28 February 2022

Alex Spence
NZME

Via email: alex.spence@nzme.co.nz

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

100 Heads Road, Private Bag 3003
Whanganui 4540, New Zealand

Tēnā koe Alex

Official Information Act Request – OIA 14113 Mental Health & Addiction Service

On 28 January 2022, under section 12 of the Official Information Act, you requested the following information from Whanganui District Health Board (WDHB):

Please provide 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.

This data will inform a public interest investigation by the *New Zealand Herald* and will be assessed alongside similar data collected from numerous other organisations.

Scope of the request: I am mindful of the demands on the organisation at this time and have requested only information that is important for accurate, thorough, and balanced reporting on this subject. I have sought to draft the request in a way that will not require an unreasonable amount of research and collation. However, I would be willing to discuss refining the request if necessary. Regarding the documents I have requested, I do not expect an exhaustive, definitive search that turns up every mention of those topics or describes incremental developments; rather I am seeking major documents that could reasonably be located by consulting subject matter experts or through a search of your document management systems.

Proactive disclosure: I ask that your final response to this request is not made public soon after it is answered. As investigative reporters, we work to much longer timescales than most journalists. The information provided in this response will be considered alongside a large amount of factual material gathered elsewhere and this will require time to properly review and put into context. A quick release of the material would potentially tip off other journalists to our project, who could rush out a "spoiler" that would not be as thorough. It is clearly in the public interest to release this information, but I submit that this would not be compromised if you waited until after I have published my articles to do so, or at least to allow a longer than normal period before proactive disclosure (at least 90 days).

Communications: If my request is copied to your media team, I would like to bring to their attention that I will be eager to conduct interviews with your key mental health staff once I have received the organisation's response.

Whanganui District Health Boards response:

1. **Data showing the total population covered by the DHB's mental health and addiction services at the end of December 2021.**

   Total population covered by WDHB mental and addition services December 2021 – 69,120

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.**

   See Appendix 1 - Head count for each quarter

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).**

   See Appendix 1 - Head count for each quarter

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.**

Role/Location	FTE * NB Reported figures are FTE not headcount	Month	Year
Stanford House - RN	1.0	Mar	2021
Psychiatry	1.6	Mar	2021
Psychiatrist	1	Jun	2021
Clinical Psychologist CMHAS	1.0	Sep	2021
Psychiatry	1	Mar	2021
Stanford House - RN	1	Sep	2021
Clinical Coordinator - Stanford House	0.8	Dec	2021
Enrolled Nurse - Te Awhina	0.8	Dec	2021
Registered Nurse CMHAS	0.8	Dec	2021
Clinical Psychologist	1	Mar	2020
Psychiatrist	1	Mar	2019
Registered Nurse Mental Health	4	Jun	2019
Enrolled Nurse Mental Health	0.8	Jun	2019
Psychiatrist	1	Jun	2019
Medical Director Mental Health Services	0.5	Jun	2019
Enrolled Nurse Mental Health	0.8	Sept	2019
Registered Nurse Mental Health	5.2	Sep	2019
Psychiatrist	2	Sep	2019
Psychiatrist	1	Dec	2019

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.**

   See Appendix 2 – WDHB Mental Health Service Leavers (headcount)

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.**

   A Mental Health and Addiction Services Combined Management Meeting occurs every second monthly where workforce and recruitment form part of this. Staffing reports form part of monthly budgeting reporting available to managers at any time, and are reported through to senior leadership on a monthly basis

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 2020 / 2021 annual report and other publicly available documents (see link below) discuss workforce demographics for the DHB as a whole but do not specifically provide detail related to your specific requests.

   See attachments appendix 3
   a. Clinical Board discussion paper
   b. Mental Health Staffing risks on risk register
   c. Executive paper around proposed CMH relocation (financial information removed)

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.**

   Challenges in CAMHS are discussed regularly as part of senior leadership meetings however there are no documents that answer the specific request here.

