Preliminary Report Appendices

Implementation of the Recommendations of the Oakden Report of the Independent Commissioner Against Corruption

Chief Psychiatrist of South Australia
December 2018



Caveat

This document, the Preliminary Report Appendices of the Chief Psychiatrist in response to the Oakden Report of the Independent Commissioner Against Corruption, is not a standalone document and is provided as a detailed information resource to accompany the Preliminary Report.

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Appendix 1 – Mental Health Clinical Governance Structures

Appendix 1.1 – References

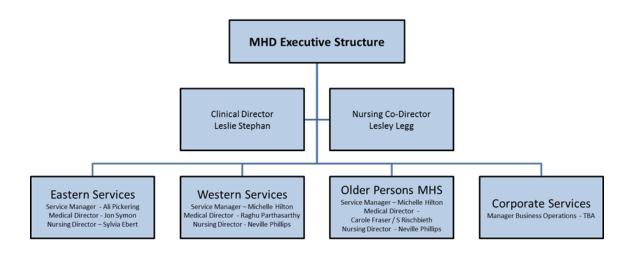
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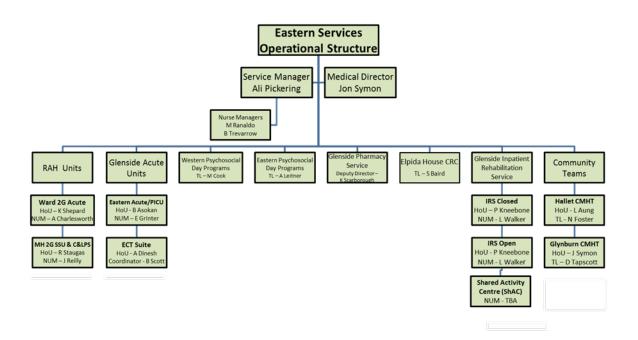
Appendix 2 – Mental Health Roles and Responsibilities

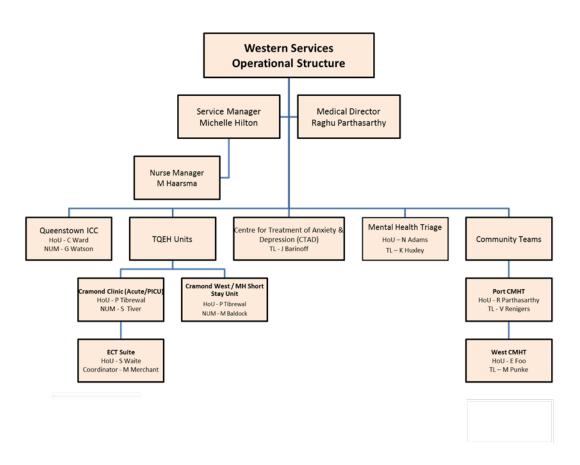
Appendix 2.1 – Organisation Charts and Individual Role Description Analysis

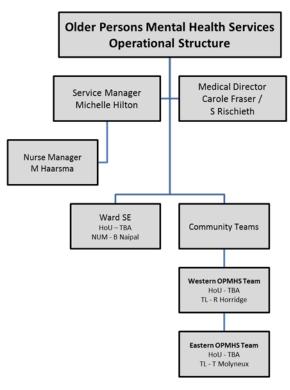
Organisation Charts

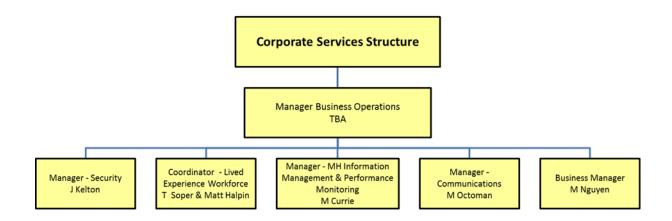
CALHN

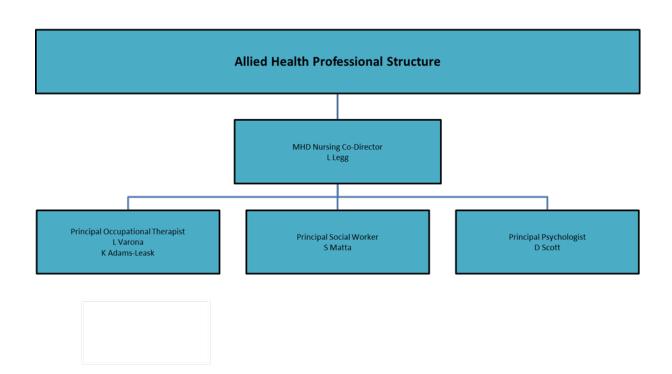








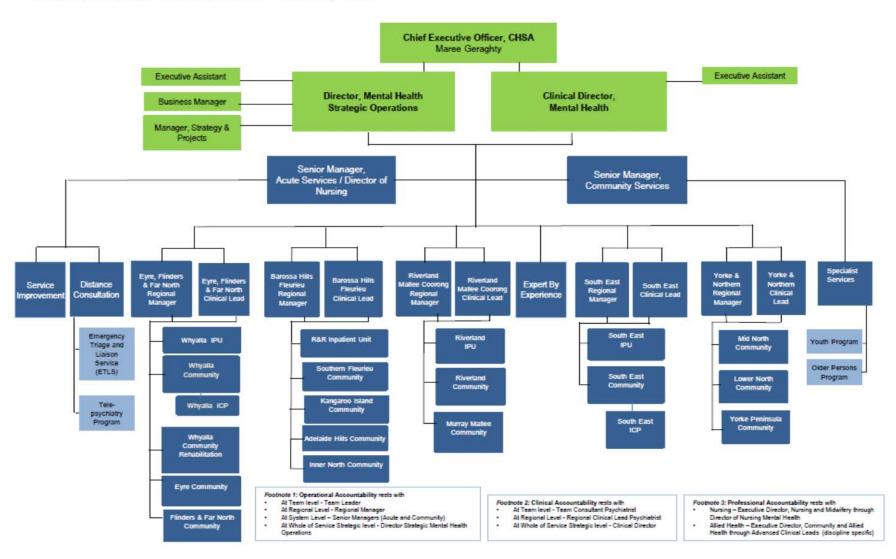


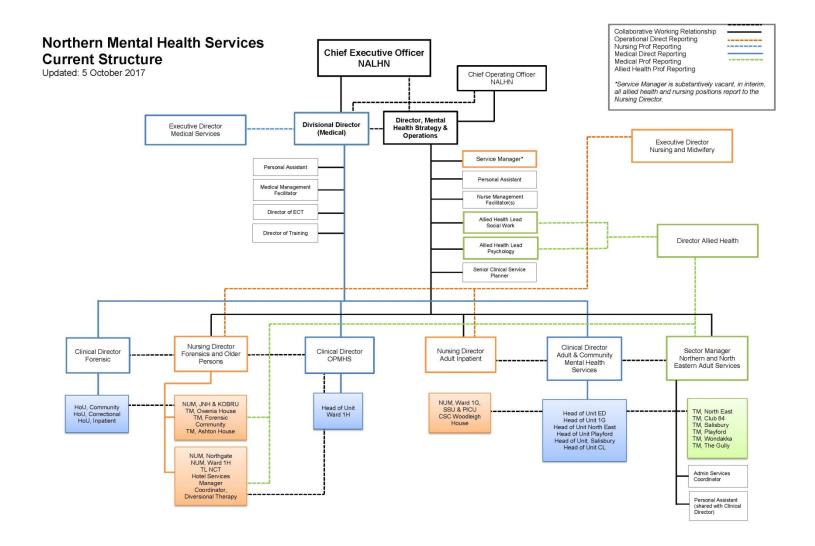


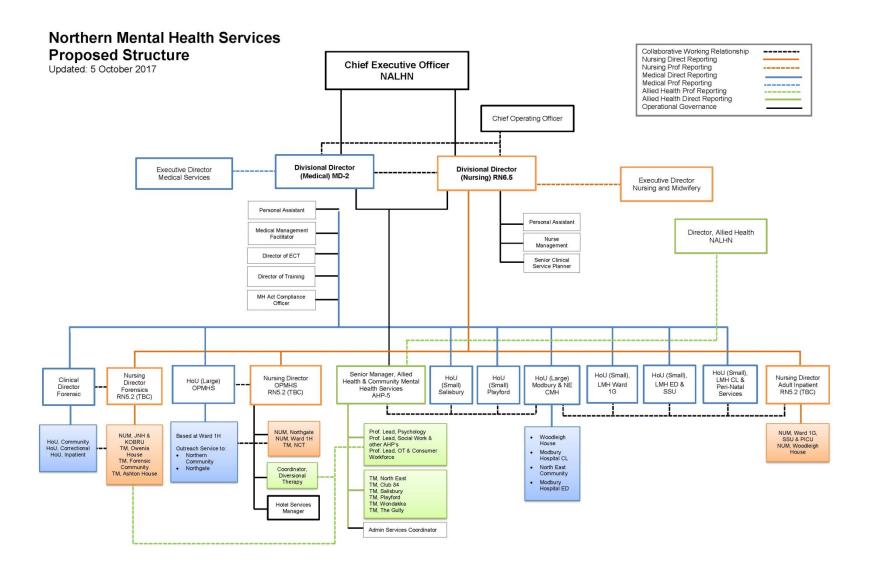
Medical Director L Stephan Medical Director, Eastern Mental Health J Symon Medical Director, Western Mental Health R Parthasarthy Medical Director, Older Persons Mental Health C Fraser / S Rischbieth

CHSALHN

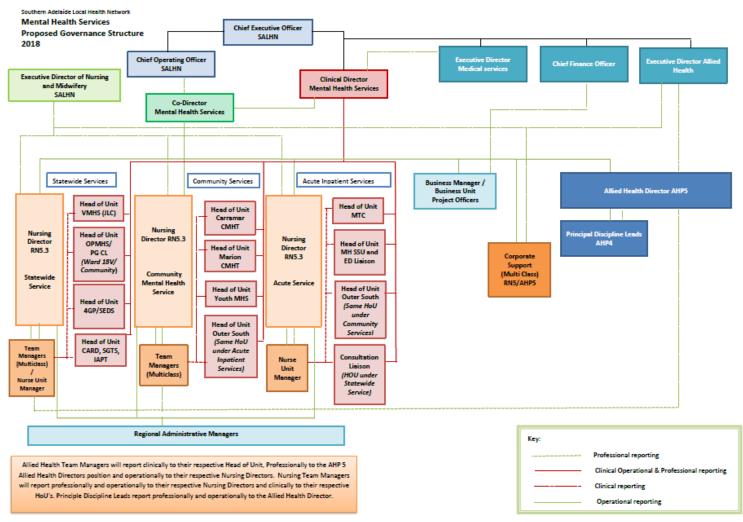
MENTAL HEALTH SERVICE as of 3 January 2018



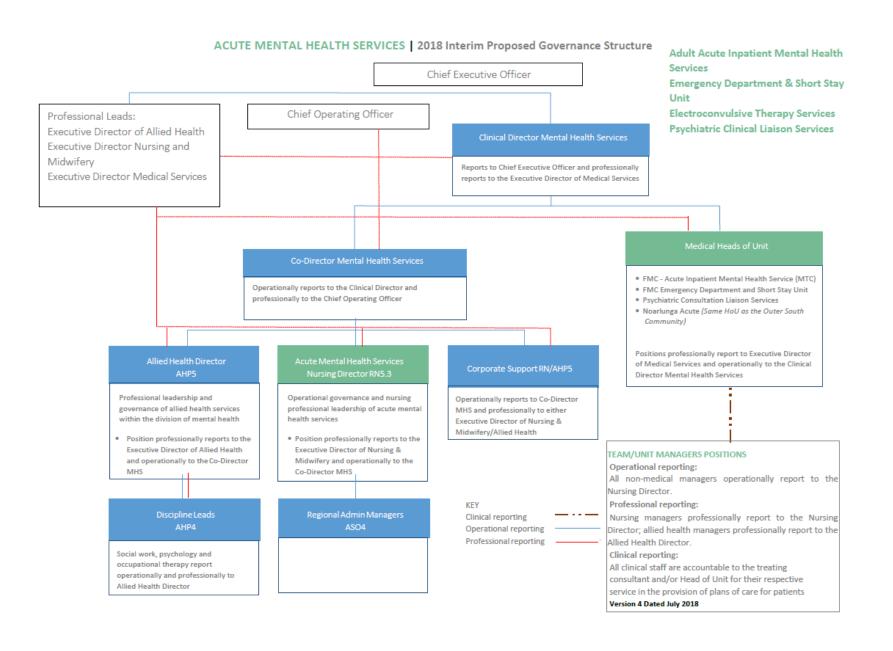




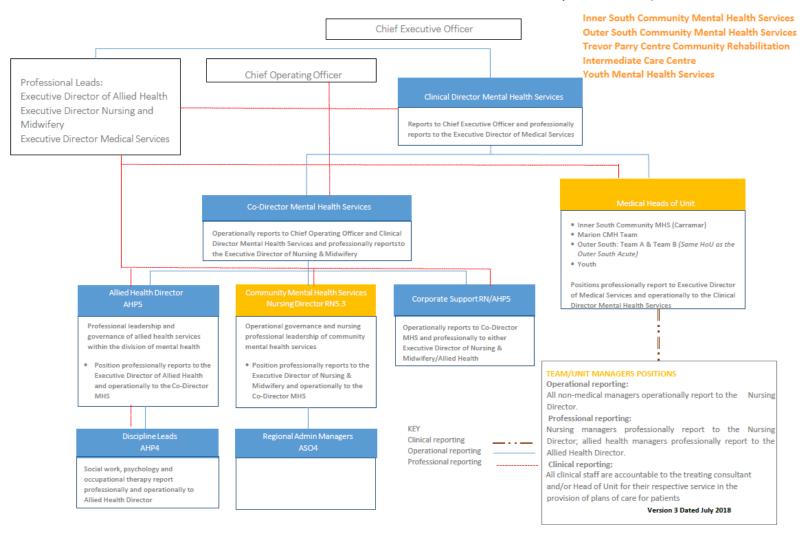
SALHN



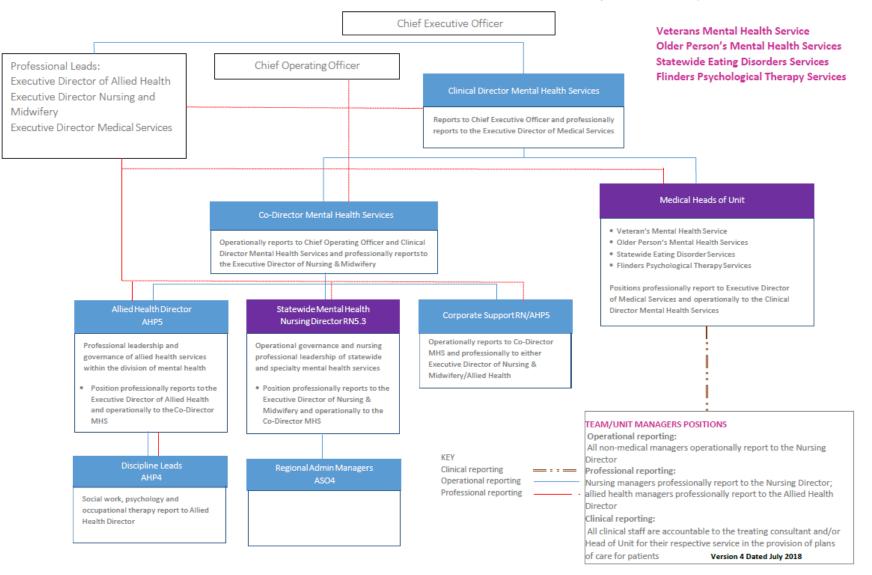
SALHN Proposed _MHS Governance Structure -V11 August 2018.docx

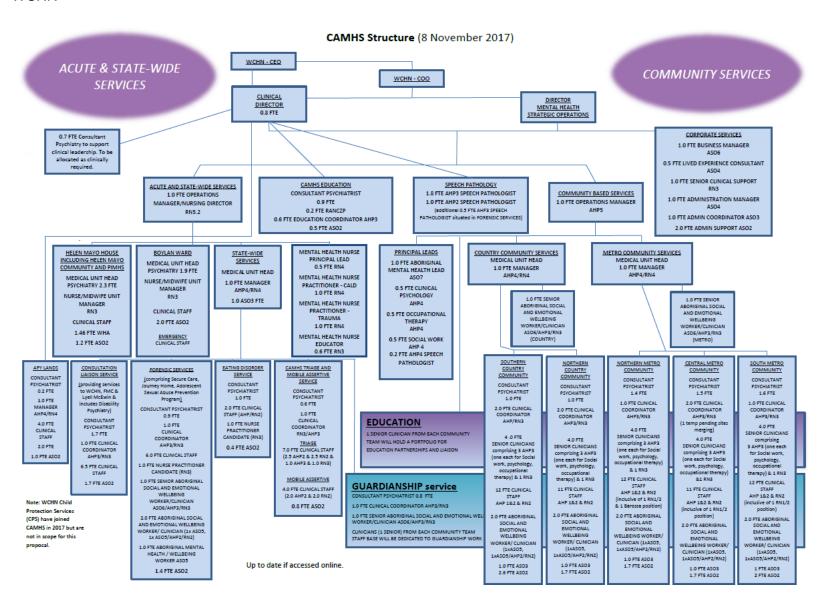


COMMUNITY MENTAL HEALTH SERVICES | 2018 Interim Proposed Governance Structure



STATEWIDE MENTAL HEALTH SERVICES | 2018 Interim Proposed Governance Structure





Role Description Analysis – Individual LHN Summary of Findings

CALHN

Summary of findings

Of the thirteen role descriptions reviewed nine clinical and four for non-clinical positions, none included specific statements on the administration of the *Mental Health Act 2009*. Some include a general statement about relevant legislation. Role descriptions varied in layout and wording used depending on when they had been written and reviewed. There was variation in essential and desirable criteria in regards to knowledge of the *Mental Health Act 2009*, one Team Leader position has general knowledge of the *Mental Health Act 2009*, others mention knowledge of legislation, but do not specify the Act. There were differences with Team Manger roles clinical accountability statements with the majority stating they had a clinical accountability to the Clinical Director. The reason for the other Team Manger role descriptions not having this may be due to the date they were last reviewed.

Table 2.3: Checklist - CALHN

Issue	Role								
Being Checked	CD	Co- Director	Business Mgr	Mgr Engaemt	Nursing Dir	Service Mgr RN	Service Mgr AHP		
1a	Yes	Yes	-	-	Yes	Yes	Yes		
1b	-	-	-	-	-	-	-		
2a	Yes		-		Yes		Yes		
2b	-	-	-	-	-	-	-		
3a	Yes	Yes	-	Yes	Yes	Yes	Yes		
3b	-	-	-	-	-	-	-		
4	-	-	-	-	Yes	Yes			
5	-	-	-	-	Yes	Yes			
6	-	-	-	-	-	-			

Issue	Role									
Being Checked	Team Mgr - Elpida AHP	Mgr Bus Ops	Mgr Clin Inf	Princ Clin Psycholog	Team Lead - Eastern Clin Psych Soc Rehab - AHP4	Team Mgr IPR – AHP4				
1a	Yes	-	-	Yes	Yes	Yes				
1b	-	-	-	-	-	-				
2a		-	-	Yes						
2b	-	-	-	-	-					
3a	Yes	-	-	Yes	Yes	Yes				
3b	-	-	-	-	-	-				
4	-	-	-	-	-	-				
5	-	-	-	-	Yes	-				
6	-	-	-	-	-	-				

CHSALHN

Summary of findings

Of the seventeen role descriptions reviewed, fifteen clinical and two non-clinical, none included an overall statement on the administration of the *Mental Health Act 2009* in its entirety. The Clinical Director and Clinical Lead, Mental Health have specific statements in relation to the Act – foster use of least restrictive clinical practice to reduce incidence of restraint and to reduce application of Inpatient Treatment Orders but does not cover all aspects of administration of the Act.

