

9(2)(a)



**Official Information Act request ChChD (Canterbury District) 10919**

I refer to your email dated 30 June 2022, requesting information about forensic mental health services under the Official Information Act from Canterbury DHB (now District).

Mental health services in Canterbury are provided within an integrated system.

Te Whare Manaaki is a medium secure forensic 15 bed unit. Due to staffing shortages, the unit has operated at lower bed capacity with a temporary capping of beds at 12 (most of the time) to ensure safe nursing staffing ratios are maintained.

We continue to work proactively to ensure that we provide safe care for patients and safe working environments for staff. We regularly engage with leadership across Waitaha Canterbury (including daily system-wide briefings) and within the service, and with staff and unions to seek input and support, and to consider options and initiatives for service delivery. We have also been working closely with the Ministry of Health on the staffing pressures. Along with patient care, staffing and recruitment remains the highest priority for SMHS and we have an active recruitment programme, a pathway to support experienced nurses new to mental health and a well-regarded NESP (Nursing Entry to Speciality Programme) for graduate nurses and allied health.

Staff in the unit are being supported through the recent addition of new senior nurse positions on both the morning and afternoon shift, seven days per week, which have all been recruited for. The unit is also supported by allied health (e.g psychology, occupational therapy), medical and leadership staff and all of these roles are fully staffed at Te Whare Manaaki. We have recently appointed another court liaison role and recruitment will commence soon for a new nurse coach at 0.5 FTE.

Whenever a serious event occurs involving patients in our care a full review is carried out. A review is conducted by a team of clinical and family/whānau advisors from other services who look carefully into the care provided. The Te Whatu Ora review into the events of June 25 is expected to be completed by the end of the year and is being conducted by a team of reviewers external to the service.

Under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act), a section 99 investigation is also underway. You can find the terms of reference here:

[www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/section-99-inspection-canterbury-mental-health-services](http://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/section-99-inspection-canterbury-mental-health-services). We are working collaboratively with Dr John Crawshaw (Director of Mental Health) and his independent panel on the inspection.

**Our response to your request which was clarified on 1 July 2022 and 10 August 2022.**

- 1. Any communication internally to and from both Greg Hamilton and Peter Bramley regarding the forensic mental health service, as well as communication to and from the Director of Mental Health, Police and Minister and Ministry of Health since January this year?**

Please refer to **Appendix 1** attached.

You will note that the names of some individuals are withheld under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

Please note that three pages from the Plan to Address Staffing Issues for Canterbury DHB Specialist Mental Health Services section have been withheld under section 9(2)(g)(i) of the Act to protect the effective conduct of public affairs through the free and frank expression of opinions. I believe the greater public interest is in the ability of individuals to express opinions in the course of their duty.

Furthermore, some information has been deemed to be 'out of scope' of your request, as this information was not related to the content of your request.

**2. All internal reports about the forensic mental health service at Hillmorton Hospital.**

This part of your request is refused under section 18(g) of the Act as the information you have requested is not held by the Te Whatu Ora and we have no grounds to believe that the information is held by another department or Minister of the Crown or organisation.

**3. Total number of times the murder accused was allowed on grounds leave and community leave.**


This part of your request is withheld in full under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz); or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Nga mihi



Ralph La Salle  
**Senior Manager, OIAs**  
**Waitaha Canterbury / Te Tai o Poutini West Coast.**

Jess Lerios

---

**From:** John Crawshaw <John.Crawshaw@health.govt.nz>  
**Sent:** Friday, 14 January 2022 11:25 am  
**To:** Greg Hamilton  
**Cc:** Toni Dal Din  
**Subject:** FW: Correspondence from Dr Panckhurst, Acting Clinical Director of Forensic MHS, CDHB [EXTERNAL SENDER]  
**Attachments:** Letter to Dr Crawshaw, MOH, re FMHS staffing crisis.pdf

Hi Greg

I see that you and Sigi were copied into this letter. Given the seriousness of the issues raised I wanted to check whether this has been escalated to the CE.

John

---

Dr John Crawshaw (he/him)  
 Director of Mental Health and Addictions  
 Mental Health and Addiction Directorate  
 Ministry of Health

**From:** Merrin Webster <Merrin.Webster@health.govt.nz>  
**Sent:** Friday, 14 January 2022 10:39 am  
**To:** John Crawshaw <John.Crawshaw@health.govt.nz>  
**Cc:** Toni Dal Din <Toni.DalDin@health.govt.nz>  
**Subject:** FW: Correspondence from Dr Panckhurst, Acting Clinical Director of Forensic MHS, CDHB

**From:** Julie Prince <Julie.Prince@cdhb.health.nz>  
**Sent:** Friday, 14 January 2022 10:23 am  
**To:** Merrin Webster <Merrin.Webster@health.govt.nz>  
**Subject:** FW: Correspondence from Dr Panckhurst, Acting Clinical Director of Forensic MHS, CDHB  
**Importance:** High

Good morning Merrin

Dr Panckhurst left this letter with me [REDACTED] and I am unsure if he had already forwarded it to Dr Crawshaw electronically.

I therefore attach the letter for you to kindly forward on to Dr Crawshaw and Toni Dal Din and I have posted signed copies to the other persons on the copy to list.

Julie

---

Julie Prince  
 medical secretary | administrator  
 Dr's Brown | Mcleavey | Panckhurst | Wakefield  
 Hillmorton Hospital, Christchurch  
 Canterbury District Health Board  
 03-3377-969 ext [REDACTED]

From: Maxwell Panckhurst  
Sent: Wednesday, 12 January 2022 4:39 PM  
To: Julie Prince <Julie.Prince@cdhb.health.nz>  
Subject: Letter to Dr Crawshaw, MOH, re FMHS staffing crisis.pdf

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Canterbury DHB  
District Health Board  
Te Pori Hauora o Waitaha

MENTAL HEALTH DIVISION  
Te Whare Manaaki  
Forensic Psychiatric Service  
Hillmorton Hospital  
Private Bag 4733  
Christchurch  
Ph: (03) 337-7969 Ext. [REDACTED]  
9(2)(a)

12 January 2022

Dr John Crawshaw  
Director of Mental Health  
Ministry of Health  
PO BOX 5013  
WELLINGTON

cc:

Toni Dal Din, Deputy Director of Mental Health  
Greg Hamilton, General Manager, CDHB  
Dr Sigi Schmidt, Chief of Psychiatry, CDHB  
Joan Taylor, Director of Nursing, CDHB  
Patsy Tarrant, Nursing Director, Forensic and IDC Services  
Dr Colin Dewar, Clinical Director, Acute Inpatient Group  
Dr Charlie Whan, Clinical Director, North West Cluster, Adult SMHS  
Dr Neil Jamieson, A/Clinical Director, North West Cluster, Adult SMHS  
Dr Christine Dudek, Clinical Director, South East Cluster, Adult SMHS

Dear Dr Crawshaw,

Re: Staffing Crisis in CDHB Forensic Mental Health Service

I write in my role as the Acting Clinical Director & Forensic DAMHS for the CDHB Forensic Mental Health Service. I write to signal the critical situation the Forensic Service faces in the context of the ongoing nursing shortages. I am aware that there are very significant shortages of nursing staff not just within the Forensic Service but across the entire division and indeed wider DHB.

