The Forensic Hospital Restructure and Workforce Plan

Forensic Mental Health

2021/22 to 2023/24

Version 1.2

Contents

Overview

Our staff are our most valuable resource. Since the Forensic Hospital opened in 2008, there have been multiple reviews of its model of care and workforce structure. However, while the Hospital's model of care has been revised and progressively established, the structure of its workforce has not been commensurately adapted to best serve its mission and purpose.

Over the years, the Forensic Hospital workforce has attempted to flexibly meet organisational imperatives and evolving clinical expectations. However, this has inadvertently contributed to ad hoc workforce arrangements, a lack of role clarity (role creep) and, for some, the loss of a voice and function.

In 2019/20, the Forensic Hospital, together with independent reviewers, undertook a comprehensive review of the hospital's Nursing, Allied Health and Administrative workforce. The review was extensive. It highlighted a need for the workforce structure to better support quality, safe, evidence based care, and to also be responsive to the needs and perspectives of staff and patients. The review was the first formal staffing review undertaken since the hospital opened.

This Workforce Plan is principally informed by the *2020 Staffing Profile Review.* It is also aligned with the proposed *NSW Forensic Mental Health Strategic Plan* and the *Justice Health and Forensic Mental Health Network (Network) Psychiatry Workforce Plan*, which is in development.

This Workforce Plan is intended to be rolled out over two years. It looks to implement a top down approach to workforce changes that collectively meet the hospital's goals, the organisation's strategic priorities, and State priorities.

The Workforce Plan is **focussed on improving patient and staff experience**. Key features of the plan include:

- A strengthened leadership team;
- Dedicated service streams to enhance bio-psycho-social forensic mental health care, interdisciplinary collaboration and governance;
- Appropriately aligned, clear and efficient use of clinical and administrative positions; and
- Promotion of workplace culture, staff safety, equity and professional development.

The workforce plan looks to ensure clinical, administrative and management positions are clearly defined to support personal achievement, team cohesion and quality care.

The new workforce structure will support treatment and rehabilitation goals, which underpin the hospital's model of care. As part of this plan, specialist bio-psycho-social care – i.e., pharmacotherapy, recovery services, wellbeing assistance, and offence specific rehabilitation - will be explicitly delivered with the safety and supports assured through good governance, therapeutic security and clinical connection.

The implementation of the Workforce Plan will also be firmly guided by the Network's values and priorities. The Plan aims to deliver a workforce that is prepared for future developments in the forensic mental health system and motivated to lead the delivery of safe, effective and innovative inpatient forensic mental health care.

Forensic Hospital 2020 Staffing Profile Review

The 2020 Staffing Profile Review assessed the current staffing structure of the Forensic Hospital and made recommendations that support quality patient care, future service developments, and a sustainable, specialist workforce. The review focussed on Nursing, Allied Health and Administration staffing. Medical staff were excluded from the review, because of the relatively small workforce and clear, award based roles and responsibilities assigned to medical staff.

Previous changes to the Forensic Hospital workforce, in particular changes to the hospital management team, were not informed by such a formal or consultative process.

By focussing on the intentions of the Staffing Profile Review, the reviewers emphasised agents for change highlighted in the feedback provided by patients and staff.

Our Patients Told Us
Patients identified **5 growth areas** that they felt were important to improve their care in the Forensic Hospital**:**
1. Increased Access to targeted rehabilitation and therapeutic groups;
2. Increased access to clinicians and physical health services;
3. Greater access to non-government organisations (NGOs) and formalised education;
4. Improved access to programs for those in the Austinmer Units, including sub-acute areas;
5. Greater access to Aboriginal and Torres Strait Islander staff and culturally specific services.

Our Staff Told Us
 Staff proposed **5 overarching deliverables**:
1. The need for, and value of, a strong leadership structure to drive a positive culture;
2. The importance of quality, safety and risk management in the Forensic Hospital;
3. The need to have role clarification and reporting lines and duties that align with professional streams and award requirements;
4. A workforce structure that supports a balanced multi-disciplinary team approach to patient centred care, social justice, and psychosocial intervention; and
5. Building a workforce for tomorrow, today.

Forensic Hospital Workforce Restructure

The proposed workforce structure aims to meet patient-identified growth areas, staff proposed deliverables, and recommendations outlined in the 2020 Staffing Profile Review.

The workforce structure proposed here will explicitly support quality, safety and innovation in health care; and include positions that focus on clinical governance and hospital-wide research. Such workforce coordination ensures that the need for reliable service provision, quality assurance, service improvement, risk management, transparency and accountability are at the forefront of the hospital's operations, and that patient care is informed by evidence.

Elements of therapeutic security – relational, procedural and environmental security – will also be balanced and supported by the new workforce structure and will assist staff to collectively take responsibility for the safety of staff and patients. Importantly, the value of clinical connection for patients and supervisory supports for junior staff will be supported.

The new workforce structure is also intended to build and prepare the workforce to safely and adeptly service the Freshwater Unit, and as such, the Allied Health and Administrative FTE profile of

the Freshwater Unit have been added to this document to assist staff to understand the structure of their team and whether their reporting lines will sit. This FTE is out of scope of this restructure consultation due to prior consultation.

This Workforce Plan therefore supports strategic goals of quality care and rehabilitation and – critically - patient flow within the forensic mental system, by supporting services that help to return healthier patients to their communities safely and in a timely manner.

Supporting the Model of Care

The proposed workforce structure is also intended to meaningfully support the Forensic Hospital's model of care, which includes the delivery of:

- Clinical care and pharmacotherapy;
- Recovery orientated services;
- Wellbeing assistance via services targeting physical health and drug and alcohol needs; and
- Offence specific rehabilitation.

The proposed structure is also underpinned by evidence informed theory that is internationally recognised and provides an added rationale for this plan and proposed workforce structure.

Forensic psychiatry and mental health care adopts the bio-psychosocial model (Engel, 1977). The model supports an overarching understanding of the individual patient within complex social, cultural, legal, political and spiritual systems. As the Forensic Hospital caters to a range of age groups and emerging conditions, a developmental perspective is also applied (Sroufe & Rutter 1984). A holistic person-centred approach therefore sets the standard of practice, acknowledging patients' personal, generational and cultural trauma.

