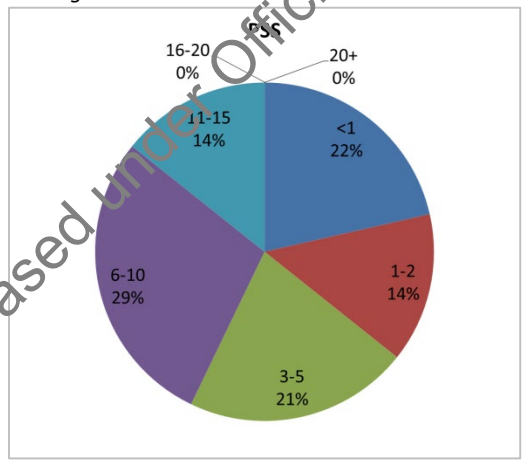

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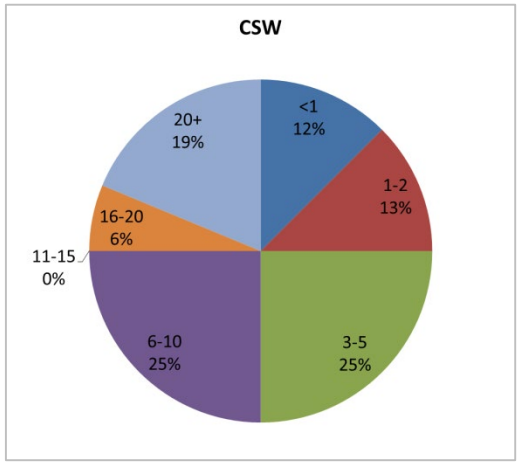

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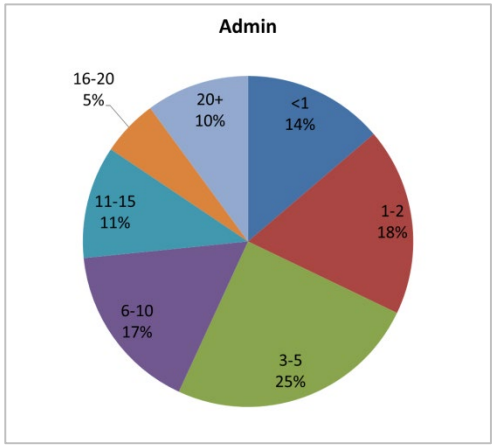

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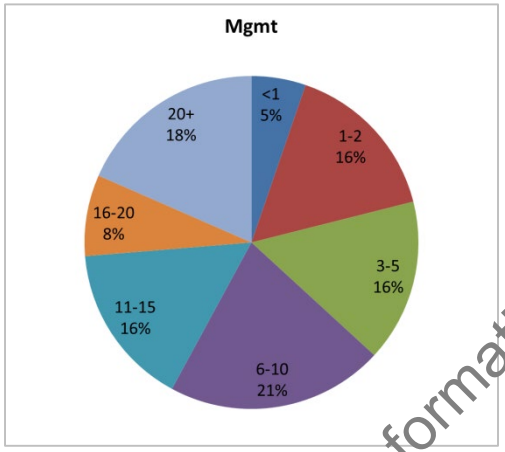
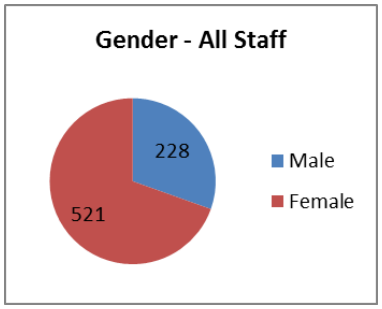


Gender profile by discipline

Fig.18.



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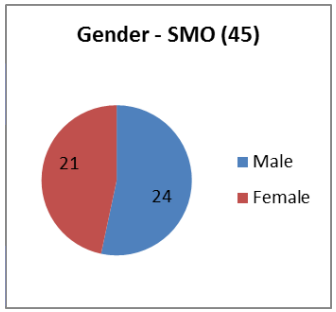

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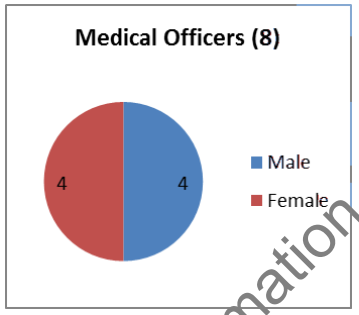