The most significantly affected unit within the Forensic Service is Te Whare Manaaki, which is suffering severe nursing staff shortages. The unit is currently operating with three of the fifteen beds closed. I note that two of the remaining beds are filled by long term intellectual disability consumers, so we are essentially operating with ten acute MSU forensic beds for the region. It is noted that prior to the bed closures, the Service was experiencing increasing difficulty managing the inflow of acute patients. It is now standard practice for the Forensic Service to run a wait list for admissions resulting in the need to manage acutely unwell consumers in the prison setting for prolonged periods of time. It is noted that some of those lower on the waitlist have little prospect of being admitted. In the past month, we have been forced to return two consumers to prison despite their having been acutely unwell and likely to require readmission within a short

time period. The clinical teams are spending increasing time holding urgent meetings to consider potential movements of consumers to create beds. The need to move consumers to lower levels of security at a much faster pace has increased the risk of adverse events and further increased the acuity and stress on staff across the service. Two recent such efforts to fast track consumers (mental health act not special patients) out of medium security have led to risk incidents and the need for urgent transfer back to Te Whare Manaaki. The Service is increasingly concerned about the risk of a significant adverse event.

It is hard to see how the Service is going to manage in the next month or two with no prospect of any resolution to the staffing shortage or of reopening beds. In addition to acutely unwell consumers in the prison setting there are a number of consumers on the wait list for whom legal issues will likely lead to a direction for medium secure inpatient care by the Courts. In these instances, there is no means to delay admission. Additionally, I note ongoing pressure to accept consumers suffering an intellectual disability, for whom the environment and staffing skill set is ill equipped to manage.

The Forensic Service faces ongoing pressure to provide clinical care for consumers who are managed under the Mental Health Act and are not considered to meet criteria for forensic level tertiary care. We are working with CDHB General Adult Mental Health Services to improve processes to facilitate the admission of acutely unwell General Adult Mental Health patients to the Hillmorton Hospital Acute Inpatient Group under conditions of Bail. Thankyou to the Acute Inpatient Service for their ongoing support of this essential process.

I suspect that the Forensic Service is moving toward a model of care where criteria for entry to the service will be Special Patients (those found Not Guilty By Reasons of Insanity or Unfit on high level charges) and for the initial assessment of those serious matters before the Court, with the need to transfer to General Adult Mental Health Services for their subsequent rehabilitation and risk management work that has historically been the remit of Forensic Mental Health Services.

I wish to thank the staff who continue to dedicate their time and skills to hold the Service together. I am increasingly concerned of the degree of burnout that this is leading to, which will only further deplete the workforce. I also wish to acknowledge the great stress that is also CDHB General Adult Mental Health Services, who are also suffering a staffing and resourcing crisis.

Yours faithfully,

**9(2)(a)**

Dr Maxwell Panckhurst BSc, MBChB, FRANZCP, Cert. Forensic Psych.  
Consultant Forensic Psychiatrist  
Acting Clinical Director and Forensic DAMHS  
CANTERBURY REGIONAL FORENSIC PSYCHIATRIC SERVICE



Jess Larios

From: Greg Hamilton  
Sent: Thursday, 20 January 2022 10:45 am  
To: Peter Bramley  
Subject: RE: Feedback from MOH visit

Thanks Peter

Plenty of work to do in response to the visit and some of their observations. The focus of the visit remains unclear especially following their feedback session with divisional leadership which differed from point 1 below.

Naturally I'll share the responses we are working up with you and the team before going back to them

I'm meeting Becky tomorrow re DON recruitment and have had a conversation about re-advertising (as we had only internal candidates, albeit very good).

Greg

From: Peter Bramley  
Sent: Wednesday, 19 January 2022 4:59 p.m.  
To: Greg Hamilton <Greg.Hamilton@cdhb.health.nz>  
Subject: Feedback from MOH visit

Hi

I'll look forward to talking with you and hearing your perspective on the visit today from MOH re forensics

I attended a briefing and feedback from them this afternoon on their visit with our team. They will provide formal feedback and recommendations to us from their visit – which will be good to talk through with you. By the way they were very complimentary of people like 9(2)(a)

A couple of things to flag immediately ..

1. We need to pull together the plan for supporting our forensic service – and table this with them. I presume you with your clinical team will pull this together. I'd appreciate if you would table this with myself, Becky and Tracey ahead of sending it.
2. A very clear recommendation from them was the importance of experienced nursing leadership following 9(2)(a) retirement. Can we please pause the current recruitment process til you and I have talked, and I would suggest in the light of their conversation today, we need to go back out to the market in the hope we can secure an experienced and talented nursing lead for Mental Health and Addictions.

Talk soon.

Peter

Ngā mihi

Peter

Dr Peter Bramley

Chief Executive | Canterbury District Health Board and West Coast District Health Board

9(2)(a) E: [peter.bramley@cdhb.health.nz](mailto:peter.bramley@cdhb.health.nz)

P O Box 1600, Christchurch 8140

[www.cdhb.health.nz](http://www.cdhb.health.nz) | [www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz)



25 January 2022

Dr Peter Bramley

Chief Executive

Canterbury DHB

Tena koe Peter,

I am writing to confirm the key outcomes from my visit to the mental health division of Canterbury DHB (CDHB) on 19 January 2022. The visit was result of a letter being sent to Dr John Crawshaw, Director of Mental Health from Dr Maxwell Pankhurst advising the Ministry of significant staffing shortages that were impacting on care delivery within the Forensic Mental Health Services (FMHS).

Dr John Crawshaw, Director of Mental Health and Addiction, and Anne Brebner, Acting Group Manager Specialist Services, Mental Health and Addiction from the Ministry of Health joined me on the visit. Together we met with members of the senior leadership team (SLT) for the mental health division and Consumer Advisors. We visited Te Whare Manaaki and spoke with the Charge Nurse.

I want to acknowledge that the team is working hard to address staffing issues, which were not limited to the FMHS. There was a consistent message from our meetings that a number of mitigations are in place to make every effort to maintain service continuity through a high number of staffing vacancies.

SLT informed us that the CDHB response included creatively filling roster vacancies with allied health professionals, converting a vacancy into a 0.5 FTE peer role and the imminent start of New Entry to Specialist Practice (NESP) registered nurses, some of which will be rostered to staff the FMHS.

We were reassured that leave provisions, under the Mental Health (Assessment and Treatment) Act 1992, can continue. However, it appears that some outdoor access was limited due to staffing limitations, with three beds temporarily 'closed' while recruitment is underway. These two areas need to be addressed as a priority, as they directly impact on the quality of patient care.