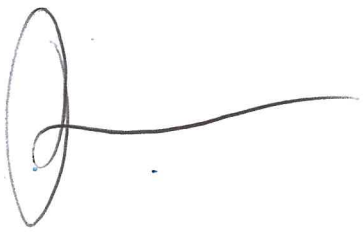
9. **Copies of key documents held by senior management created in the last two years that were substantially about the impact of the Covid-19 pandemic on your mental health and addiction services.**

   See link below for publicly available documents:
   https://www.wdhb.org.nz/media/key-documents/

Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: **info@ombudsman.parliament.nz** or by calling 0800 802 602.

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at anne.phoenix@wdhb.org.nz

Ngā mihi



Russell Simpson
Chief Executive
Whanganui District Health Board

Appendix 1

2021 (Headcount at end of each quarter)									
Quarter Ending		March		June		September		December	
Dept	GL Description	FT	PT	FT	PT	FT	PT	FT	PT
Alcohol and other drugs	Nursing		2		2		2	1	2
	Psychologists					1			
Child and Adolescent	Nursing	8	15	9	15	9	15	11	14
	Psychologists	1	1	1	1	1	1	1	2
	Admin	1	1	2		2		2	
	Nursing	4	5	4	5	4	5	4	6
MH Ass & Home Treatment	Nursing	1	9	1	9	1	11	1	9
Psychiatrists	Psychiatrists	5	3	5	3	5	2	5	2
External Forensics	Nursing	10	5	9	4	9	4	10	4
	Psychologists		1		1		1		1
Acute Inpatient	Nursing	3	25	3	24	3	23	3	24

2020 (Headcount at end of each quarter)									
Quarter Ending		March		June		September		December	
Dept	GL Description	FT	PT	FT	PT	FT	PT	FT	PT
Alcohol and Other Drug	Nursing		3		3		2		2
Community Mental Health	Nursing	7	25	7	26	8	24	7	15
	Psychologists	2	1	2		1	1	1	1
Child and Adolescent	Nursing	4	5	4	5	4	5	4	5
	Psychologists				2				
Mental Health Management	Nursing	1	2	1	2				
MH Ass & Home Treatment	Nursing								10
MH Medical	Psychiatrists	5	2	5	2	5	2	5	3
Extended Forensics	Nursing	10	4	10	4	10	4	10	4
	Psychologists		1		1		1		1
Acute Inpatient	Nursing	2	22	2	22	3	22	3	23

2019 (Headcount at end of each quarter)									
Quarter Ending		March		June		September		December	
Dept	GL Description	FT	PT	FT	PT	FT	PT	FT	PT
Alcohol and Other Drug	Nursing		4		4		3		3
Community Mental Health	Nursing	9	15	8	20	7	24	7	26
	Psychologists	2		2	1	2	1	2	1
Child and Adolescent	Nursing	4	4	4	4	4	4	4	5
Ment Hlth Mgmnt	Nursing	1	2	2	2	1	2	2	2
MH Home-based Suppt	Nursing		1		1		1		1
MH Medical	Psychiatrists	6	2	6	2	6	2	5	2
Extended Forensics	Nursing	10	3	10	4	10	4	11	4
	Psychologists				1		1		1
Acute Inpatient	Nursing	2	21	2	20	2	21	3	19

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Decision Paper**
	Item No.

Title	Community Mental Health and Addiction Services Relocation
Author	[redacted]
Endorsed by	[redacted] Chief Allied Health Professions Officer [redacted]
Subject	Possible Relocation and Co-Location of Community Mental Health and Addiction Services in the Whanganui Community

Recommendations

Management recommends that ELT receive the paper titled Te Kopae Relocation and:

1. **Endorse** the initiation a Project through the DHB Project Management
2. **Endorse** the prioritisation of project management resource due to clinical risk
3. **Note** the external model of care to ensure a pro equity approach to co-location
4. **Note** the timeframes may change based on current environment, and the subsequent need to take a staged approach to the move.