Forensic mental health care is also unique, in that it intersects with the criminal justice system and must therefore address patients' risk of (re)offending. At first glance, this unique obligation may seem at odds with recovery orientated care, but balancing both care approaches can achieve safer recovery for patients (Carroll 2014).

The unique aspect of forensic mental health practice, which includes the goal of reducing the risk of (re)offending, traditionally applied a reductionist model (de Vogel et al, 2011); meaning that the focus was simply on reducing risk by removing factors that contribute to it. However, contemporary practice now incorporates additive models of care, which focus on protective factors and personal strengths to enhance safety. The efficacy of these combined approaches is evidenced in the superior reoffending results of those who receive forensic mental health care (Dean et al 2020), compared to those who receive reductionist-style rehabilitation in correctional settings.

Contemporary forensic mental health care is therefore guided by two dominant models of rehabilitation: 1) Andrews and Bonta's *Risk Needs Responsivity Model* (1990) and *The Good Lives Model* (Ward, et al 2006). The former relates to the assessment of risk and patients' responsivity to treatment and care, alongside the proportional allocation of resources to moderate risks (e.g. high risk = high resourcing). The Good Lives Model focusses on generating recovery and wellbeing goals to support patients to achieve personal and therapeutic milestones to live a meaningful, healthy and rewarding life. Principles of Social Justice and Health Equity are also aligned with these models as are clinical practices which incorporate Structured Professional Judgement (SPJ) to guide patients' care and rehabilitation.

This Workforce Plan unequivocally supports the Forensic Hospital's model of care and the balanced, evidence informed practices that make forensic mental health care specialised. The distinction of the

four clinical care streams – medical, nursing, allied health recovery, and forensic rehabilitation – in the proposed workforce structure is therefore aligned with best practice, theory and evidence.

Proposed Key Changes

Role Clarity. The existing workforce structure (Figure 1) has, as indicated in the Staffing Profile Review, led to a blurring of clinical and management responsibilities and has been ineffective in governing, supporting and showcasing the therapeutic services and functions of hospital staff. There was consequently a need to ensure the responsibilities allocated to any one position were feasible, and did not overflow into the responsibilities of other positions. Such assurances are made in the proposed plan with the distinction of management, clinical, quality and safety and support positions.

Service Streams. The distinction of service streams, which directly align with the Forensic Hospital's model of care, is another key change proposed in the new workforce structure; as is the distinction of the Aboriginal mental health care stream, and the Quality, Safety and Innovation stream.

Enhancing Allied Health Services. For the Allied Health workforce, a stepped management structure, a significant increase in Allied Health FTE positions, and the coordination of staff into functional streams are key changes. These changes also support two (rather than one) Allied Health positions being part of the hospital's senior management team.

Senior Management Team. The Workforce Plan proposes that the senior management team will be led by a Service Director and Clinical Director. These positions will be supported by a Director of Nursing and Deputy Clinical Director, alongside a Deputy Director of Nursing, Allied Health Managers, Aboriginal Mental Health, Security and Virtual Mental Health leads.

Support Staff. The enhancement of the support staff workforce proposed in this plan will ensure high labour costs to be better managed and enable highly skilled Nursing and Allied Health staff to delegate duties that would otherwise detract from their discipline specific work.

A workforce structure that best meets patient, staff, safety and specialist forensic mental health care standards, in a coordinated and efficient way is the ultimate intention of the proposed new workforce structure (Figure 2).

Figure 1: Current Forensic Hospital Workforce

Director of Nursing and Services Forensic Hospital (Nurse Manager 7)

PA to DNS and Mgr. Allied Health (AO6)

CSOs x2 MHRT Coordinator PAS Clerk

PA to Clinical Director and Deputy DON (AO5)

Clinical Director Forensic Hospital

Director of Basic and Advanced Training

Deputy Director of Nursing (Nurse Manager 4)

Nurse Manager Staff Safety and Restrictive Practice (Nurse Manager 4)

Nurse Manager Practice Development and Education (Nurse Manager 3)

Manager Allied Health (Health Manager 4)

Manager Security and Fire Safety (Health Manager 4)

Staff Specialists

VMOs

After Hours Nurse Managers NM3 (4)

Nursing Unit Managers 1 x NUM3, 5 x NUM2

CSO/Ward Clerk

Clinical Nurse Consultants 1 x CNC3, 4 x CNC2,

1 x CNE

Clinical Psychology (6)
Social Work (6)
Occupational Therapy (6)
Divisional Therapy (2)
Art Therapy (2)
Rehab Coord (1)
Aboriginal MHW (3)
Aboriginal MH Trainee (1)
Senior Exercise Physiologist (1)
Family and Carer (1)
Peer Workers (2)
Dietitian
Contractors:
Consumer Consultant
Chaplaincy
Temp Positions:
Allied Health Assist Temp (5)

Security and Data Management Coordinator Vacant

Registrars

Shift Leaders 12 x NUM1s

RNs ENs MHCWs

Figure 2: Proposed Forensic Hospital Workforce

Clinical Director (Forensic Psychiatrist)

Service Director (HM 5)

- **Deputy Clinical Director**
  - Forensic Psychiatrist
  - Registrar
  - Forensic Psychiatrist
  - Registrar
  - Forensic Psychiatrist
  - Registrar

- **Manager Security & Fire Safety (HM 4)**
  - Data Manager (HM1)

- **Manager Virtual Care (HM3)**

- **Director Nursing FH (NM 6)**
  - **Dep Director Nursing (NM4)**
    - Afterhours Nurse Manager (NM3)
    - Ward Nurse Unit Manager 2/3
    - Ward In Charge (NUM 1)
    - Registered Nurse (RN 1-8)
    - Enrolled Nurse
    - Assistant in Nursing
  - **Nurse Manager Quality, Safety & Innovation (NM4)**
    - Manager Clinical Governance (HM 2)
    - CNC 2 Primary Health
    - CNC 2 Clinical Risk & Restrictive Practice
    - CNC 2 Forensic Rehabilitation
    - Nurse Manager Education & Practice Development (NM3)
    - Clinical Nurse Educator

- **Aboriginal Clinical Lead (HM3)**
  - Aboriginal Health Worker (HP2)
  - Aboriginal Trainee (HEO)