Following a final debrief with you, the mental health division SLT and executive team members, I agreed to write to you to confirm the keys areas that will also need focus. These are outlined below.

### Leadership

- At a divisional leadership level, I observed a lack of cohesion around how issues were described and a lack of clarity around the short, medium and long-term response. At a service and Lived Experience level we were reassured by the mitigation approaches.
- Clinical leadership needs to be strengthened, including how the division makes decisions on patient movements and support of the acting Clinical Director for FMHS. Clinical leadership needs to articulate and support a whole-of-service response. There was one example of a consumer who should have been transferred back to general



MHS but remains in FMHS. I also note that this is the second letter to the Ministry receive from the FMHS escalating concerns without the full knowledge from clinical leadership and management at CDHB. This shows a clear escalation pathway is needed.

- Changes to SLT may have an impact on issues the FMHS faces, with the imminent retirement of the Director of Mental Health Nursing (DOMHN). Nursing workforce issues are the immediate and clear mandate of the DOMHN and supporting the workforce through this change will be very important. It is the Ministry's view that a national recruitment process should be undertaken for this critical role.

#### **CDHB's plan to mitigate issues**

- We discussed a plan that identifies what the DHB is doing in the short, medium, and long term to manage and mitigate the staffing issues identified. I expect this plan to include a date when the three closed beds can be reopened, which is an issue that needs to be prioritised. This plan may also assist the executive team's monitoring of implementation and supports, including wellbeing, for the service.

#### **Planning and Funding**

- There are three people who require active coordination with Disability Support Services (DSS) and CDHB to create movement and patient flow. The Ministry has followed up with DSS to try to clear barriers.
- I support the concept of the nursing leadership structure, specifically the concept of Associate Charge Nurses that will add a layer of clinical leadership across the shifts within FMHS. These processes are worth expediting to help support the retention for FMHS.
- With the service changes resulting from the capital programme, I was advised that Planning and Funding were in the process of planning a new service which will support and maintain people with complex mental health presentations in the community. This will improve patient flow. I am pleased that CDHB has followed up around a similar service that Waitematā DHB are procuring.

#### **Workforce challenges**

- We discussed the cohort of NESP registered nurses and allied health professionals that will start in early 2022. These new starters need to be supported, and there was suggestion of a 'clinical coach' role to provide mentoring, supervision, coaching and pastoral care. I welcome a brief proposal for a clinical coach role to ensure that the NESP roles (both for Nursing and Allied Health) are well supported.

Finally, I want to thank you and your team for efforts to address the workforce challenges.

Please send me the plan mentioned above and proposal for a clinical coach role by 4 February 2022. I look forward to seeing progress in the coming weeks.

Nāku noa nā

**9(2)(a)**

Philip Grady

**Acting Deputy Director-General  
Mental Health and Addiction**

Jess Larios

**From:** Peter Bramley  
**Sent:** Friday, 18 February 2022 3:46 pm  
**To:** David Green  
**Cc:** Norma Campbell; Greg Hamilton  
**Subject:** RE: ACNM roles - Forensic PC1769654

Hi

I have ascertained these roles have been built into 22/23 budget – and given MOH visit and letter to us regarding our forensic service I think we should approve these roles now – and look to support this service.

If you can approve please.

Thanks

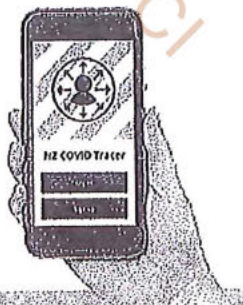
Ngā mihi  
Peter

Dr Peter Bramley  
Chief Executive | Canterbury District Health Board and West Coast District Health Board  
9(2)(a) | E: [peter.bramley@cdhb.health.nz](mailto:peter.bramley@cdhb.health.nz)  
P O Box 1600, Christchurch 8140  
[www.cdhb.health.nz](http://www.cdhb.health.nz) | [www.westcoastdhd.org.nz](http://www.westcoastdhd.org.nz)

**Have you  
scanned in today?**

Everyone, including all  
DHB staff, should scan in  
at work every day using the  
**COVID-19 Tracer App.**

**Unite  
against  
COVID-19**



**From:** Norma Campbell  
**Sent:** Friday, 18 February 2022 1:44 PM  
**To:** Peter Bramley <[Peter.Bramley@cdhb.health.nz](mailto:Peter.Bramley@cdhb.health.nz)>  
**Subject:** FW: ACNM roles - Forensic PC1769654

Hi Peter

Please see email trail below in regard to the appointment of an ACNM for this area at Hillmorton and David's comments also. I am covering Becky today and there is real concern being expressed about this area in the absence of leadership which is felt it is needed now.

Thank you for your consideration for this year

Nga mihi  
Norma

**From:** David Green  
**Sent:** Friday, 18 February 2022 11:18 a.m.



To: Norma Campbell <Norma.Campbell@cdhb.health.nz>  
Cc: Mary Howell <Mary.Howell@cdhb.health.nz>; Greg Hamilton <Greg.Hamilton@cdhb.health.nz>  
Subject: FW: ACNM roles - Forensic PC1769654

Hi Norma  
Is sitting with me but waiting for a response to the below.  
If Peter supports this, can his approval be attached?  
Or confirmation it has been approved in next years budget?

David

From: David Green  
Sent: Thursday, 3 February 2022 2:16 PM  
To: Greg Hamilton <Greg.Hamilton@cdhb.health.nz>; Mary Howell <Mary.Howell@cdhb.health.nz>  
Cc: Mary Watson <Mary.Watson@cdhb.health.nz>  
Subject: RE: ACNM roles - Forensic PC1769654

Hi Greg

Yes, it is sitting with me. Not actioned as needs to be either a budget bid to be discussed at our next meeting, or attach Peter's approval.

Regards,

David Green

Acting Executive Director Finance & Corporate Services - Canterbury & West Coast DHBs  
Level 1, 32 Oxford Terrace, PO Box 1600, Christchurch 8140 |

9(2)(a) e: david.green@cdhb.health.nz

CDHB - NZBN 9429000098045

WCDHB - NZBN 9429000098038

From: Greg Hamilton  
Sent: Wednesday, 2 February 2022 7:36 PM  
To: David Green <David.Green@cdhb.health.nz>; Mary Howell <Mary.Howell@cdhb.health.nz>  
Subject: ACNM roles - Forensic PC1769654

Hi David

I'm crafting our response to the MOH re their visit to Forensic 10 days ago. Part of plan with them is implementing Assoc Charge Nurse Managers for the service. This PC is with you and I'd like to be able to include in the response.

Are you able to sign off please?