Equity Consideration . Māori are over represented in mental health services with worse outcomes nationally. Locally, patients supported by Te Oranganui have lower readmission rates to acute services than those supported by other services. In order to meet Te Tiriti o Waitangi obligations, services need to be whānau centred, community driven, with increased Māori for Māori services. The approach of integrating DHB services with Māori NGO services, where a purposeful pro equity, community focus with a Te Ao Māori approach to model of care is undertaken, supports our obligations.

1. Purpose

This paper outlines the proposal, and projected project scoping and initial costs, to relocate and co-locate some Whanganui DHB Community Mental Health and Addiction Services (CMHAS) in the Whanganui community.

2. Background

The DHB has discussed moving services provided by CMHAS off the Whanganui Hospital Campus and into the community for several years. A closer working relationship with Te Oranganui's Community Mental Health Service has been sought to continue the efforts of pro equity, and to ensure equity of outcomes for Māori, as per the DHB obligations to Te Tiriti o Waitangi.

The need for consideration of relocation has intensified recently, with unprecedented surge in mental health referrals nationally, and an increase in suicides within the Whanganui rohe highlighting the need for more integrated mental health services (refer WDHB Board paper presented November 2021 on WDHB suicide response). In addition to this, there has been a loss of leadership by both Te Oranganui and WDHB community focussed mental health services, as well as an acknowledged difficulty to recruit across clinical posts in both services. This has reached a critical point where rosters are unable to be filled, and the

CMHAS has been placed on the risk register. A solution to this risk is the possibility to collaborate across mental health services, to share essential skills and consider different models of care across services to ensure effective ongoing services are provided within the Whanganui rohe. Co locating, in addition to exploring integrated models of care, has the potential to enable more integrated understanding of values, service provision, and workforce needs. There is opportunity to blend Te āo māori and clinical frameworks to empower services to provide care that is responsive and all-inclusive of a person / Whānau / community's needs.

The concept of co locating for clinical benefit to Tangata Whaiora and to reduce current risk is supported by the Clinical Director DHB MHAS, and Clinical Leaders of both CMHAS and Te Oranganui. The CEO of Te Oranganui also sits on MOHAG, and has both endorsed the concept of co-location, and agreed to the co-location as a trial for the rohe, that could be rolled out wider if successful.

3. Current Proposed location

A possible location has been identified, within the Whanganui community, that could be used as a co-location premises with Te Oranganui.

The location has been subjected to a practicality exercise where:

- The DHB appointed architects have advised the premises could have the capacity to provide for both clinical and staff location
- WDHB and Te Oranganui clinical leaders have been involved in exploring and advising on co location from a service delivery perspective
- The DHB ICT team have advised high level ICT requirements are met by the premises,
- Indicative costs of relocation and fitout have been drafted,
- An indicative capital budget has been developed,
- An indicative operational budget has been developed.
- CMHAS staff, wider DHB staff and unions have been advised of a possible relocation and co-location of CMHAS services in the community with Te Oranganui.

4. Proposed Premises and Lease

The proposed premises are located at 185 – 187 Victoria Ave. The premises comprise of two floors, a ground level of 533m^2, and a first floor of 443m^2, a total 972m^2. The lease includes 16 dedicated carparks, with more potentially available through negotiation with the council. The council has also agreed to dedicated parking for tangata whaiora immediately in front of the building.

A lease of an initial five (5) year term with two (2) of three (3) years each rights of renewal are being considered.

5. Timeframe of Build Project

The DHB Facilities Manager has confirmed the build and fitout of the proposed premises would be a minimum of three (3) months in ordinary circumstances. However, global supply chain challenges for building materials, a tight builders and trades market, and the uncertainty of COVID-19 environment significantly extend the ordinary timeframe. Whilst a full transition may not be possible within ordinary timeframe, a flexible and staged approach to integration, guided by model of care work and space available would be the approach recommended.

6. Additional Work to be Concluded

7. Next Steps

Dependent on ELT approval, management will initiate a Project through the DHB Project Management office.

External review of model of care work can be initiated as potential appropriate external providers of this service have been identified.

