

- Extended Treatment and Rehabilitation Unit, Extended Forensic Treatment and Rehabilitation Unit and General Health Service
- Lead change management processes through collaborative development of occupational therapy clinical practices, policies and protocols
- Chairperson of the Workforce Workgroup and oversight of multidisciplinary staff relocation consequent of the ET&R decentralisation process
- Professional leadership to occupational therapists working at The Park Centre for Mental Health in traditional and non-traditional positions across 6 different clinical program areas
- HR and Financial delegation for a range of cost centres affiliated with allied health positions
- Provision of professional leadership and advice in the development of clinical practices, procedures and protocols
- Provide and lead clinical practice supervision to occupational therapists, therapy aides and recreation officers
- Manage, develop and monitor occupational therapy practice standards and competencies
- Human resource management including recruitment and selection, performance management, leave management, compliments and complaints management
- Develop, monitor and evaluate the appropriate application of evidence based, clinically appropriate allied health services and the quality of work unit activities within designated clinical areas.
- Lead and contribute to service improvement activities that enhance service delivery and support the continuum of care.
- Contribute to workforce planning for the facility to meet service requirements
- Facilitate integration of services at a work unit level and across disciplines to ensure effective service delivery
- Advise senior management and other relevant stakeholders on allied health service needs and initiatives to improve service quality

May 2002 – February 2013

Senior Occupational Therapist (HP5) – full time

The Park Centre for Mental Health

Duties and Responsibilities

- Provide a specialist level of knowledge, skills, experience and clinical leadership to the occupational therapy service, inclusive of recreation officers, across the six clinical programs areas in accordance with organisational goals and plans.
- Contribute to the development of professional competence across the six clinical program areas.
- Professional and/or operational and clinical supervision of occupational therapists and recreation officers

- Recruitment & Selection, Performance Appraisal & Management
- Service wide quality and service improvement activities to support accreditation
- High level specialist clinical advice within specific expertise to professional and operational supervisors, relevant service managers and other relevant stakeholders regarding professional standards and clinical service development
- Specialised clinical practice provided to the High Security Inpatient Service clinical program area in keeping with the medico-legal and legislative framework
- Lead change management processes through collaborative development of occupational therapy clinical practices, policies and protocols
- Identify and lead quality improvement initiatives to achieve professional and organisational goals of continuous quality improvement

November 1998 till May 2002

Occupational Therapist in Charge (PO4) – full time Ipswich Hospital

Duties and Responsibilities

- Service planning and accountability at district, organisation and service level
- Operational and professional supervision of OT staff and a therapy aide at Ipswich Hospital
- Cost Centre Management – labour and non-labour
- Professional supervision of OTs within the district community health service
- Recruitment & selection, Performance Appraisal & Management
- Inpatient and outpatient clinical caseload inclusive of orthopaedics, neurological, palliative care, cardiac, COPD, hand therapy, general outpatients, lymphoedema, venous insufficiency, day therapy, intensive care, renal dialysis, burns/plastics, encopresis, interim care, and psychogeriatrics
- Student fieldwork placement supervision and co-ordination
- Accreditation preparations and a continuous quality improvement focus

June 1998 – November 1998

Senior Occupational Therapist (PO4) – full-time Psychogeriatric Unit – Wolston Park Hospital

Duties and Responsibilities

- Service planning and accountability at organisation and service level
- Operational and professional supervision of occupational therapists and therapy aide staff

- General physical rehabilitation – adolescents through to aged care inpatients
- Psychosocial rehabilitation – psychogeriatric inpatients
- Student fieldwork placement supervision
- Continuous quality improvement
- Recruitment & selection, Performance Appraisal & Management
- Working collaboratively with consumers, clinicians, community groups, district mental health services and management towards a shared vision for future service reform, planning and implementation

January 1998 – June 1998

Occupational Therapist (PO4) – 0.5 FTE (secondment)

Acute Aged Psychiatry Service, Integrated Mental Health Service, West Moreton Health Service District

Duties and Responsibilities

- New role establishment within a new service
- Service planning and accountability at organisation and service level
- Sole OT practitioner within a multidisciplinary team
- Inpatient and community aged care caseload
- Physical and psychosocial clinical service provision

Senior Occupational Therapist (PO4) – 0.5 FTE

Psychogeriatric Unit, Wolston Park Hospital

Duties and Responsibilities

- Service planning and accountability at organisation and service level
- Operational & professional supervision - OT staff and therapy aid
- General physical rehabilitation adolescents through to aged care inpatient clients
- Psychosocial rehabilitation – psychogeriatric clients
- Student fieldwork placement supervision
- A continuous quality improvement focus
- Recruitment & selection, Performance Review & Planning
- Working collaboratively with consumers, clinicians, community groups, district mental health services and management towards a shared vision for future service reform, planning and implementation