The two Psychiatry positions did not have knowledge of the *Mental Health Act 2009* as either an essential or desirable criteria. It is acknowledged that recruitment to psychiatry positions can often be from interstate so specifying knowledge of the Act as an essential requirement may be difficult but it could be listed as a desirable criteria to undertake the position.

Role descriptions were provided for Allied Health Professionals who were either in specific allied health role or multi-classified roles eg Team Managers. All of the role descriptions provided state that they are clinically accountable to the Clinical Director

Table 2.4: Checklist - CHSALHN

Issue							
Being Checked	CD	Dir MH Strategy	Advanced CL – SW	Team Leader AHP	Advanced CL – OT	Advanced CL – Psychol	Reg Mgr – AHP
1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1b	-	-	-	-	-	-	-
2a	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2b	-	-	-	-	-	-	-
3a	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3b	Yes	-	-	-	-	-	-
4	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-

Issue		Role								
Being Checked	Reg Mgr - ASO	Mgr Strategy & Projects	CL – Mental Health MD	Ad Nurse Unit Mgr	Regional Mgr – RN	Snr Mgr Community AHP	Snr Mgr Acute /Dir Nurs - RN			
1a	-	-	Yes	Yes	Yes	Yes	Yes			
1b	-	-	-	-	-	-	-			
2a	-	-	Yes	Yes	Yes	Yes	Yes			
2b	-	-	-	-	-	-	-			
3a	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
3b	-	-	Yes	-	-	-	-			
4	Yes	-	Yes	Yes	-	-	-			
5	Yes	-	-	-	-	-	-			
6	-	-	-	Yes	-	-	-			

Issue Being Checked	Role							
	Nurse Unit Mgr	Service Improvement Lead ASO7	Snr Mgr Community RN					
1a		-	Yes					
1b		-	-					
2a		Yes	Yes					
2b		-	-					
3a		Yes	Yes					
3b		-	-					
4		-	-					
5		-	-					
6		-	-					

NALHN

Summary of findings

The Northern Adelaide Local Health Network only provided four role descriptions so it is difficult to make overall findings. Of the four provided none had administration of the *Mental Health Act 2009* in either the primary objective or key requirements of the role descriptions. Both Nursing positions have the *Mental Health Act 2009* under general requirements. None of the role descriptions had experience with or knowledge of the *Mental Health Act 2009* as either an essential or desirable criteria.

Table 2.5: Checklist - NALHN

Issue Being		Role								
Checked	Divisional Director MH	Nursing and or Midwifery Service Director – Forensic MH	Nursing and or Midwifery Service Director – OP MH	Clinical Director Forensic MH						
1a	Yes	Yes	Yes	Yes						
1b	-	-	-	-						
2a	Yes	Yes	Yes	Yes						
2b	-	-	-	-						
3a	Yes	Yes	Yes	Yes						
3b	-	-	-	-						
4	-	Yes	Yes	-						
5	-	-	-	-						
6	-	-	-	-						

SALHN

Summary of findings

The Southern Adelaide Local Health Network provided 13 role descriptions and nine duty statements. Of these only one, the duty statement for a Head of Unit – Outer South had a statement on responsibility for the administration of the *Mental Health Act 2009*. The other six duty statements do not have this inclusion.

The role descriptions provided for nursing roles either specific or multi-classified all included the *Mental Health Act 2009* in the General requirements of the description. One role description included comprehensive understanding of the *Mental Health Act 2009* in the essential requirements but this was not repeated in any of the other nursing role descriptions.

The role description for the Consultant Psychiatrist states 'knowledge of mental health and relevant legislation' as an essential criteria which infers knowledge of the Act but does not state it explicitly.

Table 2.6: Checklist - SALHN

Issue				Role			
Being Checked	Network Clinical Dir	Co- Director Operations	Nurs and Midwifery Direc – MH Acute	Statewide and Speciality Services Nursing Director	Nurs and Midwifery Direc – MH Community	Consultant Psychiatrist	Senior Business Mgr
1a	Yes	Yes	Yes	Yes	Yes	Yes	-
1b	-	-	-	-	-	-	-
2a	Yes	Yes	Yes	Yes	Yes	Yes	-
2b	-	-	-	-	-	-	-
3a	Yes	Yes	Yes	Yes	Yes	Yes	-
3b	-	-	-	-	-	-	-
4	-	-	Yes	Yes	Yes	-	-
5	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-

Issue	Role								
Being Checked	Principal Clinical Psychologist	Interim Allied HIth Director	Principal OT	Principal Social Worker	Nurse Unit Mgr Margaret T	Team Manager – RN Jamie L			
1a	Yes	Yes	Yes	Yes	Yes	Yes			
1b	-	-	-	-	-	-			
2a	Yes	Yes	Yes	Yes	Yes	Yes			
2b	-	-	-	-	-	-			
3a	Yes	Yes	Yes	Yes	Yes	Yes			
3b	-	-	-	-	-	-			
4	-	-	-	-	Yes	Yes			
5	-	-	-	-	Yes	-			
6	-	-	-	-	-	-			

Issue	Duty Statements – Head of Unit									
Being Checked	Emergency MH/Short Stay	Psychological Therapies	Inner South Carramar	Inner South Marion	Veterans MH	Acute Inpatient FMC	Older Persons MH			
2a	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
2b	-	-	-	-	-	-	-			
3a	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
3b	-	-	-	-	-	-	-			

Issue Being Checked	Duty \$	Duty Statements – Head of Unit			
	Outer South MH	Inner South CMH /Youth			
2a	Yes	Yes			
2b	-	-			
3a	Yes	Yes			
3b	Yes	-			

WCHN

Summary of findings

The Women's and Children's Health Network provided four role descriptions and one duty statement. Of these none included administration of the *Mental Health Act 2009* in either the primary objective or key results area. Two of the role descriptions did include the *Mental Health Act 2009* in the general requirements for the role. None of those provided included knowledge of or experience with the Act as either an essential or desirable criterion. One did include knowledge of relevant legislation but did not specifically state the Act.

Table 2.7: Checklist - WCHN

Issue Being		Role								
Checked	Clinical Director	Director Mental Health Strategic Operations	CAMHS Nursing Director	Community Services Operations Manager						
1a	Yes	Yes	Yes	Yes						
1b	-	-	-	-						
2a	Yes	Yes	Yes	Yes						
2b	-	-	-	-						
3a	Yes	Yes	Yes	Yes						
3b	-	-	-	-						
4	-	-	Yes	Yes						
5	-	-	-	-						
6	-	-	-	-						

Issue Being Checked	Duty Statements – Head of Unit						
	Boylan						
2a	•						
2b	Yes						
3a 3b	-						
3b	-						

CALHN

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Clinical Director – Central Mental Health Directorate	Executive Director — Central Mental Health Directorate	Not specified	The Clinical Director Central Mental Health Directorate (CDMHD) is accountable to the Executive Director Central Mental Health Directorate for the provision of strategic clinical leadership and to significantly contribute to the achievement of CALHN strategic objectives and South Australia's Health Care Plan	Continuous evaluation of MH services - including safety and quality – monitor standards of care Ensure compliance with legislative and accreditation requirements Providing line management for staff including performance management and discipline matters. Ensuring compliance with systems to respond to all incidents in line with CALHN policy. – monitoring and reporting all incidents,	Nil	Nothing specific — mentions legislative requirements but doesn't highlight the MH Act.	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act experience with or knowledge of Desirable Criteria
				ensuring recommendation s from incident reviews are implemented. • Ensuring safe practices in regard to all services within the organisation. • Ensuring a focus on the patient/client is at the core of all services provided. • Identification, assessment, review of controls and action planning in relation to organisational, corporate and clinical risks within the Directorate.					
Nursing Co- Director – Mental Health Services	Chief Operating Officer -/ Reports professionally	Not specified	Responsible for leading the development and ensuring the effectiveness of	Actively promote a culture of performance accountability, review and	Nil	Nothing specific – mentions legislative requirements but doesn't highlight	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
	to CALHN Executive Nursing and Midwifery Officer		systems to support, evaluate and consistently improve nursing/ midwifery practice and healthy work environments	evaluation, feedback, team work, risk management, collaboration and continuous improvement. Continually evaluate the MH services including quality and safety performance in order to monitor standards of care Ensure compliance with legislative and accreditation requirements Ensuring compliance with systems to respond to all incidents in line with CALHN policy. — monitoring and reporting all incidents, ensuring recommendation s from incident		the MH Act.			

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				reviews are implemented. Ensuring safe practices in regard to all services within the organisation. Ensuring a focus on the patient/client is at the core of all services provided. Identification, assessment, review of controls and action planning in relation to organisational, corporate and clinical risks within the Directorate.					
Business Manager – MH	Manager, Business Operations – no clinical accountability reporting	Nil specified	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Manager, Engagement -	Manger Business	Nil	Nil	Supporting the conduct of	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
MH	Operations – no clinical accountability reporting			complex identification, analysis and management of risks, issues and impacts associated with change management processes in collaboration with the Mental Health Directorate. Participate in Quality Improvement activities (inclusive of accreditation requirements), including the identification of performance standards and opportunities for efficiencies Reporting all accidents, incidents and near misses. Complying with reasonable					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				instructions or procedures aimed at protecting the health and safety of themselves and others. • Carrying out responsibilities as detailed in occupational health, safety and injury management policies and procedures.					
Nursing Director – Clinical Practice	Nursing Co- Director – professionally and functionally	Nil	The Nursing Director accepts accountability for the governance and practice standards of nurses; the development and effectiveness of systems to support, evaluate and consistently improve nursing practice and healthy work	Providing collegiate and professional leadership to and for Level 3 and/or 4 Nurse Consultants and Nurse Practitioners within span of appointment. Participating in local senior management meetings Providing and engaging in	Nil	Nil	General requirement – legislative requirements – Mental Health Act 2009 included	Yes - knowledge and understanding of the Mental Health Act	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			environments	regular clinical supervision. Carrying out responsibilities as detailed in occupational health, safety and injury management policies and procedures.					
Service Manager – RN5.3	Nursing Co- Director – professionally and functionally	Nil	The Service Manager uses their clinical knowledge and experience to provide expert level strategic and operational leadership, management, governance and direction for a specified mental health service. They are accountable for standards of consumer care, and the practice standards of multi-disciplinary team members	Establish quality systems which ensure that there is a focus on improvement, innovation and clinical outcomes Implement corporate administrative and risk management frameworks within frame of responsibility Ensure the existence of risk management strategies by encouraging systematic identification,	Nil	Nil	General requirement – legislative requirements – Mental Health Act 2009 included	knowledge and understanding of the Mental Health Act	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				assessment and management of risks Establish, monitor and review MHD KPIs Contribute to and implement professional practice frameworks Oversee human resource systems including processes and standards of care, staff recruitment, performance, development and retention					
Service Manager – AHP5	Clinical – Clinical Director	Nil Specified	The Service Manager works as a member of the Executive Leadership Team and is directly responsible for all aspects of safe and quality	Contributing to policy development and service improvement initiatives by providing effective strategic leadership within SA Health,	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			mental health and the coordination of quality improvement programs across their span of control.	CALHN, the Mental Health Directorate and at Sector level. Ensuring that policies, standards and practices comply with all professional, industrial and legal requirements of the SA Health system. Implementing the corporate, administrative and risk management frameworks within scope of responsibility.					
Team Manager – Elpida House – AHP4	Clinically to Clinical Director	Nil specified	Provide operational management, coordination and leadership for the delivery of Community Clinical	Monitor consumer and carer satisfaction, develop service responses to feedback and participate in advancing service delivery	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			Rehabilitation Services within Central Adelaide Local Health Network (CALHN) Mental Health Directorate (MHD) including Community Rehabilitation Centre (CRC) (Elpida House), with an emphasis on consumer outcomes, team performance and team culture	based on consumer need and desired outcomes. Support and promote continuous service improvement specifically in relation to the further development and adoption of community rehabilitation and recovery frameworks. Provide an environment that supports clinical excellence within the multidisciplinary team and ensures approaches to service delivery are equitable, transparent and maintain the needs of the consumer as					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Manager Business Operations	No clinical accountability	Nil specified	Nil	paramount. • Actively promoting a culture of performance accountability, review and evaluation, feedback, team work, risk management, collaboration and continuous improvement.	Nil	Nil	Nil	Nil	Nil
Manager Clinical and Corporate Information	No clinical accountability	Nil specified	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Principal Clinical Psychologist	Professionally – Co-Directors Psychology CALHN	Nil specified	The Principal Clinical Psychologist is a recognised clinical expert in Clinical Psychology practice and is responsible to for the clinical governance and professional leadership of psychology services across	Planning and implementing supervision frameworks and structures that provide a mechanism for audit, assurance and continuous improvement of competency of all Psychologists within Mental Health services.	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			Central Mental Health.	Providing clinical supervision, support and mentorship to AHP 3 Senior Clinical Psychologists and other identified staff. Ensuring all Psychologists who work within Mental Health Services meet all requirements for and are credentialed according to the CALHN Allied health Credentialing procedure.					
Team Leader – Eastern Clinical Psychosocial Rehabilitation Program (AHP4)	Eastern Sector Manager	Nil specified	Co-ordination of day to day psychosocial rehabilitative program administrative and clinical activities in conjunction with the other team	 Managing clinical supervision, decision making and coordination of the multi-dis team; Being involved in continuous quality 		Nil	Nil	General knowledge of relevant legislation including the South Australian Mental Health Act and the Guardianship	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			members	improvement and other relevant research and evaluation activities to evaluate intervention outcomes, and promote service development and quality improvement				and Administration Act	
Team Manager – Inpatient Rehabilitation Services (AHP4)	Service Manager, Eastern Mental Health Services	Nil specified	The Team Manager is responsible for providing leadership and operational management of the integrated multi-disciplinary team of inpatient rehabilitation staff to ensure safe, efficient and effective service delivery to consumers and carers within a recovery orientated framework.	Implement the corporate administrative and risk management frameworks within Inpatient Rehabilitation Services Initiate and/or oversee the identification and development of continuous improvement strategies for Inpatient Rehabilitation Services. Lead the local implementation	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				and review of policies and participate as a senior member of the Mental Health Directorate management groups and committees. • Developing, in collaboration with the team members, a quality improvement program which will facilitate and manage the clinical outcomes and performance of the team. • Being responsible for the consistent implementation of risk management practices in accordance with Central Adelaide					Criteria
				Local Health Network policies					

Role Title	Clinical	Mental Health	Clinical	Clinical	Mental Health	Mental Health	Mental Health	Mental	Mental
	Governance	Act	Governance –	Governance	Act	Act	Act	Health Act -	Health Act
	Reporting	Administration	Primary	Statements -	Administration	Administration	Administration	experience	_
		Reporting	Objective	Key Results	Primary	Key Results	 Other areas 	with or	experience
				Area Examples	Objective	Area		knowledge	with or
				_				of Essential	knowledge
								Criteria	of
									Desirable
									Criteria
				and procedures.					

CHSALHN

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Clinical Director, Mental Health	Chief Executive Officer	Nil Specified	The Clinical Director Mental Health (in collaboration with the Director, Mental Health Strategic Operations) is accountable to the Chief Executive Officer (CEO), CHSALHN for the provision of strategic clinical leadership, direction and supervision,	Leadership in Quality, Safety and Risk Management includes: Work in conjunction with clinical services and staff to ensure optimal consumer outcomes Ensure compliance with standards, policies and procedures Involvement in complaints response process Identify, analyse,	Nil	Foster use of least restrictive clinical practice to reduce incidence of restraint and to reduce application of Inpatient Treatment Orders.	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			taking a key role in quality improvement and the management of the service as a member of the CHSALHN Mental Health Executive.	evaluate and address significant risks that might impact on service delivery • Ensure sentinel events, potential medical negligence claims and adverse patient incidents are reported and managed appropriately • Effective governance and management • Ensure the provision of clinical supervision and support to clinical mental health staff.					
Director Mental Health Strategic Operations	Chief Executive Officer	Nil specified	Responsible for the overall management of mental health services throughout rural South Australia to achieve and continuously improve standards of patient care and	 Ensuring the existence of clinical risk management and quality assurance systems; Ensuring the existence of risk management strategies by encouraging the systematic 	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act experience with or knowledge of Desirable Criteria
			client services, by:	identification, assessment and treatment of risks.					
Advanced Clinical Lead Social Work - AHP4	Clinically accountable to the Clinical Director MH Reports to the Principal Allied Health Advisor on matter relating to profession-specific clinical leadership	Nil specified	Clinically accountable for the governance, leadership and delivery of quality Social Work services across Country Health SA Local Health Network	Provides advanced level clinical supervision to Clinical Senior Social Workers Leads improvements in the quality and safety of MH SW services including facilitating whole of CHSALHN MHS activities required to achieve Accreditation and compliance with National Standards, Legislation and Organisational Policies.	Nil	Nil	Nil	Nil	Nil
Team Leader – AHP3	Professionally to the discipline specific Advanced Clinical Lead Accountable to the Clinical Director and Director Strategic MH Operations	Nil specified	The Team Leader is accountable for the delivery of high quality consumer care, for addressing inconsistencies between practice and policy, and for developing	Reviews and implements processes and practices in accordance with emerging service needs, care planning, evaluation results, risk management,	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			team performance and a positive work culture in the interest of consumer outcomes.	identified imminent system problems and coordination of local activities with corporate systems • Ensures compliance with all relevant legislation, government and CHSALHN policies, procedures and practices, and apply benchmarks and standards for consumer care • Investigates and responds to complaints, incidents and accidents reported via the Safety Learning System (SLS) as required • Actively participates in improvements in the quality and safety of MH services, including facilitating activities required to achieve Accreditation and compliance with					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				National Standards, Legislation and Organisational Policies					
Advanced Clinical Lead - Occupational Therapy	Clinically accountable to the Clinical Director MH Reports to the Principal Allied Health Advisor on matter relating to profession-specific clinical leadership	Nil specified	Clinically accountable to the Clinical Director Mental Health Services for the clinical governance and leadership of mental health Occupational Therapy services across Country Health SA Local Health Network	Provides clinical leadership and facilitate service planning to ensure clinical best practice underpins the development of OT and other clinical services across CHSALHN MHS Provides clinical supervision and mentorship to Clinical Senior Occupational Therapists Leads improvements in the quality and safety of MH OT services including facilitating whole of CHSALHN-MHS activities required to achieve Accreditation and compliance with National Standards,	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				Legislation and Organisational Policies					
Advanced Clinical Lead - Psychology	Accountable for clinical work and clinical leadership to the Clinical Director Reports to the Principal Allied Health Advisor on matter relating to profession-specific clinical leadership	Nil specified	Clinically accountable for the governance, leadership and delivery of quality Psychological services across Country Health SA Local Health Network Mental Health Services	Provides clinical leadership and facilitate service planning to ensure clinical best practice underpins the development of Psychology and other clinical services across CHSALHN MHS Provides clinical supervision and mentorship to Clinical Senior Psychologists Utilising a range of strategies to maintain a contemporary knowledge and understanding of emerging practice, policy and legislation of relevance to MH Leads improvements in the quality and	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				safety of MH Psychology services including facilitating whole of CHSALHN-MHS activities required to achieve Accreditation and compliance with National Standards, Legislation and Organisational Policies					
Regional Manager – MH – AHP4	Clinically accountable to the Clinical Director	Nil specified	Strategically and operationally responsible for the delivery of mental health services within defined rural regional areas across Country Health SA LHN	Establishing clinical protocols, standards and procedures for mental health services in accordance with the appropriate State and Federal legislation, clinical best practice and SA Health policies and standards Monitoring service and workforce issues, and the quality of clinical services to identify clinical risks, emerging trends	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				and opportunities for improvement, and ensure that high quality services are achieved for consumers • Lead and manage the investigation of incidents reported under the Safety Learning System (SLS) for the service areas under leadership					
Regional Manager – MH – ASO8	Accountable to the Director Mental Health Strategic Operations	Nil specified	Strategically and operationally responsible for the delivery of mental health services within defined rural regional areas across Country Health SA LHN	Establishing clinical protocols, standards and procedures for mental health services in accordance with the appropriate State and Federal legislation, clinical best practice and SA Health policies and standards Monitoring service and workforce issues, and the quality of clinical services to identify	Nil	Nil	General requirements includes – Mental Health Act 2009 and regulations	Demonstrated knowledge of Mental Health and Guardianship Acts, Principles and practice of contemporary psychiatric care, National Mental Health Policy, Psychiatric conditions and current treatments and relevant	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				clinical risks, emerging trends and opportunities for improvement, and ensure that high quality services are achieved for consumers • Lead and manage the investigation of incidents reported under the Safety Learning System (SLS) for the service areas under leadership				professional Acts	
Manager, Strategy and Projects – ASO8	Director Mental Health Strategy	Nil specified	Actively contribute to ensure the Mental Health governance structure is operating effectively as the key management decision-making, policy and strategy implementation and performance monitoring mechanism for	Provide strategic support to the Director Mental Health Strategic Operations by ensuring: • systems which ensure compliance with external (i.e. legislation, whole of government policy, Health Portfolio policy) and internal requirements (i.e. CHSALHN policy) are in place. • ensuring	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			mental health services across CHSALHN	compliance with relevant law and South Australian Government and SA Health policies; Report all accidents, incidents and near misses. Contributing to the identification, implementation and review of opportunities for improvements to team communications, capabilities, processes, practices and outcomes					
Clinical Lead – Mental Health – MD2	Clinical Director Mental Health	Nil specified	Provide clinical leadership in the design, planning and local implementation of local mental health networks	Ensure that clinical services are provided within CHSALHN MS service framework including clinical governance Leadership in safety, quality and risk: Work in conjunction with country and metropolitan clinical	Nil	Foster use of less restrictive clinical practice to reduce incidence of restraint and application of inpatient Treatment Orders	General Requirements – Mental Health Act	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				services and staff to provide high quality, safe clinical care with optimal consumer outcomes and reduce the need to transfer people out of their local community • Ensure compliance with standards of practice, CHSALHN policies and procedures • Ensure clinical services are delivered to best practice standard and improved health outcomes • Involvement in the complaints response process of CHSALHN MHS and using this as a service improvement activity					
Advanced Nurse Unit Manager – RN4	Reports to Regional Manager Professionally accountable to	Nil specified	Provides clinical leadership in partnership with the Consultant	Initiate, implement and co-ordinate processes for quality	Nil	Nil	General requirements of position includes Mental Health	Nil	Extensive knowledge of SA Mental Health Act