Greg

**Greg Hamilton**  
General Manager | Specialist Mental Health Services  
9(2)(a) | E greg.hamilton@cdhb.health.nz  
Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch  
Canterbury DHB | [www.cdhb.health.nz](http://www.cdhb.health.nz)

Lara Williams (Administrator)

---

From: Susan Fitzmaurice on behalf of Peter Bramley  
Sent: Friday, February 25, 2022 11:26 a.m.  
To: 'Philip Grady'  
Cc: Greg Hamilton  
Subject: RE: Letter to Canterbury DHB [EXTERNAL SENDER]  
Attachments: 21950.pdf; 21950 Plan to Address Staffing Issues for Canterbury DHB Specialist Mental Health Services.pdf; 21950 Proposal - MoH funded Nurse Coach position.pdf

Kia ora Phil

Please find attached letter from Peter Bramley, Chief Executive Canterbury DHB and West Coast DHB in response to your letter of 25 January

Regards

Susan Fitzmaurice | EA to Chief Executive  
Canterbury District Health Board and West Coast District Health Board

9(2)(a) | [susan.fitzmaurice@cdhb.health.nz](mailto:susan.fitzmaurice@cdhb.health.nz)  
P O Box 1600, Christchurch  
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**Canterbury**  
District Health Board  
Te Hōkai Hāora o Waitaha



Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono |  
Responsibility for outcomes - Te Takohanga i ngā hua

From: Micaela Jacobs <[Micaela.Jacobs@health.govt.nz](mailto:Micaela.Jacobs@health.govt.nz)> On Behalf Of Philip Grady  
Sent: Tuesday, 25 January 2022 2:43 PM  
To: Peter Bramley <[Peter.Bramley@cdhb.health.nz](mailto:Peter.Bramley@cdhb.health.nz)>  
Cc: Greg Hamilton <[Greg.Hamilton@cdhb.health.nz](mailto:Greg.Hamilton@cdhb.health.nz)>  
Subject: Letter to Canterbury DHB [EXTERNAL SENDER]

Kia ora Dr Peter,

Please see the attached letter.

Thanks,

On behalf of,

Phil Grady | Acting Deputy Director-General

Mental Health and Addiction

Manatū Hauora / Ministry of Health

9(2)(a)

[Phillip.Grady@health.govt.nz](mailto:Phillip.Grady@health.govt.nz)



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# Canterbury

## District Health Board

Te Poari Hauora o Waitaha

CHIEF EXECUTIVE'S OFFICE

Tel: 9(2)(a)

E-Mail: chiefexecutive@cdhb.health.nz

25 February 2022

Philip Grady  
Acting Deputy Director-General  
Mental Health and Addiction  
Ministry of Health

Dear Phil

Thank you for your visit with colleagues Dr John Crawshaw and Anne Brebner to Specialist Mental Health Services of Canterbury DHB on 19 January 2022. This response is to your follow-up letter of 25 January.

The letter from Dr Maxwell Pankhurst advised Dr Crawshaw as Director of Mental Health of potential impacts on care delivery within the Forensic Mental Health Services due to staffing issues. Our team has been working hard on a range of strategies to address the underlying issue of staffing shortages and to ensure any risk of impact on consumers is minimised.

### Plan

A plan that outlines the issues regarding staffing across Specialist Mental Health Services and the range of strategies to improve the current staffing position is attached. This contains some information specific to Forensic Mental Health Services.

### Leadership

We have taken the concerns over leadership seriously. We have implemented a number of steps already such as clarification of the escalation pathway for issues arising in service delivery. This new pathway allows for appropriate discussion and where appropriate mitigation strategies to be implemented with the support service, divisional and executive leadership support. Support mechanisms for the Acting Clinical Director have been discussed and options for clinical service leadership and DAMHS role are being worked through with the goal of appointing permanent roles.

Based on your recommendation, the Director of Nursing for Mental Health role has been revised, channels for distribution reviewed and the position will be re-advertised this week. The position was previously advertised 10 December, closing on 16 January. The channels were: Careers, Linked In, Seek, Te Pou, Kiwi jobs and proactive engagement with other DHBs and informal networks including DOMHNS. There were two strong international applications but lacking key elements for New Zealand and four competitive internal applications. We trust the timing of this recruitment will attract strong national candidates. In the meantime, 9(2)(a) has agreed to remain part-time with Specialist Mental Health Services supporting a temporary appointment to act up.

## Plan to Address Staffing Issues for Canterbury DHB Specialist Mental Health Services

Specialist Mental Health Services have been and continue to plan and implement a multi-pronged strategy to address the staffing shortages. This approach includes short-, medium- and longer-term strategies to address the issues.

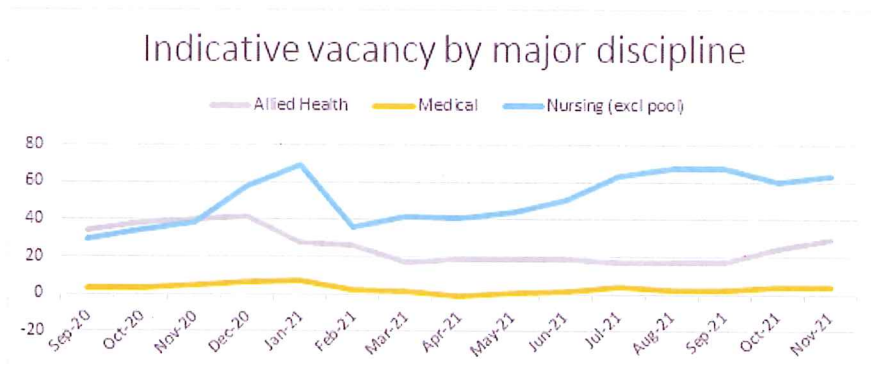
The impact of ongoing staffing shortages is placing increased pressures on our staff and our aim is to mitigate the staffing issues to ensure we provide a safe and enjoyable environment for our kaimahi and our consumers.

### Summary: Staffing Issues

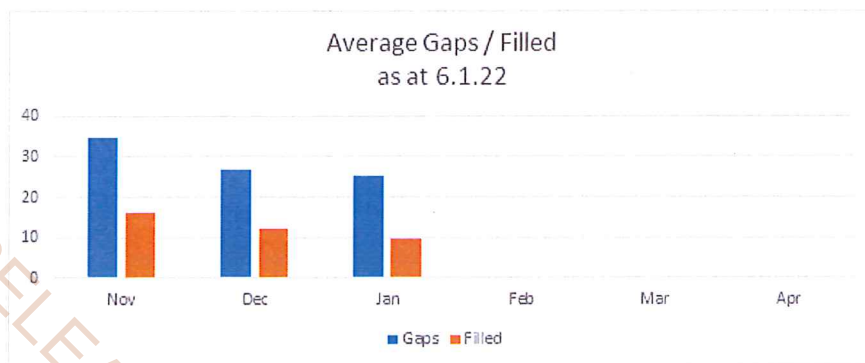
As a division, Specialist Mental Health Services is experiencing ongoing and significant staffing shortfalls particularly within the nursing workforce. Recruitment remains problematic with severe difficulties in recruitment from overseas during the pandemic (New Zealand is the largest importer of overseas trained nurses in the OECD), other mental health and wellbeing opportunities (Mana Ake, Te Tumu Waiora, Manu Ka Rere funding streams resulting from He Ara Oranga), the vaccine mandate and COVID-19-related nursing opportunities. Staffing shortfalls are also affected by ongoing gaps caused by long term sick leave, work and non-work ACC absences, leave without pay and parental leave, as well as daily unplanned leave (sick leave).