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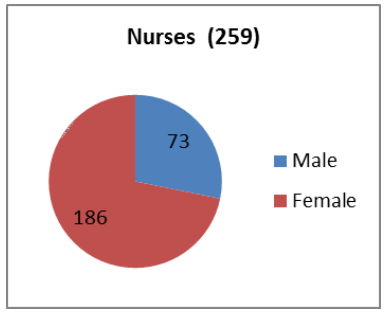

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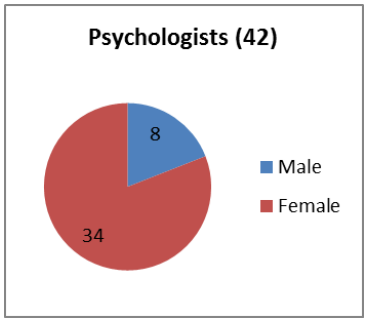

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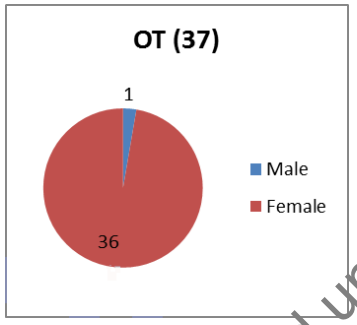

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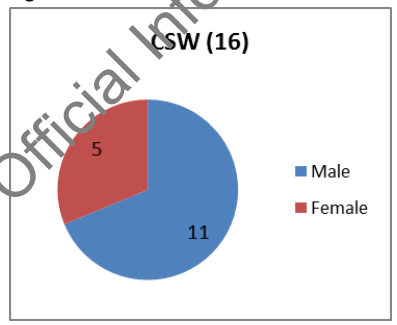

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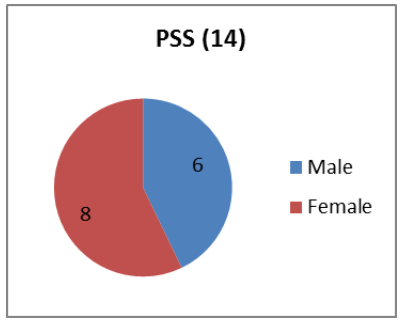

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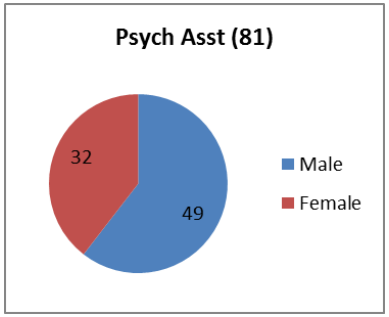

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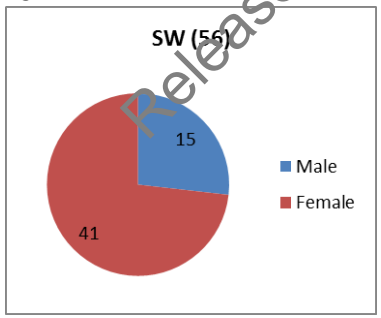

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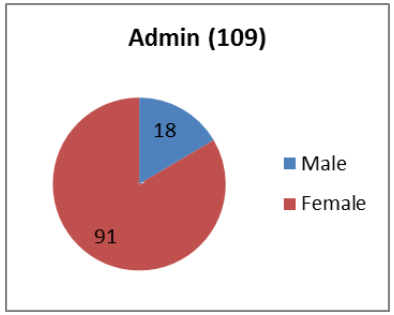

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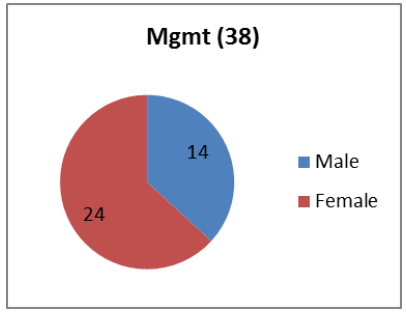

5.2. Current strategies and actions in progress

Summarised below are a number of current actions and strategies that reflect where MH&A has worked to begin addressing the multitude of issues impacting vacancy rates and recruitment over the past few years.