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	Senior Manager Acute Services / Director of Nursing CHSALHN MHS		Psychiatrist	improvement and continuity within corporate risk management and nursing professional practice frameworks eg investigating complaints, incidents and accidents, identifying hazards, assessing risks and implementing, monitoring and maintaining hazard control measures Change local processes and practices in accordance with emerging service needs, care evaluation results, identified imminent systems problems and coordination of local activities with corporate systems.			Act 2009		
Regional Manager – Multi-	Responsible to the Director, Mental Health Strategic	Nil specified	The Regional Manager is strategically and	 Initiate, implement and co-ordinate processes for 	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
classified position – RN4 role description provided	Operations Professionally accountable to Senior Manager Acute Services / Director of Nursing CHSALHN MHS		operationally responsible for the delivery of mental health services within defined geographical areas across CHSALHN. The position provides support services to both Nurse/Midwifery management practice and services in areas including but not limited to staffing methodologies, recruitment and selection, human resource management, financial administration, bed and resource management, accreditation and risk management processes and information systems management	quality improvement and continuity within corporate risk management and nursing/midwifery professional practice frameworks eg investigating complaints, incidents and accidents, identifying hazards, assessing risks and implementing, monitoring and maintaining hazard control measures					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Senior Manager – Community Services Mental Health – AHP5	Clinical Responsibility to the Clinical Director, Mental Health Professional responsibility to the Executive Director Allied Health and Community	Nil Specified	Senior Manager uses their knowledge and experience to provide day to day clinical and operational leadership, support and direction for community based mental health services The Senior Manager, Community Services accepts accountability for the system wide operational and performance standards of community mental health services	Implement clinical and operational risk management frameworks across community mental health services Provide clinical leadership, management and support to a large multidisciplinary workforce across country South Australia including the provision of clinical supervision to some staff, in accordance with the CHSA Allied Health Clinical Support Framework Contribute to the development and implementation of effective risk management, evaluation and review processes for community mental health service models Establish and monitor a risk	Nil	Nil	Nil		Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				management strategy Monitor and report on adherence to relevant service agreement provisions, safety, quality and accreditation regulations and standards Initiate regular reviews of clinical mental health practices and facilities and lead improvements in practices and procedures to ensure efficient and safe use of facilities, equipment, and resources					
Senior Manager / Acute Services Mental Health / Director of Nursing	Has clinical responsibility to the Clinical Director, Mental Health Has professional responsibility to the Executive Director, Nursing and	Nil specified	The Senior Manager, Acute Services / Director of Nursing uses their knowledge and experience to provide day to day clinical and	Initiate and/or oversee innovations, systemic change processes, and coordination of responses to clinical practice and acute mental health	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
	Midwifery.		operational leadership support and direction for acute mental health services. The role provides strategic and operational leadership, governance, and direction for the nursing/midwifery services within CHSALHN Mental Health Services. The focus of the role is on development and implementation of frameworks and systems within which employees practice, and on monitoring and evaluating clinical practice and service delivery standards. The role scope at this level extends across multidisciplinary	service needs Develop and implement service delivery policies, goals, benchmarking frameworks and clinical practice standards					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Nurse Unit Manager – RN3	Operationally to Regional Manager, Professionally to Registered Nurse Level 4 or above where direct line manager is not a RN		services	•					
Service Improvement Lead ASO7	Manager Operations/Director of Nursing	Nil specified	Responsible for the development and coordination of mental health service improvement projects/programs to deliver on strategic and/or operational clinical and service initiatives aligned to National Safety and Quality Mental Health Service Standards, SA Health Directives and National, State and Local Health Network Safety and	Manage and coordinate service wide projects/programs relating to clinical and operational service improvement and performance measurement to ensure compliance with Mandatory National Accreditation requirements. Manage high level risk and safety issues that arise across the CHSALHN MHS for example coronial matters in conjunction with	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			Quality priorities Leads CHSALHN MHS in the development of a culture of safety, quality and risk management that is aligned with National standards and SA Health frameworks.	relevant CHSALHN colleagues and apply the learnings from these matters to improve future service delivery. • Lead and manage the planning, initiation and evaluating of service improvement projects, programs and quality improvement activities to minimise risk, including Clinical Practice Improvement Projects and Root Cause Analysis.					
Senior Manager, Community Services Mental Health (Nursing Divisional Director) RN5.2	Has clinical responsibility to the Clinical Director, Mental Health Has professional responsibility to the Executive Director, Nursing and Midwifery	Nil specified	The Senior Manager, Community Services uses their knowledge and experience to provide day to day clinical and operational leadership support and	The Senior Manager, Community Services accepts accountability for the system wide operational and performance standards of community mental health services; the development and effectiveness of	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			direction for community based mental health services.	systems to support, evaluate and consistently improve service performance and the cost effective provision of health services within their span of appointment. This includes responsibility for a range of community based mental health services - care coordination, community rehabilitation, subacute programs, specialist youth and older persons mental health services. Implement the clinical and operational risk management frameworks across community mental health services Contribute to the development and implementation of effective risk					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act - experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				management, evaluation and review processes for community mental health service models by: • Establishment and monitoring of a risk management strategy; • Monitoring and reporting on adherence to relevant service agreement provisions, safety, quality and accreditation regulations and standards					

NALHN

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Divisional Director – MH	Chief Executive Officer Professionally to Executive Director of Medical Services	Nil specified	The Divisional Director (Medical), in collaboration with the Director of Nursing and the Director of Allied Health & Community Health is accountable for the strategic, clinical and operational leadership of the division and significantly contributes to the achievement of NALHN strategic objectives and South Australia's Health Care Plan. Has overall responsibility and authority for provision of clinical direction;	 Developing policies and practices which provide clinical engagement in the management of the Division and the development of interdisciplinary clinical teams. Continually evaluating the services provided including quality and safety performance in order to monitor standards of care and determine whether service priorities are being addressed Ensuring compliance with the various legislative and accreditation requirements required by the Department for Health and Wellbeing. The Divisional Director (Medical) will provide clinical leadership and direction in line with SA Health and NALHN policy and procedures to a variety of safety and 	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Nursing and or Midwifery Service Director – Forensic MH	Director Mental Health Strategic Operations	Nil specified	Provide strategic and operational leadership, governance, and direction for nursing/midwifery services for Forensic Mental Health Services South Australia. The role will report to a Level 5.2 or 5.3. The role balances and integrates strategic and operational perspectives within a specified span of appointment.	quality improvement processes Contributing to consumer/carer participation strategies in partnership with consumers/carers, in order to maximise consumer focussed care. Establishing and participating in mechanisms for review of consumer care. Implementing and monitoring policies regarding continuous quality improvement. Develops and implements a framework of clinical governance according to the highest standards of service delivery and quality improvement	Nil	Nil	Managers and staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements including but not limited to: Mental Health Act 2009 (SA) and Regulations	Knowledge and understanding of relevant legislation, - does not specify the Act	Nil
Clinical Director – Head of Unit – Forensic Mental Health	Divisional Director – Mental Health	Nil	Accountable to the Divisional Director Northern Mental Health Mental Health Service (NALHN) the Clinical Director ensures the provision of clinical	 Providing specialist forensic mental health services to consumers Assigning and supervising the clinical practice of trainee medical officers Ensuring compliance 	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			leadership and effective management which results in a high standard, cost effective forensic mental health service	with the various legislative and accreditation requirements required by the Department of Health (specifically the National Standards for Mental Health Services and the National Safety and Quality Health Service Standards) Developing and supporting clinical improvement activities with the aim of achieving evidence based best practice mental health services. This will involve evaluation of clinical processes and service outcomes by clinical audits, clinical assurance programs, clinical performance indicators etc identifying possible areas for improvement and guiding the change process					
Nursing and or Midwifery Service Director – Older Persons MH	Director Mental Health Strategic Operations	Nil specified	Provide strategic and operational leadership, governance, and direction for	Contributing to consumer/carer participation strategies in partnership with consumers/carers, in	Nil	Nil	Managers and staff are required to work in accordance with the Code	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			nursing/midwifery services for Older Persons MH Services South Australia. The role will report to a Level 5.2 or 5.3. The role balances and integrates strategic and operational perspectives within a specified span of appointment.	order to maximise consumer focussed care. • Establishing and participating in mechanisms for review of consumer care. • Implementing and monitoring policies regarding continuous quality improvement. • Develops and implements a framework of clinical governance according to the highest standards of service delivery and quality improvement			of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements including but not limited to: Mental Health Act 2009 (SA) and Regulations		

SALHN

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Network Clinical Director, Mental Health	Operationally – Chief Executive	Nil	The network Clinical Director Mental Health	Providing strong leadership within the clinical service, fostering	Nil	Nil	Nil	Nil	Desirable Criteria Knowledge

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
	Officer Professionally – Executive Director, Medical Services SALHN		Services (CDMHS) is accountable to the Chief Executive Officer (CEO, SALHN) for the provision of strategic clinical leadership and to significantly contribute to the achievement of SALHN strategic objectives In partnership with the Co-Director MHS, the CDMHS is also accountable for the achievement of relevant key performance indicators and strategic and operational deliverables for Mental Health Services across all SALHN sites. This includes operational service delivery responsibility for medical and clinical staff,	an environment that inspires staff to set direction for and continually improve services. Ensuring compliance with the various legislative and accreditation requirements required by the Department of Health (specifically the National Standards for Mental Health Services and the National Safety and Quality Health Service Standards). The CDMHS will provide clinical leadership and direction in line with SALHN policy and procedures to a variety of safety and quality improvement processes by: • Ensuring compliance with systems to respond to all incidents in line with SALHN policy. • Monitoring and reporting all incidents. Ensuring					of relevant Acts and Regulations under which the SALHN operates

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective budget, risk management, WHS and quality	Clinical Governance Statements – Key Results Area Examples recommendations arising from incident reviews are	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Co-Director Mental Health – RN 6.5	The Co- Director Operations, Mental Health is responsible to and is accountable and works collaboratively with the Clinical Director, Mental Health professionally accountable to the Executive Director Nursing and Midwifery and is operationally accountable to the Chief Operating Officer	Nil	and safety The Co-Director Operations, Mental Health is accountable to the Clinical Director Mental Health for operational leadership of the directorate and significantly contributes to the achievement of the Directorates and SALHN's strategic objectives and South Australia's Health Strategic Objectives and Transforming Health Reforms.	implemented. The Co-Director Operations, Mental Health will be accountable for operationally managing Mental Health Services across Southern Adelaide LHN which includes the implementation of identified service and business plans, the achievement of Key Performance Indicators (KPI's-including financial targets and the other identified deliverables across Southern Adelaide LHN to the Clinical Director Mental Health and operationally to the Chief Operating Officer by Contributing to the evaluation of the Mental Health services provided, including quality and safety performance in order to monitor standards of care and determine whether service priorities are being	Nil	Nil	Nil	Knowledge and understanding of relevant legislation, industrial agreements, standards, codes, ethics and competency standards Mentions legislation but does not specify the Act	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				addressed. Ensuring compliance with the various legislative and accreditation requirements of the Department of Health and Ageing (specifically National Safety & Quality Health Standards). The Co-Director Operations, Mental Health is accountable to the Clinical Director Mental Health and operationally to the Chief Operating Officer for providing leadership and direction in line with Southern Adelaide LHN policy and procedures to a variety of safety and quality improvement processes including: Ensuring a focus on the patient/client is at the core of all services provided. Ensuring compliance with systems to respond to all incidents in line with Southern					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				Adelaide LHN procedures Ensuring monitoring and analysis of trends of all incidents. Ensuring safe practices in regard to all services within the LHN Contributing to implementing compliance with the National Quality Health Service Standards Accreditation. Identification, assessment, review of controls and action planning in relation to corporate and assisting with mitigation of clinical risks within the Mental Health Directorate.					
Advanced Divisional/Stream Nursing and/or Midwifery Director (Level 5.3) – Acute Mental Health	Professionally reports to Executive Director of Nursing & Midwifery Operationally reports to Co-Director Mental Health Services	Nil	Provide expert level strategic and operational leadership, management, governance and direction for Adult Acute Inpatient Services, Emergency Department/Mental	 Build a culture which is patient/client centered and where patient/client engagement is encouraged. Establishing quality systems which ensure that there is a focus on improvement, innovation and clinical 	Nil	Nil	General Requirements Managers and staff are required to work in accordance with the Code of Ethics for South Australian	Knowledge and understanding of relevant legislation, industrial agreements, standards, codes, ethics and competency standards	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			Health Short Stay, Psychiatric Clinical Liaison Services and Electroconvulsive Therapy within the Division of Mental Health.	outcomes; Implement the corporate administrative and risk management frameworks within frame of responsibility; Implement tensor is a Ensuring the existence of risk management strategies by encouraging systematic identification, assessment and management of risks which impact clinical care;			Public Sector, Policies and Procedures and legislative requirements including but not limited to: • Mental Health Act 2009 (SA) and Regulations		
Statewide and Speciality Services Nursing Director	Professionally reports to Executive Director of Nursing & Midwifery Operationally reports to Co-Director Mental Health Services		Provide expert level strategic and operational leadership, management, governance and direction for Statewide and Speciality Services within the Division of Mental Health: Statewide Eating Disorder Services, Veteran's Mental Health Services, Older Persons Mental Health	 Build a culture which is patient/client centered and where patient/client engagement is encouraged. Establishing quality systems which ensure that there is a focus on improvement, innovation and clinical outcomes; Implement the corporate administrative and risk management frameworks within 			General Requirements Managers and staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements including but	Knowledge and understanding of relevant legislation, industrial agreements, standards, codes, ethics and competency standards	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			Services and Flinders Psychological Therapy Services	frame of responsibility; • Ensuring the existence of risk management strategies by encouraging systematic identification, assessment and management of risks which impact clinical care;			not limited to: • Mental Health Act 2009 (SA) and Regulations		
Advanced Divisional/Stream Nursing and/or Midwifery Director (Level 5.3)	Professionally reports to Executive Director of Nursing & Midwifery Operationally reports to Co-Director Mental Health Services	Nil	Provide expert level strategic and operational leadership, management, governance and direction for Community Mental Health Services, Intermediate Care Centre and Trevor Parry Centre with the Division of Mental Health.	 Build a culture which is patient/client centered and where patient/client engagement is encouraged. Establishing quality systems which ensure that there is a focus on improvement, innovation and clinical outcomes; Implement the corporate administrative and risk management frameworks within frame of responsibility; Ensuring the existence of risk management strategies by encouraging systematic identification, assessment and 	Nil	Nil	General Requirements Managers and staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements including but not limited to: • Mental Health Act 2009 (SA) and Regulations	Knowledge and understanding of relevant legislation, industrial agreements, standards, codes, ethics and competency standards	

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples management of risks which impact clinical	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Consultant Psychiatrist	Operationally and Clinically: Head of Unit Professionally: Clinical Director SALHN Mental Health Responsible to the Clinical Director for their clinical and professional practice Reports to the Head of Unit for clinical outcomes and organisational requirements	Nil specified	The Consultant Psychiatrist will provide quality psychiatric assessment and treatment services as a member of a multi-disciplinary team approach to the treatment and support of consumers with a range of psychiatric, behavioural and emotional problems in a range of settings. This will include acute assessment and treatment, clinical supervision of staff, ensuring that the service is consumer focussed and accessible, supporting the training and development of staff within the	 care; Contribute to the clinical governance arrangements of Mental Health Services by: Attending and participating in clinical meetings Continuously reviewing existing practice Advocating for change as required Participating in College based programs directed toward improving standards of care Participating in Mental Health Services quality management processes Ensure that a culture of continually improving performance is integrated through all levels of the service including a proactive approach to program review, development of new initiatives and research activities 	Nil	Nil	Nil	Knowledge of mental health and relevant legislation	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			services and contributing to the improvement of safety and quality of services						
Duty Statement – Head of Unit – ED Mental Health / Short Stay Unit	N/A	N/A	Nil	Will support and report to the Clinical Director with service strategies and initiatives and coordinate audit activities and evaluation of practice and quality improvement Provide clinical leadership and clinical governance for the Units' functions and services Ensures that each consumer's care has a direct line of responsibility to a consultant psychiatrist Responsible for direct clinical supervision and direct line management of medical staff allocated to the teams The Head of Unit will clinically supervise the	Nil	Nil	N/A	N/A	N/A

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
	Al/A	N/A		multidisciplinary team members Responsible for clinical management planning when diagnostic ambiguity and conflicting opinions are affecting ongoing consumer care	Alti	A.I.	A1/A	N/A	A1/A
Duty Statement - Head of Unit - Psychological Services - FMC	N/A	N/A	The Head of Unit is accountable for the overall clinical leadership and clinical governance of Statewide Gambling Therapy Services, Centre for Anxiety and Related Disorders, and Improving Access to Psychological Therapies Service.	 The Head of Unit ensures the effective, efficient and safe provision of clinical care, whilst working collaboratively with the Team Manager in the day-to-day operational management of the service. The Head of Unit, in conjunction with the Team Manager is accountable for ensuring coordination of Quality Improvement programs meeting the requirements for the National Safety and Quality Health Service Standards. The Head of Unit ensures that each consumer's care has a direct line of 	Nil	Nil	N/A	N/A	N/A