November

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Clinical Board** **Discussion Paper** **Item No. 3.4**
Author	[redacted] Medical Director, Mental Health and Addictions Services
Subject	**Emerging Clinical Risk – Service wide pressure issues**

Email received from [redacted] to [redacted] Wednesday 24 November

Dear [redacted]

I need to alert you to a broad issue for SMOs across MH and AS regarding coping with greatly increased demand.
This is particularly visible in the acute inpatient and crisis area; however, it is similarly impacting all areas including MICAMHAS, Adult CMHAS, AOD with OST, elder health and the forensic interface.

The workload is not sustainable. I have weekly reports of high caseload numbers from [redacted] who you may be aware is 0.7 FTE – the turnover is significant. The other inpatient SMO works part time in the inpatient unit and part time in community. He has 0.1 FTE freed up with the arrival of [redacted] locum who has taken over the care of extended care mental health patients at Broadview, however, is indicating that this is not sufficient to provide for the level of demand. There is also an impact on the ability of SMOs to offer first assessments and timely reviews, to maintain wellbeing of tangata whai ora in the community and for persons discharged from the inpatient unit. My own role is compromised and I am concerned that I am not able to devote sufficient time to either clinical or "indirect clinical" areas of practice, with a potential risk in both spheres of not delivering services to a safe standard. Time to first specialist assessment for MICAMHAS is now close on 3 months which is the longest it has ever been, though not exceptional nationally.

We currently have an OIA for services for people across the age groups with ADHD and I will copy you the report before it goes out – whilst we give adequate service to under 18s we are not able to provide for adults with this need. One of the key contributory factors there is the legislation which requires that only vocationally registered psychiatrists initiate and endorse stimulant treatment for ADHD.

We are going to have a workshop/planning day for the SMO team next Wednesday 1 December to brainstorm possible solutions however the issue is one of workforce and capacity. The long-term solution will be to resource services differently including training of other clinicians such as nurse practitioners. However, the "hump", whilst those people are recruited and trained, is going to be significant, again requiring increased SMO time. I hope to be able to support one of our current MOSS SMO to work towards achieving vocational registration however this may require careful planning and time in specific placements – I will keep you updated.

[redacted] and members of the finance team attended a meeting at Stanford house this week to discuss a SLA which we have been presented with by MHAIDs Te Korowai Whariki (Forensic services) which puts additional demands on services for after-care of tangata whai ora transitioned through forensic step-down services. Whilst they have recruited a psychiatrist to the role, who will start in February we understand, there may still be an impact on our local service after hours. This is more of a resourcing issue in terms of bed spaces and nursing FTE but still has an impact for the regular generalist mental health SMO workforce.

I have to reiterate that I am concerned for our ability to deliver services to an adequate standard but will work with the team to see how we can best do this. It may be, regrettably, that we are not able to offer certain services or very limited services, as is currently the case for ADHD and ASD in adults.

Regards, [redacted]

Mental Health Staffing risks reported in Jan 2022 – to ELT, FRAC, Board and Clinical Board

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	Consequence category
New Risk 74: Significant shortage of staffing in Community Mental Health to cover MHAHT roster, Rural clinics and leadership of team means an inability to provide full service to the community *Resignations and movements of staff will result in a shortage of people to cover the MHAHT roster from mid-January - 1.9FTE down from mid-January and 2.6FTE down from mid-February. We will be unable to provide the DHB acknowledged optimal model of care which is two people with DAO qualifications per crisis.* *Secondments and maternity leave have meant a shortage in the CMH leadership team. OST audit in next few months will add more pressure.* *2.8 FTE vacancies in the Rural CMH teams*	**Critical** **(Major/ Almost Certain)**	Assistance from other CNMs and leaders in the organisation to support CMH CNM Assistance from Iwi partners and lived experience to support crisis response Template pathway to assist short fall in staffing any day and time Support for staff reported stress with implementation of CHNNL staff support programme	Ineffective	**Critical** **(Major/ Likely)**	*Update Feb 2022:* *Risk has been updated since FRAC – Feb 11 2022 to include staffing resource issues across Community Mental Health* Recruitment process for vacancies is in place Working with unions and CMH staff to assist when running lean rosters for MHAHT this also includes using CNM or CNC to cover Working with NGOs to provide support and resource. For example, 'Peer to There' who can assist with transportation External review of CMH challenges outlined on risk register to understand causes of presenting challenges and how to improve integrated response with other community services	**Low** **(Minor/ Unlikely)**	Clinical Staff