Graduate / intern entry, training and supervision and links with tertiary institutions

- Nursing new graduates matched to DHB and area of work using the ACE (Advanced Choice of Employment) system
- Initiative to 'grow our own' – focus on NGs capability development being led by NL and CND
- New graduate RNs, OTs and SWs now employed permanently with CMH with choice about where they work at the end of their new graduate year
- Post-graduate RN training part funded by Te Pou and the remainder paid for by the DHB
- Post-graduate OT/SW training part funded by Te Pou and the remainder paid for by the DHB
- Maaori and Pasifika RNs prioritized in recruitment strategies
- CMH mental health RNs guest lecturing on the MIT and University of Auckland nursing courses
- Identified RNs supported to work towards Nurse Practitioner credentialing
- 2 x RN Clinical Coach FTE (to end 2020) to support new graduate RNs and AH staff and new to mental health RNs.

Official NZ skills shortage list

- Psychiatrists and psychologists on the NZ skills shortage list
- Mental Health supports 5 clinical psychology interns each year.

Maaori Allied Health

- Development of the Maaori Allied Health Advisory Group (MAHAG) in 2018. Two MH staff on this group
- MAHAG Maaori mentoring group to provide cultural specific support in the workplace
- MAHAG currently providing undergraduate Maaori and Pasifika student mentoring group sessions for PT (physiotherapy) and OT.

Locum and SMO arrangements

- Locum psychology contracts for hard to fill posts – MHSOP, neurodevelopmental pathway, South Adult
- Locum nurses from overseas on 1 year + contracts
- Locum SMO contracts
- Retention allowance for SMOs where 33%+ vacancies in a team (in their MECA).

Other / operational

- Trialling using Mental Health Line to triage non-urgent referrals during work hours to reduce the workload on I&A staff
- Orientation programme for new CAMHS staff (5 sessions).

5.3. Short term strategies – recruitment

- Explore additional recruitment strategies e.g. using social media and have current staff fronting *(see Dept. of Corrections recruitments ads)*
- Explore equity-based scholarships to support our non-registered workforce e.g. psychiatric assistants to complete clinical training programmes.

- Acute Services – assess the needs of service users in areas of staff shortage e.g. our acute and inpatient teams. Are any of these needs able to be met by non-nursing staff?

5.4. Short term strategies – retention

- PSA Career Framework for OT and SW workforce released for consultation
- Career Framework for psychology to be explored
- Explore option of Allied Health Clinical Coach FTE
- Extend Clinical Coach support to new to mental health Allied Health staff
- Explore staff survey results and look for opportunities to improve workforce experience and satisfaction
- Explore mechanisms for regular staff feedback
- Explore opportunities to extend pharmacy support to expanded inpatient setting and community settings
- Explore succession plans for core leadership positions – TM, CTC etc.
- Review orientation documents and plans for new staff
- Explore options for regular staff feedback
- Explore expanding orientation programme at CAMHS to adult services.

5.5. Longer term strategies *(from recent engagement activity)*

Goals

- A workforce equipped to address mental health, addiction and physical health issues
- A workforce where all clinical staff meet the core competencies for Therapeutic Assessment and Interventions
- A workforce that employs evidence-based interventions to measurably improve outcomes
- Strong leadership at all levels to support the changing environment
- A workforce that is integrated and connected across the continuum
- A workforce that can adapt to new models of care
- A workforce that is representative of the community we serve. For this we need to grow and develop our Maaori and Pasifika workforces
- A workforce that feels valued and part of an innovative and responsive system.

Current ideas for consideration/development

- MH&A services are planning to review their models of care. It will be important that workforce planning occurs in conjunction with this work. This may indicate opportunities to develop both our registered and unregistered workforces to meet service user need.
- Refine recruitment and retention strategies to address areas of shortage
- Systematically invest in workforce training and development to ensure we have a workforce with the right numbers, skills, values and behaviour to deliver our evidence-based models of care.
- Continue articulation of our uniqueness as a service / district
- Understand the current skills/knowledge of our MHC disciplines and any gaps between this and the core competencies identified as required from an MHC
- Explore the use of other registered and non-registered workforces e.g. dieticians, physios, diversional therapists
- Explore supporting student loan payments for difficult-to-recruit roles
- Explore models of care and what 'top of scope' means
- Link with digital strategy to reduce documentation and increase efficiency demands on staff time
- Improve access and quality of workforce data to enable more effective use of available workforce

- Explore how the MH&A alumni can be leveraged – communications and engagement strategies to tap into expertise and networks of staff who have previously worked with MH&A.

