



Canberra Health Services Consultation Paper;

Refreshing duty statements and roster for the Home
Assessment & Assertive Response Team (HAART)

Canberra Health Services (CHS) - Mental Health, Justice
Health, Alcohol & Other Drug Services (MHJHADS)

Remember - Seek advice about consultation requirements with staff and unions from the
People & Culture Branch prior to commencing your consultation process.

512 49610 - Employee Relations Hotline, People & Culture Branch

HealthEmployeeRelations@act.gov.au

| Work Area | Author(s) | Contact Details |
|---|-------------------------------|-------------------------------------|
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Contents

| | | |
|------|---|-------------------------------------|
| 1. | Introduction | 3 |
| 2. | Purpose | 4 |
| 3. | Current model..... | 5 |
| 4. | Rationale for change | 6 |
| 5. | Future model..... | Error! Bookmark not defined. |
| 5.1. | Scope of the future model | 9 |
| 5.2. | Physical design/structure..... | Error! Bookmark not defined. |
| 5.3. | Benefits of the future model..... | 9 |
| 5.4. | Implementation of the future model..... | 10 |
| 5.5. | Related change processes..... | 11 |
| 5.6. | Implications for not undertaking the change | 11 |
| 6. | Consultation methodology | 11 |
| 7. | References | 14 |

1. Introduction

Canberra Health Services (CHS) is focused on the delivery of high quality, effective, person-centred care. We provide acute, sub-acute, primary, and community-based health services, to the Australian Capital Territory (ACT) and surrounding regions. More information can be found on the [CHS website](#).

Our **Vision**: creating exceptional health care together

Our **Role**: to be a health service that is trusted by our community

Our **Values**: Reliable, Progressive, Respectful and Kind

Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) provides support to youth and adults via inpatient and outpatient settings, community health centres, justice health facilities and other community settings, including people's homes. MHJHADS aims to be socially inclusive and operate within a recovery-focussed and/or harm minimisation approach.

Adult Community Mental Health Services (ACMHS) teams operate across the Australian Capital Territory, adhering to both the Adult Community Mental Health Model of Care (ACMHS MoC) and the Older Persons Community Mental Health Model of Care. ACMHS program area services the community's mental health needs in the areas of intake, recovery, supported and therapeutic accommodation, therapy, older persons, neuropsychology, assertive community outreach, homeless outreach, and intensive home treatment.

The Intake Services Teams -(ACMHS) includes the Access Mental Health Team (AMHT), and the Home Assessment and Acute Response Team (HAART) which includes a Rapid Response Service (RR) for crisis, and an acute Police Ambulance Clinician Early Response (PACER) service for acute and immediate life-threatening triaging.

A Triage Scale is utilised to ascertain the level of severity and risk and outlines the response required and in what timeframe. The triage category of A (immediate or life-threatening response), or triage category B (urgent response within 2 hours) is assigned to the most severe callouts. The PACER Service will primarily be called upon to manage category A – as there is a police officer and ambulance as part of the tri-service – enabling arrest, transport, and sedation if this is required. Most usually categories B through to D are managed by HAART Rapid Response, however this does not preclude them from managing category A responses when required.

HAART therefore provides acute and crisis interventions to facilitate hospital diversion where possible, by offering an outreach assessment and treatment to people experiencing and living with a moderate to severe mental illness and complex needs in a community setting. HAART provides assessments and intervention for acute mental health presentations.

The PACER Service is a tri-service mental health co-response capability which works in partnership with the Australian Federal Police (AFP) and ACT Ambulance

Services to provide a Police Officer, Ambulance Paramedic, and a Senior Mental Health Clinician who will provide a timely mobile response to people experiencing mental health crisis.

HAART, inclusive of the Rapid Response and PACER Service operates seven days a week, including weekends and public holidays, and has an overnight on call arrangement. The position holder will be required to work a rotating roster of 8 and 10-hour shifts, including on call arrangement overnight and reports to the HAART Team Leader.

The foundation HAART roster was published in 2018 and was introduced with consultation at that time to support the formation of HAART, which as a team had emerged out of the decommissioned Crisis Assessment and Treatment Team (CATT). This change arose from the introduction of the Adult Community Mental Health Services Model of Care (ACMHS MoC) in 2018.

The 2018 foundation HAART roster had 20 Full Time Equivalent (FTE) staff, and supported inpatient in reach, rapid response, and after-hours North Canberra Hospital (Calvary) Emergency department on call services. HAART also provided an Intensive Home Treatment (IHT) service to the community and an inpatient in reach service that was linked to sub-acute supported accommodation programs.

