



# Mental Health Service Restructure Plan

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Creation of a SENIOR ALLIED HEALTH MANAGER

**August 2021**

# Restructuring Plan

## 1. Reason for the restructure

Allied Health (AH) make up 17% (95 of 554 FTE) of the Mental Health Service (MHS) workforce. The MHS does not have a Senior Allied Health Manager (SAHM) to provide AH leadership across the service. The lack of a designated SAHM has been cited in several RCA's and Official Visitor Reports as a significant risk for the following reasons:

- Clinical practice: There is no senior AH position responsible for providing clinical support, oversight and accountability, leaving the service with limited governance of clinician's clinical practice. There are no structured escalation pathways for Allied Health staff for clinical support or profession-specific matters.
- Consumer safety: Repeated SAER recommendations for the establishment of a Senior Allied Health lead to provide targeted clinical oversight for Allied Health staff.
- Regulatory concerns: Official Visitor reports have repeatedly commented on the absence of an Allied Health professional lead and the lack of professional reporting structures for Allied Health staff.
- Recruitment & retention: The service has lost experienced Allied Health staff due to limited career progression and support structure concerns.
- Industrial: Workload concerns repeatedly raised by industrial bodies regarding limited Allied Health profession support across the service.
- Capital planning oversight: With two major hospital redevelopments, Allied Health input into models of care and workforce is currently limited.
- Professional skills development: A large component of assisting to expedite NDIS access, participation and placement is borne by Allied Health staff, with ongoing need for a uniform, focused approach.
- Workforce supervisory requirements: Additional positions have been created (e.g. Exercise Physiologist) and existing roles expanded (e.g. AH Assistants) that require ongoing support and clinical supervision.

In order to mitigate these risks, it is proposed to create a SAHM who will provide leadership, governance and improved development opportunities for Allied Health staff working across the MHS.

To create the SAHM it is proposed to delete the HSM 3 Service Development Manager position. It is anticipated that the creation of the SAHM will reduce work undertaken by the Mental Health Service Operations Managers in this area, enabling them to redirect time to service development functions and other roles and functions can be redistributed.

## 2. Benefits or likely impact the restructure will have on services

The proposed restructure will better align work functions to ensure efficient and effective service delivery. Key benefits include:

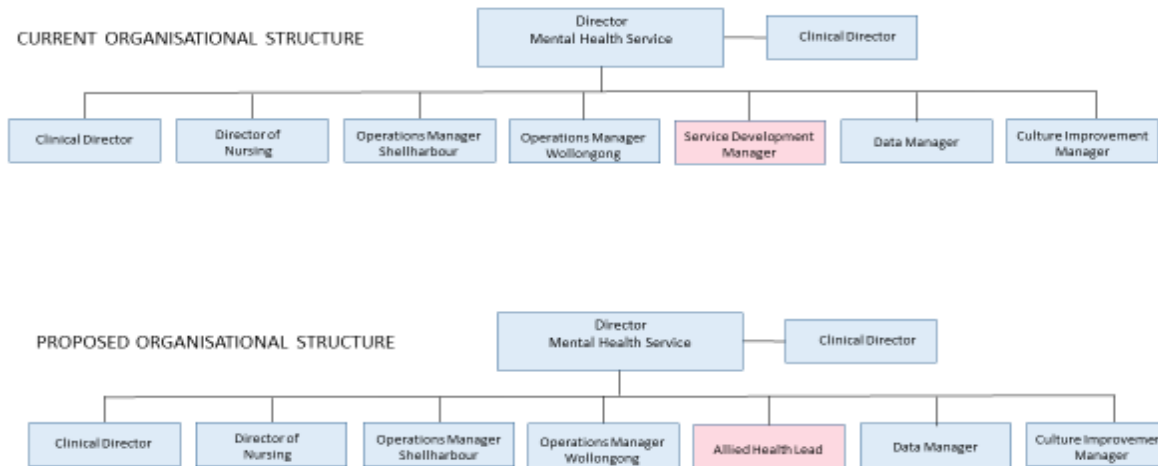
- A designated AH lead and representation on the MHS Executive Team to support the integration of this workforce. The creation of specific development opportunities for AH staff resulting in a network of specialised AH staff maximising the value and functions of AH staff. This will also support recruitment and retention of AH staff.
- Provision of support to students and other workforce development programs, research, education and training and innovation leadership.
- Implementation of a robust reporting and governance structures for AH staff improving clinical care and safety. .
- Facilitation of AH participation in all areas of the MHS and with other AH staff working across the District.

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## 3. Number of staff affected

	Position Title	Classification	Location	FTE
1.	Service Development Manager	HSM 3	Mental Health Executive Administration	1

## 4. Current and proposed organisational charts



## 5. Timetable for implementation

A meeting will be held to advise the employee of the proposed changes and a consultation period will be confirmed. On the same day of meeting with the employee ISLHD will send letter to the Health Service Union advising them of this restructure.

Action	Timing	Responsibility
Initial communication with affected employee and Union	Once CE approval for the change is received a two week period consultation period will commence. On the same day of meeting with the employee ISLHD will send letter to the Health Service Union advising of the restructure.	Director MHS Workforce Support Manager
Communication with all MHS staff	An email will be sent to all MHS staff advising that a consultation period has commenced in relation to a review of the Service Development Manager position.	Workforce Support Manager
Support for employee	Once consultation period completed - the employee will be advised of	HR manager

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	affected status and support will be to seek alternative employment options in ISLHD.	Director MHS
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## 5.1. Information sessions for staff

Not required

## 6. The availability of counselling and vocational assessment services for staff

The affected employee will be provided with support by the Workforce Support Manager during the restructure process, and will be provided with contact details for the Employee Assistance Program.

## 7. Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

One staff member will be impacted by this restructure and it is anticipated that they will be redeployed to an alternate position. Should the staff member not be matched directly to the newly created position in the structure a case manager will be allocated and they will have priority access to suitable vacant positions across ISLHD.