- **Recovery Manager (HP4)**
  - **Team Leader Functional Recovery (HP 4)**
    - Senior Occ Therapist (HP 3)
    - Occ Therapist (HP 1-2)
    - Art Therapist (HP 1-2)
  - **Team Leader Social Care (HP 4)**
    - Senior Social Worker (HP 3)
    - Social worker (HP 1-2)
    - Senior Peer Worker (Snr HEO)
    - Peer Worker (HEO)

- **Manager Forensic Rehabilitation and Psychology (Snr Clin Psychology)**
  - Forensic / Clinical Psychologist
  - **Team Leader Better Living (HM 2)**
    - Senior Exercise Physiologist (HP 3)
    - Diversional Therapist (HP 1-2)
    - Allied Health Assistant
    - Physiotherapist
    - *Podiatrist
    - *Speech Pathology
    - *Dietician

Legend
- Reporting Line (solid line) →
- Professional guidance (dotted line) ⇢
- Clinical theme (colour) ▮▮▯▮▮
- Current new/adjusted position (red glow) ▭

Disclaimer: The grading of positions in this chart are estimated. Final position grading is determined by the grading committee and may lead to grading adjustments

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Building our workforce

In the new workforce structure (Figure 2) aspects of service delivery are delineated according to discipline-related or function-specific streams. The different elements of clinical care that will be provided by the workforce are also differentiated by colour: medical (grey), nursing (blue), recovery services (aqua), wellbeing services (purple) and offence-specific rehabilitation (yellow). Additional streams focussing on culturally sensitive care, security, and virtual care are also clearly defined.

Prioritising Aboriginal cultural responsiveness

Aboriginal cultural responsiveness is a priority. The Aboriginal Clinical Leader will therefore report directly to the Service Director to ensure a strong cultural voice in the senior management team. The Aboriginal Clinical Leader will provide cultural advice to the senior management team and clinical leadership to all Aboriginal staff in the Forensic Hospital, similar to other professional leads in the Network. The Aboriginal Clinical Leader will also take an active role with the Aboriginal Mental Health Traineeship program and be the key contact with training partners.

Aboriginal staff will remain operationally managed by their respective managers; maintaining strong integration of Aboriginal staff in teams and to support culturally responsive practices among managers. The Forensic Hospital and this plan is committed to *closing the gap*, recognising the over representation of Aboriginal patients in the Forensic Hospital (17%). This workforce plan also provides opportunities to support Aboriginal people into health careers at a variety of levels.
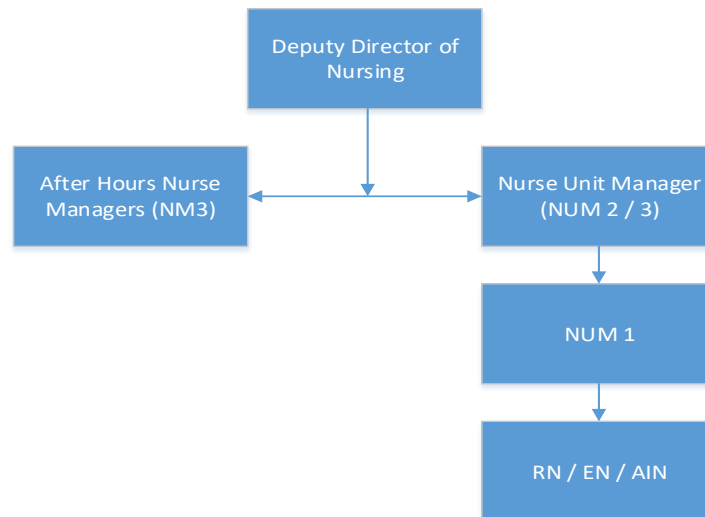
Nursing Services

The proposed Nursing structure offers two distinct streams: 1) Nursing Operations; and 2) Nursing Quality, Safety and Innovation. These two newly organised streams are to be led by the Director of Nursing.

The Director of Nursing is distinguished from the Service Director position in this Workforce Plan. The Director of Nursing will assume principal leadership of, and responsibility for, the organisation of nursing services to ensure good patient outcomes, improved nursing practices, staff safety, award alignment, fiscal responsibility, and alignment with local, Network and state-wide strategic priorities. The Director of Nursing position will also lead and represent Forensic Mental Health Nursing at a Network and state-wide level.

Nursing Operations Stream

The Nursing Operations stream will be led by the Deputy Director of Nursing. Nursing Operations facilitates the effective day-to-day delivery and management of forensic mental health nursing services within the Hospital. As below, this stream will provide a reporting line for Nurse Unit Managers (NUM), (including Clinical NUM1s) and After Hours Nurse Managers (AHNM).

The new Nursing Operations stream provides clarity of nursing leadership by defining a clear model that delivers consistent nursing care, seven days a week. The Deputy Director of Nursing will provide direct line management for the AHNM and NUM Team.

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                    ┌──────────────────┐
                    │ Deputy Director of│
                    │     Nursing       │
                    └──────────────────┘
        ┌──────────────────┐      ┌──────────────────┐
        │ After Hours Nurse│◄────►│ Nurse Unit Manager│
        │  Managers (NM3)  │      │   (NUM 2 / 3)     │
        └──────────────────┘      └──────────────────┘
                                          │
                                  ┌──────────────────┐
                                  │      NUM 1        │
                                  └──────────────────┘
                                          │
                                  ┌──────────────────┐
                                  │   RN / EN / AIN   │
                                  └──────────────────┘
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The After Hours Nurse Manager Team has operational and management responsibility for the Forensic Hospital after hours. The AHNMs in collaboration with the Forensic Hospital senior management team, provides operational and clinical leadership to ensure the delivery of safe, quality, reliable care after hours. The position has local incident controller responsibility for the Forensic Hospital site, including the management of emergencies.

There will be a NUM (Grade NUM 2 or 3) for each of the Hospital's units. These NUMs will be responsible for the unit's leadership and management. This includes the administration of human and clinical resourcing, the management of incident and safety systems, the implementation of policy and procedures, and the delivery and governance of safe, reliable and quality patient care. The NUM 2 or 3 position will work with Nurse Unit Managers (Grade NUM 1).

The NUM1 provides point of care clinical leadership, ensuring patient care is planned, implemented, evaluated and maintained to a high standard, whilst adhering to the principles of recovery, trauma informed care and therapeutic security. The NUM1 supports the NUM 2 or 3 with the management of staff performance and is a professional and clinical role model. There will be a NUM 1 on each morning and afternoon shift, seven days per week.