July 1996 – January 1998

Senior Occupational Therapist (PO4) – full time

Psychogeriatric Unit, Wolston Park Hospital

Duties and Responsibilities

- Service planning and accountability at organisation and service level

- Operational and professional supervision of OT staff and therapy aides
- General physical rehabilitation - adolescents through to aged care inpatient clients
- Psychosocial rehabilitation – psychogeriatric clients
- Student fieldwork placement supervision
- Accreditation preparation and a continuous quality improvement focus
- Recruitment & selection, Performance Review and Planning

July 1995 – July 1996

Occupational Therapist (PO3)– Specialist Clinician – full time Psychogeriatric Unit, Wolston Park Hospital

Duties and Responsibilities

- Service planning and accountability at service level
- Hand therapy and general physical rehabilitation service to adolescent through to aged care inpatient clients
- Provision of practice supervision to colleagues
- Student fieldwork placement supervision

May 1995 – July 1995

Acting Senior Occupational Therapist (PO4) – full-time Psychogeriatric Unit, Wolston Park Hospital

Duties and Responsibilities

- Service planning and accountability at organisation and service level
- Operational and professional supervision of OT staff and therapy aid
- General physical rehabilitation - adolescents through to aged care inpatient clients
- Psychosocial rehabilitation – psychogeriatric clients
- Student fieldwork placement supervision

February 1995 – May 1995

Occupational Therapist (PO3) – Specialist Clinician - full-time Wolston Park Hospital

Duties and Responsibilities

- Service planning and accountability at service level
- Hand therapy and general physical rehabilitation service to adolescent through to aged care inpatient clients
- Practice supervision
- Student fieldwork placement supervision

December 1994 – February 1995

Occupational Therapist (PO2) – full-time Wolston Park Hospital

Duties and Responsibilities

- Hand therapy and general physical rehabilitation service to adolescent through to aged care inpatient clients
- Practice supervision
- Student fieldwork placement supervision

January 1994 – December 1994

Occupational Therapist – part time

Sinnamonn Retirement Village

Duties and Responsibilities

- Member of a day therapy multidisciplinary team
- General physical rehabilitation to geriatric and psychogeriatric clients - day therapy, hostel and nursing home

October 1993 – November 1993

Physio / OT Aide – full time

Bald Hills Hospital

Duties and Responsibilities

- Support services under the direction of the physiotherapist and occupational therapist
- Residential young adults with an acquired brain injury

August 1977 – July 1982

Occupational Therapist – full time

Eventide Nursing Home, Sandgate

Duties and Responsibilities

- Sole practitioner progressing to lead clinician with supervisory responsibilities
- Service planning and accountability at organisation and service level
- Physical and psychosocial rehabilitation
- Geriatric and psychogeriatric clients – hostel and nursing home
- Operational and professional supervision of OT staff and recreation officers

Other Skills

Non- clinical

Computer Literacy

- Microsoft Office, Outlook, Powerpoint, Adobe Acrobat

Programs

Clinicians Knowledge Network, Qheps, CIMHA, PRIME, Resource Management System, Workbrain.

Awards

Organisational Improvement Awards – 2003

- Category 4 – Outstanding Team Work / Partnerships
- Gold Award

Health Status

- Excellent
- Hep B lifetime immunity confirmed

Referees

Denise Woodford
Director of Occupational Therapy
West Moreton Health Service District
[REDACTED]

Dr Terry Stedman
Director of Clinical Services
The Park Centre for Mental Health
[REDACTED]



**Queensland
Government**

**West Moreton Hospital and Health service/ The Park Centre
for Mental Health**



Job ad reference:	TBA
Role title:	Allied Health Senior(Occupational Therapy) and Allied Health Team Leader
Status: (Permanent/Temporary) (Full-time/ Part-Time) (Casual)	Permanent full-time. <i>Please note that suitable part-time or job share arrangements may be accommodated within this role and future vacancies of a temporary, full-time or part-time nature may also be filled through this recruitment process.</i>
Unit/Branch:	The Park Centre for Mental Health/ Mental Health & Specialised Services/ West Moreton HHS.
Division/Hospital and Health Service:	West Moreton
Location:	The Park Centre for Mental Health, Walcol. <i>Please note that from time to time this position may be required to work at several other facilities located within the West Moreton Hospital and Health Service.</i>
Classification level:	HP5
Salary level:	
Closing date:	TBA
Contact:	Tawanda Machingura
Telephone:	
Online applications:	www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
Fax application:	
Post application:	Darling Downs-West Moreton Health Service District, Recruitment Services, PO Box 2221, MANSFIELD BC 4122
Deliver application:	Darling Downs-West Moreton Health Service District, Nexus Building, 96 Mt Gravatt Capalaba Road, Upper Mt Gravatt

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Our behaviour is guided by Queensland Health's commitment to high levels of ethics and integrity and the following **five core values**:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

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October 2012

Purpose

- Deliver discipline specific specialised level clinical and rehabilitation services to mental health consumers of a designated clinical area within Queensland Health's The Park Centre for Mental Health and provide professional leadership to all staff of own discipline working at The Park Centre for Mental Health.
- Provide clinical leadership and operational management to a medium sized multidisciplinary team within The Park Centre for Mental Health, incorporating clinical supervision, consulting and quality activities.
- This position reports operationally to the Director of Allied Health and Community Mental Health Programs and professionally to the incumbent's own discipline District Director.