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				responsibility to a consultant psychiatrist. Responsible for clinical management when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care. The Head of Unit works collaboratively with the Clinical Director to review critical incidents/adverse events, complaints, allegations and other sources of feedback about service quality and the propagation of recommendations if required.					S. No. III
Duty Statement - Head Of Unit - Inner South CMH (Small Unit)	N/A	N/A	Nil	 Provides clinical leadership and clinical governance of team functions and services. Will support and report to the Clinical Director with service strategies and initiatives, and coordinate audit activities and evaluation of practice and quality improvement. 	Nil	Nil	N/A	N/A	N/A

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				 Ensure that each consumer's care has a direct line of responsibility to a consultant psychiatrist. Responsible for direct clinical supervision and direct line management of medical staff allocated to the team. The Head of Unit will clinically co-supervise the multidisciplinary team members with the discipline seniors. Responsible for clinical management when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care. Responsible for maintaining standards of clinical care. 					
Duty Statement – Head Of Unit – Veterans Mental Health	N/A	N/A	Nil	 Provides clinical leadership and clinical governance of team functions and services. Supports and reports to the Clinical Director for the clinical outcomes of the unit, service strategies and 	Nil	Nil	N/A	N/A	N/A

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
				initiatives, and coordinates audit activities and evaluation of practice and quality improvement. • Ensures that each consumer's care has a direct line of responsibility to a Consultant Psychiatrist. • Clinically co-supervises the multidisciplinary team members with the Veterans MH Team Manager and Principal Discipline Leads. • Responsible for direct care planning when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care. • Responsible for maintaining standard of clinical care. • Contributes to the development of systems for quality improvement activities — including, examination of key performance indicators					

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				and clinical audits. Responsible, with the Veterans MH Team Manager, for reviewing critical incidents/adverse events, complaints, allegations and other sources of feedback about service quality and the propagation of recommendations if required.					
Duty Statement – Head of Unit (Small Unit) Mental Health Acute Inpatient Services FMC	N/A	N/A	Nil	 Provides clinical leadership and clinical governance of team functions and services for Mental Health Acute Inpatient Services. Ensures the effective and efficient operation of the Community Mental Health team for the delivery of a safe service. Will support and report to the Clinical Director on service strategies and initiatives, and coordinate audit activities and evaluation of practice and quality improvement 	Nil	Nil	N/A	N/A	N/A

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Duty Statement -	N/A	N/A	Nii	 Ensure that each consumer's care has a direct line of responsibility to a consultant psychiatrist. Responsible for the provision of clinical supervision of multidisciplinary staff in collaboration with the discipline seniors. Responsible for clinical management when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care. Responsible for maintaining standards of clinical care. Work collaboratively with the Clinical Director for reviewing critical incidents/adverse events, complaints, allegations and other sources of feedback about service quality and the propagation of recommendations if required. 	Nil	Nil	N/A	N/A	N/A
Duty Statement –	IN/A	IN/A	Nil	 Provides clinical 	INII	INII	IN/A	N/A	IN/A

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Head of Unit Older Persons Mental Health				leadership and clinical governance of team functions and services. Supports and reports to the Clinical Director for the clinical outcomes of the unit, service strategies and initiatives, and coordinates audit activities and evaluation of practice and quality improvement. Ensures that each consumer's care has a direct line of responsibility to a Consultant Psychiatrist. Clinically co-supervises the multidisciplinary team members with the Older Persons Mental Health Service Manager. Responsible for direct care planning when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care. Responsible for					

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				maintaining standard of clinical care. Contributes to the development of systems for quality improvement activities – including, examination of key performance indicators and clinical audits. Responsible, with the Older Persons Mental Health Service Manager, for reviewing critical incidents/adverse events, complaints, allegations and other sources of feedback about service quality and the propagation of recommendations if required.					
Duty Statement – Head Of Unit – Outer South Mental Health	N/A	N/A	Nil	 Provide clinical leadership and clinical governance of Outer South Mental Health and Components. Ensure the effective, efficient and safe provision of clinical care, whilst working collaboratively with the relevant Nursing 	Nil	Have responsibility delegated by the Clinical Director for the administration of the Mental Health Act within the unit.	N/A	N/A	N/A

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				Directors, Allied Health Director, Clinical Coordinators and team Managers in the dayto-day operational management of the service. Be responsible for the clinical supervision of medical staff allocated to the Outer South Mental Health and assume clinical responsibility for its safe functioning. In collaboration with other senior clinicians of the Outer South Mental Health, ensure appropriate clinical governance is implemented to provide a high level of quality and safety for patient care. Support and report to the Clinical Director for the clinical outcomes of the Outer South Mental Health service strategies and initiatives. Contribute to the development of					

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				systems for quality improvement activities including, monitoring or achievement of key performance indicators and coordinate to audit activities and evaluation of practice and quality improvement. Develop and maintain clinical protocols, guidelines and policies that apply to the Outer South Mental Health service. Be responsible for clinical management when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care and team wellbeing.					
Senior Business Manager – Mental Health – ASO7	Operationally – Co-Director Mental Health Professionally -Chief Finance Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Principal Clinical Psychologist – AHP4	Operationally and Professionally: Interim Allied	Nil specified	The Principal Clinical Psychologist Mental Health	Accountable to the Clinical Director of Mental Health, Southern Adelaide	Nil	Nil	Nil	Mentions Legislation but does not specify the Act	Nil

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	Health Director, Mental Health Services, SALHN Accountable to the Clinical Director of Mental Health, Southern Adelaide Local Health Network, for the contribution of Psychology staff to the achievement of best possible clinical outcomes for patients who receive Psychology interventions.		Services has responsibility for providing clinical leadership and governance to the Psychology profession across Mental Health Services at SALHN.	Local Health Network, for the contribution of Psychology staff to the achievement of best possible clinical outcomes for patients who receive Psychology interventions. • Leading improvements in the quality and safety of psychology services, including facilitating discipline activities required to achieve Accreditation and compliance with National Mental Health Standards, profession-specific standards, legislation and organisational policies. • Providing expert consultancy and authoritative advice to psychologists, clinical teams and senior managers and the Divisional Executive, on psychology practice. • Exercising significant professional judgment and making independent decisions					

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				related to Psychology practice across Mental Health Services, and being responsible for outcomes of psychology practice. Providing clinical supervision, support and mentorship to AHP3 Senior Clinical Psychologists and other identified staff.					
Interim Allied Health Director: Mental Health Services AHP5	Operationally: Co Director – Mental Health Division Professionally: Executive Director – Allied Health	Nil specified	The Interim Allied Health Director: Mental Health Services has responsibility for providing professional leadership, and governance to the Allied Health clinical services and programs within SALHN Mental Health Services to ensure the delivery of high quality Allied Health services across the division	 Implement systems in collaboration with the Principal Clinical Psychologist/Social Worker/Occupational Therapist, in relation to clinical supervision, competency development and assurance, and professional development targeted to SALHN Mental Health and Allied Health's organisational needs. Developing and implementing quality assurance and improvement processes that promote high quality service 	Nil	Nil	Nil	Nil	Nil

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				provision and team functioning in accordance with the National Safety & Quality Health Service Standards, National Standards for Mental Health, and profession-specific care standards of the professions of Psychology, Social Work, Occupational Therapy, Physiotherapy, Exercise Physiology, Dietetics, Speech Pathology and Podiatry • Leading and developing a culture of consumer-focussed care, recovery-based practice, evidence based treatment, performance accountability, review and evaluation, team work, collaboration, consumer safety, risk management and continuous improvement for Allied Health staff within the Mental Health Division; and contributing to the					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples development of this culture across SALHN	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Principal Occupational Therapist – AHP4	Operationally and professionally to Interim Allied Health Director Accountable to the Clinical Director of Mental Health, Southern Adelaide Local Health Network, for the contribution of OT staff to the achievement of best possible clinical outcomes for patients who receive OT intervention	Nil specified	The Principal Occupational Therapist (OT) Mental Health Services has responsibility for providing clinical leadership and governance to the Occupational Therapy profession across Mental Health Services at SALHN.	Mental Health Leading improvements in the quality and safety of OT services, including facilitating discipline activities required to achieve Accreditation and compliance with National Mental Health Standards, profession-specific standards, legislation and organisational policies Pro-actively initiating clinical practice audit and improvement processes, and communicating actioning of such processes to the Mental Health Division Executive team. This includes, when actual or risk of sub-optimal practice is identified (by the Principal OT or any other Mental Health Services' manager) the: completion of investigation	Nil	Nil	Nil	Mentions legislation but does not specify the Act	Nil

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				processes subsequent development and implementation of performance improvement plans where indicated, in collaboration with Team Managers, and communication of findings and progress to resolution to Managers, Directors, the interim Allied Health Director- Mental Health and when indicated the Executive Director Allied Health, and other members of the Mental Health Executive Team.					
Principal Social Worker AHP4	Operationally and Professionally to the Interim Allied Health Director Accountable to	Nil specified	The Principal Social Worker Mental Health Services has responsibility for providing clinical leadership and governance to	Leading improvements in the quality and safety of Social Work services, including facilitating discipline activities required to achieve Accreditation and compliance with	Nil	Nil	Nil	Mentions legislation but does not specify the Act	Nil

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	the Clinical Director of Mental Health, Southern Adelaide Local Health Network, for the contribution of Social Work staff to the achievement of best possible clinical outcomes for patients who receive Social Work intervention.		the Social Work profession across Mental Health Services in SALHN.	National Mental Health Standards, profession-specific standards, legislation and organisational policies Pro-actively initiating clinical practice audit and improvement processes, and communicating actioning of such processes to the Mental Health Division Executive team. This includes, when actual or risk of sub-optimal practice is identified (by the Principal Social Worker or any other Mental Health Services' Manager) the: completion of investigation processes subsequent development and implementation of performance improvement plans where indicated, in collaboration with Team Managers, and communication of findings and					

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Nurse Unit	A/Acute	Nil specified	Employees in this	progress to resolution to Managers, Directors, the interim Allied Health Director- Mental Health and when indicated the Executive Director Allied Health, and other members of the Mental Health Executive Team. Use available	Nil	Nil	General	Comprehensive	Nil
Manager RN3 – Margaret Tobin	Nursing Director (Operational & Professional)		role accept accountability for the outcomes of nursing/midwifery practices and multidisciplinary outcomes in the Inner South Mental Health Service addressing inconsistencies between practice and policy; and for developing team performance and a positive work culture in the interest of patient/client outcomes	information systems: to inform decision making, to implement and coordinate processes for quality improvement, to monitor and analyse incidents and accidents, to ensure quality and safety is not compromised, to evaluate outcomes and convey information to staff. Integrate contemporary information and evidence with personal experience to support the decision making, innovative thinking and objective analysis that			Requirements: Managers and Staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements including but not limited to: • Mental Health Act 2009 (SA)	understanding of the Mental Health Act and SA Civil Administrative Tribunal (SACAT)	

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				are expected at this level, eg Clinical knowledge underpins and informs their ability to support and lead clinical services and management activities that contribute to improve and optimise nursing/midwifery care. Provide the pivotal leadership and coordination of patient/client care delivery in a defined ward/unit/service/program to achieve continuity and quality of patient/client care and outcomes and efficient patient/client flow.			and Regulation s		
Team Manager - RN4 – Jaime Larcombe Ctre	Operationally: Service Manager JLC Professionally: Acute Nursing Director Acute Services		Employees in this role accept accountability for the outcomes of nursing/midwifery practices and multidisciplinary outcomes in the specific practice setting, for addressing inconsistencies between practice	Developing and implementing high quality clinical review structures, data collection and service evaluation / review inline with Key Performance Indicators and service requirements consistent with the operational guidelines and MOC state and			Staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements	Mentions legislation but does not specify the Act	

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			and policy; and for developing team performance within positive work cultures in the interest of patient/client outcomes.	national benchmarks. Initiate, implement and co-ordinate processes within span of control, for quality improvement and continuity within corporate risk management and professional practice frameworks;			including but not limited to: Mental Health Act 2009 (SA) and Regulations		

WCHN

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
Clinical Director – CAMHS	Chief Executive Officer	Nil specified	Executive lead accountable for clinical governance within CAMHS The Clinical Director is accountable to the Chief Executive Officer for the provision of	 Providing strong leadership within the clinical service, fostering an environment that inspires staff to set direction for and continually improve services Continually evaluating the Mental Health services provided 	Nil	Nil	Nil	Nil	Nil

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			strategic clinical leadership and to significantly contribute to the achievement of WCH strategic objectives.	including quality and safety performance in order to monitor standards of care and determine whether service priorities are being addressed • Ensuring compliance with the various legislative and accreditation requirements required by the Department of Health (specifically the National Standards for Mental Health Services and Quality Health Service Standards)					
Director Mental Health Strategic Operations	Chief Executive Officer	Nil specified	The Director Mental Health Strategic Operations, CAMHS is a new role, and integral to leading the transformation of CAMHS. With the Clinical Director, they will contribute to the strategic direction and implement strategies to	 The delivery of high quality, efficient and effective mental health services to foster an environment that inspires staff to set direction for and continually improve services. Actively promoting a culture of performance accountability, review and evaluation, feedback, team work, risk management and 	Nil	Nil	Nil	Nil	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			achieve an integrated service, built around an enhanced service delivery model to deliver the contemporary, consistent and high quality care and services expected by all stakeholders.	collaboration. Continually evaluating services provided including quality and safety performance in order to monitor standards of care and determine whether service priorities are being addressed. Monitoring, reviewing and evaluating compliance with standards of care, practice, quality and safety performance, patient journey outcomes and other legislative and policy requirements					
CAMHS Nursing Director	Director, Mental Health Strategic Operations Clinical Director, CAMHS Professionally accountable to the Executive Director, Nursing and Midwifery WCHN	Nil specified	The Acute and State-wide Services Nursing Director CAMHS is accountable to the Clinical Director and Director Mental Health Strategic Operations CAMHS for the development and delivery of an integrated system	A process for quality improvement and continuity of care are implemented and coordinated within span of control and in a accordance with WCHN corporate risk management and Nursing and Midwifery professional practice frameworks Ensure that consumer feedback is responded	Nil	Nil	The Women's and Children's Health Network requires that all nursing/midwifery staff work in accordance with legislative and professional requirements including, but not limited to: SA Mental Health Act	Knowledge and understanding of relevant legislation, industrial agreements, standards, codes, ethics and competency standards – does not specify	Nil

Role Title	Clinical Governance Reporting	Mental Health Act Administration Reporting	Clinical Governance – Primary Objective	Clinical Governance Statements – Key Results Area Examples	Mental Health Act Administration Primary Objective	Mental Health Act Administration Key Results Area	Mental Health Act Administration – Other areas	Mental Health Act – experience with or knowledge of Essential Criteria	Mental Health Act - experience with or knowledge of Desirable Criteria
			of child and adolescent mental health within the Acute and State- wide Services of CAMHS across of South Australia.	to in line with Women's and Children's Health Network Policies, and utilised as an opportunity for service improvement. • Maintain and develop the implementation and evaluation of evidence based services and programs within and across inpatient and Statewide services.			2009 and Regulations	Mental Health Act 2009	
Community Services Operations Manager	Director, Mental Health Strategic Operations Clinical Director, CAMHS	Nil specified	Accepts high level accountability for the governance and practice standards of community based multidisciplinary teams including the development of systems to support, evaluate and consistently improve clinical practice and healthy work environments and the equitable and cost effective provision of community based CAMHS services	Maintain, develop and ensure the implementation and evaluation of evidence based services and programs within and across the Community Teams. Ensure that consumer complaints are responded to in line with Women's and Children's Health Network Policies, and utilised as an opportunity for service improvement. Ensure that policies, standards and practices comply with all professional, industrial and legal requirements	Nil	Nil	Managers and staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Policies and Procedures and legislative requirements including but not limited to: Mental Health Act 2009 (SA) and Regulations CAMHS Clinicians are required to work in accordance	Nil	Nil

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			across the state	of the SA Health system			with the legislative and professional requirements including: • Mental Health Act 2009		
Duty Statement – Boylan Ward (example)	N/A	N/A	Nil	 Provides clinical leadership and clinical governance of team functions and services. Supports and reports to the Clinical Director for the clinical outcomes of the unit, service strategies and initiatives, and coordinates audit activities and evaluation of practice and quality improvement. Ensures that each consumer's care has a direct line of responsibility to a Consultant Psychiatrist. Responsible for direct care planning when diagnostic ambiguity and conflicting clinical opinions are affecting ongoing consumer care. Responsible, with the Nursing Unit Manager, 	Nil	Nil	N/A	N/A	N/A

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				for reviewing critical incidents/adverse events, complaints, allegations and other sources of feedback about service quality and the propagation of recommendations if required					

Appendix 2.2 - References

- Letter Implementation of ICAC Recommendations, SALHN, September 2018
- Memo regarding Recommendations Implementation Plan, CALHN,
- Mental Health Act 2009
- National Model Clinical Governance Framework, Australian Commission on Safety And Quality, 2017
- National Safety and Quality Health Service (NSQHS) Standards Standard 1: Governance for Safety and Quality in Health Service Organisations
- Organisation Structure Aboriginal Health, CHSALHN
- Organisation Structure Allied Health Professional Structure, CALHN
- Organisation Structure Allied Health, Spiritual Care, Complex and Sub-Acute Care Directorate, WCHN
- Organisation Structure Chief Operating Officer, WCHN
- Organisation Structure Child and Adolescent Mental Health Service, WCHN, November 2017
- Organisation Structure Corporate Services Operational Structure, CALHN
- Organisation Structure Corporate Services, WCHN
- Organisation Structure Eastern Services Operational Structure, CALHN
- Organisation Structure Finance, WCHN
- Organisation Structure Medical Professional Structure, CALHN
- Organisation Structure Medical Services and Clinical Planning, CHSALHN
- Organisation Structure Medical Services, WCHN
- Organisation Structure Mental Health Directorate Executive Structure, CALHN
- Organisation Structure Mental Health Service, CHSALHN, 3 January 2018
- Organisation Structure Nursing & Midwifery Services, Quality, Risk and Safety Directorate, CHSALHN, September 2018
- Organisation Structure Nursing and Midwifery, WCHN
- Organisation Structure Older Persons Mental Health Services Operational Structure, CALHN
- Organisation Structure People and Culture, WCHN
- Organisation Structure Proposed Mental Health Services, SALHN, 2018
- Organisation Structure Western Services Operational Structure, CALHN
- Organisation Structure Women's and Children's Health Network
- Organisation Structure, Child and Family Health Service, WCHN, April 2018
- Organisation Structure, Consultation

 — Child and Adolescent Mental Health Service, WCHN, February 2017
- Plain Language Guide Mental Health Act 2009, Office of the Chief Psychiatrist, 2017
- Response to Implementation of ICAC Recommendations, CHSALHN,
- Role Description CAMHS Community Services Operations Manager AHP, WCHN, 2017
- Role Description CAMHS Director Strategic Operations, WCHN, 2014
- Role Description CAMHS Manager Operations Acute and Statewide Nursing Director, WCHN, 2017
- Role Description, Advanced Clinical Lead Occupational Therapist Mental Health AHP4, CHSALHN
- Role Description, Advanced Clinical Lead Psychology Mental Health AHP4, CHSALHN
- Role Description, Advanced Clinical Lead Social Work Mental Health AHP4, CHSALHN
- Role Description, Advanced Divisional/Stream Nursing and/or Midwifery Director -Mental Health RN, SALHN, 2018