### Indicative vacancies

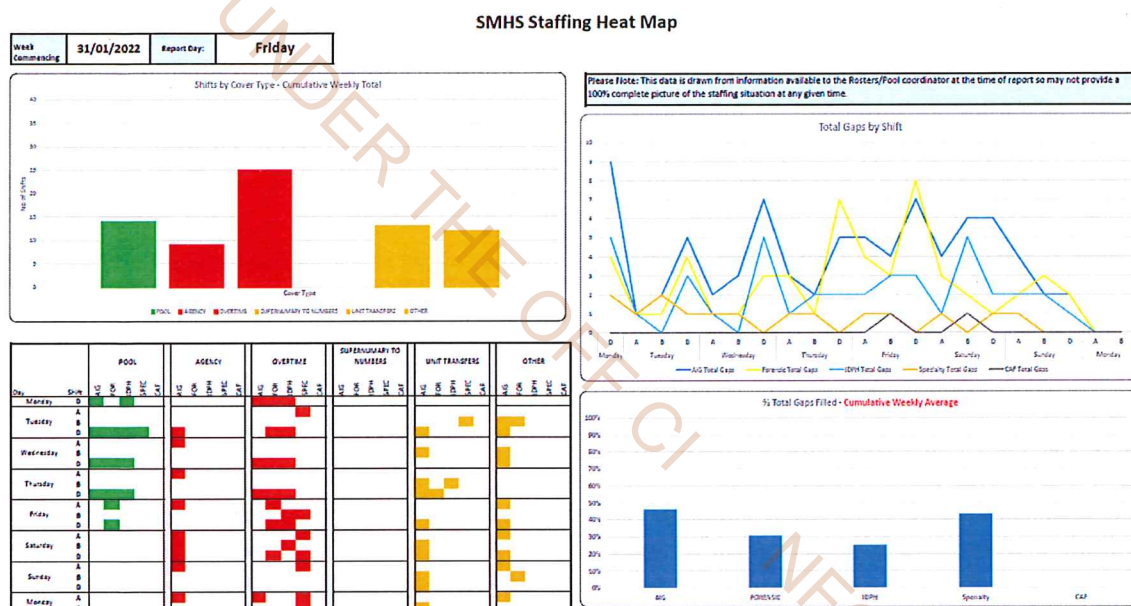
The following figures represent the vacancies (and by discipline) over time. The annual cycle has a significant boost from February with



### Daily nursing gaps



In response to the need for daily information to support staffing plans a new staffing gap tool has been implemented which allows greater visibility of the gaps operationally to ensure greater flexibility to reallocate current resources.



## Engagement with Staff

Following communication with our staff there has been significant invited feedback from many team members to the Divisional Leadership Team. In addition, engagement with service teams via their usual fora has generated positive ideas that are being clarified and scoped with the aim of finding innovative ways to continue to address staffing issues.

There is also ongoing communication regarding staffing, although this has been overtaken by Omicron communication and staffing planning.

## Short Term – Current Mitigators

- Ongoing recruitment
- Change in staffing mix to build nursing leadership – conversion of RN roles to Associate Charge Nurse Manager roles (Intellectual Disability)
- Increased presence of Nurse Consultant and Allied Health Consultant
- Senior nursing staff rotated from other services into under pressure units for six weeks at a time to support the team



- Informal bed caps placed on Te Whare Manaaki (12); PSAID (6); Tupuna (11) to ensure safe staffing
- TPMH CTC 'B' shift not replaced to reduce need for cover
- A recruitment campaign will commence as an outcome of the numbers of nurses we need to recruit to following the FTE calculations undertaken as part of CCDM
- We also have 35 Registered Nurses who have commenced NESP (New Entry to Specialist Practice) programme through January and will commence advertising for the second Experienced Registered Nurse Programme for which we have already received some enquiries
- A collective response of working together with Allied Health staff regularly working on numbers in some units
- Daily Ops meeting (additional, Mon-Fri) including the 14x unit managers occur to smooth staff across the service
- Nursing and Allied Health staff are working extra duties and double shifts to cover the roster gaps.

#### Medium and Longer-term – Next Steps

- Ongoing recruitment
- Change in staffing mix to build nursing leadership – conversion of RN roles to Associate Charge Nurse Manager roles (Forensic)
- Introduction of Occupational Therapists seven days
- Consumers from PSAID to be redistributed to other areas across the adult inpatient units
- A change to the roster for a defined period of time eg move to 12-hour shifts
- Reduction in hours that the Clinical Services Unit is open
- A change to the leadership reporting lines and support.

#### Restoring Temporarily Closed Beds

The loss of three beds in Te Whare Manaaki is keenly felt by clinical and management staff. Restoring the three beds in this unit is a priority. Five NESPs have recently joined the team in Te Whare Manaaki and have completed SPEC training. While they will require time to take on a full load this has already made a significant difference. Current recruitment for enrolled nurses is progressing positively with a higher number of applicants than previous recruitment rounds. This recruitment will be aided by the easing of Australian borders with one staff member 'stuck' there.

It is expected to restore one bed within four weeks and an aim to have a full complement inside three months.

#### Key outcomes monitored

There are a number of metrics being closely monitored:

- Number of gaps  
(see figure above, and against budget below)

	YTD FTE	YTD Budget	Variance
Allied Health Employees	224.02	231.02	7.00
Medical Employees	99.61	102.35	2.74
Marit and Admin Employees	96.45	95.21	(1.24)
Nursing Employees	605.84	626.62	20.78
Support Employees	3.36	3.0	(0.36)
<b>Grand Total</b>	<b>1,029.28</b>	<b>1,058.2</b>	<b>28.92</b>

- Overtime

Service	YTD FTE	YTD \$	Dec-21 \$
Forensic	6.2	\$430k	\$76k
IDPH	5.2	\$334k	\$44k
Adult Inpatient	7	\$470k	\$62k
Adult Community	4.3	\$314k	\$53k

- Extra shifts
- Casual pool staff utilisation

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## Proposal: MoH funded Nurse Coach position

This report recommends three funding opportunities (in order of priority) for either Nurse Educator or Nurse Coach roles.