The 2018 foundation HAART shift roster pattern comprised 20 fixed shift 28-day lines, which included three leave lines. Staff worked allocated shifts across a 28-day line, at the end of that period they dropped down on the roster to the next 28-day line. Leave for any of the lines was backfilled from staff who were rostered for that 28-day cycle on one of the 3 leave lines, with union consultation.

The 2018 foundation HAART roster was amended in 2020 with the devolution of the rotating roster, due to the PACER Service inclusion. The PACER expansion led to a further change of the team structure and the roster became untenable due to a lack of available staffing to incorporate into a rotating roster pattern.

HAART was managed from 2020 by a succession of team leaders, over a period of 24 months, which affected the stability of the team and roster. Duty statements were amended at that time to incorporate the PACER service as a part of HAART.

2. Purpose

This document will inform the reader, for the purpose of consultation, of the proposed changes to the current HAART Rapid Response and PACER Service roster and the current HAART duty statements.

This document will support a discussion between affected staff, unions, management, and other key stakeholders, leading to an approval process that

will provide a safer and more equitable roster pattern for the workplace to minimise fatigue and risk factors currently noted.

This document discusses the current model and the rationale for the proposed changes to the HAART roster and duty statements, as well as the benefits of this change which is a result of staff concerns about the current roster being inequitable and not providing fatigue management or rotation of shifts. See copy of current roster that shows runs of evening shifts and late/earlies.

3. Current Model

The current HAART roster doesn't follow a discernible and predictable pattern and all parties agree that it is unbalanced and not fit for purpose with staff working late/early and an adhoc shift working arrangement. The inability of staff to have their needs met by the current roster affects the manager employee relationship, recruitment and retention and team culture. HAART staff are at risk of injury from occupational violence, fatigue, and mental health injuries, due to the team's high workload and acute role. Numerous RISKMAN incidents have been received around the staffing concerns of fatigue, workload, and rostering that evidence this statement of concern that has led to a request for the change. See below current roster for pattern of shifts.

The current ACMHS MoC has been refreshed following an extensive internal and external 2023 evaluation and it is currently being circulated for consultation, pending endorsement. The refreshed ACMHS MoC incorporates the Rapid Response and PACER services jointly into a single entity, the HAART team. This organisational structural change matches that introduced by the 2023 MHJHADS divisional realignment.

The IHT service, in the refreshed ACMHS MoC remains in the intake services stream but it has been moved out of HAART and into a standalone position, paving the way for the possible future development of this service as a separate team. HAART will continue to provide the IHT service required under the ACMHS MoC until further notice, supporting it as part of the normal duties of its Rapid Response roster. The budgeted FTE for the IHT service currently remains within the HAART cost centre.

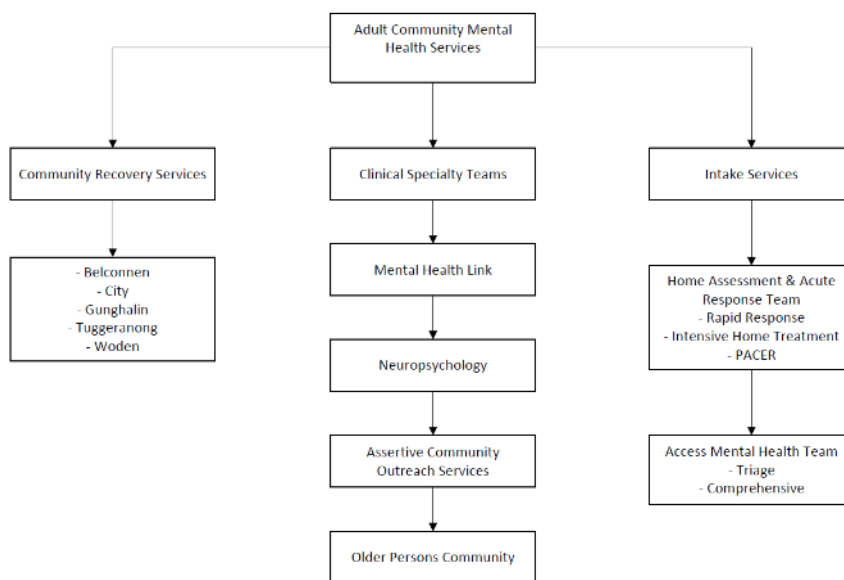
The refreshed ACMHS MoC continues to position HAART as the primary team who provide acute community mental health support to triage categories A – D, across the Australian Capital Territory catchment area. Staff onboarded to the HAART roster are recruited as experienced level 2 and level 3 clinicians. Many HAART staff are endorsed as Mental Health Officers and they can provide an advanced level of care for people under the Mental Health Act 2015.