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.

Professional Leadership

- Provide professional leadership to all mental health clinicians of own discipline that is, occupational therapists working at the Park Centre for Mental Health.
- Provide professional leadership and advice in the development of clinical practises, procedures and protocols that support the continuum of care engaging cross-discipline referencing where relevant.
- Provide and lead the provision of clinical practise supervision to all mental health clinicians of own discipline at The Park.
- Manage, develop and monitor occupational therapists' professional practice standards and competencies.
- Collaborate with Line Managers of occupational therapists by participating in all aspects of Human Resource Management including recruitment and selection, performance management, roster maintenance, leave management and compliments and complains management.

Leadership / Work Unit Management

- Operationally manage and provide professional leadership to all allied health clinicians, recreation officers and Rehabilitation Therapy Aides within a medium sized multidisciplinary team including responsibility for delivery of rehabilitation services, maintaining an awareness of community, organisational and consumer objectives.
- Manage recruitment and performance of subordinate staff, including performance appraisal and roster maintenance.
- Develop, monitor and evaluate the appropriate application of evidenced based, clinically appropriate allied health services and the quality of work unit activities within the designated clinical area.
- Review procedures and processes, identifying areas for improvement and collaborate in the development and implementation of service improvement activities that enhance service delivery and support the continuum of care.
- Actively pursue own professional development and provide leadership in the professional development of all allied health clinicians, recreation officers and Rehabilitation Therapy Aides within a medium sized team, facilitating competency training.
- Accountable for the administration, direction and control of all allied health financial, human, and material resources of the designated clinical area.
- Participate in workforce planning for the facility to meet service requirements.
- Comply with the requirements of workplace health and safety, equal employment opportunity and anti-discrimination practices and behaviour in the work environment.

Clinical Practice

- Provide direct consumer focussed discipline specific as well as mental health generic clinical services including assessment, planning and evaluation within the context of an interdisciplinary environment.
- Ensure that clinical service delivery is conducted in accordance with evidence based practice, best practice and effective risk management.
- Monitor and evaluate outcomes of clinical services within the context of an interdisciplinary environment.

Communication / Team Participation

- Provide clinical advice and direction to a medium sized multi disciplinary team of professional staff and therapy aides delivering clinical and rehabilitation services to a range of stakeholders/customers.
- Facilitate integration of services at a work unit level and across disciplines to ensure effective service delivery and quality outcomes applying conflict resolution and negotiation skills where necessary.
- Advise senior management and other relevant stakeholders on allied health service needs and initiatives to improve service quality.

Research

- Work towards initiating, conducting and publishing practice based research in accordance with organisational objectives.
- Manage and contribute to multi-disciplinary and discipline specific research and or evaluation projects including:
 - recognising project needs and developing a business case for projects,
 - planning and identifying funding,
 - managing and / or implementing the project,
 - assessing and evaluating outcomes, disseminating information to the relevant stakeholders.

Qualifications/Professional registration/Other requirements

- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association. Certified copies of the required information must be provided to the appropriate supervisor/manager prior to commencement of clinical duties.
- The successful applicant must hold a tertiary degree (or equivalent) qualification from an accredited tertiary institution in Occupational Therapy. Registration with the Occupational Therapy Board of Australia is required. While not mandatory possession of relevant post graduate qualifications will be well regarded.
- While not mandatory, eligibility for appointment as an Authorised Mental Health Practitioner under the *Mental Health Act 2000* would be well regarded.
- This position requires the incumbent to operate a 'C' class vehicle, and an appropriate licence endorsement to operate this type of vehicle is required due to the role and nature of duties. Proof of this endorsement must be provided before commencement of duty.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Clinical expertise

You will have an understanding of the Queensland Public Mental Health Services (QPMHS) Models of Service Delivery framework and how these models guide Mental Health service delivery within a Multidisciplinary Team setting. Within your scope of practice you will provide leadership and accountability for the day to day activity of diverse groups of Allied Health professionals. You will possess well-developed clinical knowledge and skills in the management of contemporary mental health service delivery, with a focus on the delivery of allied health services to people with serious mental illness in a forensic environment.

Supports strategic direction

You will be aware of the Vision, Mission and Objectives of West Moreton Mental Health Services and be able to communicate about and follow the direction provided by your supervisor whilst recognising how your own work contributes to the implementation of the overall organisational goals, strategies and work plans within the team. You will show an ability to contribute to the development of work plans and identify issues that may impact on your own work objectives whilst being able to think laterally, identify and implement work practices.