### Background

Canterbury DHB Specialist mental health services (SMHS) significantly invests in the recruitment, workforce development and pastoral support of nurses and hospital aides in their first year of practice. This investment is premised on the best available evidence that indicates that this investment translates to greater retention of staff and better care for consumers, and includes:

- (1) 2.0 (0.9 Nurse Coordinator and 1.1 FTE Nurse Educator) FTE in the *New entry to specialist practice (NESP)* programme, which mainly attracts recent registered nurse (RN) graduates. Funding for these positions comes from the NESP contract between Te Pou and the CDHB. Most of the FTE is used in teaching day seminars, working with preceptors to support them with *in situ* teaching of NESP nurses, and pastoral care. In addition, the educators provide training workshops for preceptors of first year of practice nurses and hospital aides (HAs).
- (2) 0.4 FTE Nurse Educator supporting *The Experienced Nurse Pathway*, which attracts and supports experienced RNs who have not previously worked in mental health and addictions. The programme was trialled in 2021 (with 10 participants) and has shown to be a good recruitment and support strategy for this group of RNs. The programme does not have a fixed start date (due to the nature of when vacancies become available and/or when RNs become interested) and therefore requires individual teaching of nurses. The recommended FTE position would develop and deliver day seminars, work with preceptors to support them with *in situ* teaching of RNs and offer individual teaching to nurses on the programme. The position is currently funded by 0.1 FTE temporarily assigned from elsewhere in the budget. However, the evaluation of the programme shows that the educator requirement is greater than the 0.1 FTE assigned. There is currently no FTE budgeted for this role.
- (3) 1.4 FTE *Nurse coaches* in Te Awakura, who work alongside new to mental health practice RNs, ENs and HAs to assist them to apply knowledge and skills in practice. The role has been evaluated, and shown better integration of skills, greater confidence, and a higher perception of pastoral support when compared to those who have not received coaching.
- (4) 1.0 *Nurse Educator* in IDPH services. This is a one year, evaluated trial of a 1.0 FTE position (funded by SMHS) that will be focussed in the workforce development of all IDPH staff, including those in their first year of practice. The role is based on the evidence of efficacy and acceptability shown in the Te Awakura Nurse Coach trial.
- (5) 0.4 *Nurse Educator* supporting first year of practice ENs and HAs through day seminars, support of preceptors to teach *in situ*, and pastoral care. Some of this funding for this position is from the Enrolled Nurse ENSIIP contract
- (6) A workforce development framework of ½ to 4-day workshops that all first year of practice nurses and HAs attend

The various programmes provide a significant pipeline of recruitment to SMHS, and the investment of FTE is an evidenced-based approach to ensuring workforce development and pastoral care occurs. Formal classroom teaching, and training of preceptors is well developed in the currently FTE resourcing.

### **Opportunities**

There remain significant opportunities for new funding to recruit, support develop and retain RNs, ENs and HAs in SMHS. The structure of current support and the evidence of efficacy of use of FTE suggest that supporting the *Experienced Nurse Pathway* and coaching of new staff in the Forensic and the CAF services (services that are significant employers of first year of practice RNs, ENs and HAs but don't have funded teaching resource) are the best use of any extra teaching funding. Therefore, the following is recommended:

#### *Funding recommendations (in order of priority)*

- 0.4 FTE Nurse Educator for Experienced Nurse Pathway
- 0.5 FTE Nurse Coach in Forensic Services to work alongside new to mental health practice RNs, ENs and HAs to assist them to apply knowledge and skills in practice.
- 0.5 FTE Nurse Coach in CAF Services to work alongside new to mental health practice RNs, ENs and HAs to assist them to apply knowledge and skills in practice

#### *Funding required:*

- Coaches are employed at NZNO Senior Nurse scale, grade 2, steps 1-3, while Educator are employed NZNO Senior Nurse scale, grade 3, steps 1-3
- Laptop for each position
- Cell phone

The letter received by the Ministry of Health in December was in direct response to a formal request for information sent to the Acting Clinical Director. We don't believe a request regarding the mental health ringfence should have directed to this position.

#### Planning and Funding

As you are aware Canterbury runs a very integrated model of care between community providers and the Specialist Mental Health Service. There may be some confusion as we have already implemented one community-based NGO acute alternative service with seven beds (based on an Auckland DHB model). Plans are underway for a second service to relieve bed pressure due to facility changes in the next year. We will engage with Waitematā DHB to seek their experience in this model.

Although we haven't heard from them, we look forward to improved support from Disability Support Services to ensure there are community places available for tangata whaiora who no longer require care in an inpatient setting.

#### Workforce Challenges

A brief proposal you invited for clinical coach role to support new nursing roles (in the context of support already in place) is **attached**. This proposal outlines the increased support required to ensure the success of those commencing their mental health careers. We will evaluate the success of this initiative in the context of how we will be able to sustain larger cohorts of NESPs in the future.

Once again, thank you for your visit and providing us with your findings. I trust the responses provide confidence and welcome any further clarifications or questions.

Yours sincerely

**9(2)(a)**

Peter Bramley  
Chief Executive



**Lara Williams (Administrator)**

---

From: Susan Fitzmaurice  
 Sent: Friday, July 01, 2022 3:27 p.m.  
 To: Vicki Dent; Greg Hamilton; Becky Hickmott; Norma Campbell; Richard French; Jacqui Lunday Johnstone; Karalyn van Deursen  
 Cc: Jess Lerios  
 Subject: FW: Letter from Te Whatu Ora Chief Executive [EXTERNAL SENDER]  
 Attachments: MoH re External Review involving CDHB Regional Forensic MHS 1.7.22.pdf

From: Lydia Jarman <Lydia.Jarman@health.govt.nz>  
 Sent: Friday, 1 July 2022 3:23 PM  
 To: Arran Culver <Arran.Culver@health.govt.nz>; John Crawshaw <John.Crawshaw@health.govt.nz>  
 Cc: Keriana Brooking <Keriana.Brooking@health.govt.nz>; Philip Grady <Philip.Grady@health.govt.nz>; Peter Bramley <Peter.Bramley@cdhb.health.nz>; ChiefExecutive <ChiefExecutive@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>; MHAD Responses <MHAD-responses@health.govt.nz>; Dinah Nicholas <Dinah.Nicholas@health.govt.nz>  
 Subject: Letter from Te Whatu Ora Chief Executive [EXTERNAL SENDER]

Kia ora Dr Culver and Dr Crawshaw,

Please see attached a letter from Te Whatu Ora Chief Executive Margie Apa regarding an external review.

Kind regards,  
 Lydia

Lydia Jarman

**Principal Advisor, Mental Health and Addiction**

imēra: [lydia.jarman@health.govt.nz](mailto:lydia.jarman@health.govt.nz)  
 133 Molesworth Street, Wellington | PO Box 5013, Wellington 6140



Te Whatu Ora – Health New Zealand  
[TeWhatuOra.govt.nz](http://TeWhatuOra.govt.nz)

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83 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand

1 July 2022

Dr Arran Culver, Acting Deputy Director-General, Ministry of Health  
Dr John Crawshaw, Director, Mental Health and Addiction, Ministry of Health

Tēnā koe Dr Culver and Dr Crawshaw

**External review involving Canterbury DHB's Te Whare Manaaki Regional Forensic Mental Health Service and care of individual**

I am writing to you in response to the circumstances surrounding the alleged homicide in Christchurch where the suspect was under the care of Canterbury District Health Board's (DHB) Te Whare Manaaki inpatient forensic regional mental health service.