The HAART team will continue to act as the primary MHJHADS liaison in the Tri-Agency agreement, working collaboratively with our Police and Ambulance

partners. The HAART Team will continue to manage Multi Agency Response Guide plans and the team will be actively involved in supporting staff development, including the PACER training course and will support community engagement and promotional activities.

The current HAART duty statements reflect the initial 2018 role of HAART in supporting the ACMHS MoC. The duty statements also refer to the organisational structure of the MHJHADS division as it was in 2018, or in one of the later divisional realignments which had affected the team, specifically being positioned under the Territory Wide Mental Health Services program area, which is now defunct.

New Organisational Chart following 2023 restructure:



ACMHS Organisational Chart 30.01.24

4. Rationale for change

The current after-hours arrangement of mental health support for the North Canberra Hospital Emergency Department that is being provided by HAART will end by June 30 this year. The after-hours service will be transferred to the hospital’s inpatient mental health consultation liaison team.

The inpatient in reach service and adult Step-Up Step-Down homes clinical liaison function has already been moved from HAART, being transferred to the

Mental Health Link team. This change arose from the 2023 MHJHADS divisional realignment. This change will be reflected in the refreshed ACMHS MoC.

The PACER service was created in December 2019 and became operational as a 'proof of concept' model at that time. The PACER model has been reviewed since its introduction, and permanent funding for one PACER vehicle has been allocated. A second PACER vehicle is currently being operated on a temporary funded trial basis. The second PACER vehicle is currently subject to a business case proposal, and it is likely to receive a permanent funding allocation this year.

PACER can only be staffed by level 3 clinicians of either allied health or nursing classification, as they are suitably prepared to practice at an advanced level and all are mental health officers (MHO's), working under the delegation of the ACT Chief Psychiatrist.

Several very public high-level incidents have occurred since the inception of PACER that have exposed staff to graphic and dangerous involvement at the front line of mental health services. The current HAART rostering pattern has a small pool of clinicians that are continuously exposed to very acute and confronting situations including death, stabbing, abuse, car accidents, paramedic and police matters that are non-mental health, assaults, and many other emergency services issues that are extraordinary to the usual expected mental health concerns seen on other teams. Additionally, staff have indicated their concern of the loss of expertise from the Rapid Response since the inception of the PACER Service.

The staffing establishment for HAART has grown since 2018, to a current 27 Full Time Equivalent (FTE) of clinical employees. The growth in staffing has mainly been due to allow for the incorporation of the PACER service into HAART and to allow for the work roles of managing triage categories A through to D that are referred to the team from the Access Team and also from emergency services.

Pacer as a 'proof of concept' model had initially recruited 4 full time clinicians that worked shifts in both Rapid Response and in the PACER service. The number of clinician's now having PACER training is greater than 10 to reduce the impact upon staff exposure and to allow for the staffing of a second PACER vehicle. The hours of operation in 2 x 8-hour shifts for the Rapid Response is 08:00 – 16:30 and 13:30 – 22:00 hours and the 2 x 10-hour shifts for the PACER Service from 08:00 – 18:30 and 14:00 – 00:30 hours.

HAART is considered a senior team of the MHJHADS division, having many years of experience in providing services for adults presenting in acute and emergency mental health crisis. The vacant level one nursing, level one allied health and allied health assistant lines have been moved out of HAART to other less acute teams. The point of entry into HAART has been set at a minimum level 2 classification. This change has been made to ensure that staff are suitably prepared to provide an acute level of clinical practice.

The decision to remove level one and allied health assistant positions from HAART was informed by comparing normal team duties of the clinicians against relevant work level standards, and through consultation with the MHJHADS directors of allied health and nursing. HAART will continue to support the MHJHADS training calendar and will facilitate allied health, medical and nursing student placements. Level 1 clinicians who wish to gain supernumerary experience with HAART as part of an agreed personal development plan will be welcomed to the team for limited engagements.

Management wish to make reasonable and sensible changes to the roster to reduce preventable workplace injuries from occurring and organise all HAART staff to have rostered time off so that they can rest and recover. Additionally, management are aware of the amount of overtime that HAART staff work, which is a constraint to facilitating a pattern of adequate rest and recovery.

The proposed HAART roster will reintroduce fixed allocated shift lines, rotating on a 28-day cycle. The roster will include all shift working clinicians employed on the HAART team, either nursing or allied health officers. Level 3 clinicians will support the PACER and Rapid Response services. Level 2 clinicians will support the Rapid Response service only. PACER shifts will continue to be 10 hours in duration. Rapid Response shifts will continue to be 8 hours in duration. Casual clinical staff will be rostered according to their experience, training and MHO endorsement status, fulfilling either level 2 or level 3 shifts as required.