6. Key next steps to progress a workforce plan for MH&A

A full workforce plan needs to be progressed to address key issues and guide the implementation of recruitment and retention strategies that can move MH&A towards its agreed workforce goals. Following are a number of key next steps.

Key next step and objectives	Led / supported by
Team engagement to discuss the CM Health Employee Engagement survey to better understand staff attitudes and sentiments at a service / team level	Service and team managers, HR business partner
Engage Service leadership – verify data, add to current strategies and ideas for development, identify priority areas and potential frameworks and approaches e.g. Calderdale Framework for clinically-led workforce planning, set high level goals and discuss possible measures. Discuss how best to engage staff further.	Service managers, Clinical Director Allied Health (workforce plan lead)
Plan for wider staff engagement as appropriate – identify relevant messaging and how teams will have input into strategies, responses to the challenges, and priorities	Service managers, Clinical Director Allied Health (workforce plan lead), HR business partner
Engage CM Health / ELT; update as appropriate and when timely – endorsement and support as necessary	Divisional leadership: General Manager, Clinical Director Allied Health (workforce plan lead), Clinical Director MH&A, Clinical Nurse Director MH&A
Activity to improve access and quality of workforce data to enable more effective use of available workforce: Establish a project/s to carry out 1. a stocktake of all MH&A workforce / recruitment and retention activity to understand overlaps and balance of focus, and 2. A reconciliation of MH&A's HR data to achieve a 'one source of truth' that is independent any DHB-level work around the issue, and that allows MH&A to keep a regularly updated accurate view on the numbers and profiles of its workforce.	To be further discussed by divisional leadership and service managers
Programme management including risk analysis and maintenance of a risk register, ongoing review and realignment as required – consider how best to imbed the responsibility for this work within an MH&A role	To be discussed by divisional leadership and service managers

Appendix 8 - Hospital Advisory Committee Minutes Excerpt 25/08/2021 (Public Excluded) - CAMHS

Access Wait Times – Ministry of Health Target

Access times for secondary MH&A services are listed below for the period June 2020 to June 2021. Data captured in the table is routinely shared with the Ministry of Health. The target for the 3-week period is 80% and 8-week is 95%. Mental Health for Older People services has consistently achieved access targets and receives significantly fewer referrals.

Out of Scope

[redacted]

The access times for Child and Adolescent Mental Health Service (CAMHS) have not been met in both targets for the past 12 months. Demand for CAMHS is increasing and the service is now receiving up to 220 new referrals a month. Furthermore, young people are increasingly presenting with significant self-harm and suicide ideation and the team are meeting response times for acute risks (24-72hours). As a result of this increased demand for acute response, non-urgent referrals are currently experiencing increased wait for initial assessment. An example of this is seen in referrals for neuro developmental assessment for Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). Some inefficiency exists around screening questionnaires required to be completed by the family and school prior to an assessment. Collating this information is resulting in added delays for the initial assessment and the service needs to identify alternative ways to collate this information. A Neuro-developmental Pathway Working Group has been established to review the pathway and provide recommendations for streamlining. Additionally, a joint project with KidzFirst is currently underway and is looking at MH&A resourcing a pathway whereby children between the age of 4 and 8 years referred for a neuro-developmental assessment will be see

	Child & Youth	
Wait Time	**< 3 weeks**	**< 8 weeks**
Jun-20	72%	88%
Jul-20	73%	88%
Aug-20	73%	88%
Sep-20	74%	89%
Oct-20	75%	89%
Nov-20	74%	89%
Dec-20	73%	88%
Jan-21	72%	88%
Feb-21	71%	88%
Mar-21	70%	88%
Apr-21	71%	88%
May-21	72%	90%
Jun-21	73%	91%

Out of Scope

[redacted]

Youth Anxiety and Depression - Child and Adolescent Mental Health Service

At the time of writing this report there were 89 young people who have been given a formal diagnosis containing anxiety, depression or both. This number seems low given the report showed there were 1,415 children and young people currently open to CAMHS. Majority of children and young people accessing secondary CAMHS services rarely receive a formal diagnosis unless clinically indicated. This is fundamentally a practice model within CAMHS that removes labelling of young people from an early age which can have long-term impacts on the psycho-social development of a young person.

Furthermore, in young people anxiety or low mood is often picked up early by the school and are worked through by the resources available in the school (School Guidance Counsellor). The school will refer to CAMHS when risks are identified mainly affecting the young person's ability to learn and stay connected with peers. In many cases anxiety or low mood can be pre-cursor for other diagnosis including neuro-developmental disorders, eating disorders, challenging behaviour or psychosis.