This will provide clear, strong Nursing leadership for front line clinicians.

**Quality, Safety and Innovation Stream**

The second, predominantly nursing stream is the Quality, Safety and Innovation Stream, led by a Nurse Manager. This stream ensures good clinical governance systems and cultivates innovative, world leading Forensic Mental Health services.

The stream will use local and international evidence informed best practice to drive a culture of safety, whilst building workplace capacity to foster clinical improvement. Using a quality and innovation focus to risk management and safety provides a strong framework to push the boundaries of future focused care and exceed National Safety Quality Health Standards (NSQHS).

The Nurse Manager Quality, Safety and Innovation will be positioned to directly line manage the Clinical Nurse Consultant (CNC) positions, the Nurse Manager Education and Practice Development, and the Manager Clinical Governance positons. This latter position will be multi-graded and open to non-nursing staff.

Good governance is more than just compliance. It is the effective and efficient delivery of quality, innovative and coordinated services. The Nurse Manager Quality, Safety and Innovation will work closely with the Director of Nursing to provide leadership and direction; and plan, develop,

implement and evaluate strategies, which improve health care, safety culture, reduce restrictive practices, and fosters recovery orientated and forensic rehabilitative practice. A key accountability for the role will be to apply and generate data, evidence informed practice, and local learnings from clinical and safety reporting systems to improve practice.
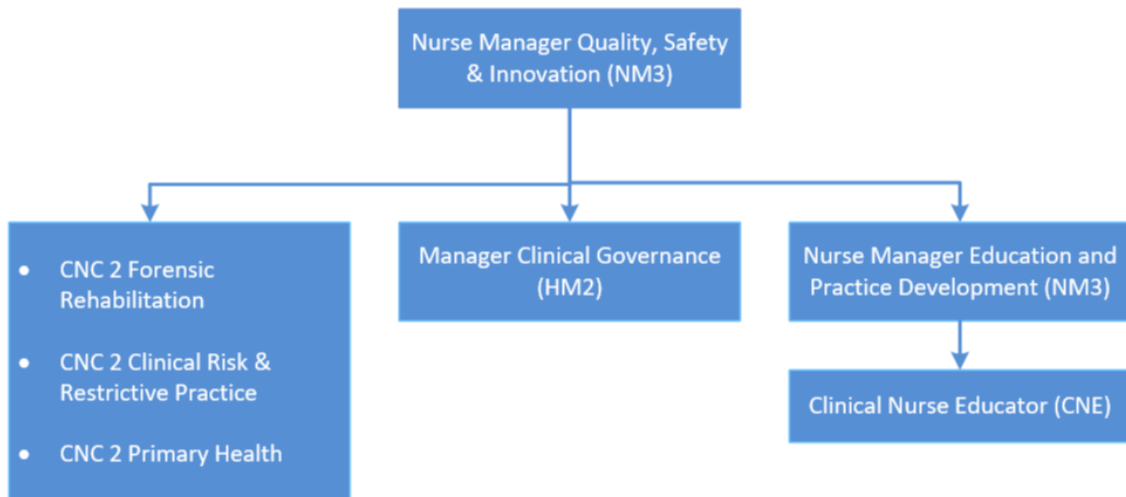
The Clinical Nurse Consultant roles are an advanced practice, registered role. The role is based on five domains of practice: 1) clinical service and consultancy; 2) clinical leadership; 3) research; 4) education; and 5) clinical services planning and management. The basis of the role is to promote clinical excellence and best practice standards.

A lack of clarity and purpose of the CNC roles has been long recognised in the Forensic Hospital. This lack of clarity was exacerbated by ambiguous titles for the CNC roles. The CNC team will now be realigned to reflect the hospital's model of care, be used as a hospital-wide resource, and have titles and roles that serve key functions:

- **CNC Forensic Rehabilitation**. National and International best practice in forensic mental health care and recovery recognises the need for recovery orientated principles to co-exist with offence specific rehabilitation. This CNC position will focus especially on offence specific rehabilitation that is trauma informed. The role will foster understanding of the need for patients to have access to supports that help them to recognise the relationship between their mental health needs and offending behaviour. This element of rehabilitation is necessary in Forensic Mental Health as it addresses an aspect of a patient's presentation that led them to be involved in the Criminal Justice/ Forensic Mental Health Systems. A current gap in the hospital's implementation of its model of care is a total emphasis on recovery programs and a lack of offence specific rehabilitation and intervention.

- **CNC Clinical Risk & Restrictive Practice**. Clinical risk of violence and its management is integral to the care coordination, assessment, treatment and review of Forensic Hospital patients. This is achieved by use of the Clinical Risk Assessment Management (CRAM) framework, which is a core element of the Hospital's safety framework and capacity to recognise and respond to patients' deteriorating mental state and/or escalating risk for aggression, which may lead to the implementation of restrictive practices.

    The Forensic Hospital is committed to the prevention, reduction and, where safe and possible, the elimination of the use of restrictive practices. The principle of least restrictive

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care means staff will maximise a person's choices, rights and freedom whilst balancing the risk of violence and aggression. This is challenging when working with patients who present with significant forensic mental health needs, psychotic disorders, mood disorders, personality disorders, complex trauma, and significant deficits in cognitive and psychosocial functioning. This position will therefore be dedicated to continually improving practices in this nuanced area. The need for this CNC position has also been indicated via audits and staff feedback, which suggests the clinical application of CRAM policy and practices remain inconsistent

- **CNC Primary Health.** Improving physical health outcomes and reducing the risk of early mortality in Forensic Hospital patients is a priority. Mental health and physical health are inextricably linked and people with mental illnesses are increasingly likely to develop physical illness. This is demonstrated by an average of approximately 40% of mental health patients having significant physical health comorbidities and over 70% of patients having a history of substance misuse, thus raising their physical health risks further. Additionally, consultation undertaken as part of the 2020 Staffing Profile Review identified a clear need to build the capacity of the Nursing workforce to manage patients physical health needs. This CNC position will therefore provide clinical nursing leadership and work in collaboration with the Better Living Allied Health stream to develop policy and process to provide high quality physical health screening, investigations, treatment and health promotion.