The 2018 foundation HAART roster has been altered over time by a succession of managers who have made changes to keep pace with the rapid growth in scope of services and staffing budget. The changes made to the HAART roster have not been planned and consultation with staff did not occur. The HAART roster has devolved into its current state where staff have reported to management that they work too many shifts in a row, or that they are too often exposed to traumatic work, or that there is a lack of opportunity to work in all areas of the team for level 3 clinicians.

HAART staff and senior management have had four crisis meetings across 2023 and into 2024, for the purpose of discussing the team's operation and roster. Staff have also elected one allied health and one nursing officer to act as their representatives in holding discussions with senior management on duty statements and roster topics. The inputs from this dialogue have been listened to by senior management and are reflected in both the proposed HAART roster and in the refreshed duty statements.

Numerous emails and requests have been received from staff that were followed up by management to attempt to address and stem the resignations from the team and to create some stability in structure and workload. Management agrees with staff that these conditions have burdened the remaining staff members of the team and lead to adverse workplace behaviours that required intervention. The entire HAART team met with Work Health Safety and created a risk register.

Proposed changes to the HAART duty statements will make it mandatory for all newly commencing level 3 clinicians to be endorsed as Mental Health Officers (MHO). This will ensure that all level 3 staff are suitably prepared to provide acute mental health care at an advanced level in line with expectations for senior clinicians in mental health. Level 2 clinicians will be assisted to develop their working knowledge of the Mental Health Act 2015 and to prepare them for future level 3 positions.

The duty statements for all level 2 and 3 clinicians, for both nursing and allied health officers needs to be refreshed every 12 months as per the CHS recruitment procedure, to ensure that the positions are correctly classified. The duty statements speak to duties that define particular roles such as the nurse or health professional and the appropriate scope of practice commensurate with the level 2 or level 3 classification.

Medication is an inherent part of nursing care, and the registered nurse is responsible for the administration of medications to patients. The storage and handling of medication, as well as receiving medication orders from medical officers is within the scope of a registered nurse. Allied health are working outside of their scope of practice if they handle medication as per CHS Medication Handling policy. The proposed HAART duty statements clarify this position.

5. Future model

5.1. Scope of the future model

All level 2 & 3 allied health and nursing clinicians currently employed on permanent or casual contracts by HAART are in the scope of this consultation document.

Other HAART staff who work a Monday to Friday office hours roster, including managers, administration and medical officers are not in the scope of this consultation document.

Students and supernumerary level one allied health and nursing clinicians are not included in the scope of this consultation.

5.3. Benefits of the future model

The proposed HAART Rapid Response roster will provide a fair and equitable roster to the shift working clinicians who provide the Rapid Response and PACER services. The roster has been designed to minimise fatigue by eliminating all late early shift starts, and by ensuring that staff work no more than six shifts in a row. All shift lines promote time for family activities and personal recovery by ensuring that clinicians will have at least one full weekend off per 28-day cycle and on average will work mostly partial weekends.

The proposed HAART roster will afford level 3 clinicians the opportunity to work at their full advanced scope of practice. The addition of more level 3 clinicians working on the PACER Service shift lines will also decrease the amount of PACER shift requirements that each staff member will be required to work in a 28-day cycle. The reduction in working PACER shifts will reduce the traumatic exposure and provide the level 3 clinicians more time to debrief and to recover from potentially injurious exposure to major events that are encountered as part of emergency services front line duties.

The proposed HAART roster will promote the team culture as a great place to work, increasing interest to clinicians who have considered practicing in the acute area of adult community mental health. It is expected that these changes will lead to HAART having the most senior and experienced clinicians desiring to work in a fast-paced environment to make a real difference to the lives of Canberrans in crisis.

The HAART staff will be suitably prepared to work at either a specialised or advanced level of practice. The requirement to be a Mental Health Officer as a level 3 clinician will become mandatory. Level 2 staff will be encouraged and supported to develop their knowledge of the Mental Health Act 2015 and attain the Mental Health Officer endorsement as part of a natural progression of training up the best clinicians to be operating at the acute intake services teams.

The proposed HAART roster will enable all level 3 clinicians to be involved in the development of level 2 clinicians, supernumerary level 1 staff, and students on Rapid Response shifts to create a continuous cycle of knowledge translation leading to a sustainable workforce. See appendices for proposed roster pattern.