Achieves results

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You will draw upon your own clinical expertise and in combination with the collaborative input of your professional colleagues help to maximise the team's potential capabilities in a transparent, safe and effective manner. You will with your team be able to collaboratively plan tasks and implement business plans with measurable milestones, be adaptable to a changing environment and be able to work within agreed time frames. Your work will demonstrate a commitment to achieving quality outcomes and will adhere to documentation and procedural guidelines.

Supports productive working relationships

You will show an ability to build and sustain positive relationships with team members and clients by actively participating in teamwork and activities in a transparent manner and under the direction of your manager / clinical director. You will actively listen to colleagues and clients ensuring that information is shared and that others are kept informed of issues.

Displays personal drive and integrity

You will be expected to evidence and uphold the organisation's values in your everyday actions as well as adhering to the Code of Conduct to consistently behave in an honest, ethical and professional way. You will treat people fairly and equitably being transparent in dealings with them. You will listen when your ideas are challenged, provide accurate advice to colleagues, take responsibility for one's own actions and decisions and learn from mistakes. You will always seek advice from your supervisor whenever uncertain.

Communicates with influence

Your communication both written and verbal will be clear, focusing on key points succinctly and delivered with confidence. You will have the ability to understand your audience and tailor communication style and the message accordingly. Your thoughts and discussion will be portrayed and conducted with credibility and respect to all without getting personal or aggressive, by listening to, considering and acknowledging differing ideas.

Occupational health and safety

You shall, for your team be the central accountable point for issues related to Occupational Health and Safety as well as ensuring that the workplace environment and workflow issues are compliant with the relevant legislation, policies and guidelines. You will be responsible for the maintenance of workplace process and reporting requirements including Incident Reporting and PRIME. You will be responsible for ensuring that team members are conversant and compliant with their Occupational Health & Safety mandatory training requirements as well as overseeing analysis and reporting of incidents in the prescribed format.

How to apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response** (maximum 1-2 pages) on how your experience, abilities and knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.

About the Hospital and Health Service/Division/Branch/Unit

West Moreton Hospital and Health Service (WMHHS) comprises of four local government areas Scenic Rim Regional Council, Lockyer Valley Regional Council, Somerset Regional Council and Ipswich City Council.

Ipswich is the major city of the region. Esk, Laidley, Gatton, Boonah and Wacol are townships spread throughout the service area.

The WMHHS services a population of approximately 249,000 people. The region's demographics are diverse and include metropolitan and small rural community settings.

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The service has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare team. The service currently employs over 2 600 staff.

WMHHS is home to one medium sized hospital, Ipswich Hospital, four rural facilities, Boonah Rural Health Service (RHS), Esk RHS, Gatton RHS, and Laidley RHS.

Based at Gailes are the Brisbane Youth Detention Centre Health Service and The Park-Centre for Mental Health, Treatment, Research and Education which also hosts the state-wide service of Queensland Centre for Mental Health Learning and Queensland Centre for Mental Health Research.

Brisbane Women's Correctional Offender Health Service (including Helana Jones at Albion), Wolston Correctional Offender Health Service, Brisbane Correctional Offender Health Service became a part of West Moreton Hospital and Health Service on 1 July 2012 as part of the state-wide health reform.

Community Health Services operate from both the Ipswich Health Plaza and Goodna Community Health Centre and provides an outreach service to the rural area.

Oral Health services are provided in 18 fixed clinics and 12 mobile dental clinics across the region, coordinated to provide comprehensive adult and school based services. The main oral health clinic is the Ipswich Community Dental Clinic based in the Limestone Street Centre.

By 2031 it is projected that the WMHHS population will more than double to approximately 580,000, making the Hospital and Health Service the fastest growing in the state.

To find out more please visit about West Moreton Hospital and Health Service, visit <http://www.health.qld.gov.au/wwwprofiles/westmoreton/default.asp>

This position sits within **The Division of Mental Health**.

The Division is responsible for providing comprehensive mental health services to the District and some specialised services outside the District as determined by Queensland Mental Health Policy. It includes two large stand alone psychiatric hospitals – Baillie Henderson Hospital and The Park – Centre for Mental Health.

The Division provides specialist primary, secondary and tertiary level services including acute and extended in patient services.

Acute inpatient services are provided at Toowoomba and Ipswich Hospitals. Extended inpatient services are provided at The Park – Centre for Mental Health and Baillie Henderson Hospital. Community Mental Health services are provided from two major sites – Ipswich & Toowoomba, 8 principal sites across the District and outreach services across the whole District.

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment. In addition, any factors which could prevent the recommended applicant complying with the requirements of the role are to be declared.

Roles providing health, counselling and support services mainly to children will require a Blue Card, unless otherwise exempt. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Salary Packaging

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To find out whether or not your work unit is eligible for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please refer to the Salary Packaging Information Booklet for Queensland Health employees available from the Queensland Health Salary Packaging Bureau Service Provider – RemServ at <http://www.remserv.com.au>. For further queries regarding salary packaging RemServ's Customer Care Centre may be contacted via telephone on 1300 30 40 10.