Diagnosis Description	Grand Total
Adjustment Disorder with Depressed Mood	[redacted]
Adjustment Disorder with Mixed Anxiety and Depressed Mood	[redacted]
Anxiety	10
Anxiety Dis - NOS	13
Anxiety Dis - Social Phobia	16
Anxiety Disorder NOS	8
Major Depressive Disorder - Non specified	6
Major Depressive Disorder, Recurrent, Moderate	13
Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	[redacted]
Major Depressive Disorder, Single Episode, Mild	[redacted]
Major Depressive Disorder, Single Episode, Moderate	[redacted]
Major Depressive Disorder, Single Episode, Severe with Psychotic Features	[redacted]
Major Depressive Disorder, Single Episode, Severe Without Psychotic Features	6
Separation Anxiety Disorder	6
Grand Total	**89**

Appendix 9

Services Planning Guidelines to help prepare though the Omicron outbreak response phases as set out by the Ministry of Health. We are sharing these Mental Health Critical Services Planning Guidelines to assist our services to navigate through the Response Phases and to balance keeping our essential followed by critical services functional while we are possibly needing to pause some our less critical mahi. We predict that we will move through the various Omicron Response Phases steadily over the coming weeks.

Phase 1 – contain **Green**	**Core** – BAU, routine, all services	1. Clinical BAU – in COVID-19 environment + planning 2. RAG criteria must be up to date every week to ensure timely and appropriate discharge 3. Communicate to SMOs – all scripts in HCC must be up to date and reflect current medication	▪ Pro-active planning for potential rapid escalation ▪ Update RAG ▪ Plan for workload re-distribution (e.g. a 'buddy' system) ▪ Identify non-essential aspects of work that can be 'suspended' or 'delayed'. ▪ Identify members of the team who will redeploy to other areas e.g. community staff to inpatient ▪ Identify members of the team who may be able to 'stop' doing some work in order to 'pick-up' workload to cover 'back-fill' for re-deployment ▪ Identify the expertise within the team to ensure potential redeployment is a smooth transition. ▪ Identify MOSS or senior registrars that may be designated to do MHA assessments. ▪ Expedite discharge of those patients who are identified as stable and able to have ongoing care at GP
Phase 2 - Surge **Yellow / Amber**	**Essential** - reduced core service delivery Maintain CAMHS/Adult/MHSOP services	**Stop or reduce if necessary** 1. Non-clinical meetings (e.g. grand rounds, journal clubs, quality meetings, in-service training) 2. Non-urgent referral *response* – consultation on non-urgent referrals will be deferred for a three-month period and referrer notified (e.g. BEC pathway, MHSOP capacity assessments, MHSOP non-urgent level of care assessments, CAMHS ND and cognitive assessments, adult ADHD and community OT assessments) 3. Dedicated non-clinical time for medical staff following discussion with staff and unions as to alternate arrangements. 4. Some clinical administration: Routine 3 month HONOS and Regional Collaborative Care Plan Updates 5. Defer face to face SMO reviews of service users categorised as green; offer alternatives e.g. telephonic review by MHC **Continue:** 1. Partnership with NGO services 2. AVL individual and group services (staffing allowing) 3. IAT and CAMHS SPOE and MHSOP intake - continue BAU receipt and triage of referrals 4. All critical services as defined in COVID-19 Response Framework 5. GP PAL with possible extension of hours or increase in available SMO cover 6. MHA reviews 7. RAG 8. Suicide postvention services	**Keep** a register of 'paused' workload (risk register). Include : ▪ Any mitigation interventions e.g. notify NGO CSW to provide additional support, informing GP of delay in assessment, discussion with whaanau / family etc. ▪ Communication to the GP, whaanau & whaiora to advise of service limitations due to covid-19 and temporary delays in service provision ▪ Clinical administration rationalised to CARF and GP letters. Minimize or defer RCC Plan and Regional History Form for new patients to service. ▪ Minimize routine updating of RCC Plans and HONOS ▪ Voluntary deployment to areas that are under resourced ▪ Identify clinicians who may be able to support more 'acute' type presentation within the CMHC caseload. This may be the more experienced clinicians, Clinical Nurse Specialists and SMOs **Identify** clinical needs, as a team, on a daily basis; including: ▪ Mental Health Act reviews ▪ IMI numbers ▪ Medication runs (ICT/HBT) ▪ Service users of concern who may require urgent follow up ▪ Other urgent assessments (either in person or AVL) e.g. recent discharges from HBT and Inpatient services ▪ Script requests for those patients whose reviews have been deferred ▪ Service users in respite requiring review **CAMHS** Will likely have to increase intensive home visiting due to CFU plan to reduce beds, including reduced access to 4 respite beds. Addition of support staff to adolescent respite beds.