5.4. Implementation of the future model

Following the successful conclusion of the consultation process and the finalised approval process the new HAART roster will be implemented within the normal posted roster, draft roster cycle, being published as per relevant enterprise bargaining agreements.

The new HAART roster will be placed into a NIMS template and coded into the PROACT rostering system. The HAART Team Leader will retain the ability to make any necessary shift swaps for those with flexible working arrangements and other temporary adjustments that have been agreed to by affected staff. HAART staff will retain the ability to swap shifts based on local business rules.

An evaluation of the new HAART roster will be conducted after 3 months of operation, allowing the team to trial it and to provide informed feedback to ascertain any changes that may need to be incorporated that are currently unforeseen in this current proposal. Further consultation can be arranged as

required, should it be necessary to make changes that are outside the scope of this document.

Future change to the HAART roster is likely to occur in time, due to the evolving nature of the ACMHS intake services. Funding arrangements and other macro healthcare changes are likely to influence the structure of MHJHADS. All future changes to the HAART roster will be undertaken through a consultation process, involving staff, union, management, and other key stakeholders.

5.5. Related change processes

ACMHS management acknowledges that any period of change management can be unsettling, and we urge any staff member who feels affected by this process to utilise the Employee Assistance Program for support, or to discuss their concerns with their line managers as required.

5.6. Implications for not undertaking the change.

The implications for not undertaking the proposed roster changes will be that HAART staff will continue to work on an unbalanced roster that doesn't support a healthy work life balance or allow for professional development and equity in duties.

The implication for not undertaking a refresh of the duty statements will be an inability to accurately match expected duties to classification, or to recruit and develop a competent workforce.

6. Consultation methodology

- Pre-consultation meetings with several PACER staff and Senior Manager occurred on 20/06/23, 28/7/23, and 13/7/23 to ascertain the current working environment and staff concerns to begin organizing a framework from which to create the necessary changes that were needed to stabilize HAART. The predominant theme that emerged was one of receiving adequate psychological support for the staff who are rostered to PACER shifts. There are multiple emails from staff received by the Senior Manager that outline the concerns and ongoing discussions with staff around addressing their issues.
- Other issues raised was around the current rostering arrangement and ongoing education and training and lack of time to upskill and complete mandatory requirements due to the short shift not providing adequate time for this. An initial discussion was outlined here around removal of the short shifts as PACER shifts are 10 hours long – which was a change which

was implemented in 2022 under the former Executive Director to be in line with AFP and ACTAS.

- Email received from Mark Jay (HSU) on the 13/11/23 requesting information around intentions and a response provided to both Mark and to Sam Oram from the ANMF to outline that current processes of staff engagement were pre-consultation only with no changes made and only to seek developmental feedback from staff members to ascertain the staff preferences to establish and develop the necessary patterns to create a plan of an equitable rostering process and duty statements and roles before the consultation process commenced so that staff could have a forum to outline their preferences before it went to formal consultation.
- Further email from Mark Jay on 14/11/23 acknowledging email and thanking author for the prompt reply, as well as asking that when consultation begins to send documents to the secretary of HSU.
- Duty statements sent to staff in late 2023 for feedback on role and duties. The feedback was returned in multiple emails and a feedback table (in annex) and this was incorporated into the modified duty statements. Revised duty statements were sent out after modifications and sent out to staff from the Team Leader on the 16/01/24. No further feedback has been received around required changes to these new draft documents.
- 3 x high level forums with Katie McKenzie (Executive Director) on the 15/08/23, 22/09/23, and 11/01/24 which had minutes taken and were to allow staff to provide feedback around HAART concerns and direction. This was attended by most staff and included the Consultants from HAART who outlined their issues with staffing and the rostering reflecting a heavy loss of skills to PACER from the Rapid Response.
- 3 staff that were all primary PACER clinicians (2 x RN and 1 x HP level 3 Senior Clinicians met with Sonny Ward (Director of Nursing) and Colin Noonan on 24/08/23 in another forum to discuss issues that staff from PACER around access to psychological supports, staffing, rostering, junior staff, training, and Mental Health Officers (MHOs) on PACER. Minutes of that meeting were provided on the same day by Sonny to the attending members.
- Senior Manager then met with staff and indicated the intention to form a working party that would include a representative from both the nursing and allied health fields to be the nominated leads in an election process. This occurred through the Team Leader and Clinical Lead for the HAART staff to ensure a fair and equitable process. The representatives elected

were both primary PACER staff and senior clinicians. The role was to meet with the staff and address concerns and discuss expectations of the duty statements and training requirements. Further representation was around what pattern of work would be preferred and what rostering requirements staff in shiftwork patterns felt was necessary for a work/life balance.