The Manager Clinical Governance will be a new position at the Forensic Hospital. The position will be non-discipline specific and will be multi-graded, but remain under the line management of this predominantly nursing stream. The position will require the incumbent to have a clinical background and will provide whole of hospital oversight of governance systems and processes. The position will work closely with managers to generate and use data to support quality care, clinical and workforce risk management, and policy compliance. The position will also support incident analysis and investigation processes, to bridge the gap between Work Health and Safety (WHS) processes and clinical practice.

There will be no changes to the Nurse Manager Education & Practice Development. The position will remain responsible for the strategic alignment of education and service development programs with Network and state-wide goals and objectives. This will be inclusive of the development of emerging workforces and managing analytics and Key Performance Indicators (KPIs) in relation to training and education.

There will be no changes to the Clinical Nurse Educator (CNE) positon. The CNE will continue to coordinate, deliver and evaluate nurse education at an individual or unit level. The CNE position will serve the whole hospital.

Broader Nursing Workforce

Nursing is the discipline with the greatest patient contact hours and clarity of roles is essential to foster broad engagement and professional integrity. A 2017 review of the Hospital's model of care found, "*Nurses are more often undertaking security related tasks rather than therapeutic activity. Over the years with the high ratio of nurses within these units, duties have crept into nurse workload that are not necessarily nursing related*". Similarly a key theme from the 2020 Staffing Profile Review was a lack of role clarity for nurses and the misuse of skilled registered nurses to complete work that would be better allocated to support staff.

The proposed nursing structure will provide good oversight and clarity of the number of Registered Nurses (RNs), Enrolled Nurses (ENs), and Assistants in Nursing (AINs) allocated to each shift. The RN,

EN and (casual) AIN positions already exist among the hospital's workforce, but the use and rostering of these positions are not currently clearly defined.

RNs and ENs currently make up the Nursing workforce. This workforce plan will however, motion a change from ENs making up only 10% of the nursing workforce to representing approximately 15% of the workforce. ENs play a key role within the health system, providing care and treatment in a range of settings, under the supervision of a Registered Nurse. Despite this change, the number of EN's within the Hospital will remain low in comparison with other secure Forensic Mental Health Services in Australia.

The permanent addition of Assistants in Nursing (AIN) positions to the hospital's Nursing workforce is also initiated in this Workforce Plan. This strategy will release nurses from non-nursing-specific tasks to re-focus nursing skills, experience, and expertise back to the delivery of forensic mental health care. AIN recruitment can be specifically targeted to second year nursing students, who can be upskilled with targeted supports, trained and transitioned to RN positions in the Hospital upon completion of their degree.

The increase in allocated EN and AIN positions will be balanced by an increase in Nursing leadership, across all units, so that the junior workforce is well supported. Specifically, strong clinical leadership will be provided by the allocation of a (clinical) NUM to each morning and afternoon shift. These NUMs will provide leadership by using advanced nursing skills combined with leadership skills, to influence, supervise, and direct face-to-face care.

Additional support was previously provided to the Nursing workforce by Mental Health Care Workers (MHCW). However, the MHCW position does not align with the Nursing award. The duties and expectations of the position were also blurred between Nursing and Allied Health disciplines and did not come with an accredited education requirement, like an AIN or Allied Health Assistant (AHA) role. Nevertheless, throughout the consultation process for the 2020 Staffing Profile Review, the benefits of the MHCWs and their contribution to clinical care was emphasised. However, clarification of role and line management are necessary. In 2019, the MHCW positions were changed to the NSW Health Service Allied Health Assistants Award, following the cessation of their previously aligned award. This change in award now requires these positions to be supervised by an Allied Health Professional. The MHCWs will therefore be converted to AHAs and be professionally and operationally managed within an Allied Health stream. This change will ensure correct alignment with the award and enhance Allied Health supports across all units. Cert III and Cert IV Allied Health Assistant education certificates will also assist these positons to have improved knowledgebase.

The shift pattern represented in Table 1 will be put forward for consultation with the workforce, with a view to achieving:

- Clear clinical leadership with morning and afternoon NUM1 coverage:
- A defined shift structure that clarifies the number of NUM1s, RNs, ENs and AINs on each shift reflecting best rostering practices and skill mix;
- Provide discipline specific support staff for Nursing through the introduction of AINs, relieving RNs of non-nursing duties;
- Provide dedicated clinical Allied Health supports seven days per week; and

Improve recruitment and retention by fostering discipline integrity, speciality and support career progression in Nursing.

Table 1: Shift Pattern

Austinmer Women's			
Shift Pattern			
	AM Shift (0700-1530hrs)	PM Shift (1330-2200hrs)	Night Shift (2130-0730hrs)
NUM 1	1	1	0
RN	7	7	4
EEN	1	1	1
AIN	1	1	0
AHA	1 (10hrs) – Managed by Allied Health		0

Austinmer Adolescents			
Shift Pattern			
	AM Shift (0700-1530hrs)	PM Shift (1330-2200hrs)	Night Shift (2130-0730hrs)
NUM 1	1	1	0
RN	3	3	3
EEN	0	0	0
AIN	1	1	0
AHA	1 (10hrs) – Managed by Allied Health		0

Bronte			
Shift Pattern			
	AM Shift (0700-1530hrs)	PM Shift (1330-2200hrs)	Night Shift (2130-0730hrs)
NUM 1	1	1	0
RN	8	8	5
EEN	1	1	1
AIN	1	1	0
AHA	1 (10hrs) – Managed by Allied Health		1

Clovelly			
Shift Pattern			
	AM Shift (0700-1530hrs)	PM Shift (1330-2200hrs)	Night Shift (2130-0730hrs)
NUM 1	1	1	0
RN	5	5	3
EEN	1	1	1
AIN	1	1	0
AHA	1 (10hrs) – Managed by Allied Health		0

Dee Why			
Shift Pattern			
	AM Shift (0700-1530hrs)	PM Shift (1330-2200hrs)	Night Shift (2130-0730hrs)
NUM 1	1	1	0
RN	5	5	3
EEN	1	1	1
AIN	1	1	0
AHA	1 (10hrs) –Managed by Allied Health		0

Elouera			
Shift Pattern			
	AM Shift (0700-1530hrs)	PM Shift (1330-2200hrs)	Night Shift (2130-0730hrs)
NUM 1	1	1	0
RN	2	2	2
EEN	1	1	1
AIN	1	1	0
AHA	1 (10hrs) – Managed by Allied Health		0

# Allied Health - Recovery and Wellbeing

The Recovery Streams (light blue) and the Better Health Stream are led by the Manager Recovery Services. These streams are divided into three functional streams, each of which are led by a Team Leader: 1) Team Leader Functional Recovery, 2) Team Leader Social Care, and 3) Team Leader Better Living. This explicit arrangement of Allied Health streams, to support recovery and wellbeing, will help to ensure a stepped management structure and define professional roles, goals and purpose.