I require a full and independent review of the Canterbury DHB's care of the patient who has been charged in relation to this and the service at which he was cared for. The purpose of this review is to confirm whether the management of this patient's care has been clinically robust and whether all appropriate steps were taken.

I have been informed that Dr Crawshaw has invoked his powers under Section 99 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and will be conducting a wider review of the service.

I have asked my team to work closely with you through this review and keep you informed of its findings. This review will also determine what, if any, further actions are necessary.

Nāku noa, nā

9(2)(a)

Margie Apa  
Chief Executive  
Te Whatu Ora - Health New Zealand

cc Keriana Brooking, National Commissioning Director, Health New Zealand  
Philip Grady, interim Director, Mental Health and Addiction, Health New Zealand  
Peter Bramley, Chief Executive, Canterbury District Health Board



## Lara Williams (Administrator)

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**From:** Susan Fitzmaurice  
**Sent:** Friday, July 01, 2022 3:09 p.m.  
**To:** Vicki Dent; Greg Hamilton; Karalyn van Deursen; Becky Hickmott; Jacqui Lunday Johnstone; Norma Campbell; Richard French  
**Cc:** Jess Leros  
**Subject:** FW: Letter from Dr John Crawshaw, Director of Mental Health [EXTERNAL SENDER]  
**Attachments:** Letter to Peter Bramley 1.07.22 signed.pdf

FYI

**From:** Steph Harding <Stephanie.Harding@health.govt.nz>  
**Sent:** Friday, 1 July 2022 3:00 PM  
**To:** Peter Bramley <Peter.Bramley@cdhb.health.nz>; ChiefExecutive <ChiefExecutive@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>  
**Cc:** John Crawshaw <John.Crawshaw@health.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Robyn Shearer <Robyn.Shearer@health.govt.nz>; Arran Culver <Arran.Culver@health.govt.nz>; Philip Grady <Philip.Grady@health.govt.nz>; Dan Parker <Dan.Parker@health.govt.nz>; Kirsty Jones1 <Kirsty.Jones1@health.govt.nz>; Lydia Jarman <Lydia.Jarman@health.govt.nz>  
**Subject:** Letter from Dr John Crawshaw, Director of Mental Health [EXTERNAL SENDER]

Kia ora Dr Bramley,

Please see attached letter on behalf of Dr John Crawshaw in his capacity as the Director of Mental Health.

Ngā mihi,

**Steph Harding (she/her) | Senior Advisor | Office of the Deputy Director-General**  
 Mental Health and Addiction Directorate | Manatū Hauora / Ministry of Health



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Office of the Director of Mental Health and Addiction Services  
133 Molesworth Street  
PO Box 5013  
Wellington 6145  
New Zealand  
Phone **9(2)(a)**  
Fax **9(2)(a)**  
[www.health.govt.nz](http://www.health.govt.nz)

1 July 2022

Dr Peter Bramley  
Regional Director, Te Wai Pounamu  
Health New Zealand

Dear Dr Bramley

**Re: Inspection of Canterbury District Mental Health Services**

I am writing to notify you of my concerns following the recent incident involving an individual under the care of Te Whare Manaaki, the secure forensic inpatient unit of Canterbury District's regional forensic mental health services.

There have also been concerns expressed more generally about the services including possible links between these concerns and the incident in question.

I sought further information from a Health New Zealand representative who visited the service this week.

As the Director of Mental Health, I have not been assured by this initial information provided to me. I have therefore decided to undertake a formal inspection to seek this assurance, to identify any issues and recommendations.

As such, I will be carrying out a Section 99 inspection under the Mental Health (Compulsory Assessment and Treatment) Act 1992 of the services. Section 99 gives the Director of Mental Health the same powers as the Director-General of Health under section 148 of the Hospitals Act 1957.

It would be improper for me to make further comment until the conclusion of the Section 99 inspection.

I will be finalising the terms of reference in the coming days and will inform you of the details of these once confirmed. I will visit the service next Wednesday 6 July 2022 with a small team to begin my inspection.

Yours sincerely

**9(2)(a)**

Dr John Crawshaw  
Director of Mental Health

**Lara Williams (Administrator)**

From: Susan Fitzmaurice  
 Sent: Monday, July 04, 2022 12:17 p.m.  
 To: 'John Crawshaw'; Steph Harding  
 Cc: Greg Hamilton; Vicki Dent; Merrin Webster; Jess Leros  
 Subject: RE: Letter from Dr John Crawshaw, Director of Mental Health [EXTERNAL SENDER]

Kia ora John

Thank you for your email.

Just checking you are aware that Greg Hamilton, GM Mental Health is currently on leave and Vicki Dent is Acting GM in his absence.

Jess Lerois is PA for Greg and Vicki and can be contact point for Merrin to organise your visit. I have copied Jess into this email

Thanks and regards

Susan

**Susan Fitzmaurice** (she/her)

Executive Assistant to Peter Bramley, Interim Regional Director Te Wai Pounamu and  
 Interim District Director Waitaha Canterbury and Te Tai o Poutini West Coast

waea pūkoro: DDI: 9(2)(a) | Tīmēra: [susan.fitzmaurice@cdhb.health.nz](mailto:susan.fitzmaurice@cdhb.health.nz)  
 Level 1, 32 Oxford Terrace | PO Box 1600 | Christchurch



Te Whatu Ora -- Health New Zealand  
[TeWhatuOra.govt.nz](http://TeWhatuOra.govt.nz)

From: John Crawshaw [mailto:[John.Crawshaw@health.govt.nz](mailto:John.Crawshaw@health.govt.nz)]  
 Sent: Sunday, 3 July 2022 12:02 p.m.  
 To: Susan Fitzmaurice <[Susan.Fitzmaurice@cdhb.health.nz](mailto:Susan.Fitzmaurice@cdhb.health.nz)>; Steph Harding <[Stephanie.Harding@health.govt.nz](mailto:Stephanie.Harding@health.govt.nz)>  
 Cc: Greg Hamilton <[Greg.Hamilton@cdhb.health.nz](mailto:Greg.Hamilton@cdhb.health.nz)>; Vicki Dent <[Vicki.Dent@cdhb.health.nz](mailto:Vicki.Dent@cdhb.health.nz)>; Merrin Webster <[Merrin.Webster@health.govt.nz](mailto:Merrin.Webster@health.govt.nz)>  
 Subject: RE: Letter from Dr John Crawshaw, Director of Mental Health [EXTERNAL SENDER]

Kia ora Susan

Thank you for your acknowledgement. Thank you for your offer of support.

We are currently finalising the terms of reference and this will be forwarded once it is finalised.