- When some staff raised concerns of vested interests around their elected representatives not providing an accurate representation on the staff profile and of who was interested in working in the PACER service – the Senior Manager took onboard these concerns and then instructed the Team Leader and Clinical Lead to create a worksheet and ask each staff member individually for their preference to working PACER shifts. This process allowed staff to then acknowledge their choice independently and to sign their name next to their decision. Most staff (except for 2 – 3) elected that they wished to work in the PACER roster and be part of Triage A duties that occur in the PACER service.
- Staff raised further issues that their representatives were not accurately reflecting their concerns around the roster preferences and another instruction from the Senior Manager to the Team Leader and the Clinical Lead to create a second worksheet and again ask all staff to sign as to whether they preferred a working patten of 2, 3 or 4 PACER shifts in a row. The clear preference from staff was for a 4 in a row pattern followed by days off.

This proposal provides more detail in relation to the ‘Refreshing duty statements and roster for the Home Assessment & Assertive Response Team (HAART)’. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the roster and duty statements further.

Proposed Timeline for Consultation Process:

| Steps | Action | Dates |
|-------|---|--|
| 1 | Letter and consultation document to be sent to unions including relevant attachments. | 02/02/2024 |
| 2 | Consultation document to be sent to stakeholders | 05/02/2024 |
| 3 | Staff Forums for feedback | Forum 1 – 12/02/2024 Forum 2 – 19/02/2024 |
| 4 | Consultation Period Ends - COB | 20/02/2024 |

| | | |
|---|---|------------|
| 5 | Any provided suggestions from consultations will be reviewed and changes to be incorporated into the final paper within one week. | 27/02/2024 |
|---|---|------------|

Feedback for the above proposal can be provided by email to Colin Noonan on colin.noonan@act.gov.au Feedback must be received by 16/02/2024.

We are seeking responses to the following questions, but you may provide feedback on other suggestions not covered:

1. The HAART rotating roster has been created to provide a fair and equitable balance of shifts and responsibilities for all staff. Is there anything that you feel was not addressed in the roster that could be included?
2. Do you feel that the refreshed HAART duty statements accurately match work duties against your classification and outline the expectations for the role?
3. Do you have other concerns that have not been covered elsewhere?

For any further information relating to the ‘Refreshing duty statements and roster for the Home Assessment & Assertive Response Team (HAART) and subsequent consultation process, please contact Colin Noonan on 02 51241895.

7. References

| Document | Author |
|--|---|
| <i>Canberra Health Services Strategic Plan</i> | <i>HAART Operational Manual</i> |
| <i>CHS Recruitment policy</i> | <i>ACMHS model of care</i> |
| <i>CHS Work Health Safety policy</i> | <i>People & Culture, Canberra Health Services</i> |

Appendices:

1. De Identified HAART Current Roster – 1 – 28 February 2024:

| | |
|-------------------------|------|
| Haart Morning | M |
| Haart Evening | E |
| Haart Morning Short | M-S |
| Haart Evening Short | E-S |
| Haart Evening + On Call | EC |
| Pacer Morning | PA |
| Pacer Evening | PP |
| Accrued Day Off | ADO |
| Study Day | SD |
| Rostered Day Off | OFF |
| Personal Leave | PL |
| Leave without Pay | LWOP |

Important info.. Please read

- *Flexible working arrangements must be discussed with management, and be in writing.
- *Team leader to be contacted when staff take unexpected leave. Overtime must be approved by Team Leader.
- *Shift leader to record all overtime/casual shifts on overtime tracker & submit overtime allocation form to Team Leader.
- * Please record all personal leave in Outlook leave calendar.
- * Final roster to be published 14 days before roster cycle begins.