- Role Description, Advanced Nurse Manger Mental Health RN4, CHSALHN
- Role Description, Business Manager Mental Health, CALHN, 2015
- Role Description, CAMHS Clinical Director, WCHN, 2015
- Role Description, Clinical Director Central Mental Health Directorate, CALHN, 2013
- Role Description, Clinical Director (Head of Unit) Forensic Services, Mental Health Services NALHN, undated
- Role Description, Clinical Director, Mental Health (Medical), CHSALHN
- Role Description, Clinical Lead Mental Health MD2, CHSALHN
- Role Description, Co-Director Operations Mental Health RN, SALHN, undated
- Role Description, Consultant Psychiatrist Mental Health, SALHN, undated
- Role Description, Director, Mental Health Strategy and Operations, CHSALHN
- Role Description, Director, Mental Health Strategy and Operations, NALHN, undated
- Role Description, Divisional Director Medical, Mental Health Services, NALHN, 2018
- Role Description, Interim Allied Health Director Mental Health Services, SALHN, 2016
- Role Description, Manager Business Operations, Mental Health Directorate, CALHN, 2018
- Role Description, Manager Clinical and Corporate Information, Mental Health Directorate, CALHN, 2018
- Role Description, Manager Strategy and Projects, CHSALHN
- Role Description, Manger Engagement, Mental Health Directorate, CALHN, 2018
- Role Description, Network Clinical Director Mental Health, SALHN, 2018
- Role Description, Nurse Unit Manager Margaret Tobin Centre, SALHN, 2017
- Role Description, Nursing and or Midwifery Service Director Older Persons Mental Health, NALHN, 2018
- Role Description, Nursing and/or Midwifery Service Director Forensic Mental Health, NALHN, 2018
- Role Description, Nursing and/or Midwifery Service Director Mental Health Services, NALHN, 2018
- Role Description, Nursing Co-Director Mental Health Services, CALHN, undated
- Role Description, Nursing Director Clinical Practice, Mental Health Directorate, CALHN, undated
- Role Description, Principal Clinical Psychologist Mental Health, SALHN, undated
- Role Description, Principal Clinical Psychologist, Mental Health Directorate, CALHN, 2018
- Role Description, Principal Occupational Therapist Mental Health Services, SALHN, undated
- Role Description, Principal Social Worker Mental Health Services, SALHN, 2016
- Role Description, Regional Manager Mental Health AHP, CHSALHN
- Role Description, Regional Manager Mental Health ASO8, CHSALHN
- Role Description, Regional Manager Mental Health RN4, CHSALHN
- Role Description, Senior Business Manager Mental Health, SALHN, 2017
- Role Description, Senior Manager Acute Services/Director of Nursing RN, CHSALHN
- Role Description, Senior Manager Community Services Mental Health AHP, CHSALHN
- Role Description, Senior Manager Community Services Mental Health RN, CHSALHN
- Role Description, Service Improvement Lead ASO, CHSALHN
- Role Description, Service Manager, AHP5, Mental Health Directorate, CALHN, 2018
- Role Description, Service Manager, RN5.3, Mental Health Directorate, CALHN, undated
- Role Description, Statewide and Speciality Services Nursing Director Mental Health RN, SALHN, 2018

- Role Description, Team Leader Eastern Clinical Psychosocial Rehabilitation Program AHP4, Mental Health Directorate, CALHN, 2018
- Role Description, Team Leader Mental Health AHP 3, CHSALHN
- Role Description, Team Leader Mental Health RN3, CHSALHN
- Role Description, Team Manager Inpatient Rehabilitation Services AHP4, Mental Health Directorate, CALHN, 2018
- Role Description, Team Manager (Advance Nurse Unit Manager) Jamie Larcombe Centre, SALHN, 2018
- Role Description, Team Manager, Elpida House, AHP4, Mental Health Directorate, CALHN, 2018
- Role Duty Statement Head of Unit Inner South Community Mental Health /Youth Mental Health Services, SALHN, 2018
- Role Duty Statement Head of Unit Mental Health Acute Inpatient Services FMC, SALHN, undated
- Role Duty Statement Head of Unit Older Persons Mental Health Services, SALHN, undated
- Role Duty Statement Head of Unit Outer South Mental Health, SALHN, undated
- Role Duty Statement Boylan Medical Unit Head Example only, WCHN, undated
- Role Duty Statement, Head of Unit Emergency Mental Health/MH Short Stay Unit, SALHN, 2017
- Role Duty Statement, Head of Unit Inner South Carramar Community Mental Health Team, SALHN, 2016
- Role Duty Statement, Head of Unit Inner South Marion Community Mental Health Team, SALHN, 2016
- Role Duty Statement, Head of Unit Psychological Therapy Services, FMC, SALHN, 2018
- Role Duty Statement, Head of Unit Veterans Mental Health Services, SALHN, undated

Appendix 3 – Communication of Mental Health Governance Responsibilities

Appendix 3.1 – References

- CALHN Intranet Site CALHN Mental Health
- CHSALHN Intranet Site -
- Letter Implementation of ICAC Recommendations, SALHN, September 2018
- Memo regarding Recommendations Implementation Plan, CALHN,
- Mental Health Act 2009
- NALHN Intranet Site NALHN Mental Health
- National Model Clinical Governance Framework, Australian Commission on Safety And Quality, 2017
- National Safety and Quality Health Service (NSQHS) Standards Standard 1: Governance for Safety and Quality in Health Service Organisations
- Plain Language Guide Mental Health Act 2009, Office of the Chief Psychiatrist, 2017
- Response to Implementation of ICAC Recommendations, CHSALHN,
- SALHN Intranet Site <u>SALHN Mental Health Services</u>
- WCH Intranet Site <u>CAMHS</u>

Appendix 5 – Inspections

Appendix 5.1 – Chief Psychiatrist Standard – Inspections

Chief Psychiatrist Standard

Inspections

Version No.: 1
Approval Date: xx/12/2018



Authority

This Chief Psychiatrist Standard is issued in accordance with subsections 90(2) and 90(3) of the *Mental Health Act 2009*:

- 90(2) The Chief Psychiatrist may issue standards that are to be observed in the care or treatment of patients.
- 90(3) Any standards issued by the Chief Psychiatrist under this section will be—
 - (a) binding on any hospital that is an incorporated hospital under the *Health Care Act 2008*; and
 - (b) binding as a condition of the licence in force in respect of any private hospital premises under Part 10 of the *Health Care Act 2008*.

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Chief Psychiatrist Standard – Inspections

1. Introduction / Policy Statement

The *Mental Health Act 2009* (the Act) establishes the position of Chief Psychiatrist and provides the position with a number of powers and functions, including the power to conduct inspections of incorporated public hospitals and licensed private hospitals. Inspections provide the Chief Psychiatrist with an essential mechanism to carry out their mandatory tasks, such as monitoring: the standard of mental health care, the treatment of patients, the use of restrictive practices and the administration of the Act. Inspections also supply the Chief Psychiatrist with data that will inform other functions, such as promoting the continuous improvement of mental health service delivery and organisation, and advising the Minister on issues relating to mental health.

This Chief Psychiatrist Standard describes how inspections are conducted, the criteria they use, and the reporting and recommendation processes in place. This Standard applies to incorporated public hospitals, licensed private hospitals and all facilities determined by the Chief Psychiatrist to be an Approved Treatment Centre, a Limited Treatment Centre or an Authorised Community Mental Health Facility.

This Chief Psychiatrist Standard is made in accordance with the *Mental Health Act 2009*, the National Safety and Quality Health Service Standards, and the SA Health Strategic Plan 2017-20.

2. Roles and Responsibilities

2.1 SA Health Chief Executive

- Ensure appropriate SA Health systems and resources are available for the implementation of this Standard.
- Participate in the management or oversight of inspection recommendations with systemor state-wide implications.

2.2 Chief Executive Officers and Chief Operating Officers of Local Health Networks

- Ensure Local Health Network facilities and staff have the capacity to facilitate inspections.
- Ensure appropriate Local Health Network systems and resources are available for the implementation of inspection recommendations.
- Participate in the management or oversight of inspection recommendations with Local Health Network-wide implications.

2.3 Chief Psychiatrist

- Establish, maintain and review the effectiveness of this Standard.
- Ensure allocated Office of the Chief Psychiatrist systems and resources are available for the implementation of this Standard.
- Ensure inspectors are trained and oriented.
- Support the implementation of this Standard through the provision of resource materials.
- Provide advice to health services in response to specific matters arising from inspections
- Participate in and provide advice for the local, regional and statewide implementation of recommendations.

2.4 Chief Medical Officer, Chief Public Health Officer, Chief Allied and Scientific Health Officer, Chief Nurse and Midwifery Officer and Executive Director Quality Information Performance

• Ensure that professional, public health and safety and quality systems and processes have the capacity to manage or monitor relevant inspection recommendations.

2.5 Clinical Directors, Directors of Nursing and Strategic Directors

- Facilitate and participate in inspections as required.
- Ensure facilities which provide mental health services and staff have the capacity to facilitate inspections.
- Ensure appropriate mental health systems and resources are available for the implementation of inspection recommendations.
- Participate in the management or oversight of inspection recommendations as required.

2.6 Safety, Quality and Risk Directors and Managers

- Facilitate and participate in inspections as required.
- Ensure safety and quality staff have the capacity to facilitate inspections.
- Ensure appropriate safety and quality systems and resources are available for the implementation of inspection recommendations.
- Participate in the management or oversight of inspection recommendations as required.

2.7 All SA Health staff, students and contractors

- Facilitate and participate in inspections as required.
- Facilitate the implementation of practice, process and system change that may result from inspection recommendations.

3. Inspection Protocol

The protocols for the conduct of Chief Psychiatrist inspections under the *Mental Health Act* 2009 are described below.

3.1 Legislative Framework

The Chief Psychiatrist of South Australia is a statutory position established by section 89 of the *Mental Health Act 2009* (the Act). Broadly, the powers and functions of the Chief Psychiatrist, and through them the Office of the Chief Psychiatrist, are:

- Administering and monitoring the use of the Act
- Monitoring and improving the delivery and standard of mental health care
- Monitoring the treatment and care of patients
- Conducting inspections and investigations
- Administering the Prescribed Psychiatric Treatment Panel
- Determining and documenting the facilities and officers required by the Act
- Determining the forms, statements of rights and other instruments required by the Act
- Publishing Chief Psychiatrist Standards
- · Publishing an Annual Report
- Advising the Minister and reporting on matters of concern

The Chief Psychiatrist powers and functions for monitoring, service improvement, inspections and delegations that govern this Inspection Protocol are described below.

3.1.1 Monitoring and Service Improvement Powers

The Chief Psychiatrist has specific powers and functions, described in subsection 90(1), to monitor the treatment of patients, the use of restrictive practice, the administration of the Act and the standard of mental health care. In addition to monitoring complaints, safety and quality activity, best practice and the use of the Act through established reporting mechanisms, a core component of active monitoring is the use of inspections to examine clinical practice, and supporting processes, in a live environment.

The Chief Psychiatrist also has specific powers and functions to improve the delivery, and organisation, of mental health services. The recommendations made from Chief Psychiatrist inspections will become part of the service improvement regime of the Local Health Networks and the Department for Health and Wellbeing to inform improvement at the local and state level.

90 - Chief Psychiatrist's functions

- (1) The Chief Psychiatrist has the following functions:
 - (a) to promote the continuous improvement in the organisation and delivery of mental health services in South Australia;
 - (b) to monitor the treatment of voluntary and involuntary patients, and the use of restrictive practices in relation to such patients;
 - (c) to monitor the administration of the Act and the standard of mental health care provided in South Australia:
 - (d) to advise the Minister on issues relating to mental health and to report to the Minister any matters of concern relating to the care or treatment of patients;
 - (e) any other functions assigned to the Chief Psychiatrist by this Act or any other Act or by the Minister.

3.1.2 Inspection Powers

The Chief Psychiatrist has powers and functions to conduct inspections of public and private hospitals, and community health services, that provide treatment and care for people with mental illness. Those powers are described in subsections 90(4) and 90(5) of the *Mental*

Health Act 2009 and subsection 88(2) of the Health Care Act 2008. Subsections 90(4)(a) and 90(5) of the Mental Health Act 2009 describe how inspections of public inpatient and community mental health services can be conducted. Subsection 90(4)(b) of the Mental Health Act 2009 and subsection 88(2) of the Health Care Act 2008 describe how inspections of private inpatient and community mental health services can be conducted.

The Act does not require a particular regime of announced and unannounced inspections, or a particular frequency for inspections to be carried out. The Office of the Chief Psychiatrist has designed an inspection regime to include announced and unannounced inspections, within timeframes that will complement existing inspection, visit and accreditation schedules.

Mental Health Act 2009, Part 12

90—Chief Psychiatrist's functions

- (4) The Chief Psychiatrist will—
 - have the authority to conduct inspections of the premises and operations of any hospital that is an incorporated hospital under the *Health Care Act 2008*;
 and
 - (b) be taken to be an inspector under Part 10 of the *Health Care Act 2008*.
- (5) For the purposes of subsection (4)(a), the Chief Psychiatrist may, at any reasonable time, enter the premises of an incorporated hospital and, while on the premises, may—
 - (a) inspect the premises or any equipment or other thing on the premises; and
 - (b) require any person to produce any documents or records; and
 - (c) examine any documents or records and take extracts from, or make copies of, any of them.

Health Care Act 2008, Part 10

88—Inspectors

- (1) The Minister may appoint suitable persons to be inspectors for the purposes of this section.
- (2) An inspector appointed under subsection (1) may, at any reasonable time, enter the premises of a private hospital and, while on the premises, may—
 - (a) inspect the premises or any equipment or other thing on the premises; and
 - (b) require any person to produce any documents or records; and
 - (c) examine any documents or records and take extracts from, or make copies of, any of them.

3.1.3 Delegation Powers

The Chief Psychiatrist can delegate a power or function of the Act, under section 91 of the Act, to another person. The Chief Psychiatrist will delegate their inspection powers to appropriate trained staff of the Office of the Chief Psychiatrist and the Local Health Networks, and occasionally consultant experts from other jurisdictions, as a matter of course to ensure a fulsome inspection regime can be carried out.

Mental Health Act 2009, Part 12

91—Delegation by Chief Psychiatrist

- (1) The Chief Psychiatrist may delegate a power or function of the Chief Psychiatrist under this Act to a particular person or to the person for the time being performing particular duties or holding or acting in a particular position.
- (2) A power or function delegated under this section may, if the instrument of delegation so provides, be further delegated.
- (3) A delegation under this section—
 - (a) may be absolute or conditional; and
 - (b) does not derogate from the power of the delegator to act in a matter; and
 - (c) is revocable at will by the delegator.

3.2 Inspection Types, Sites and Teams

3.2.1 Inspection Types

Inspections with be undertaken in country and metropolitan health services.

The Chief Psychiatrist will undertake three types of inspections:

- Comprehensive Inspection A broad inspection to consider all areas of a facility and all aspects of treatment and care. May be announced or unannounced, with most to be unannounced. To occur at periodic intervals for all Approved Treatment Centres, Limited Treatment Centres and Authorised Community Mental Health Facilities.
- Focussed Inspection A narrow inspection to consider particular areas of a facility and/or particular aspects of treatment and care, usually in response to a specific matter coming to the attention of the Chief Psychiatrist. May be announced or unannounced, with most to be unannounced. To occur as required.
- New Unit Inspection A broad inspection to consider all areas of a unit/facility and all
 aspects of treatment and care, to enable the Chief Psychiatrist to make a determination
 via the Gazette about the status of the unit/facility. To occur as required. (Such
 inspections will be followed up by a Focussed Inspection within 3 months to confirm the
 effective operation of the unit and the model of care.)

3.2.2 Inspection Sites

The Chief Psychiatrist will undertake inspections at the following sites and facilities:

- Approved Treatment Centres The inpatient mental health units and emergency departments of public and private hospitals determined as Approved Treatment Centres. (Other inpatient units that provide treatment to people with mental illness may also be inspected from time to time.)
- Limited Treatment Centres The inpatient mental health units and emergency departments of public and private hospitals determined as Limited Treatment Centres. (Other inpatient units that provide treatment to people with mental illness may also be inspected from time to time.)
- Authorised Community Mental Health Facilities The community clinics and residential units of public and private services determined as Authorised Community Mental Health Facilities, including Community Mental Health Services, Community Rehabilitation Centres and Intermediate Care Centres.
- Other Public and Private Hospitals The inpatient units and emergency departments of other public and private hospitals that provide treatment to people with mental illness.

3.2.3 Inspection Teams

Inspection teams will be composed of individuals who will bring different skills, knowledge and perspectives, depending on the type and scope of the inspection. Each inspection team is led by a member of the Office of the Chief Psychiatrist. The size of an inspection team will depend on the type and scope of the inspection. All members will have delegated inspection powers from the Chief Psychiatrist and will carry their instrument of delegation. Membership of inspection teams will be drawn from (but is not limited to):

- Chief Psychiatrist.
- Office of the Chief Psychiatrist clinical staff and/or legislative staff.
- Public and private clinicians and safety quality risk officers.
- People with Lived Experience.
- Interstate clinical and/or legislative experts.

3.3 Inspection Activation

In addition to inspections conducted when a facility or service is commencing, and those conducted periodically for established facilities or services, an inspection may be carried out in response to one or a combination of the following:

- Complaint.
- Request of a patient, carer or family.
- Community Visitor Scheme report.
- Incident report.
- Safety and quality activity or report.
- Request of the manager, team leader or staff of a facility or service.
- Request of the Chief Executive Officer or other executive of a Local Health Network.
- Request of the Chief Executive or other executive of SA Health.
- Request of the Principal Community Visitor, Public Advocate or Health and Community Services Complaints Commissioner.
- Request of the Minister.

3.4 Inspection Process

Although the process for each inspection will vary according to its nature and purpose, the general process will usually comprise of the steps listed below. It should be noted that at no time will an inspection or the inspectors impede or obstruct clinical care.

- Collate and analyse documentation.
- Form inspection team with appropriate skill mix and delegations.
- Notify and/or attend facility.
- Inspect facility and equipment.
- Engage with consumers, carers and staff.
- Provide information about inspection process to consumers, carers and staff.
- Inspect documentation.
- Observe engagement with consumers and carers.
- Observe handover and communication between clinicians.
- Observe particular practices as required.
- Write up draft report.
- Consult with staff and managers regarding errors of fact and progress of actions so far.
- Write up final report and recommendations.
- Submission of report to service provider and into safety quality risk systems for action.
- Follow up actions and recommendations with service provider.

3.5 Inspection Criteria

Inspection teams may assess against the following criteria:

- Adequacy of duress systems
- Assessment of patient mental and physical health, and other factors
- Availability of information and resources for staff, patients and families
- Communication with internal and external partners in care
- Compliance with clinical best practice
- Compliance with Policy Directives, Policy Guidelines and Chief Psychiatrist Standards
- Compliance with the Mental Health Act 2009 and other legislation

- Documentation of clinical, legislative, policy, communication and handover matters
- Engagement with carers and families
- Engagement with patients
- Equipment condition and maintenance
- Evidence of therapies offered
- Handover, referral and discharge processes
- Management of ligature risk
- Personalised care relating to age, Aboriginality, cultural and linguistic diversity, gender and gender identity, sexual diversity, disability, and experience of torture and trauma
- Site / facility condition and maintenance
- Site / facility fitness for purpose
- Site / facility security
- Staff skills, knowledge, competency and training
- Staffing numbers and skill / profession mix
- Workplace culture

Inspection teams may also consider before, during or after the inspection:

- Accreditation reports against National Standards and actions taken
- CBIS and EPAS electronic medical records
- Community visitor reports and actions taken
- Consumer feedback and actions taken
- Incident reports and actions taken
- Models of care
- Quality improvement activities and outcomes
- Range of therapies and services available
- Risk registers
- Workplace instructions

3.6 Inspection Documentation, Reporting and Response

3.6.1 Inspection Documentation

The inspection team will take notes during the inspection and may take copies of documents available on site. In addition, the inspection team will examine other documentation, such as legislation, policy, safety and quality reports, and reports from other inspection regimes. The inspection team will consider the informing documents and their observations during the inspection and document them, along with recommendations, in the Inspection Report.