I will be bringing a small team with me and hope if there are no problems with our flights to be able to commence at ( AM on Wednesday. At this stage we are planning to be in Christchurch for Wednesday and Thursday.



IN terms of logistics it would be useful to have a key contact point that my EA can work with to organise meetings, visits to the inpatient facilities and documentation that would assist us in our work.

Ngā mihi

John

Dr John Crawshaw (he/him)  
Director of Mental Health and Addictions  
Mental Health and Addiction Directorate  
Ministry of Health

From: Susan Fitzmaurice <[Susan.Fitzmaurice@cdhb.health.nz](mailto:Susan.Fitzmaurice@cdhb.health.nz)>  
Sent: Friday, 1 July 2022 3:46 pm  
To: Steph Harding <[Stephanie.Harding@health.govt.nz](mailto:Stephanie.Harding@health.govt.nz)>  
Cc: John Crawshaw <[John.Crawshaw@health.govt.nz](mailto:John.Crawshaw@health.govt.nz)>; Greg Hamilton <[Greg.Hamilton@cdhb.health.nz](mailto:Greg.Hamilton@cdhb.health.nz)>; Vicki Dent <[Vicki.Dent@cdhb.health.nz](mailto:Vicki.Dent@cdhb.health.nz)>  
Subject: RE: Letter from Dr John Crawshaw, Director of Mental Health [EXTERNAL SENDER]

Kia ora Steph and John

We acknowledge receipt of your email and letter. Please let us know how we can support the visit to our Mental Health Services on 6 July.

Regards

**Susan Fitzmaurice** (she/her)  
Executive Assistant to Peter Bramley, Interim Regional Director Te Wai Pounamu and  
Interim District Director Waitaha Canterbury and Te Tai o Poutini West Coast

waea pūkoro: DDI: 9(2)(a) Imōra: [susan.fitzmaurice@cdhb.health.nz](mailto:susan.fitzmaurice@cdhb.health.nz)  
Level 1, 32 Oxford Terrace | PO Box 1600 | Christchurch



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[TeWhatuOra.govt.nz](http://TeWhatuOra.govt.nz)

From: Steph Harding <[Stephanie.Harding@health.govt.nz](mailto:Stephanie.Harding@health.govt.nz)>  
Sent: Friday, 1 July 2022 3:00 PM  
To: Peter Bramley <[Peter.Bramley@cdhb.health.nz](mailto:Peter.Bramley@cdhb.health.nz)>; ChiefExecutive <[ChiefExecutive@cdhb.health.nz](mailto:ChiefExecutive@cdhb.health.nz)>; Susan Fitzmaurice <[Susan.Fitzmaurice@cdhb.health.nz](mailto:Susan.Fitzmaurice@cdhb.health.nz)>  
Cc: John Crawshaw <[John.Crawshaw@health.govt.nz](mailto:John.Crawshaw@health.govt.nz)>; Ashley Bloomfield <[Ashley.Bloomfield@health.govt.nz](mailto:Ashley.Bloomfield@health.govt.nz)>; Robyn Shearer <[Robyn.Shearer@health.govt.nz](mailto:Robyn.Shearer@health.govt.nz)>; Arran Culver <[Arran.Culver@health.govt.nz](mailto:Arran.Culver@health.govt.nz)>; Philip Grady <[Philip.Grady@health.govt.nz](mailto:Philip.Grady@health.govt.nz)>; Dan Parker <[Dan.Parker@health.govt.nz](mailto:Dan.Parker@health.govt.nz)>; Kirsty Jones1 <[Kirsty.Jones1@health.govt.nz](mailto:Kirsty.Jones1@health.govt.nz)>; Lydia Jarman <[Lydia.Jarman@health.govt.nz](mailto:Lydia.Jarman@health.govt.nz)>  
Subject: Letter from Dr John Crawshaw, Director of Mental Health [EXTERNAL SENDER]

Kia ora Dr Bramley,

Please see attached letter on behalf of Dr John Crawshaw in his capacity as the Director of Mental Health.

Ngā mihi,

Steph Harding (she/her) | Senior Advisor | Office of the Deputy Director-General  
Mental Health and Addiction Directorate | Manatū Hauora / Ministry of Health



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## Lara Williams (Administrator)

---

**From:** Peter Bramley  
**Sent:** Friday, July 15, 2022 2:19 p.m.  
**To:** Greg Hamilton; Becky Hickmott  
**Cc:** Vicki Dent; Tracey Maisey; Karalyn van Deursen; Greg Brogden  
**Subject:** Summary of actions for SMHS  
  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi

I thought I would attempt to summarize the actions agreed from conversations with Margie Apa, Aaron Culver, Dale Bramley and Phil Grady

Firstly I want to say that the mental health team is doing an amazing job – and anything we can do to support or resource at this time – please let us know as an exec. Secondly – we're in this together – and we are keen to support our people through the various events that have happened.

I had a call last night, and follow up calls with Margie and Phil. I want to emphasize they are keen to support and keen to provide resource. They very much see the issues we are experiencing are not ours – but all of HNZ to support – and for the team of teams to step into action to support and respond.

In terms of actions – here is the developing list

1. Our MH management team develop their plan or response (actions, comms, staff support, changes to clinical models etc) and identify a clear plan of action (short and medium term), with clear actions, owners, and time frame. If resource required to support – to identify what is needed. If you need help in shaping this plan please let Becky (of me) know this. I have said we would share our plan with HNZ MH team. I think we should aim to pull this plan together by COB Tuesday.
2. We undertake an internal "review" of our overall MH service delivery. This is a stand back exercise to check that in the midst of vacancy and sickness and demand that there are not concerns, issues, opportunities that we should pick up on to ensure that overall we are maintaining good clinical care for our community. HNZ are keen to support us on this. They are going to find two clinical leads to be present with us in support of this – and my suggestion would be that the internal review team consist of Sandy McLean, Becky Hickmott and the two from HNZ (suggestions have not been confirmed yet) are Ann Brebner and Clive Benssemen
3. This internal review is not the external s99 review which will continue – and John C and team are due back the following week.
4. We need to start a variety of adverse event reviews. Greg – if you can confirm who is leading which ones please – and if resource is required to support these then we should identify the team to do these with urgency. Dale Bramley was offering to find resource to lend to us to help in the completion and writing of these reviews. Would that help?
5. Phil and Dale are also looking at finding a forensic medical clinical lead who might be able to come and spend some time to support the unit/team.
6. Permission was given to provide incentive payments in support of strengthening staff resources for MH
7. We need to explore further getting staff resources from other parts of SI/NZ to help support the teams over the next 4-6 weeks



I hope this helps. Please take heart. Let's ensure we are being proactive in our support of staff and care provision.

Thank you

Peter

Ngā mihi

Peter

Dr Peter Bramley

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 9(2)(a) E: [peter.bramley@cdhb.health.nz](mailto:peter.bramley@cdhb.health.nz)

P O Box 1600, Christchurch 8140

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