| HAART Roster | | | | | | | | | | | | | | HAART Roster | | | | | | | | | | | | | | Totals | | Hours - Totals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|------|-----|-----|-----|-----|------|-----|------|------|------|------|------|------|------------------------|------|-----|-----|-----|-----|------|-----|------|-----|-----|-----|-----|------|--------|------|----------------|-----|-----|-----|------|-----|-----|-----|------|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|-----|----|----|---|
| 01-Feb-24 To 28-Feb-24 | | | | | | | | | | | | | | 01-Feb-24 To 28-Feb-24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Thur | Fri | Sat | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Mon | Tues | Wed | FN1 | FN2 | FN1 | FN2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Officers | RN 3 | OFF | OFF | PA | PA | PA | OFF | OFF | ALPA | ALPA | ALPP | ALPP | OFF | OFF | ADO | OFF | PA | PA | PP | PP | PP | OFF | OFF | PA | PA | PA | PA | OFF | OFF | RN 3 | OFF | OFF | PA | PA | PA | OFF | OFF | ALPA | ALPA | ALPP | ALPP | OFF | OFF | ADO | OFF | PA | PA | PP | PP | PP | OFF | OFF | PA | PA | PA | PA | OFF | OFF | 8 | 8 | 30 | 78 | | | |
| | RN 3 | OFF | OFF | OFF | M-S | M | PA | PA | PP | PP | OFF | M | M | PA | PP | PP | E-S | OFF | OFF | ADO | PA | PA | PP | PP | E-S | OFF | OFF | OFF | OFF | RN 3 | EC | E | E | OFF | OFF | E | E | E | E | M | OFF | ADO | E | EC | E | M | M | M | M | M | OFF | OFF | E | M | M | M | OFF | OFF | 10 | 10 | 80 | 80 | | | |
| | RN3 | PL | PL | PL | PL | OFF | M | M | OFF | OFF | OFF | M | M | OFF | OFF | M | M | M | OFF | OFF | OFF | OFF | M | M | OFF | OFF | OFF | OFF | OFF | RN3 | PL | PL | PL | PL | OFF | M | M | OFF | OFF | OFF | M | M | OFF | OFF | M | M | M | OFF | OFF | OFF | OFF | M | M | OFF | OFF | OFF | OFF | OFF | OFF | 8 | 8 | 0 | 0 | | |
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| | HP 3 | OFF | OFF | E | M | M-S | PP | PP | OFF | OFF | PA | PA | M | M | OFF | OFF | OFF | OFF | M-S | PA | PA | PP | PP | PP | OFF | E | M-S | PA | PA | HP 3 | OFF | OFF | E | M | M-S | PP | PP | OFF | OFF | PA | PA | M | M | OFF | OFF | OFF | OFF | M-S | PA | PA | PP | PP | PP | OFF | E | M-S | PA | PA | 9 | 9 | 80 | 80 | | | |
| | HP 3 | OFF | OFF | PP | PP | PP | E | M+2 | OFF | ADO | OFF | OFF | E | E | E | M | M | M | OFF | OFF | E | EC | E | M | M | M | OFF | OFF | E | HP 3 | OFF | OFF | PP | PP | PP | E | M+2 | OFF | ADO | OFF | OFF | E | E | E | M | M | M | OFF | OFF | E | EC | E | M | M | M | OFF | OFF | E | 9 | 11 | 70 | 80 | | | |
| | HP 3 | PA | PA | M-S | E | OFF | OFF | OFF | OFF | OFF | OFF | PP | PP | PP | E | M | OFF | OFF | EC | E | M-S | PA | E | OFF | PP | OFF | OFF | PP | HP 3 | PA | PA | M-S | E | OFF | OFF | OFF | OFF | OFF | OFF | PP | PP | PP | E | M | OFF | OFF | EC | E | M-S | PA | E | OFF | PP | OFF | OFF | PP | 7 | 8 | 64 | 66 | | | | | |
| | HP 3 | M | M | M | OFF | OFF | M | E | M | M | OFF | OFF | EC | E | M | M | OFF | OFF | E | M | OFF | M | M | M | OFF | M | M | M | ADO | HP 3 | M | M | M | OFF | OFF | M | E | M | M | OFF | OFF | EC | E | M | M | OFF | OFF | E | M | OFF | M | M | M | OFF | M | M | M | ADO | 7 | 5 | 0 | 0 | | | |
| | HP 3 | ALE | ALE | ALE | ALM | ALM | ALM | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | HP 3 | ALE | ALE | ALE | ALM | ALM | ALM | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | 7 | 5 | 0 | 0 | | |
| | HP 2 | OFF | EC | OFF | E | EC | E | M | M | OFF | OFF | M | M | M | OFF | OFF | M | M | OFF | OFF | E | E | E | M | M | OFF | OFF | E | ADO | HP 2 | OFF | EC | OFF | E | EC | E | M | M | OFF | OFF | M | M | M | OFF | OFF | M | M | OFF | OFF | E | E | E | M | M | OFF | OFF | E | ADO | 10 | 10 | 80 | 80 | | | |