3.6.2 Inspection Report

The Inspection Report will constitute a summary of the informing factors, observations, analysis and recommendations for a particular inspection. Once the initial draft is completed, it will be provided to the health service responsible for a review of errors in fact and a report of progress so far. That feedback will inform the final version of the Inspection Report, which will then be formally submitted to the service responsible for action.

3.6.3 Inspection Response

The service will then provide a response outlining their plans for addressing the recommendations and timelines for doing so.

The inspection team will document the recommendations, identified actions and timelines in a database, to enable follow up by the Chief Psychiatrist.

The service and the inspection team may identify particular recommendations and actions that are within the scope of existing safety and quality or service improvements systems and mechanisms, and may refer recommendations for attention through those systems and mechanisms.

Recommendations will be finalised and closed through mutual agreement of the OCP and the health service.

3.6.4 General Reporting

The OCP will provide a copy of the final version of the Inspection Report to the Strategic Mental Health Quality Improvement Committee, so that Safety Quality Risk Managers from all Local Health Networks are aware of issues across the state.

The OCP will provide a quarterly inspections report to the Minister summarising sites inspected, issues identified, recommendations made and service responses and timelines.

The OCP will also publish a broad summary of inspections made and issues identified in the Annual Report of the Chief Psychiatrist.

3.7 Interface with Other Inspections and Visits

Inspections made under this Standard are not intended to replicate inspections under existing visit, audit, inspection or service improvement regimes, such as:

- Accreditation audits against the National Safety and Quality Health Service Standards.
- Accreditation of aged care facilities by the Australian Aged Care Quality Agency.
- Complaint reviews and investigations by the Local Health Network or the Health and Community Complaints Commissioner.
- Incident reviews and investigations.
- Ligature audits of inpatient units.
- New facility or redevelopment inspections against the Australasian Health Facility Guidelines and the Health Planning Unit Mental Health – Overarching Guideline.
- · Reviews by the Public Advocate.
- Safety quality risk audits against local, state and national policy and procedure.
- Visits and inspections by the Community Visitor Scheme.

To this end, inspections under this Standard will be designed to overlap as little as possible with other regimes.

If the inspection team has noted an issue in a report from another agency about a particular site before the inspection commences, the team may decide to only briefly examine that issue to confirm its existence or may decide to carry out a more thorough review of the issue.

When the inspection team finds an issue that would be better addressed through an alternative mechanism, the inspection report may note this and make a referral to the other mechanism.

On occasion, it may be of benefit for different regimes to review a particular issue, either jointly or separately, to provide broader findings and recommendations than could be made by one scheme alone.

4. Implementation and Monitoring

The Office of the Chief Psychiatrist will document inspection findings, recommendations, service responses, timelines and consequent service improvement outcomes, for consumers, carers, staff and the service as a whole. That data will inform regular and periodic evaluation of service improvement and the effectiveness of this Standard.

The routine reporting, monitoring and evaluation of the Standard will occur as below:

- Monthly Strategic Mental Health Quality Improvement Committee.
- Quarterly Minister for Health and Wellbeing.
- Annually Annual Report of the Chief Psychiatrist.

Additionally, the Chief Psychiatrist will conduct a formal annual review of Standard effectiveness and service improvement outcomes in collaboration with the Local Health Networks and the Executive Director of Quality Information and Performance.

As required, the Chief Psychiatrist may seek external expert review and evaluation of the Standard or service improvement outcomes.

National Safety and Quality Health Service Standard

					TE	0	4-
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8
Clinical Governance	Partnering with Consumers	Preventing & Controlling Healthcare-Associated Infection	Medication Safety	Comprehensiv e Care	Communica ting for Safety	Blood Management	Recognising & Responding to Acute Deterioration
\boxtimes	\boxtimes		\boxtimes	\boxtimes	\boxtimes		\boxtimes

This Chief Psychiatrist Standard is relevant to National Standards 1, 2, 4, 5, 6 and 8, as described in more detail below.

Standard 1 - Clinical Governance

The clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients.

Standard 2 – Partnering with Consumers

The systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality health care.

Standard 4 – Medication Safety

The systems and strategies to ensure that clinicians safely prescribe, dispense and administer appropriate medicines to informed patients, and monitor use of the medicines.

Standard 5 – Comprehensive Care

The integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.

Standard 6 – Communicating for Safety

The systems and strategies for effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation.

Standard 8 – Recognising and Responding to Acute Deterioration

The systems and processes to respond effectively to patients when their physical, mental health or cognitive condition deteriorates.

6. Definitions

announced inspection means: an inspection that is carried out by an inspection team with prior notification to the health service.

inspector means: the Chief Psychiatrist, or delegated person, using the powers of inspection provided for in subsections 90(4) and 90(5) of the *Mental Health Act 2009* and subsection 88(2) of the *Health Care Act 2008*.

unannounced inspection means: an inspection that is carried out by an inspection team without prior notification to the health service.

7. Associated Policy Directives / Policy Guidelines and Resources

- Aboriginal Cultural Respect Framework 2007.
- Accreditation Policy Directive 2013.
- Charter of Health and Community Services Rights Policy Directive 2015.
- Child Safe Environments (Child Protection) Policy Directive 2018.
- Clinical Handover Policy Directive 2013.
- Clozapine Management Clinical Guideline 2017.
- Consumer Feedback Management Policy Directive 2015.
- Electro-Convulsive Therapy Policy Guideline 2018.
- Forensic Mental Health Patient Admission to SA Health Facilities Policy Directive 2013.
- Mental Health Act 2009.
- Mental Health Services Pathways to Care Policy Directive 2014.
- National Safety and Quality Health Service Standards, 2nd Edition, 2017.
- Patient and Solicitor Access to Patient Records Chief Psychiatrist Standard 2012.
- Patient Incident Management and Open Disclosure Policy Directive 2017.
- Recognising and Responding to Clinical Deterioration Policy Directive 2012.
- Reporting and Management of Incidents of Suspected or Alleged Sexual Assault of an Adult, or Sexual Misconduct by an Adult, within SA Health Facilities and Services Policy Directive 2015.
- Restraint and Seclusion in Mental Health Services Policy Guideline 2016.
- Whistleblowers Protection Policy Directive 2015.

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xx/12/2018	V1.0	Chief Psychiatrist	Original version

Appendix 5.2 – Listing of Inspection Sites

Inpatient Site/Service	Facility	LHN			
Eastern Acute	Glenside Health Service	CALHN			
Eastern PICU	Glenside Health Service	CALHN			
Inpatient Rehabilitation Closed	Glenside Health Service	CALHN			
Inpatient Rehabilitation Open	Glenside Health Service	CALHN			
Cramond Ward Closed	Queen Elizabeth Hospital	CALHN			
Cramond Ward Open	Queen Elizabeth Hospital	CALHN			
Emergency Department	Queen Elizabeth Hospital	CALHN			
Ward South East – HDU	Queen Elizabeth Hospital	CALHN			
2G Ward	Royal Adelaide Hospital	CALHN			
Emergency Department	Royal Adelaide Hospital	CALHN			
Community Site/Service		LHN			
Centre for Treatment of Anxiety and Dep	ression – Mile End	CALHN			
Eastern/St Morris Older Persons Mental	Health Service	CALHN			
Eastern/Tranmere Community Mental He	ealth Centre	CALHN			
Elpida House – Community Rehabilitation	n Centre	CALHN			
Mental Health Triage		CALHN			
Western Rehabilitation and Activity Cent	re	CALHN			
Western/Kidman Park Older Persons Me	ntal Health Service	CALHN			
Western/Queenstown Intermediate Care	Centre	CALHN			
Western/Woodville Community Mental H	ealth Centre	CALHN			
Inpatient Site/Service	Facility	LHN			
Riverland IMHU	Berri Health Service	CHSALHN			
Rural and Remote Ward	Glenside Health Service	CHSALHN			
Mt Gambier IMHU	Mt Gambier Health Service	CHSALHN			
Whyalla IMHU	Whyalla Health Service	CHSALHN			
Community Site/Service	LHN				
Berri – Community Mental Health Team		CHSALHN			
Bordertown – Community Mental Health		CHSALHN			
Ceduna – Community Mental Health Tea	ım	CHSALHN			
Clare – Community Mental Health Team		CHSALHN			
Emergency Triage and Liaison Service		CHSALHN			
Gawler/Barossa – Community Mental He		CHSALHN			
Kadina – Community Mental Health Tear		CHSALHN			
Kingscote – Community Mental Health T		CHSALHN			
Maitland – Community Mental Health Tea		CHSALHN			
Millicent – Community Mental Health Tea		CHSALHN			
Minlaton – Community Mental Health Tea		CHSALHN			
Mount Barker – Community Mental Healt		CHSALHN CHSALHN			
Mount Gambier – Community Mental Heal					
Murray Bridge – Community Mental Heal		CHSALHN			
Naracoorte – Community Mental Health		CHSALHN			
Peterborough – Community Mental Healt Port Augusta – Community Mental Healt		CHSALHN CHSALHN			
Port Lincoln – Community Mental Health		CHSALHN			
		CHSALHN			
Port Pirie – Community Mental Health Te Victor Harbor – Community Mental Healt		CHSALHN			
Whyalla – Community Mental Health Tea		CHSALHN			
Inpatient Site/Service	Facility	LHN			
Aldgate Ward	James Nash House	NALHN			
Birdwood Ward	James Nash House	NALHN			
Clare Ward	James Nash House	NALHN			
Ken O'Brien Centre	James Nash House	NALHN			
1G Ward Closed	Lyell McEwin Health Service	NALHN			
TG Ward Closed Lyell McEwin Health Service NA					

1G Ward Open	Lyell McEwin Health Service	NALHN	
1H Ward	Lyell McEwin Health Service	NALHN	
Emergency Department	Lyell McEwin Health Service	NALHN	
Mental Health Assessment Unit	Lyell McEwin Health Service	NALHN	
Short Stay Unit	Lyell McEwin Health Service	NALHN	
Emergency Department	Modbury Hospital	NALHN	
Woodleigh House	Modbury Hospital	NALHN	
Beachside Ward	Northgate	NALHN	
Woodland Ward	Northgate	NALHN	
Community Site/Service		LHN	
Ashton House – Community Forensic I	Mental Health Service	NALHN	
Club 84 – Northern Day Programs		NALHN	
North Eastern/Modbury Community Mental Health Centre			
Northern/Salisbury Community Mental		NALHN	
Northern/Salisbury Older Persons Men		NALHN	
Owenia House - Community Service		NALHN	
The Gully - North Eastern Day Program	ms	NALHN	
Wondakka - Community Rehabilitation		NALHN	
Inpatient Site/Service	Facility	LHN	
18V Ward	Flinders Medical Centre	SALHN	
4GP Ward – Eating Disorders	Flinders Medical Centre	SALHN	
Emergency Department	Flinders Medical Centre	SALHN	
Short Stay Unit	Flinders Medical Centre	SALHN	
Jamie Larcome Centre	Glenside Campus	SALHN	
5H Ward	Margaret Tobin Centre	SALHN	
5J Ward	Margaret Tobin Centre	SALHN	
5K Ward	Margaret Tobin Centre	SALHN	
Emergency Department	Noarlunga Health Service	SALHN	
Morier Ward Closed	Noarlunga Health Service	SALHN	
Morier Ward Open	Noarlunga Health Service	SALHN	
Community Site/Service	Troumanga Frodian Corvido	LHN	
Adaire Clinic – Noarlunga Community I	Mental Health Service	SALHN	
Inner South/Marion Community Mental Health Centre			
Southern/Edwardstown Older Persons Mental Health Service			
Southern/Noarlunga Intermediate Care		SALHN SALHN	
Trevor Parry Centre – Community Reh		SALHN	
Inpatient Site/Service	Facility	LHN	
Adolescent Ward	Women's and Children's Hospital	WCHN	
Boylan Ward	Women's and Children's Hospital	WCHN	
Helen Mayo House	Glenside Campus	WCHN	
Paediatric Emergency Department	Women's and Children's Hospital	WCHN	
Community Site/Service	Women's and officients nospital	LHN	
ASAPP (Adolescent Sexual Assault Pr	revention Program) – Paradisa	WCHN	
Elizabeth Community CAMHS	overmon i rogiani) – i aradise	WCHN	
Lower North Community CAMHS		WCHN	
Marion Community CAMHS		WCHN	
Morphett Vale Community CAMHS		WCHN	
Mount Barker Community CAMHS		WCHN	
Mt Gambier and Limestone Coast Com	amunity CAMHS	WCHN	
Murray Bridge Community CAMHS	Infunity CAWITS	WCHN	
		WCHN	
Paradise Community CAMHS		WCHN	
Port Adelaide Community CAMHS			
Port Augusta Community CAMHS			
Port Lincoln Community CAMHS			
Port Pirie Community CAMHS		WCHN	
Division of Constitution A MILLO		WCHN	
Riverland Community CAMHS			
Riverland Community CAMHS Southern Fleurieu Community CAMHS Whyalla Community CAMHS	3	WCHN WCHN	

WCHN

Appendix 8 – Chief Psychiatrist Functions

Appendix 8.1 – Jurisdictional Comparison

Queensland

Mental Health Act 2016

Chief Psychiatrist who administers and monitors both civil and forensic mental health matters. Minister does not have a range of functions under the Act, instead has few specific functions (can request CP to do things, can request CP to review forensic patient matter). No Chief Executive equivalent powers.

Chief Psychiatrist – s26 + various

- May make policy 305(1)(a)
- May direct a psychiatrist to make a report about a person who has made a serious offence.
- Approve the use of mechanical restraint on involuntary patients in authorised facilities.
- Protects the rights of patients in authorised facilities.
- Make mandatory policies and practice guidelines for people performing functions in authorised services.
- Must make a Restraint Seclusion and Other Practices Policy, describing appropriate use, documentation, reporting
- Powers to investigate
- Must maintain a record system
- Approve restrictive practice devices
- Must prepare statements of rights
- May gazette authorised facilities and services

S301

- Ensure, to the extent practicable, the protection of patients.
- Ensure, to the extent practicable, that functions under this Act comply with the Act.
- Facilitate the proper and efficient administration of the Act.
- Monitor and audit compliance with the Act.
- Promote community awareness and understanding.
- Can delegate powers and functions.
- May request documents or information about a patient.
- May appoint inspectors
- Must make policies and practice guidelines about:
 - o Assessment, treatment criteria and least restrictive principles
 - Documentation
 - Management of complaints
 - Seeking a second opinion
 - o Treatment and care of forensic patients, and protection of the community
 - o Treatment and care of people subject to treatment support orders
 - Minimising the risk of absconding
 - Competencies required by officers authorised under the Act
 - o Supporting the rights of people and their carers
- May make policies and practice guidelines about:
 - Examination and assessment of patients
 - o Treatment and care of civil patients
 - Performance of functions and powers
 - o Administration of authorised services, including safety and quality
 - o Preparation of psychiatric reports and second psychiatric reports
 - o The way in which the Tribunal is to be supported (facilities, reports)

- Supporting the rights of people and their carers
- Appointment and functions of independent patients rights advisors
- Notifications of Act actions
- May investigate (or direct an inspector) any matter relating to the treatment and care
 of a patient.
- Must prepare a report.
- May direct the administrator of a service to take action against the recommendations of an investigation.

Administrators of authorised mental health services

- Ensure, to the extent practicable, the operation of the service complies with the Act
- o Take reasonable steps that patients receive appropriate treatment and care
- Notifications as directed by the Act, policy and practice guidelines
- Appoint authorised doctors and authorised mental health practitioners
- o Keep register of people holding offices
- Maintain records of patients

New South Wales

Mental Health Act 2007

No Chief Psychiatrist role. Equivalent powers given to Director-General, analogue of Chief Executive of SA Health.

NSW Public Health System to establish, develop, promote, assist and encourage mental health services that – s105:

- Ensure care, treatment, control and rehabilitation
- Promote establishment of community mental health services
- Develop standards
- Take into account religions, cultural and language needs
- Are comprehensive and accessible
- Permit appropriate intervention at an early stage
- Assist patients to live in the community

Director-General - s106

- Promote research
- Assist training and education of service providers
- Make recommendations and reports to the Minister about accommodation, maintenance, care, treatment, control and welfare of patients
- Make recommendations to the Minister about the Act
- Promote informed public opinion by publishing reports and information
- Promote public understanding
- Assist and promote the cooperation of different agencies
- Delegate powers
- Declare facilities, determine officers, inspection powers, approve forms

New Zealand

Mental Health (Compulsory Assessment and Treatment) Act 1992

No Chief Psychiatrist. Powers equivalent to those of the SA Chief Psychiatrist are split between the analogues of the Chief Executive, the Chief Psychiatrist and the LHN Clinical Directors. No overarching powers or functions to monitor or improve services. Not able to be adequately compared. No powers to "ensure".

Director-General of Health

- May issue Act guidelines or care and treatment standards
- May issue requirements for registers and records
- May specify a form
- May exercise any/all powers given to the Director under the Act

Director of Mental Health

- Responsible for the general administration of the Act
- Is an inspector
- May specify a form
- May delegate powers

Deputy Director of Mental Health

- Duties required by the Director
- Automatic delegate when the Director absent

Director of Area Mental Health Services

- Authorise health professionals for Act purposes
- Receive copies of forms
- Ensure the keeping of registers and records
- May delegate powers

District Inspector

- May, and will if requested by the Director, inquire into any breach of the Act or regulations, breach of duty, any matters regarding any patients or management of the hospital
- Visit, summon witnesses, receive evidence

Tasmania

Mental Health Act 2013

Secretary and Chief Civil Psychiatrist and Chief Forensic Psychiatrist positions. Secretary of Department is equivalent to Chief Executive of SA Health. Also Secretary of Corrections relating to forensic patients. Has a Mental Health Tribunal for considering forensic cases and making forensic orders.

Chief Psychiatrist powers – s145

- Approve forms and treatment plans
- Will determine officers
- Anything necessary or convenient to perform functions s146(2)(a)
- Intervene directly regarding assessment, treatment and care of any patient:
 - On CP's own motion, request of patient, request of person with proper interest.
 - o CP must make inquiries and be satisfied that intervention is required
 - Intervention: discontinue or alter existing practice, observe or carry out a practice
 - May issue consequential directions for future assessment, treatment, care
 - May direct referral to the Tribunal on nominated trigger.
- Delegate
- May issue clinical guidelines
- May issue standing orders (mandatory)
- Is not subject to the Minister regarding clinical matters
- Ensure each patient has a treatment plan
- Ensure standing orders are issued relating to restraint of patients

Secretary

• A "person with proper interests" able to apply or intervene in particular matters.

Minister

- Determine facilities
- Enter into interstate agreements

May delegate

Official Visitors – s156

- Visits and inspections
- Receive, assess, preliminary inquiries for complaints
- Refer matters of contravention of the Act, clinical guidelines and standing orders
- Raise matters with the Minister and Chief Psychiatrist
- Monitor the adequacy of facilities for recreational, occupational, training and rehab aspects
- Check if patients are being informed of and accord their rights

Investigations to Health Complaints Commissioner

- Complaints similar to SA
- Investigations similar to SA (compel testimony, require documents etc)

Inspections

- Health Service Establishment Act 2006 s46-47
- Officer authorised by the Secretary
- May inspect, take copies, take extracts from records
- May take and retain records as long as necessary for the above

Victoria

Mental Health Act 2014

Secretary and Chief Psychiatrist positions. Secretary an analogue for SA Health Chief Executive (with powers assigned to the Minister in SA) and Chief Psychiatrist similar to SA. Chief Psychiatrist has powers to promote, provide and monitor a number of administrative and safety and quality functions but none to "ensure".