Phase 3 - Surge / Peak
 	
Red / **Red+**
	Critical - critical service delivery only, acute responses, IMI, MH Act, ICT remain throughout
	
	CAMHS/Adult/MHSOP service streams; maintained as long as possible before centralising if unsustainable (Red+)
		Reduce:
		
		1. Number of inpatient beds – in context of admission of C+ patients
		2. Number of community sites (CAMHS, Adult, MHSOP) providing service (reduce to one Adult north and one Adult south, or at worst central only)
		3. Merge HBT North and South into a single service
		
		Stop:
		
		1. Non-critical meetings (e.g. peer review, referral meetings, adverse events committee, clinical governance, routine MDT reviews of patients)
		2. SMO review of service users with 'Amber' RAG profile - offer alternates e.g. MHC telephonic review.
		3. IAAT – focus on referrals triaged A, B and C. Those triaged D – offer alternatives
		4. Non critical administration
		5. TOC between services
		
		Continue:
		
		Inpatient services
		IAAT and CAMHS, MHSOP intake – response to referrals triaged A, B, C
		Explore alternative discharge options for patients with barriers to discharge
		Prioritise patients on RED category
		GP PAL extended service
		Welfare checks and script updates
		MH Act
		Suicide cluster/contagion postvention
			▪ Update registers with paused workload
			▪ Maintain team records of:
			  ○ risk or aspects of good service delivery that are unable to be maintained including any mitigating factors.
			  ○ Decisions made within the MDT and include the senior clinical leaders of the team.
			▪ Activate re-allocation of workload within community MH teams
			▪ Community teams to increase acute workload e.g. assessment/triage of those categorised as D
			▪ Identify people who may be working from home who can prioritise telephone follow-up on behalf of the team (not only their individual caseload).
			▪ Discontinue non-essential therapy, assessments, screenings, interventions and groups.

Appendix 10

Mental Health and Addictions (MH&A) Services COVID-19 Management Plan – last reviewed Feb / Mar 2022. v.22

- **Service aim in the COVID-19 environment:** to maintain the health and wellbeing (clinically and culturally) of our staff and tangata whaiora within the national COVID-19 Protection Framework (CPF - "traffic lights").
- **Service priority in the COVID-19 environment:** to ensure that MH&A services remain able to respond to the needs of tangata whaiora with acute or high risk needs at all levels and in all settings.

Purpose of the COVID-19 Management Plan: To provide a high level overview of the key requirements for MH&A Services at each alert level. This document should be considered in conjunction with detailed service/team plans and discussions and within the context of the CMH Covid-19 Response Plan. Individual teams or service components may be impacted to a greater or lesser extent than the overarching service-wide impact, with specific localised contingency action required. Service and clinical leadership will liaise with team managers and the MH&A IMT on any localised team escalation requirements. PLEASE NOTE: The alert levels described in this document represent the MH&A system and may, at times, be at a higher escalation status than the CMH, regional, or national COVID-19 Protection Framework.

This management framework, first developed in 2020, is now aligned with the national COVID-19 Protection Framework and the MoH Community Response Framework for mental health services. The purpose of this plan is to provide guidance on COVID-19 mitigation strategies and Infection Prevention and Control during full service delivery at each alert level

Principles:

- *All clinical services will continue service delivery, for all tangata whaiora and whaanau across all alert levels.*
- *No vaccination required for tangata whaiora / whaanau / support people to receive full service delivery.*
- *All points at lower levels remain applicable at higher levels unless stated otherwise.*

MH&A Incident Management Team (IMT) and Clinical Coordination Team (CCT):

To oversee Service-wide management of COVID-19, MH&A will convene an IMT and CCT, which sits under the organisational or regional IMT, based upon the Coordinated Incident Management System (CIMS) framework. CIMS is evidence-based and comprised of principles, structures, and functions to manage response to an emergency situation, and the transition to recovery after the emergency. Within an blended management and emergency response such as this, it is necessary for decision-making to be managed through one central point – i.e. the IMT structure. This oversight means that decisions may be made quickly and take into consideration the impact across the entire system of care.