This change to the Allied Health workforce addresses the existing flat reporting structure within Allied Health; and arranges the workforce into clinical streams that reflect the services that need to be provided to patients. The streams are also designed and named to support the identity and growth of the respective recovery-service and to support the Forensic Hospital's model of care. This new Allied Health workforce structure will provide opportunity for each stream to focus on core duties and deliverables, in an efficient and targeted manner that is responsive to patients' needs. Such coordination and alignment of the Allied Health workforce will also ensure staff are not pulled into non-discipline specific activities.

The current allocation of Allied Health staff to specific wards does not necessarily align with the patient journey; and patient feedback as part of the 2020 Staffing Profile Review indicated a need for timely access to relevant Allied Health services and programs.

The Manager Recovery Services will also directly line manage two identified Aboriginal positions as direct reports, and oversee contractors.

Functional Recovery
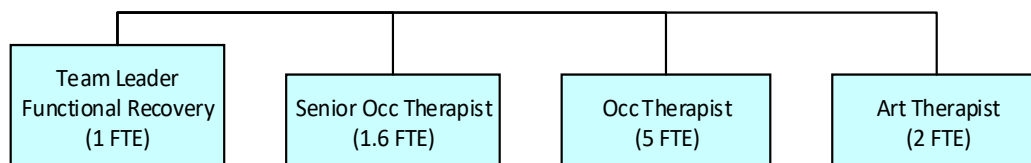
This stream will be operationally managed by the Team Leader Functional Recovery, who will be an Occupational Therapist. The stream will focus on building patients' ability to independently engage in tasks of self-care (activities of daily living); productivity (paid/unpaid work, education, skill acquisition); leisure (non-obligatory activity that is intrinsically motivated and engaged in during discretionary time).

1. **Functional Recovery Stream operational FTE:**
    1.1. Occupational Therapists (5.0 FTE clinical, 1.6 FTE senior clinical*, 1 FTE Team Leader) will drive all three aspects of functional recovery. Occupational therapists' knowledge of routine and ability to assess people's functioning is a core component of supporting a patient's recovery journey. Occupational Therapists usually lead therapeutic leave process, productive activities such as horticulture, coffee cart, op shop, and sensory stimulation use.
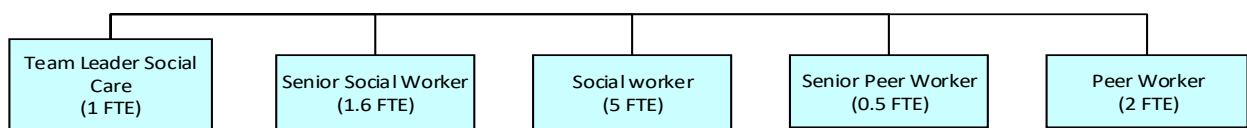   1.2. Art Therapists (2.0 FTE clinical) will provide important consultation and interventions using art as a media. Art Therapy input will support functional aspects of productivity and leisure.
    (Inclusive of 1FTE Freshwater Senior OT).

2. **Functional Recovery Stream workforce adjustment:**

   2.1. The Senior Therapist position will become the Team Leader Functional Recovery. The position will line manage less than 10.0 FTE and will therefore remain at Health Professional Level 4 grading, with no budget implications.

   2.2. Occupational Therapist 1.0 FTE Level 1/2 will be regraded as a Senior Occupational Therapist Level 3.

   2.3. Savings from the workforce adjustment will enable enhancement of 1 FTE of an additional Occupational Therapist level 1/2. This position will help increase service delivery to a high need area of service and support the use of strategies such as sensory modulation, functional assessments, and other therapeutic activities.

Social Care

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┌──────────────────┐  ┌──────────────────┐  ┌──────────────────┐  ┌──────────────────┐  ┌──────────────────┐
│ Team Leader Social│  │Senior Social Worker│ │   Social worker  │  │ Senior Peer Worker│ │    Peer Worker   │
│       Care        │  │     (1.6 FTE)     │  │     (5 FTE)      │  │     (0.5 FTE)     │  │     (2 FTE)      │
│     (1 FTE)       │  │                  │  │                  │  │                  │  │                  │
└──────────────────┘  └──────────────────┘  └──────────────────┘  └──────────────────┘  └──────────────────┘
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This stream will be operationally managed by a Senior Social Worker and focus on addressing social determinants of health such as housing, legal matters and welfare. This stream will also promote advocacy for patients and will include the Peer Worker positions within the Forensic Hospital.

1. **Social Care Stream operational FTE:**

   1.1. Social Work (5.0 FTE clinical, 1.6 FTE senior clinical*, 1 FTE Team Leader) will drive social inclusion and justice. This workforce will incorporate and lead the integration of the social determinants of health and family and carer collaboration in the Forensic Hospital.

   1.2. Peer Workers (0.5 FTE senior, 2 FTE clinical) are seen as vital supports for patients and the broader service, given the significant gains made in their own recovery and their capacity to use their lived experience to influence and inform hospital processes and practice.

   *(Inclusive of 0.6 FTE Freshwater Senior Social Worker).

2. **Social Care Stream workforce adjustment:**

   2.1. Senior Social Worker will become the Team Leader Social Care, with under 10.0 FTE direct reports so will remain at Level 4 grading.

   2.2. Social Worker 1 FTE Level 1/2 will be regraded Social Worker Level 3.

   2.3. Savings from the workforce adjustment will enable enhancement of 1 FTE of an additional Social Worker level 1/2. This position will help increase service delivery to high need areas supporting family and carer engagement, legal issues management, access to NDIS supports and broadly addressing the social determinants of health.

   2.4. Using unspent Peer Worker funds will create a sustainable 0.5 FTE of a senior peer worker. This will enable a peer worker to attend relevant Ministry of Health meetings.