Secretary

S117-118

- Plan, develop, fund, provide and enable mental health services
- Administer Act
- Develop and implement mental health strategies, policies, guidelines and codes of practice
- Plan, develop and promote comprehensive, integrated, accessible, safe, inclusive, equitable and stigma-free mental health services
- Promote continuous improvement in quality and safety of mental health services
- Collect, compile and analyse data
- Monitor and evaluate performance, standards and outcomes
- Promote awareness and understanding among health providers and the community
- Undertake, fund and facilitate research
- Develop, support and promote mental health provider capacity
- Promote coordination between mental health services and general health, disability and community services
- Advise the Minister.

Chief Psychiatrist

Role - s120

- Provide clinical leadership and expert advice
- Promote continuous improvement in mental health services
- Promote the rights of people receiving mental health care
- Provide advice to the Minister and the Secretary

Functions - s121

Develop standards, guidelines and practice directions

- Assist mental health services to comply with standards, guidelines and practice directions
- Develop and provide information, training and education
- Monitor the provision of mental health services
- Assist mental health services to comply with the Act, regulations and codes of practice
- Conduct clinical practice audits and clinical reviews of service providers
- Analyse date, undertake research and publish information
- Publish an annual report
- Conduct investigations of mental health services
- Give directions regarding mental health service provision
- Promote cooperation and coordination between mental health services and general health, disability and community services

Investigations – s122-129

- Similar to SA:
 - may investigate
 - o may give notice or be unannounced
 - o may authorise others to conduct
 - o powers of entry, require documents
 - o services must give reasonable assistance
- Different to SA:
 - o must prepare a report with recommendations
 - o must give the report to the Secretary
 - o Secretary may publish a de-identified version of the report
 - o CP may give written direction requiring service provider to improve services for a person or generally and to ensure compliance with standards, Act etc
 - o if direction is made must inform the person or guardian
 - o service provider must respond to CP direction within 30 days

Clinical Reviews – s130-133

- May conduct clinical review of any aspect of mental health service provision
- Must give 20 days notice
- Must prepare a report with recommendations and give to service provider
- Service provider must respond within 30 business days
- CP may continue to monitor service provider (including further clinical reviews)
- May issues standards, guidelines or practice guidelines to address issues

Clinical Practice Audit – s134-139

- May conduct audit of specific practice/matter to address/identify systemic issues
- Must document the scope, objectives and duration of audit
- May prepare an interim report if appropriate
- Must prepare a full report for all audits
- Must give a de-identified report to the Secretary, who may publish
- CP may issues standards, guidelines or practice directions

Other powers and functions – s144, 146-148

- May delegate powers and functions
- Appoint authorised officers
- Issue identity cards, which authorised officers must produce

Western Australia

Mental Health Act 2014

Chief Psychiatrist and Chief Executive with comparable powers to SA. Minister with no general powers or functions (to ensure adequate services etc) but with specific powers to provide written directions to the CP, request a report from the CP or instigate an inquiry.

Any person or body performing an Act function must have regard for ensuring: least restrictive practice, least infringement of rights, respect for dignity, recognition of the role of carers, inclusion of patients and carers in treatment and care, minimising the impacts of mental illness, protection of the community. S10

Specified officers must ensure: patient has access to carers, psychiatric review, patient's return home, documentation, notification of orders and transport

Chief Psychiatrist – s515 onwards

- Oversees the treatment and care of all patients
- May review the treatment of any involuntary patient and thereafter affirm, vary, revoke or substitute a decision. May issue written directions to the treating psychiatrist.
- May visit public hospitals whenever appropriate. May visit private hospitals if the CP reasonably suspects the proper standards of treatment and care are not being provided.
 - May inspect any part of the service.
 - May interview any involuntary patient
 - May require staff of the service to provide information, answer questions, produce documents, give reasonable assistance.
 - o May inspect or take copies of any document related to patient care.
- May direct a service to disclose information to the CP.
- All notifiable incidents are to be reported to the CP.
 - o The CP may then investigate, refer to the CEO or take no action.
- Must submit an annual report.
- May delegate powers.
- May determine people as authorised mental health practitioners,
- May authorise services as able to provide ECT.
- May approve forms.
- Must publish guidelines for:
 - Making decisions about making a CTO or ITO.
 - o Making decisions about if a place is appropriate to conduct an examination.
 - o Ensuring the independence of psychiatrists used for further opinions
 - o Preparation and review of treatment, support and discharge plans
 - o ECT
 - Compliance with approved forms
 - o Compliance with the Act
- Must publish standards for the treatment and care of involuntary patients.
- May publish standards for the treatment and care of other patients.

Minister - s516

- May issue written directions for the Chief Psychiatrist in performing Act functions.
- May request a report about any matter.
- May enter into interstate agreements.
- May delegate powers.

Minister requested – Inquiry – s563 to 571

- May appoint a person to undertake an inquiry relating to the treatment and care of patients or the administration of the Act. The person may:
 - o Enter a mental health service at any time without notice or any other premises with the owner's consent.
 - Inspect the premises, ask questions, request information, view documents, copy any documents, request reasonable assistance.
- Such an inquiry must be conducted with as little formality and technicality, and as much expediency, as possible. Proceedings are bound by natural justice.

CE of Health Department – s518

May request a report about the treatment and care of patients.

- May delegate powers.
- May disclose patient information to a state authority, interstate authority or corresponding overseas authority.

Director of Complaints - s312 onwards

- Deal with complaints
- Review and identify causes of complaints and solutions
- Promote complaint processes
- Assist service providers to develop and improve complaints processes
- Inquire into broader issues (with Minister approval)

Chief Mental Health Advocate and Mental Health Advocates – s349 onwards

- Visiting and inspecting
- Seeing and speaking with involuntary patients
- Making inquiries
- Requiring staff to answer questions, provide information, provide documentation
- Etc

Appendix 8.2 – References

- CEO Executive Service Contract, Department for Health and Wellbeing.
- CEO Role Description, Department for Health and Wellbeing.
- Health Care Act 2008, South Australia.
- Mental Health Act 2007, New South Wales.
- Mental Health Act 2009, South Australia.
- Mental Health Act 2013, Tasmania.
- Mental Health Act 2014, Victoria.
- Mental Health Act 2014, Western Australia.
- Mental Health Act 2015, Australian Capital Territory
- Mental Health Act 2016, Queensland.
- Mental Health and Related Services Act 2018, Northern Territory.
- Mental Health Compulsory Assessment and Treatment Act 1995, New Zealand.
- Oakden a shameful chapter in South Australia's History, 2018. Independent Commissioner Against Corruption, South Australia.
- Service Level Agreement, Department for Health and Wellbeing.
- Work Health and Safety Act 2012, South Australia.

Appendix 8.3 – Consultation

- Crown Solicitor's Office, Attorney-General's Department.
- Office of Parliamentary Counsel, Attorney-General's Department.

Appendix Nine - Infrastructure

Appendix 9.1 – Mental Health Facilities – List A

Approved Treatment Centres

Inpatient Site/Service	Facility	LHN	
Riverland IMHU	Berri Health Service	CHSALHN	
18V Ward	Den nealli Service	CHOALHIN	
4GP Ward – Eating Disorders	—		
5H Ward, Margaret Tobin Centre			
5J Ward, Margaret Tobin Centre	Flinders Medical Centre	SALHN	
5K Ward, Margaret Tobin Centre	1 illiders Medical Certife	OALIIIV	
Emergency Department			
Short Stay Unit			
Aldgate Ward			
Birdwood Ward			
Clare Ward	James Nash House	NALHN	
Ken O'Brien Centre			
Jamie Larcome Centre	Glenside Campus	SALHN	
Eastern Acute		CALHN	
Eastern PICU		CALHN	
Helen Mayo House	Olamaida Haalib Camiiaa	WCHN	
Inpatient Rehabilitation Closed	Glenside Health Service	CALHN	
Inpatient Rehabilitation Open		CALHN	
Rural and Remote Ward		CHSALHN	
1G Ward Closed			
1G Ward Open			
1H Ward	Lyell McEwin Health Service	NALHN	
Emergency Department	Lyell McEwill Fleatill Service	INALIIN	
Mental Health Assessment Unit			
Short Stay Unit			
Emergency Department	Modbury Hospital	NALHN	
Woodleigh House	,		
Mt Gambier IMHU	Mt Gambier Health Service	CHSALHN	
Emergency Department			
Morier Ward Closed	Noarlunga Health Service	SALHN	
Morier Ward Open			
Cramond Ward Closed			
Cramond Ward Open	Queen Elizabeth Hospital	CALHN	
Emergency Department		- · · · · · · · ·	
Ward South East – HDU			
2G Ward	Royal Adelaide Hospital	CALHN	
Emergency Department	·		
Whyalla IMHU	Whyalla Health Service	CHSALHN	
Adolescent Ward		MOI 13 1	
Boylan Ward	Women's and Children's Hospital	WCHN	
Paediatric Emergency Department			

Authorised Community Mental Health Facilities

Community Site/Service	LHN
Adaire Clinic – Noarlunga Community Mental Health Service	SALHN
Ashton House – Community Forensic Mental Health Service	NALHN
Eastern/Tranmere Community Mental Health Centre	CALHN
Elpida House – Community Rehabilitation Centre	CALHN
Inner South/Marion Community Mental Health Centre	SALHN
North Eastern/Modbury Community Mental Health Centre	NALHN
Northern/Salisbury Community Mental Health Centre	NALHN
Northern/Salisbury Older Persons Mental Health Service	NALHN
Southern/Edwardstown Older Persons Mental Health Service	SALHN
Southern/Noarlunga Intermediate Care Centre	SALHN
Trevor Parry Centre – Community Rehabilitation Centre	SALHN
Western/Queenstown Intermediate Care Centre	CALHN

Western/Woodville Community Mental Health Centre	CALHN
Wondakka – Community Rehabilitation Centre	NALHN

Appendix 9.2 – Mental Health Facilities – List B

Other Community Mental Health Facilities

Community Site/Service	LHN
Berri – Community Mental Health Team	CHSALHN
Bordertown – Community Mental Health Team	CHSALHN
Ceduna – Community Mental Health Team	CHSALHN
Centre for Treatment of Anxiety and Depression – Mile End	CALHN
Clare – Community Mental Health Team	CHSALHN
Club 84 – Northern Day Programs	NALHN
Eastern/St Morris Older Persons Mental Health Service	CALHN
Elizabeth Community CAMHS	WCHN
Emergency Triage and Liaison Service	CHSALHN
Gawler/Barossa – Community Mental Health Team	CHSALHN
Kadina – Community Mental Health Team	CHSALHN
Kingscote – Community Mental Health Team	CHSALHN
Lower North Community CAMHS	WCHN
Maitland – Community Mental Health Team	CHSALHN
Marion Community CAMHS	WCHN
Mental Health Triage	CALHN
Millicent – Community Mental Health Team	CHSALHN
Minlaton – Community Mental Health Team	CHSALHN
Morphett Vale Community CAMHS	WCHN
Mount Barker – Community Mental Health Team	CHSALHN
Mount Barker Community CAMHS	WCHN
Mount Gambier – Community Mental Health Team	CHSALHN
Mt Gambier and Limestone Coast Community CAMHS	WCHN
Murray Bridge – Community Mental Health Team	CHSALHN
Murray Bridge Community CAMHS	WCHN
Naracoorte – Community Mental Health Team	CHSALHN
Owenia House – Community Service	NALHN
Paradise Community CAMHS	WCHN
Peterborough – Community Mental Health Team	CHSALHN
Port Adelaide Community CAMHS	WCHN
Port Augusta – Community Mental Health Team	CHSALHN
Port Augusta Community CAMHS	WCHN
Port Lincoln – Community Mental Health Team	CHSALHN
Port Lincoln Community CAMHS	WCHN
Port Pirie – Community Mental Health Team	CHSALHN
Port Pirie Community CAMHS	WCHN
Riverland Community CAMHS	WCHN
Southern Fleurieu Community CAMHS	WCHN
The Gully – North Eastern Day Programs	NALHN
Victor Harbor – Community Mental Health Team	CHSALHN
Western Rehabilitation and Activity Centre	CALHN
Western/Kidman Park Older Persons Mental Health Service	CALHN
Whyalla – Community Mental Health Team	CHSALHN

Appendix 9.3 – Portfolio Condition Assessment Project Plan



SA Health Mental Health Facilities Infrastructure Portfolio Assessment 2018

Project Plan

Introduction

Purpose

The purpose of this exercise is in response to Recommendation Nine of the ICAC Report titled, 'Oakden: A Shameful Chapter in South Australia's History'.

The following is the excerpt on Recommendation Nine:

The Minister cause a review to be conducted for the purpose of reporting publicly on the physical condition of all facilities at which mental health services are delivered in a LHN:

- for the purpose of determining whether the physical condition of those facilities are fit for the purpose for which they are being used; and
- if not in what respects the physical condition of any facility is not fit for purpose.

The South Australian Government accepts this recommendation.

A full independent audit will be undertaken and will be made publicly available.
Following the audit the Government will develop a state-wide Strategic Asset
Management Framework for SA Health. The Strategic Asset Management Framework
will require LHNs to develop Strategic Asset Management Plans to monitor where

Background

The Independent Commissioner Against Corruption (ICAC), The Hon. Bruce Lander QC, announced an investigation into possible maladministration at the Oakden Older Persons Mental Health Service on 25 May 2017. The Commissioner handed down his report into the Oakden Older Persons Mental Health Facility on 28 February 2018.

The State Government accepted in full all 13 recommendations contained in the ICAC report on the Oakden Older Persons Mental Health Service and provided a response to the ICAC Report on 1 March 2018 South Australian Government Response to the Independent Commissioner Against Corruption's Report 'Oakden: A Shameful Chapter in South Australia's History'.

Of the 13 recommendations, part of Recommendation Nine will be delivered through Infrastructure, SA Health.

Scope of Project

There are approximately 120 facilities listed as mental health facilities managed by SA Health in the current asset information system, SAMIS. Some are located within hospitals, others are standalone sites. It has been agreed upon that the approach for this project is a staged approach. In the first stage, facilities which have been determined by the Chief Psychiatrist and gazetted are considered in scope for review, being:

- Authorised Community Mental Health Facilities
- Approved Treatment Centres
- Limited Treatment Centres

The full scope of the first stage can be found in Appendix 1. There will be approximately 46 facilities across 24 sites assessed.

Any future review/s (or Stage 2) may consider premises not commonly considered facilities.

Methodology

The methodology for assessment will be based on

- undertaking a condition assessment of the facilities
- comparing the space allocation and design of the mental health facilities against the Australasian Health Facility Guidelines and identifying any issues in relation to fit for purpose.

Concept

Infrastructure will meet requirements of Recommendation Nine through the assessment of the following criteria:

Age/commissioning date;

Condition of physical built assets. Note that this refers to compliance with the Building Code of Australia (BCA) and does not include any mental health ligatures; and

Functional areas in m2 of mental health facilities available to patients.

There may be facilities identified as higher risk and therefore need higher involvement of staff members. The decision making framework will be based on commissioning date and historic site concerns. The sites will be divided into three categories:

Very involved: Requires attendance of workshop and filling in spreadsheets plus multiple site visits together with Facility Manager/s (FMs),onsite staff and representative from Safety and Quality Unit, SA Health

Involved: Requires attendance of workshop and filling in spreadsheets plus a site visit together with FM, onsite staff and representative from Safety and Quality Unit, SA Health

Desktop: Requires attendance of workshop and filling in spreadsheets are required / phone confirmation and verification of information

The respective categories for each site can be found in Appendix 1.

Deliverables

The deliverables from Infrastructure for this project includes:

Traffic Light Reports (TLR) in Excel format;

Floor Plans with Functional areas identified in m2 in PDF; and

Final Report that highlights any building condition & compliance concerns and benchmarks functional areas with AusHFG. It will also include a recommendation for engagement of any Professional Services Contractors if required.

Project Plan

The anticipated timeframe to complete this task is approximately 7 months including 1 month break over Christmas and New Year. It is anticipated that a final report will be provided in June 2019. Refer to Section 3.2 and 3.3 for further detail on risks, constraints, and assumptions.

Operating Procedures and Effectiveness

Membership

Representatives for this project shall meet at a minimum monthly and also as need basis to ensure the completion of this project in a timely manner. Meetings with other on site representatives are to be arranged on an as need basis.

Issues Log

The issues log is used to detail any issues that arise during the life of the project.

Issue ID	Issue Description	Raised By	Date	Responsible Officer	Priority	Cross Refs

Actions Log

The actions log is used to detail any actions that are required during the life of the project.

Action ID	Action Description	Status	Date Resolved	Responsible Officer	Issue ID Ref

Decisions Log

The decisions log is used to detail any decisions that are made during meetings that have an impact on the project.

Decision ID	Description	Date	Agreed By

Risks

The known risks are:

- Lack of resource capability to provide evidence based information which may contribute to delays;
- The timeframe is challenging particularly if information gathered internally is not mature enough and requires full assessments or audits;
- The competency of representatives providing information;
- Potential changes in leadership and priorities.

Constraints and Assumptions

Constraints:

- Resources: The majority of the project plan delivery actions rely heavily on existing resources which are already heavily committed;
- Financial: There is no additional funding to provide additional resourcing for this project at this point.

Assumptions:

- Traffic Light Reports (TLR) templates are available and verified suitable for this assessment;
- Co-operation from all parties timeliness, collegiate in approach;
- Open and transparent assessments can be carried out; and
- Sufficient time will be given for any brief adjustments.