PLEASE NOTE: When activated, the MH&A IMT is a subset of the organisational or regional IMT established to guide health service responses to the COVID-19 pandemic.

Mental Health and Addictions (MH&A) Services COVID-19 Alert Level Management Plan – recent review dates 18.01.22 and 28.02.22 and 04.03.22

This management framework is aligned with the national COVID-19 Protection Framework and the MoH Community Response Framework for mental health services. The purpose of this plan is to provide guidance on COVID-19 mitigation strategies and Infection Prevention and Control during full service delivery at each alert level. ***Principles:*** *All clinical services will continue service delivery, for all tangata whaiora and whaanau across all alert levels. No vaccination required for tangata whaiora / whaanau / support people to receive full service delivery. All points at lower levels remain applicable at higher levels unless stated otherwise i.e. green > orange > red*

Alert Level	GREEN ALERT **Mild Impact** Trigger status: Any COVID-19 positive patients in your community are monitored, managed and under control; hospital and ICU capacity manageable; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes & regional / national deployments	ORANGE ALERT **Moderate Impact** **Trigger status**: Multiple COVID-19 positive patients in your community, transmission is increasing; hospital and ICU capacity impacted; some staff absence, staff redeployment to support regional/national deployments, gaps in workforce starting to appear	RED ALERT **Severe Impact** **Trigger status**: Significant number of COVID-19 positive patients in your community; community transmission uncontrolled and increasing; hospitals and ICU at capacity; all available staff redeployed to maintain essential services.
Community & NGO	**Clinical Services** ▪ Continue to deliver all services as usual with appropriate IPC measures in place – distancing, masking, hand hygiene, and ventilation ▪ Face to face and virtual consultations with a focus maximising clinical quality of care (assessment, group, individual, whaanau) ▪ IMI clinics are offered ▪ MH Act hearings held in person or AVL as directed by Court ▪ Red Amber Green (RAG) prioritisation of tangata whaiora with regular review ▪ plans in place for rapid handover of caseload between individuals and teams ▪ continue to support tangata whaiora and whaanau to be vaccinated ▪ Engage with NGO partners and others on: ▪ community support and respite delivery plans ▪ supporting at-risk people and their whaanau and/or support people to develop COVID-19 related Emergency Support Plans ▪ proactive support for non-health related welfare concerns. **People Workforce** ▪ Staff working on-site or remotely with all relevant PPE / IPC measures observed ▪ Staff with occupational health status are identified and up to date ▪ All staff, contractors and volunteers are required to be double vaccinated by January 1st 2022. All staff are encouraged to have a booster shot. ▪ Encourage and support regular surveillance rapid antigen testing (RAT) for all staff ▪ Prepare for and manage staff COVID-19 exposure events using current national guidance ▪ Prepare and train community staff for potential prioritisation to acute services at Alert Levels Orange and Red ▪ Maintain staff training / education re: SPEC, infection prevention control, PPE use ▪ Develop service delivery plans and staff management plan for appropriate staffing levels in anticipation of change in response ▪ Prepare and provide staff wellbeing plans and activities ▪ Staff gatherings and sharing of kai is permitted with appropriate mitigations ▪ Facilities plan in place ▪ MH&A Incident Management Team (IMT) on standby ▪ MH&A daily Situation Report on standby ▪ Staff contingency planning with community clinicians trained and ready to move into critical services **Infection Prevention and Control** ▪ All sites use of written records or QR code for COVID-19 Tracer App ▪ entry and admission protocols – universal screening, hand hygiene, provision of surgical masks (ATSM Level 2) to tangata whaiora / whaanau / support people ▪ front door security as required ▪ adherence to CMH Visitor Policy and Tiaho Mai visitors' procedure at Alert Level Green ▪ use of appropriate PPE (N95 and N1870) and 1m distancing for all contacts with tangata whaiora / whaanau ▪ signposting of service users to testing and vaccination services ▪ increased cleaning procedures as per DHB Infection Control Guidelines ▪ adhere to health advice when unwell in accordance with COVID-19 guidelines ▪ infection prevention and control measures and enhanced cleaning protocols	**Activate Divisional Incident Management Team** **Clinical Services** *Activate:* ▪ community respite care plans ▪ AVL for judicial/MHA reviews and District Inspector reviews ▪ Divisional Clinical Coordination teams (up to daily as necessary) **People Workforce** *Activate:* ▪ rapid antigen testing (RAT) for all staff in line with public health requirements of HCW ▪ plans for staff with occupational health status ▪ additional team management briefings ▪ daily Situation Report ▪ daily staff briefings ▪ additional staff wellbeing plans and activities ▪ prioritisation of staff to other operational activities if required ▪ additional meetings if required with PSA organisers and delegates ▪ facilities plan for Alert Level Orange ▪ staggered use of tea / staff rooms *Prepare:* ▪ or review adult services seven-day cover plan with back-up plan ▪ facilities plan in readiness for MH&A Alert Level Red **Infection Prevention and Control** *Activate:* ▪ adherence to CMH Visitor Policy at Alert Level Orange	**Activate Clinical Coordination Team to support IMT decision making** **Clinical Services** **Clinical Heads, in consultation with IMT, will rebalance resource across the system of services:** ▪ *Reduce* to critical clinical functions only – acute responses, IMI, Mental Health ACT and ICT; prioritisation of tangata whaiora with 'Red' RAG profile; monitoring of services users with 'Amber' RAG profile to manage any risk escalation, suicide postvention cluster / contagion, NASC ▪ *Activate* Service-wide Clinical Coordination team (up to daily as necessary) ▪ *Maintain* activation of community RAG prioritisation plans for at risk clients **People Workforce** *Activate:* ▪ adult services seven-day cover plan with back-up plan ▪ daily monitoring of individual team capacity and pressures – assess ability to deliver critical functions if available workforce significantly impacted ▪ nursing and medical staff rapidly prioritised as required to critical services ▪ fortnightly staff briefings from Leadership team ▪ reduced unnecessary staff travel, with increased use of zoom / phone for clinical and non-clinical meetings ▪ daily MH&A IMT; report in to CMH IMT ▪ allied health / psychological services/ peer workforce provision of remote support to service users ▪ regular additional meetings with: - NGO Leaders - PSA organisers and delegates *Discontinue:* ▪ non-essential home and community supports (subject to risk assessment and prioritisation of service delivery) ▪ all unnecessary staff travel, with use of AVL for clinical and non-clinical meetings ▪ non-clinical meetings ▪ non-critical administration ▪ transfer of care (TOC) between community services **Infection Prevention and Control** *Activate:* ▪ adherence to CMH Visitor Policy at Alert Level Red
Inpatient Hospital		**People Workforce** *Activate:* ▪ Rapid antigen testing (RAT) of staff *Maintain:* ▪ COVID isolation areas and escalation plans for COVID positive service users. ▪ plans for alternative admissions into respite facilities *Prepare:* ▪ COVID-19+ annexe plan **Infection prevention and control** *Maintain:* ▪ Testing of all admissions and isolation until negative COVID result is received. ▪ Re-testing and isolation of service users developing symptoms ▪ durable PPE for restraint/seclusion; maintain safe assessment areas for I&A ▪ use of appropriate PPE for all acute community clinical contacts, with access to additional PPE per the individual's COVID-19 profile ▪ increased cleaning interventions across wards ▪ adherence to Visitor Policy and Tiaho Mai visitor's procedure at CMH Alert Level Orange	**People Workforce** *Activate:* ▪ COVID-19 annexe (vs COVID-19 sector) *Maintain:* ▪ bed capacity planning daily meeting ▪ COVID isolation areas and escalation plans for COVID positive service users. *Prepare:* ▪ to reduce bed capacity (if necessary due to staffing shortage) **Infection prevention and control** *Maintain:* ▪ Testing of all admissions and isolation until negative COVID result is received. ▪ Re-testing of service users developing symptoms ▪ durable PPE for restraint/seclusion ▪ increased cleaning interventions across wards ▪ adherence to Visitor Policy and Tiaho Mai visitor's procedure at CMH Alert Level Red

Related docs – NB subject to change

MoH Community Response Framework - view here https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-community-response-framework

Staff exposure management – omicron outbreak 2022

COVID-19 exposure flowcharts

Two COVID-19 exposure assessment flowcharts are available for staff – for Critical Workers and Essential Workers.

These work alongside the Critical Worker Self-Assessment of Exposure Event tool to provide you with significant guidance on the path and actions you should take if you (or your staff member) are COVID-19 exposed – be that COVID-19 positive, or a close or casual contact.

You can find these flowcharts as well as other Omicron Management tools here.

Working from home policy – CMH

Working from home policy - 4th October 2