Better Living:
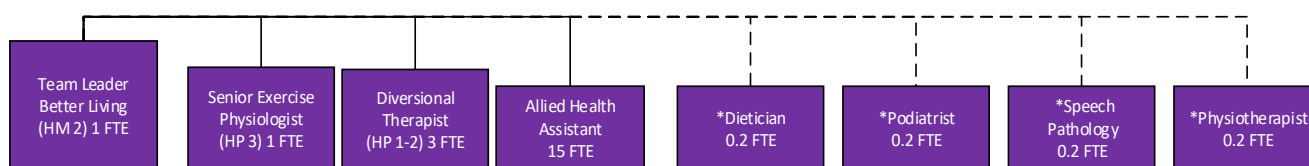
The Better Living Steam will be led by a multi graded Team Leader position that will focus of physical health and drug and alcohol rehabilitation. The grading for this position is Health Manager Level 2.

1. **Better Living Stream operational FTE:**
   1.1. Team Leader Better living (1.0 FTE) will provide direct line management to this stream.
   1.2. Senior Exercise Physiologist (1.0 FTE) will provide key physical health interventions supporting patients engage in exercise in a measured successful manner and also be an integral component of this workforce stream, given the need.
   1.3. Diversional Therapy (3.0 FTE) specialise in leisure activity and will lead designing programs to improve and maintain the recreational aspect of forensic mental health care. This includes access to leisure activities such as bike riding, gaming systems and understanding people's preferred leisure activities and incorporating them as part of care. These positions will be prioritised on admission wards, to assess and design programs in our more acute settings.
   1.4. Allied Health Assistants (15.0 FTE) supports patients to access rehabilitation activities throughout the hospital, in particular the leisure, recreation and exercise. These positions will support diversional activities in rehabilitation wards, and extend the capability of Allied Health over extended hours. The AHA capability program will guide and monitor their capability in line with the award requirements.

2. **Better Living Stream workforce adjustment:**
   2.1. New Allied Health Clinicians. New part time physiotherapy, podiatry, dietician, and pathology positions will be included under this stream to reduce wait times for patients needing to access to these services. This staffing enhancement is in line with patient feedback and will work to reduce wait times to address patients' physical health needs.
   2.2. A dedicated CNC Primary Health will also provide support and care integration by working alongside the Better Living Stream.
   2.3. From efficiencies generated from this Workforce Plan, 3.0 FTE Diversional Therapist positions have been included. A total of three (3) positions will therefore be able to help work as part of the wellbeing team to create leisure and recreational programs for patients on admission units for Allied Health Assistants to continue in rehabilitation wards.
   2.4. There will be an increase to 15.0 FE Allied Health Assistants*. These positions are in part generated from the transition of the Mental Health Care Workers (MHCWs) being aligned with their award and assuming the role of AHAs. This workforce adjustment will be supported by a budget transfer from Nursing across to the Manager Recovery Services' cost centre, and reflects the previous successful trial and evaluation work conducted by Forensic Hospital Allied Health team. The AHA workforce will participate in duties that include:
      2.4..1. Therapeutic group program support and in some situations facilitation

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      2.4..2.   Releasing time for Allied Health clinicians to complete specialist care.

      2.4..3.   Supporting access to diversional activities when allied health staff are not present (extended hours).

      2.4..4.   Upskilling through the AHA capability program

             *(Inclusive of 2FTE Freshwater Allied Health Assistant).

Allied Health - Forensic Rehabilitation and Psychology

An essential element of care in a forensic mental health facility is that which focusses on the behaviour that led to offending and consequences associated with such offending. Without such rehabilitation, it may be assumed that pharmacotherapy and recovery services alone can ready a person's safe recovery and eventual reintegration to the community. Offending behaviour among people who experience mental illness is often the result of many factors, including but not limited to the mental illness. These factors generally converge to lend a person (or patient) vulnerable to offending. If clinical services are solely focussed helping patents to recover from illness, and do not extend to rehabilitation relating to offending and associated trauma, the forensic mental health care offered to patients may be incomplete.

The Allied Health workforce is therefore distinguished into two streams to highlight the need for both recovery and wellbeing services, as well as offence specific rehabilitation; with this Forensic Rehabilitation Stream capitalising on the skills of Forensic and Clinical Psychologists.

1. **Forensic Psychological Intervention operational FTE:**
    1.1. Forensic or Clinical Psychology (7.6 FTE clinical) will lead forensic rehabilitation and psychological practice – including the delivery of evidence informed programs to address violence and problematic behaviour and clinical intervention to address associated trauma. Psychology led risk management support will also be provided across the hospital to guide safety practices and the management of challenging behaviours.
    (* Inclusive of 1FTE Senior Psychologist Disordered Eating and 0.6 FTE).

2. **Forensic Psychological Intervention workforce adjustment:**
    The Senior Clinical Psychologist will be the Manager for Forensic Rehabilitation and Psychology and provide operational management of the stream and be part of the senior management team.

Psychiatry
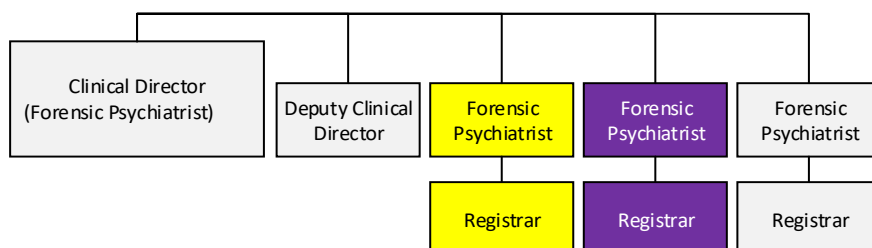
The Forensic Hospital is unusual for its size in being funded for only a part time clinical director (who assumes the legal role of medical superintendent). In the proposed structure one of the current staff specialists would take on the role of deputy clinical director (and deputy medical superintendent). This will allow for improved senior medical coverage across the working week. With the expansion of services to include male correctional patients and acute admissions from MHICUs across the state, five day a week on the ground coverage will be necessary. There is minor additional cost as a new position is not required (a regrading of one position to include a level 1 management allowance). This position also allows for leave coverage and succession planning. As the Forensic Hospital is currently the largest hospital of its kind in the country, recruitment to the Clinical Director role would pose challenges in finding persons with suitable experience, and this deputy role allows local experience to develop.