Disclosure of Previous Employment as a Lobbyist

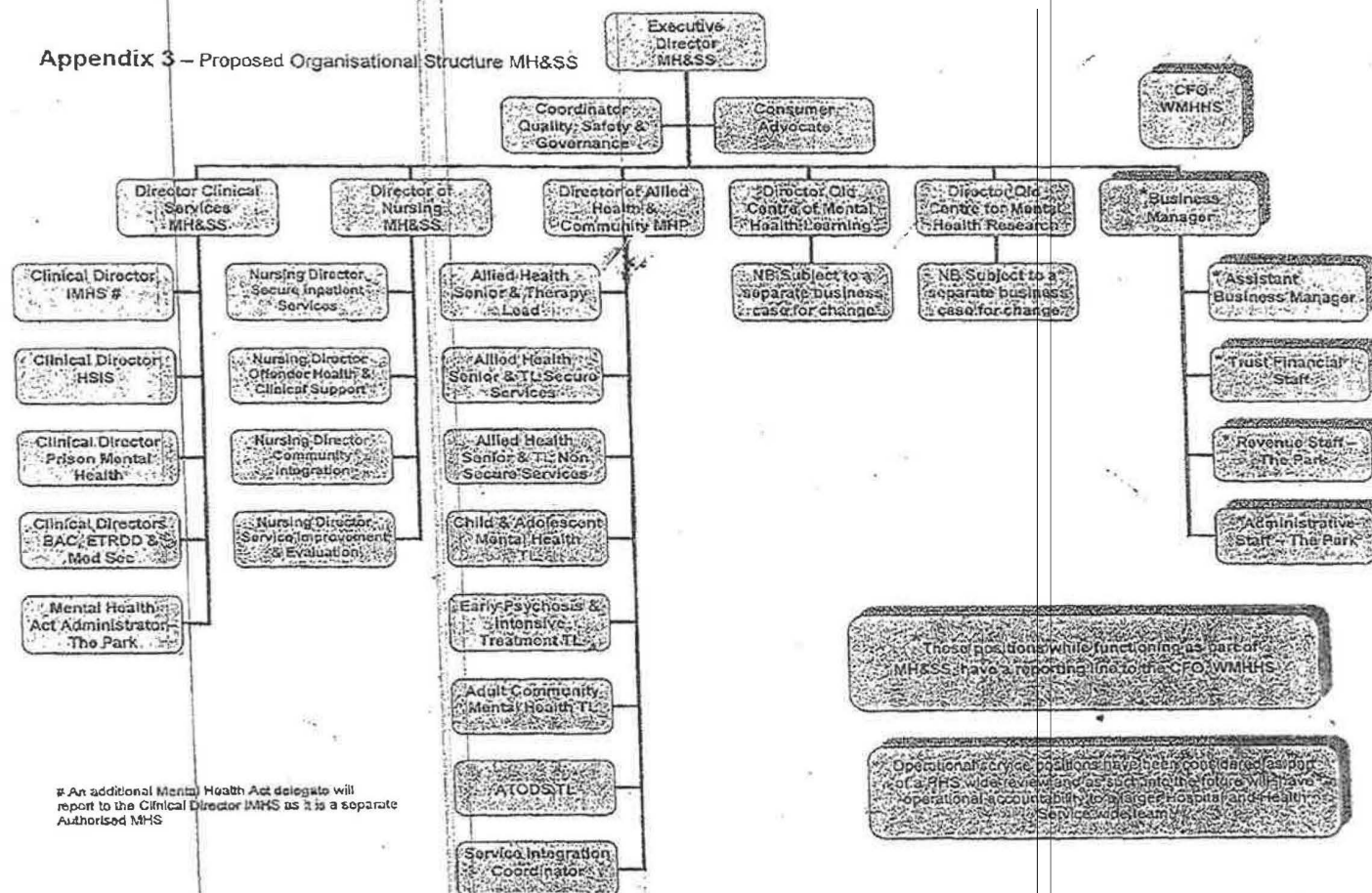
Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>.

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 <http://www.health.qld.gov.au/ghpolicy/docs/pol/gh-pol-197.pdf>.

To find out more about Queensland Health, visit www.health.qld.gov.au
October 2012

Appendix 3 – Proposed Organisational Structure MH&SS



Organisational Chart

"LMD-3"

**Queensland
Government**

Queensland Health

Enquiries to: Sharon Kelly
Telephone:
Facsimile:
Our Ref:

Ms Lorraine Dowell
Occupational Therapist- Advanced
The Park- Centre for Mental Health

Dear Ms Dowell,

Further to my discussions with you, where you were advised about the implementation of organisational change in Mental Health Services. I am writing to you to provide you with further detail about the impact of the change on your role.

You are currently employed in the position of Occupational Therapist Advanced, HP5, The Park - Centre for Mental Health, position ID 30473828.

