From: Trevor Sadler
Sent: 8 Jul 2013 18:05:04 +1000
To: Lorraine Dowell
Cc: Sharon Kelly;Padraig McGrath
Subject: Re: Staffing issues - BAC

Hello Lorraine,

Many thanks for taking the time to write your considered email. Thank you for all the support you have been to both the OTs and the programs at BAC.

I had considered writing the previous email over the past month prior to actually sending it for two reasons

1. because it does by-pass the normal channels.
2. because of the necessity for us to part of processes affecting all of the HHS

It is particularly this latter point that I felt strongly enough about to finally write.

Dr Mark Waters was, as you remember, the District Manager in the latter 1990's. His vision statement was "To provide the best health care for the dollar". It resonates with our current vision. I have been mindful of this over the years, and worked with a series of NUMs who were very prudent with staff rosters. From my perspective, I couldn't justify a third doctor. Within that context, and the trends to our overall staffing, we contributed in our own way to the Turnaround more than a decade ago. We have sought to do more with less. Funded positions were taken away from us to supply positions elsewhere within the Region/District. There comes a time when we just say "we cannot take any more." My understanding from the Minister's press releases was that budgets were maintained, but services had a history of persistently exceeding their budget, and being topped up. We have lived this past year within our budget.

You may remember that I suggested at the time of the consultation, that I wrote that if we had to have cuts, we would be better having 2 OT positions, 0.5 SW position. With the abolition of the specialist clinical supervisor position, that would still have been a 20% reduction in Health Professional positions. Strong intervention by the senior SW for the HHS ensured that there was no reduction in SW positions, and it is still maintained at a HP 5 level. This latter has not been in our interests, nor the HHS.

At the same time, the potential interventions for the various Health Professionals has expanded enormously over the years. You may be aware of the sensory modulation therapies which are now considered to be integral to treatments of young people who have experienced trauma. There is a critical role for OTs to develop this area, particularly in association with nursing staff.

The reason I wrote about both OT and NS positions was that they cannot be considered in isolation. NS have been integral to the rehabilitation program for the last decade and more. I read the Quality of Care report for the Mental Health Services, and changes introduced elsewhere in the hospital have been operational here for years. The problem is that when we also have also reductions in permanent nursing staff, the rehabilitation process slows down considerably. OTs as you know are involved in many assessments and implement programs which are then followed through by nursing staff. A drop in either OT or nursing numbers really affects the balance of skills. This comes to a halt in times of high acuity, when there are no staff available to get adolescents off the ward.

Thank you for your plea for certainty for staff. May I assure you though that staff have not lost their enthusiasm for innovation and seeking collaboration with other services to obtain the best care possible for adolescents within current resources. I continue to be inspired by

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the positive approach to care in the face of such uncertainties. We continue to seek out the best in treatment with what we have, but are also acutely aware of adolescents languishing because we cannot provide the necessary interventions.

Kind regards,

Trevor
>>> Lorraine Dowell 7/8/2013 9:57 am >>>
Good morning Sharon, Dr Sadler and Padraig,

My newly acquired role of Team Leader Non Secure Services which includes operational management of allied health positions in BAC took effect on 18 February 2013.

I have had the pleasure of providing professional oversight to the OT positions at BAC since early 2002 and have developed immense respect for the clinical challenges in this care setting and the skilled and dedicated approach to managing the complex care needs of vulnerable young people often in equally complex and difficult life situations.

There are 2 main drivers that we need to acknowledge at present:
- The Turnaround Plan
- Expert Clinical Reference Group (ECRG)

The Turnaround Plan was unavoidable and has had a whole of government impact. The challenge is to continue providing excellence in care, not within budget, but indeed with a reduced budget. BAC has not been spared from this process.

The Park Mental Health Rehabilitation and Allied Health Services Review as part of the Turnaround plan was asked to review core skill requirements, roles and levels of staff with a view of creating some efficiencies and realising some financial gains. Developing a contemporary model in line with a recovery philosophy was also an objective.

Two of the endorsed outcomes for BAC from the review process included:
- Abolishing the Specialist Clinical Supervisor Position
- Abolishing 1 x OT position

It should be noted that although the Expert Clinical Reference Group was in existence at the time of the MH Rehabilitation and AH Services Review the recommendations were unknown. The recommendations continue to be unknown to my position and more widely. This is a second significant and unique destabiliser for BAC.

District wide, a revitalisation process was identified as imperative.

Revistalisaiton for BAC is being thwarted by a lack of direction in which to rebuild and reshape the service to achieve the rehab and recovery focus in an integrated and collaborative way.

In other clinical program areas at The Park, morale has improved significantly on a platform of certainty about the model of care. Diminished resources have given rise to innovative problem solving and seeking opportunities for collaboration and integration of services.

BAC continues to operate in accordance with the model of care that was in existence prior to the review process, but with reduced resources. Understandably this is causing distress. Uncertainty about the ECRG findings has resulted in a protracted period of staff uncertainty about their job security. Most have financial obligations and dependents. This is adding to their distress.

A shared service vision for the future will not be possible until the ECFG findings have been tabled.

Consistency with decisions is another factor that is adding to allied health distress. The specialist clinical supervisor position was abolished then subsequently extended twice in response to the distress expressed by an employee requiring placement. The OT - Life Skills Focus position was abolished and has subsequently been extended once. Usual lines of communication are not being followed.

An emerging culture of disregard and disrespect is not helpful and is difficult to manage.

It is not possible to invest in revitalisation, innovation and quality improvement in the context of service model uncertainty and job insecurity.

Trapped in the middle of 2 significant service restructuring drivers, one still unknown, allied health staff are seeking to push against the only one that has outcomes known to them.

My personal view is that the outcome of the ECRG needs to be made known as quickly as possible, so allied health staff can organise their personal and professional lives and redirect their focus onto revitalisation, or transition or something else..... They find themselves to be in a most distressing situation. Over time, this discomfort will understandably result in staff attrition and or continuing complaints with potential for escalation.

Happy to consider further.

Kind regards,

Lorraine Dowell
Team Leader Non Secure Services
Discipline Senior - Occupational Therapy
The Park Centre for Mental Health