Medical leadership is important across all clinical domains. For this reason, individual psychiatrist positions would provide medical leadership in clinical streams to best utilise their experience and skills, and to not silo clinical care within individual disciplines.

Sustainable Administration Delivery
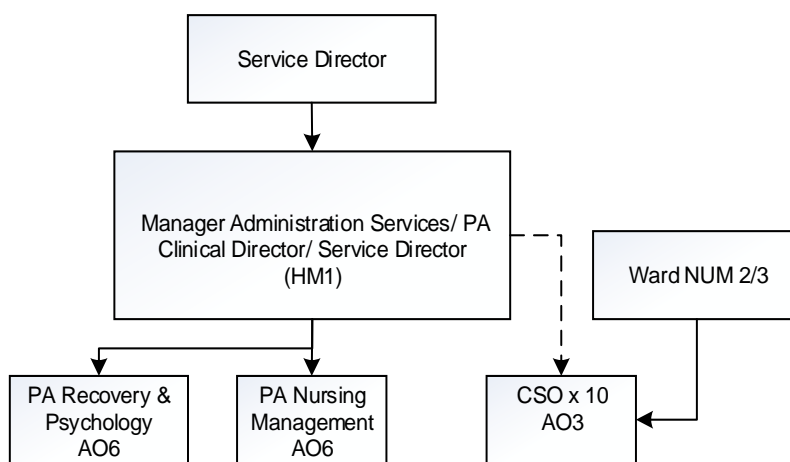
1. **Administration Operational FTE:**
   1.1. The administration structure will be:
      - 1 FTE HSM 1
      - 2 FTE AO6
   - 10 FTE AO3 (* Inclusive of 1FTE Freshwater CSO).
   1.2. The HSM 1 will provide operational management to the administration streams and executive support to the Clinical Director and Service Director.

1.3. An AO6 position will be converted into a HSM 1 position to provide operational management and oversight of administrative staff. The benefits to staff will be:
- Greater professional responsibility
- Streamlining manager reporting
- Creates a professional team away from isolated silos of staff.
- Greater understanding of the role and pressures for administration staff.
- Opportunity for career progression in line with other hospital disciplines.

1.4. Two AO 6 positions will provide administration support to streams: nursing, recovery manager and the forensic psychological interventions manager.

1.5. The AO 6 - MHRT has been identified as underutilised in an administration specific review. Rather than increasing the duties allocated to the position to quantify the AO6 grading. The position should be downgraded to an AO3 to reflect the duties.

1.6. The hospital ward clerks and CSO's are all graded at AO3. The respective positions and duties will be coordinated collaboratively by local NUMs and site wide by the HM1. Operationally, this structure can better compensate for leave coverage and will include but not be limited to the following tasks:
- Ward NUM & MO support
- HealthRoster support
- PAS support
- Purchasing support
- MHRT support
- PIRC support

2. **Administration workforce adjustment**

2.1. The positions of 2 FTE AO6, 1 FTE AO5, 1 FTE AO4 will be redesigned to create 1 FTE HSM 1, 2 FTE AO6 and 1 FTE of additional CSO.

2.2. The savings from reducing the AO4 to an AO3 will contribute towards increasing the AO5 to an AO6 and increasing an AO6 to HSM 1.

2.3. All positions should receive environmental allowances to ensure leave relief occurs as stated in the staffing profile review.

Contractors
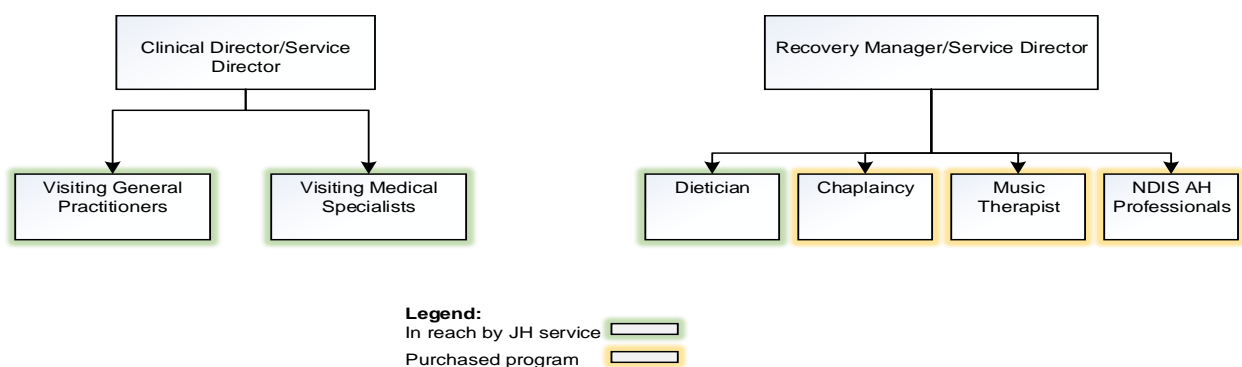
The Forensic Hospital has a number of external services and contractors that provide services. The services that provide significant input are reflected in Figure 4 highlighting who has oversight of this staffing provision. These disciplines are an important component of care within the Forensic Hospital and provide a benchmark of how the hospital, wider network and external stakeholders can integrate service delivery for patient care.

Manager Security and Fire Safety

The Manager Security and Fire Safety position is a current position within the Forensic Hospital staff profile. There is no adjustments proposed to this position.

Virtual Care

The Manager Virtual care is a newly funded position in 2021. There is no adjustment proposed to this position.

Realignment of Network Positions

The Network Family and Carer Consultant is currently situated within the Forensic Hospital and reports to the Allied Health Manager. The required input of this role within the Forensic Hospital is minimal with family and carers being engaged principally by Social Work Clinicians. The role has reporting requirements on behalf of the Network to the mental health branch and will therefore be moved under more appropriate line management.

Key Milestones

The Implementation of the proposed Workforce Plan will be completed over two years and look to progress workforce changes from the top down. Endorsement and consultation processes will need to be completed first. Budget modelling will also need to be concurrently undertaken to progressively assist with the stepped realignments of the existing Forensic Hospital workforce budget with the proposed workforce structure. The subsequent recruitment processes and implementation of the workforce plan will then need to be steered by a Forensic Hospital Workforce Plan Implementation Team in collaboration with Workforce.