I regret to advise that your position does not exist in the new organisational structure.

In the new organisational structure there will be two new Discipline Senior- Allied Health Team Leader, HP5, positions created, one that will be led by a Social Work professional and one for Occupational Therapy therefore fewer permanent Team Leader positions than there are current permanent staff.

I have identified an opportunity for a direct transfer at level from your existing role to the Occupational Therapy Senior -Allied Health Team Leader position HP5.

I am, as yet, unable to advise you which team you will be transferred into in regards to team management, and I will endeavour to advise as soon as possible.

Your manager will consult with you in relation to the specific requirements of the role and will arrange to discuss and finalise a Performance Appraisal and Development Plan with you within three months of you taking up duties in your new role.

If you would like to discuss any aspect of the organisational change or if you have questions or concerns in relation to your individual circumstances, please contact me via email at or or

Yours sincerely



Ms Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service

201113

Office
West Moreton Hospital and
Health Service

Postal
PO Box 73
Ipswich QLD 4305

Phone

Fax



"LMD-4"

West Moreton Hospital and Health Service

TURNAROUND PLAN SERVICE REVIEW PROPOSAL

The Park-Mental Health Rehabilitation and Allied Health Services Review

30 October 2012

DOCUMENT HISTORY

Version	Date	Prepared by	Comments
First Draft v1	23/10/12	Tawanda Machingura	Reviewed, feedback considered
Final Draft v2	26/10/12	Tawanda Machingura	Consultation and Review
Final	30/10/12	Tawanda Machingura	Submitted to Sharon Kelley

THE PROPOSAL

1. Proposal Details

1.1 Background (including current functions and structure)

The review of the Mental Health Rehabilitation Model at the Park Centre for Mental Health was sponsored by the Executive Director of Mental Health and the Executive Director of Allied Health and supported by the West Morton District Consultative Forum (*Consultation Paper Attachment 10, dated 27 July 2012*). The aim of the review is to realign rehab and allied health services at the Park to ensure accountability to consumer treating team enabling recovery.

The reviewer was specifically asked to;

1. Review the current model and develop a contemporary model in line with a recovery philosophy.
2. Review core skill requirements, roles and levels of staff with a view of creating some efficiencies and realising some financial gains.
3. Present and report recommendations to the Mental Health Executive

The service review was conducted by a Programme Manager/ Director of Allied Health Services at the Park Centre for Mental Health. .

The reviewer was a newly recruited leader of the rehabilitation and allied health workforce at the Park. The reviewer initially put together a working group that consisted of all the rehabilitation coordinators and allied health seniors at the Park. An action Plan was then developed (Appendix 1). A total of six weeks was spent conducting the review whilst attending to day to day management and clinical activities required of the role.

Rehabilitation and Allied Health Staff from the service and other stakeholders were invited to participate in the review and were offered group and individual sessions with the reviewer. The aim was to ensure that all stakeholders were provided the opportunity to participate. A consumer survey was conducted during the review period to gather the views of consumers. In addition to this, the reviewer accessed relevant literature and supporting documentation as detailed further in the body of the report. During this time a number of activities were conducted:

- Visits to the units
- Survey of client satisfaction with rehab and allied health
- Attendance at ward round
- Meetings with groups of staff, including allied health staff, nursing staff, medical staff and rehabilitation staff
- Individual meetings with staff
- Attendance at the rehabilitation team planning day
- Meetings with other key staff, including the Clinical Directors, Nursing Directors, clinical nurse consultants, team leaders, consumer advisors, consumer companions, the state benchmarking team and discipline seniors
- Review of relevant documentation, including policies, procedures and work instructions, a pre-commissioning and planning document, clinical files, benchmarking data and previous service reviews.

Review of the current rehabilitation service

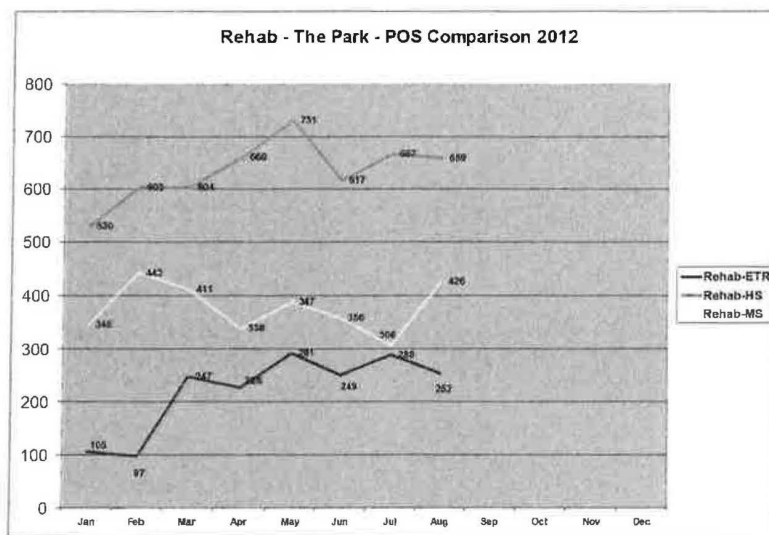
The rehabilitation model was reviewed and rewritten for the new tertiary service and for the interim services while the new facility was being built. The project ran between October 1999 and January 2000. It was in response to this project that the current model of service was established.