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	Consequence category
Ongoing risk 50: Lack of access to mental health crisis support results in harm to self or others	**Critical (Major/ Likely)**	ED Crisis support and educator 0.4 FTE role has been funded to work with Whanganui police for a fixed term period Mental Health Risk Screen lanyard cards, traffic light cards and wellbeing cards are available for WDHB staff to provide for the wider community and community partners A MHAHT brochure has been printed to inform people about the MHAHT service	Partially effective	**High (Major/ Possible)**	Monitoring the effectiveness of the crisis educators role by recording types of presentations, interventions and outcomes. *Update Jan 2022:* *The Homecare Medical crisis triage service ceased from December 2021. The MHAHT team have recommenced a 24/7 urgent mental health service that is more responsive directly by using their own answering service*	**Low (Minor/ Rare)**	Patient Care
Ongoing risk 05: Challenges with recruitment to vacancies and retention of Mental Health clinical staff *This risk covers challenges to recruit in clinical staff across all WDHB Mental Health services*	**High (Moderate /Likely)**	Recruitment program and retention program Locums/nursing workforce	Partially effective	**High (Moderate /Possible)**	*Update Jan 2022:* *Psychiatrist recruitment: New SMO to start in February 2022, second application in process* *Registrar training ongoing including rural attachment approval*	**Low (Minor / Unlikely)**	Clinical staff
Ongoing risk 71: Over-capacity and increased acuity in Te Awhina with FTE vacancy *Since August 2021, (post Covid lockdown) both demand and acuity in Te*	**Critical (Major/ Likely)**	Continue public recruitment process Utilise appropriate OOL for tanagata whaiora (BAU), Access transition beds and home-based treatment	Mostly effective	**High (Moderate /Likely)**	Update Jan 2022: Two new FTE have been recruited since last risk report Recruitment underway for Social Worker	**Medium (Minor/ Possible)**	Patient Care

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	Consequence category
Awhina has increased. Intensive Psychiatric Care utilisation has increased from 159% to 276%. Patient numbers within the unit has increased to 21 in a 12 bed unit. Staffing has a 3.8 FTE vacancy, so staff are not able to match current demand in isolation. The risk is unsafe staffing and potential harm.		Three NESPS have been recruited					
Workforce *21: Insufficient competent staff resource to fulfil our organisational objectives* *This is an ongoing strategic risk and is presented in every risk report to ELT, FRAC, Board and Clinical Board.*	**High** **(Major/ Moderate)**	WDHB approved as an Accredited Employer with NZ Immigration Working with MidCentral under the centralAlliance to address shared challenges e.g. Urology and Opthalmology. Working with WRHN to address LMC challenges Employment and locum contracting solutions have been actioned to maintain service Workforce planning; linking in with regional and national planning Robust recruitment processes including reference checks; Credentialing; Internal and external competency requirements; Suite of	Mostly effective	**Low** **(Minor/ Unlikely)**	Update Jan 2022: New staff wellbeing programme being trialled by Primary and Community team.	**Low** **(Minor/ Unlikely)**	Employee and contract related

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	Consequence category
		activities promoting health as a career Building positive workplace culture; Restorative workplace practice; Accessible employee assistance programme; Speaking up for Safety programme Staff training and development programme Working with the MOH for MIQ spaces for staff moving to New Zealand Participation in national and international recruitment campaigns Working with Immigration to support Visa applications for staff					

Mental Health Staffing risks reported in Nov 2021 – to ELT, FRAC

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	ELT owner	Consequence category
New risk 71. Overcapacity and increased acuity of patients in Te Awhina resulting in a decrease in quality of care, an increase in aggression	**Critical (Likely/Major)**	Utilising overnight leave, home based care and transition housing where possible. Actively recruiting for Social	Partially effective	**High (Likely/ Moderate)**		**Medium (Possible/ Minor)**	Lucy Adams	Patient Care Clinical Staff

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	ELT owner	Consequence category
incidents, staff sickness and burnout. *At times 21 patients in the 12 bed unit. Inability to discharge patients due to a constellation of factors some of which are outside the remit of health.*		Worker and Registered Nurses.						