| Permanent Clinicians | RN 3 | M | M | M | OFF | E | M | M | OFF | OFF | E | EC | E | M | OFF | M | ADO | OFF | OFF | E | E | M | OFF | OFF | E | E | M | M | RN 3 | M | M | M | OFF | E | M | M | OFF | OFF | E | EC | E | M | OFF | M | ADO | OFF | OFF | E | E | M | OFF | OFF | E | E | M | M | 10 | 10 | 80 | 80 | | | | | |
| | RN 3 | ALM | ALM | ALM | ALM | ADO | OFF | OFF | OFF | OFF | EC | E | E | M | OFF | OFF | E | E | M | M | M | M | OFF | OFF | OFF | M | E | E | M/E | RN 3 | ALM | ALM | ALM | ALM | ADO | OFF | OFF | OFF | OFF | EC | E | E | M | OFF | OFF | E | E | M | M | M | M | OFF | OFF | OFF | M | E | E | M/E | 10 | 10 | 80 | 72 | | | |
| | RN 3 | E | E | E | M | OFF | OFF | E | E | OFF | OFF | E | E | M | OFF | ADO | E | EC | E | M | M | OFF | OFF | ADO | E | E | M | M | E | RN 3 | E | E | E | M | OFF | OFF | E | E | OFF | OFF | E | E | M | OFF | ADO | E | EC | E | M | M | OFF | OFF | ADO | E | E | M | M | OFF | OFF | E | 10 | 11 | 72 | 88 | |
| | RN 3 | M | M | OFF | OFF | E | E | EC | E | M | M | OFF | OFF | ADO | E | E | M | M | M | OFF | OFF | EC | E | E | M | M | OFF | OFF | RN 3 | M | M | OFF | OFF | E | E | EC | E | M | M | OFF | OFF | ADO | E | E | M | M | M | OFF | OFF | EC | E | E | M | M | OFF | OFF | 10 | 11 | 80 | 0 | | | | | |
| | RN 2 | E | M | M | OFF | OFF | E | E | E | E | M | M | ADO | OFF | OFF | E | E | E | M | M | M | OFF | OFF | E | EC | E | M | OFF | OFF | RN 2 | E | M | M | OFF | OFF | E | E | E | E | M | M | ADO | OFF | OFF | E | E | E | M | M | M | OFF | OFF | E | EC | E | M | OFF | OFF | 10 | 12 | 80 | 80 | | | |
| | RN 2 | ADO | E | EC | E | M | M | OFF | OFF | EC | E | E | E | M | OFF | OFF | E | E | E | M | OFF | OFF | E | EC | E | E | M | M | OFF | RN 2 | ADO | E | EC | E | M | M | OFF | OFF | EC | E | E | E | M | OFF | OFF | E | E | E | M | OFF | OFF | E | EC | E | E | M | M | OFF | 11 | 12 | 80 | 80 | | | |
| | HP 2 | E | E | E | M | M | OFF | OFF | E | E | M | M | M | OFF | OFF | OFF | ADO | OFF | OFF | E | E | M | M | OFF | OFF | OFF | OFF | E | M | HP 2 | E | E | E | M | M | OFF | OFF | E | E | M | M | M | OFF | OFF | OFF | ADO | OFF | OFF | E | E | M | M | OFF | OFF | OFF | OFF | E | M | 11 | 11 | 80 | 80 | | | |
| | HP 2 | E | E | M | M | OFF | OFF | E | EC | E | M | M | OFF | OFF | OFF | E | E | E | M | OFF | E | E | M | OFF | E | M | ADO | OFF | OFF | HP 2 | E | E | M | M | OFF | OFF | E | EC | E | M | M | OFF | OFF | OFF | E | E | E | M | OFF | E | E | M | OFF | E | M | ADO | OFF | OFF | 10 | 10 | 80 | 80 | | | |
| | HP 2 | OFF | ADO | OFF | ALE | ALE | ALM | ALM | OFF | OFF | ALE | ALE | ALM | ALM | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | HP 2 | OFF | ADO | OFF | ALE | ALE | ALM | ALM | OFF | OFF | ALE | ALE | ALM | ALM | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | OFF | 10 | 10 | 80 | 80 | | | | |
| Casual Pool | RN 2 | M | M | M | M | | | | | M | M | | | | | M | | | | | | | | | | | | | RN 2 | M | M | M | M | | | | | | M | M | | | | M | | | | | | | | | | | | | | | | 6 | 1 | 0 | 0 | | |
| | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | 0 | 0 | 0 | |
| | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | 0 | 0 |
| | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |
| | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HP 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 |

2. Feedback from HAART in pre-consultation meetings with their elected representatives in late 2023. There are 3 documents from different discussions from the Nursing and Allied Health representatives on behalf of the HAART staff.



Rostering and Duty Statements Feedback



HAART PACER roster and duty statment fee



Here is the reflection
of our first meeting re

1. Copy of the signatures of staff indicating their interest in working in the PACER service.



PACER interest and
signatures to work PA