The Rehabilitation Service is comprised of three multidisciplinary teams responsible for the development delivery and evaluation of a comprehensive range of rehabilitation programmes. These programmes respond to consumer needs in the High Security Inpatient Service, Secure Mental Health and Rehabilitation Unit (Medium Secure) and Extended Treatment and Rehabilitation. While the Rehabilitation Service was established in order to coordinate and lead the development and delivery of rehabilitation interventions in each of The Park's clinical programmes, it is not intended to be the sole provider of rehabilitation which is widely documented as a responsibility of all staff.

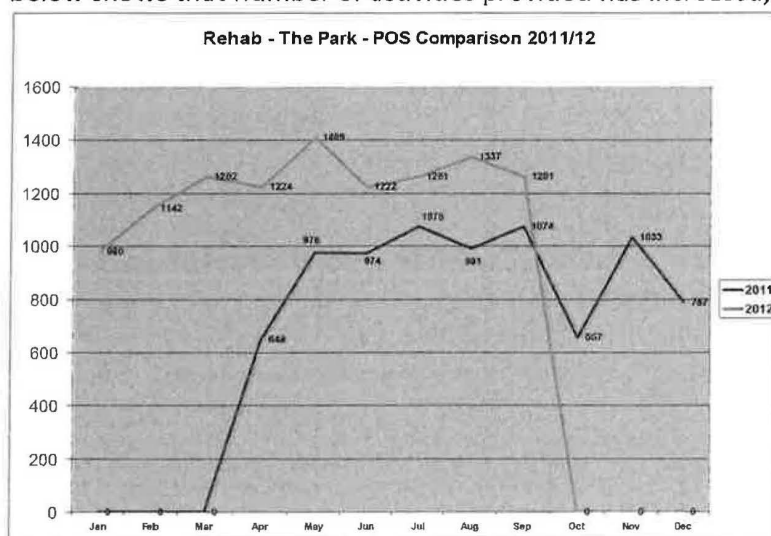
The main strengths of the current rehab service are the diversity, flexibility, creativity and commitment of its staff as well as having a team with a dedicated focus in rehabilitation. Having a multidisciplinary team working together, ensures that rehabilitation programs remain a priority and are delivered consistently to consumers. The availability of the rehab team to all wards across the campus promotes mostly recreation activities and prevents boredom, idleness and general ill health. There are also some psycho educational and living skills programs provided to those who are at a similar cognitive level or who require specific learning needs.

However there are a number of weaknesses. Firstly the rehabilitation services have taken on board more than what they can realistically provide. The expectation that the few rehab staff on board are responsible for individual rehabilitation programmes of all clients at the Park is unrealistic. In ET&R for example rehabilitation staff took over the role of supervising clients in activities of daily living relating to personal hygiene and home maintenance when they had as much as 3 times the current staffing levels. There is also a perception that the rehab team is a multidisciplinary team and has the range of skills and capacity required to provide rehabilitation to all clients. In reality the current rehab teams are essentially allied health teams and/ or a few nurses and nonprofessional staff.

The program developed by the rehabilitation team includes a variety of activities and shows some engagement with a several community support agencies. The graph below shows the number of activities provided by each team in 2012:

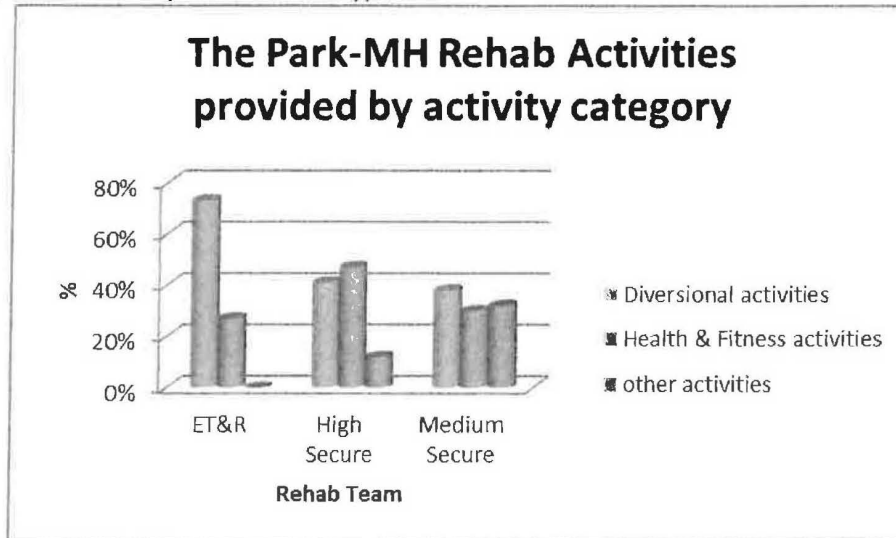


POS data also show that the number of activities provided has been increasing. Comparison of 2011 and 2012 data show a significant increase in the quantity of activities provided by the Rehab team. It is possible however that the increase could be reflecting increased compliance with recording POS data in CIMHA rather than an increase in activity. The graph below shows that number of activities provided has increased;