Mental Health Staffing risks reported in June 2021 – to ELT, FRAC, Clinical Board

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	ELT owner	Consequence category
Ongoing risk 50: Lack of access to mental health crisis support results in harm to self or others *There are ongoing concerns from both internal teams and external agencies around access to mental health crisis support both after-hours and within working hours when MHAHT are busy*	**Critical (Major/ Likely)**	Overnight phone line	Mostly Ineffective	**High (Major/ Possible)**	*Update June 2021:* MHAHT working closely with Police and ED on issues Whakarongorau Aotearoa who operate telehealth line visiting WDHB June 2021 to meet the team and korero on issues affecting process	**Low (Minor/ Rare)**	Alex Kemp	Patient Care
Ongoing risk 05: Challenges with recruitment to vacancies and retention of Mental Health clinical staff *This risk covers challenges to recruit in clinical staff across all WDHB Mental*	**High (Moderate /Almost Certain)**	Recruitment program and retention program Locums/nursing workforce	Partially effective	**High (Moderate / Likely)**	*Update June 2021:* Psychiatrist recruitment: We have successfully recruited one psychiatrist who we expect will obtain provisional to vocational registration pending MCNZ assessment. One other vacant position is being filled by a long-term locum.	**High (Moderate / Likely)**	Ian Murphy Alex Kemp Lucy Adams	Clinical Staff

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	ELT owner	Consequence category
Health services - community and This risk covers challenges to recruit in clinical staff across all WDHB Mental Health services - community and inpatient. Previous RiskMan risk 250: Inability to recruit vocationally registered psychiatrists is affecting service delivery and impacting existing SMOs - has been merged into this risk.					Ministry of Health initiative to provide dedicated funding to mental health co-design and implementation support			

Mental Health Staffing risks reported in March 2021 – to ELT, FRAC

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	ELT owner	Consequence category
New risk 50: Lack of access to mental health crisis support results in harm to self or others *There are ongoing concerns from both internal teams and external agencies around access to mental health crisis support both after-hours and within working hours when MHAHT are busy*	**Critical (Major/ Likely)**	Overnight phone line	Mostly Ineffective	**High (Major/ Possible)**	Review ongoing effectiveness of the MHAHT team and overnight phone line *Due Date: 24/03/2021* *Action owner: Alex Kemp*	**Low (Minor/ Rare)**	Alex Kemp	Patient Care

Mental Health Staffing risks reported in June 2021 – to ELT, FRAC, Clinical Board

Risk Name	Inherent risk rating	Current controls	Control effectiveness	Residual risk rating	Further actions/comments	Acceptable risk rating	ELT owner	Consequence category
Ongoing risk 05: Challenges with recruitment to vacancies and retention of Mental Health clinical staff *This risk covers challenges to recruit in clinical staff across all WDHB Mental Health services - community and This risk covers challenges to recruit in clinical staff across all WDHB Mental Health services - community and inpatient. Previous RiskMan risk 250: Inability to recruit vocationally registered psychiatrists is affecting service delivery and impacting existing SMOs - has been merged into this risk.*	**High (Moderate / Almost Certain)**	Recruitment program and retention program Locums/nursing workforce	Partially effective	**High (Moderate / Likely)**	Update July 2020: Recruitment efforts continue, and we are planning for ongoing locum cover whilst this situation prevails	**High (Moderate / Likely)**	Ian Murphy/ Alex Kemp/ Lucy Adams	Clinical Staff