However, the existing activity program is not adequately structured to meet all individual clients' needs. Activities provided are mostly recreational with other categories of activities being unavailable to consumers. The graphs below show the number of activities provided

by all 3 teams by intervention type:



While the model was intended to be integrative, it was consistently reported in stakeholder interviews that the clinical and rehabilitation teams now work largely in isolation of each other.

In mid 2012 the Rehabilitation Service initiated the development of a survey to establish consumer satisfaction with the current service provision of the rehabilitation service and to identify opportunities for improvement. The then Rehabilitation Service Coordinator facilitated the development of the survey with the assistance of consumer consultants, rehabilitation service staff and Service Education and Research Unit (SERU). With the draft of the existing survey recently finalised, the newly convened allied health leadership team agreed to use this instrument to inform the service review. Minor amendments to the survey were made to invite feedback about allied health services. Results from this survey indicate that;

- Consumers who completed the survey were generally positive about the services they receive from allied health and rehabilitation staff. This was reflected in a number of compliments with respect to allied health and rehabilitation services.
- Respondents reported spending more time with rehabilitation staff than their allied health counterparts each week. However, a request to increase the range and availability of rehabilitation programs was a strong theme of consumer feedback.
- Some consumers identified a lack of access to allied health staff. Some respondents attributed this to what they saw as a significant workload for allied health staff.

One of the strengths of the rehabilitation service to date has been its capacity to consistently provide a service to consumers. Dismantling the existing rehab structure carries the significant risk that programmes may no longer be consistently delivered. If a comparable level of service is to be maintained a new structure would need to support the delivery of these services.

Review of Allied Health services

Allied Health functions as part of a multidisciplinary-team service and provides discipline-specific assessment, case conceptualisation and interventions (e.g. psychological assessments of symptoms, risk, cognition, and personality, and development of evidence-based interventions). Allied Health staff utilise a multidisciplinary specialist level of skills and contribute to conceptualisation of complex functioning of consumers, collaborate with each other, and assist other health professionals (e.g., nursing, medical and rehab services) in diagnostic clarification, behaviour management support, and holistic treatment planning.

Clinical Allied Health staff are operationally managed by the respective Business Unit Director, or their delegate, which has historically been the Discipline Senior (HP5). Cost Centre management is retained by the respective Business Unit Directors

The clear strength of the Allied Health is that the staff operate from a multi-disciplinary perspective and deliver discipline specific work (individual and group-based). Staff therefore draw upon, and integrate, strengths from their own respective disciplines. They also support other teams (e.g., nursing team, the Rehabilitation Services team) in the management of patients on and off ward. Most importantly, the Allied Health staff deliver an advanced level of care with minimal supervision, while also supervising postgraduate students completing their clinical placements at MSU.

However, some of the weaknesses of Allied Health are that they do not maximise on each of their disciplines' strengths and resources for better client outcomes. For instance there is a small number of examples of allied health staff leading group programmes although this skill set is available. There are also very few shared processes between allied health disciplines. Allied Health leadership is limited to single disciplines as a result they are not always well represented and lobbied for (partly due to small numbers of allied health professionals and also due to absence of allied health professionals in management roles on the units). The division between allied health professionals between the two teams (allied health and rehabilitation services) further perpetuates this small presence. Lastly allied health staff do not fully utilise the Queensland Health statewide mental health electronic medical record/database, CIMHA in a consistent manner. CIMHA could be used to input their POS (provisions of service) contacts, NCRAs (non consumer related activities) or clinical notes. There is therefore no easily accessible information on allied health staff activities that could potentially be used for lobbying for resources, benchmarking, research and could improve communication with other teams (The Park) internally and/or externally (other HHS districts).

General Health Services Allied Health Staff

The allied health positions in General Health Services are currently managed by the Director of Clinical services and provide a service across all units at the Park. The General Practice Nurse (CNC) at General Health Services (GHS) currently operationally supervises the Podiatry position ie signs the leave forms, organises locums and co-ordinates his appointments plus contacts District Podiatrist when needed. For physiotherapy and dietetics the CNC currently orders equipment, and is the contact person for sick leave. Currently the Physio, Dietetics and Podiatry positions are professionally managed by the District Discipline Seniors. Exercise Physiology is managed by the Rehab Team Leader in High Secure Unit and does not operate on a district wide basis.