Appendix 1 List of Sites Included in Stage 1 Assessment

	Address / Specific Location	Within Hospitals			
Facility Names	(Building-Level- Section/Wing)	or standalone sites	Leased / Owned	Decision making factors	Level of Involvement
Womens and Childrens Hospital Boylan Ward	WCH Building 6 Level 3	WCH Hospital	Owned	Old Commission Date	Very Involved
Flinders Medical Centre Adult Acute Mental	_			Old Commission	-
Health Ward Short Stay Unit Flinders Medical Centre Adult Acute Mental	FMC Building 1B Level 3	FMC Hospital	Owned	Date Old Commission	Very Involved
Health Ward 4G Flinders Medical Centre Adult Acute Mental	FMC Building 1B Level 4	FMC Hospital	Owned	Date Old Commission	Very Involved
Health Ward	FMC?	FMC Hospital	Owned	Date	Very Involved
Flinders Medical Centre Margaret Tobin PICU	FMC Building 10	FMC Hospital	Owned	Old Commission Date Old Commission	Very Involved
Flinders Medical Centre Eating Disorder The Queen Elizabeth Hospital Short Stay	FMC Flats	FMC Hospital	Owned	Date Old Commission	Very Involved
Unit	TQEH Building 3 Level 1	TQEH Hospital	Owned	Date Old Commission	Very Involved
The Queen Elizabeth Hospital Older Persons Mental Health Service	TQEH Building 30 Level 1	TQEH Hospital	Owned	Date	Very Involved
The Queen Elizabeth Hospital Older Persons Mental Health Service PICU	TQEH Building 30 Level 1	TQEH Hospital	Owned	Old Commission Date	Very Involved
The Queen Elizabeth Hospital Adult Acute PICU	TQEH?	TQEH Hospital	Owned	Old Commission Date	Very Involved
The Queen Elizabeth Hospital Mental Health Service - Western Crammond Clinic Woodville	TQEH Building 07 Level 1	TQEH Hospital	Owned	Old Commission Date	Very Involved
Lyell McEwin Hospital Older Persons Mental Health Service	LMH Building 11 Level 1	LMH Hospital	Owned	More recent compared to SALHN	Involved
Lyell McEwin Hospital Adult Acute Mental				More recent compared to	
Health Ward	LMH Building 11 Level 1	LMH Hospital	Owned	SALHN More recent	Involved
Lvall MaEwin Hagnital Chart Stay Unit	LMIL Duilding 11 Loyal 1	IMILLIagnital	Owned	compared to SALHN	Involved
Lyell McEwin Hospital Short Stay Unit	LMH Building 11 Level 1	LMH Hospital	Owned	More recent	Involved
Lyell McEwin Hospital Adult Acute PICU	LMH Building 11 Level 1	LMH Hospital	Owned	compared to SALHN	Involved
E) oii moemii rioopiai riaan riooto rioo	Emil Ballang 11 20101 1	Zimi i roopita.	0111100	More recent	mitoriou
Lyell McEwin Hospital Older Persons PICU	LMH Building 11 Level 1	LMH Hospital	Owned	compared to SALHN	Involved
				Recent reports and commission	
Modbury Hospital Woodleigh House	MOD Building 3 Level 3	MOD Hospital	Owned	date More recent	Very Involved
Noarlunga Community Mental Health				compared to	
Service Teams	NH Building 8 Ground Floor	NH Hospital	Owned	SALHN More recent	Involved
Noarlunga Hospital Adult Acute Mental	NII O	NILLIaggital	Ourmand	compared to	lm, roll, rold
Health Ward	NH?	NH Hospital	Owned	SALHN More recent	Involved
Noarlunga Hospital PICU	NH?	NH Hospital	Owned	compared to SALHN	Involved
Mount Gambier Hospital Adult Acute Mental		Mount Gambier			
Health Ward Berri Hospital Adult Acute Mental Health	Mount Gambier?	Hospital	Owned	Fairly recent	Desktop
Ward Whyalla Hospital Adult Acute Mental Health	Berri ?	Berri Hospital	Owned	Fairly recent	Desktop
Ward	Whyalla?	Whyalla Hospital	Owned	Fairly recent	Desktop
Royal Adelaide Hospital Adult Acute Mental Health Ward Short Stay Unit	nRAH?	nRAH Hospital	Owned	Fairly recent	Desktop
Ashton House Forensic Mental Health Stepdown Facility Oakden	290 Fosters Rd, OAKDEN, SA, 5086	Oakden Campus	Owned	Fairly recent	Desktop
	Cedar Crescent,	,			•
Jamie Larcombe Centre (Glenside)	GLENSIDE, SA, 5065 Cedar Crescent,	Glenside Campus	Owned	Fairly recent Historic site	Desktop
Glenside - Secure Rehabilitation Glenside Campus - Mental Health Service	GLENSIDE, SA, 5065 Cedar Crescent,	Glenside Campus	Owned	concerns Historic site	Very Involved
Adult Acute Mental Health Ward	GLENSIDE, SA, 5065	Glenside Campus	Owned	concerns	Very Involved
Glenside Campus - Mental Health Service Adult Acute Mental Health Ward Rural + Remote	Cedar Crescent, GLENSIDE, SA, 5065	Glenside Campus	Owned	Historic site concerns	Very Involved
Glenside Campus - PICU	Cedar Crescent, GLENSIDE, SA, 5065	Glenside Campus	Owned	Historic site concerns	Very Involved
Glenside campus (Helen Mayo House) - Northern Child Adolescent Mental Health Service	Cedar Crescent, GLENSIDE, SA, 5065	Glenside Campus	Owned	Historic site concerns	Very Involved
Glenside Campus - Older Persons Mental	Cedar Crescent,	Glenside Campus	Owned	Historic site	Very Involved

	Address / Specific Location (Building-Level-	Within Hospitals or standalone	Leased /	Decision making	Level of
Facility Names	Section/Wing)	sites	Owned	factors	Involvement
Health Service - Inpatient Units Supported	GLENSIDE, SA, 5065			concerns	
Accommodation (Burnside HASP?)	140 Hiller Drive OAKDEN			1.11-4114	
lamas Nach Hauss (Oakdan)	140 Hilltop Drive, OAKDEN,	Oakdan Cammus	Owned	Historic site	Mama Imaghad
James Nash House (Oakden)	SA, 5086 140 Hilltop Drive, OAKDEN,	Oakden Campus	Owned	concerns	Very Involved
Ken O'Brien (Oakden)	SA, 5086	Oakden Campus	Owned	Fairly recent	Desktop
Mental Health Service - Western	3A, 3080	Oakueli Callipus	Owned	More recent	Desktop
Community Recovery Elpida House Mile	18 Lurline Street, MILE			compared to	
End	END, SA, 5031	Standalone	Owned	SALHN	Involved
End	Allotment 2 DP 73588, off	Standalone	Owned	SALITIV	IIIVOIVCU
	Saratoga Road,			More recent	
Wondakka Adelaide North Community	ELIZABETH EAST, SA.			compared to	
Rehabilitation Centre Elizabeth East	5112	Standalone	Owned	SALHN	Involved
				More recent	
Mental Health Service - Western	94 - 102 Portland Road,			compared to	
Intermediate Care Centre Queenstown	QUEENSTOWN, SA, 5014	Standalone	Owned	SÄLHN	Involved
	9 Grey Box Ave, Noarlunga			More recent	
	Centre, NOARLUNGA			compared to	
Trevor Parry Recovery Centre (Noarlunga)	CENTRE, SA, 5168	Standalone	Owned	SALHN	Involved
	Lot 97 Jackson Place,			More recent	
	NOARLUNGA CENTRE,			compared to	
Mental Health Southern ICC (Noarlunga)	SA, 5168	Standalone	Owned	SALHN	Involved
Northern Community Mental Health Service	7/9 Park Tce, SALISBURY,	Standalone -	Lease	Lease agreement	
- Salisbury	SA, 5108	Leased	Agreement	and not inpatient	Desktop
Northern Mental Health Service - 91 John	91 John Street,	Standalone -	Lease	Lease agreement	
Street Salisbury	SALISBURY, SA, 5108	Leased	Agreement	and not inpatient	Desktop
Mental Health Service - Eastern Community	172 Glynburn Rd	Standalone -	Lease	Lease agreement	
Tranmere	Tranmere, SA 5073	Leased	Agreement	and not inpatient	Desktop
Older Persons Mental Health Service -	1020 South Rd,		1.		
Springbank House Edwardstown 1020	EDWARDSTOWN, SA,	Standalone -	Lease	Lease agreement	D 11
South Road	5039	Leased	Agreement	and not inpatient	Desktop
Mental Health Service - Western	F7.WJulla Dal	Chamalalana		1,	
Community Centre Woodville (57 Woodville	57 Woodville Rd,	Standalone -	Lease	Lease agreement	Dockton
Road) Mental Health Service - North Fastern	WOODVILLE, SA, 5011 116 Reservoir Road.	Leased Standalone -	Agreement	and not inpatient	Desktop
	MODBURY, SA, 5092	Leased	Lease Agreement	Lease agreement and not inpatient	Desktop
Community Modbury (116 Reservoir Road) Older Persons Mental Health - Residential	78-96 Dumfries Avenue,	Leaseu	Lease	and not inpatient	Desktob
Aged Care Northgate House 1 and House 2	Northgate			Historic concerns	Involved
Ayeu Care Northyate House Fand House 2	ivoringate		Agreement	THISTOTIC COLICETTIS	ilivoived

Appendix 2: Project Plan

Tasks	Subtasks	Anticipated	Anticipated	
		Resource	Timeframes	
Preliminary meeting	Discussion on methodology	Infrastructure	8/11	
		MH Team		
Finalise Scope	Finalise Stage 1 sites and possibly sites for Stage 2	MH Team	30/11	
Asset Data Status	Report of current information available for Stage 1	Infrastructure	12/12 - 23/12	
Report	sites			
Finalise Project	Include details of anticipated resources and	Infrastructure	23/12 – 15/01	
Plan	timeframes	MH Team		
Update TLR and	Ensure TLR is aligned with AusHFG requirements	Infrastructure	23/12 - 15/01	
User Guide Note	and other minimum legislative requirements available			
Release statement	Mental health team to release brief statement re	MH Team	17/01 – 19/01	
and project	project to ensure minimum resistance			
objective				
Gather Floor Plans	Desktop activity to collect floor plans where not	All relevant	21/02 – 25/02	
Base Data	currently available	stakeholders		
	Make arrangements for appointments with resources			
Break				
Workshop 1	Half Day: TLR	All relevant	28/02	
	Half Day: Functional	stakeholders		
Data Collection and	Allow for 20 full working days	All relevant	1/03 – 23/03	
Site Visits		stakeholders		
Return of	Emailed to Infrastructure	MH Team	1/04	
information				
Analysis	Infrastructure to gather and analyse information	Infrastructure	1/04 – 15/04	
Draft Report	Prepare draft report and presentation for Workshop 2	Infrastructure	18/04 - 22/04	
Workshop 2	Half Day: Verification & Next Steps	All relevant	Week of 24/05	
		stakeholders		
Final Report	Prepare Final report include recommendations for	Infrastructure	June 2019	
	engagement of external consultants where relevant	MH Team		

Appendix 9.4 - References

- Accreditation Policy Directive, SA Health, 2012
- Australasian Health Facility Guidelines, (AusHFG), 2016
- Australasian Health Infrastructure Alliance. The guidelines include Health Planning Unit (HPU 131) Mental Health Overarching Guideline¹, a new guideline that describes the generic planning and design requirements to be considered when planning mental health inpatient units (HPUs). Note: HPUs are currently being reviewed and this work will be completed by the end of 2018.
- Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/
- Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme
- Australian Institute of Health and Welfare https://www.aihw.gov.au/
- Capital Works Benefits Evaluation Policy Guideline, SA Health, 2018
- Capital Works Implementation Policy Guideline, SA Health, 2018
- Capital Works Implementation Review Policy Guideline, SA Health, 2018
- Capital Works Planning Policy Guideline, SA Health, 2018
- Capital Works Policy Directive 2018, SA Health, 2018
- Health Care Act 2008
 https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/australian-health-service-safety-and-quality-accreditation-scheme/
- Mental Health Act 2009
- National Safety and Quality Health Service (NSQHS) Standards (Second Edition), 2018
- National Safety and Quality Health Service Standards user guide for health services providing care for people with mental health issues, 2018
- National Standards for Mental Health Services, 2010
- Oakden a shameful chapter in South Australia's History, 2018. Independent Commissioner Against Corruption, South Australia.

¹ Mental-health-overarching-guideline

Appendix 12 – Restrictive Practices

Appendix 12.1 – References

- Annual Report of the Chief Psychiatrist of South Australia 2017-18
- Australian Commission on Safety and Quality in Health Care
- Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme
- Australian Institute of Health and Welfare
- Health Care Act 2008
- Mental Health Act 2009
- National Mental Health Commission Monitoring and Reporting Framework on Mental Health
- National Safety and Quality Health Service (NSQHS) Standards (Second Edition)
- National Safety and Quality Health Service Standards user guide for health services providing care for people with mental health issues
- National Standards for Mental Health Services 2010
- SA Health Minimising Restrictive Practices in Health Care Policy Directive
- SA Health Restraint and Seclusion in Mental Health Services Policy Guideline
- Suicide Prevention

Appendix Thirteen – Allied Health Professionals

Appendix 13.1 - Independent Commissioner Against Corruption: Allied Health Professional Staffing in Mental Health Discussion Paper



SA Health
Independent Commissioner Against Corruption (ICAC):
Allied Health Professional Staffing in Mental Health
Discussion Paper

November 2018



Executive Summary

This paper has been generated in response to the *Independent Commission against Corruption Oakden Report Recommendations Implementation Plan* Recommendation 13. The Allied and Scientific Health Office (ASHO) was requested to collate and examine the numbers and scope of practice of Allied Health Professionals (AHP) working in SA Health Mental Health services against defined outcomes in the paper. This analysis incorporates mental health services for paediatric and adult, inpatient and outpatient populations.

1. Allied Health Professional Workforce Data

The following analysis was based on workforce data drawn from a combination of Chris 21 and payroll data in July, 2018 supplied by the Data Analysis and Corporate Reporting Unit, SA Health in September, 2018. The data was then verified by AHP Managers from the respective Local Health Networks (LHNs). The Child and Adolescent Mental Health Service (CAMHS) workforce data was supplied directly by the service. The high level data, such as LHN totals, is as complete as possible; however data became less complete when examining particular groupings (e.g. clinical versus non clinical roles) and this is noted where relevant in the paper. LHN Managers described areas of significant variation in staffing levels reported in July against actuals in September, demonstrating the vacancy/contracts impacts experienced by services and the ability of data systems to reflect real time staffing numbers.

1.1 AHP Full Time Equivalent (FTE) and Classification Levels

For the purpose of this report, multiclassified FTE numbers have been ascertained by including any identified AHP staff member currently holding a generic position such as "mental health clinician" or a role classified for inter-professional allocation i.e. RN/AHP/ASO.

SA Health Workforce data from December 2016 indicated a total AHP FTE of 2603.41FTE. As AHP workforce growth is stable, this indicates that SA Health has approximately 19% of the total AHP workforce within mental health roles. From the July 2018 snapshot, Table 1a depicts the total AHP FTE (combining AHP's holding discipline specific roles and AHPs in multiclass roles) within Mental Health services across SA Health. This total is a combination of clinical and nonclinical roles. Nonclinical roles can include project, some team managers and research responsibilities.

Table 1a - SA Health AH FTE (combined table 1b and 1c data)

	CHSALHN	CAMHS	SALHN	CALHN	NALHN	SA HEALTH TOTAL
TOTAL AH FTE	80.26	111.4	88.34	128.79	97.2	505.99

Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018.

Across SA Health mental health AHPs there was a total of 63.7% of the FTE at AHP or multiclassification level 1 or 2 (Tables 1b and 1c). The substantially high level of AHP 1 and 2 staffing in mental health indicates a relatively inexperienced workforce, who therefore require increased clinical support and supervision from more senior staff. This has implications in terms of service delivery as AHP3 staff have reduced capacity to respond to the needs of consumers with complex needs.

Table 1b – Classification level FTE held by specified allied health professions across LHN's (clinical and non-clinical)

Classification	CHSALHN	CAMHS	SALHN	CALHN	NALHN	SA	TOTAL
Level						HEALTH	%
AHP1	3.5	0	6.58	7.6	6.4	24.08	6.3
AHP2	24.26	42.5	43.92	66.78	52.4	229.86	60.4
AHP3	2.3	25	15.57	17.23	23.6	83.7	22.0
AHP4	3	1.7	3.5	3.3	4.5	16.0	4.2
AHP5	0	0	1.0	0	1.8	2.8	0.7
AHP6	0	0	0	0	0	0	0
Unknown (Pharmacy FTE & other outliers)	0	0.5	6.5	12.5	4.5	24.0	6.3
TOTAL FTE	33.06	69.7	77.07	107.41	93.2	380.44	100

Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018.

Table 1c - Multiclass FTE held by AHP across LHN (clinical and non-clinical)

Classification	CHSALHN	CAMHS	SALHN	CALHN	NALHN	SA	TOTAL
level						Health	%
Multi 1/2	36.1	16.5	5.17	10.48	0	68.25	54.7
Multi 3	7.1	19.7	1.0	1.9	1.0	30.7	24.5
Multi 4	3.0	4.5	4.1	8.0	3.0	22.6	
							18.0
Multi 5	1.0	1.0	0	1.0	0	3.0	2.4
Multi 6	0	0	0		0	0	
Multi unknown level	0	0	1.0	0	0	1.0	0.8
TOTAL FTE	47.2	41.7	11.27	21.38	4.0	125.55	100

Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018.

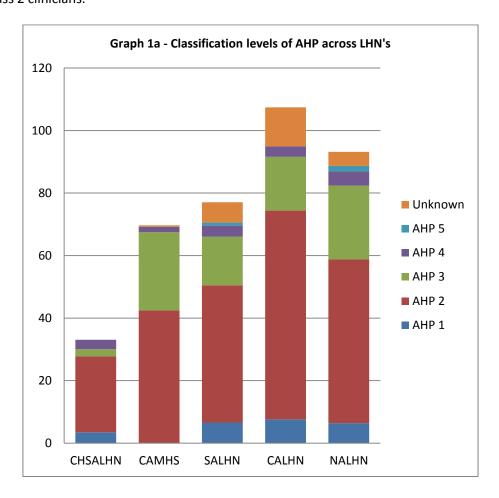
Across all SA Health sites there were a total of 22.6% at the AHP or multi-classification level 3, who have responsibility for the majority of supervision, senior clinical service provision and multi-disciplinary leadership functions. Only 7.6% of Allied Health positions across the system were at AHP or multi-classification level 4. The small numbers of senior managers at the AHP 4 level reduces flexibility and responsiveness to competing service demands, reduces advocacy at the more senior levels, both of which impact on the critical issues of multidisciplinary service planning, accountability and leadership.

Mental health allied health staffing at the most senior management levels (AHP 5 or 6) is 1% of FTE. It should be noted that senior (AHP 4-6) multi-class roles have operational responsibilities across the

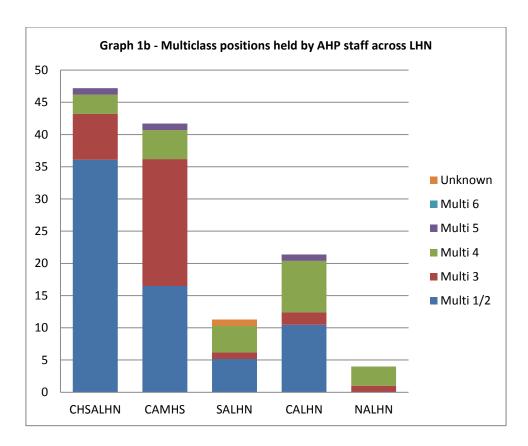
multi-disciplinary cohort, rather than Allied Health specific. This low FTE has implications for the overall strategic decision-making and the ability for Allied Health to influence and provide a psychosocial perspective at the Executive and Directorate levels. It reduces the impact of Allied Health's responsiveness to Mental Health issues on a broader level including enterprise-wide model of care planning and input into national directions.

Pharmacy predominately accounts for the unknown 4.9% FTE (Table 1a and Table 1b), as the AHP classification levels were not identified in the workforce data.

The following graphs (1a and 1b) illustrate the AHP classification breakdown across the LHNs and the variation in senior clinical skills and leadership availability, with the majority of staff being AHP 2 or multi-class 2 clinicians.



Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018



Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018

1.2 Under-Establishment FTEs

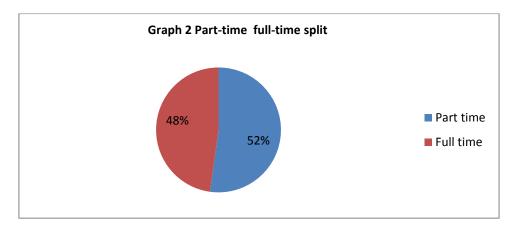
Data received indicated there were a total of 8.02 FTE (6.02 being AHP specific) positions vacant across the system in July 2018.

Not all LHNs were able to provide information about under-establishment/funded vacant positions; therefore it is reasonable to assume that this number is likely to be greater than 8FTE in July, 2018. The implications for consumers, staff and service delivery when positions remain under establishment are significant, especially if the vacancy remains unfilled medium to long-term. It adversely impacts on consumer occasions of service, quality of service and the morale of staff including engagement and retention of remaining staff. What was evident from data verification and reports from local Allied Health managers was that long-standing vacancies are more likely in specialising services where there are few mechanisms to support training and succession planning of staff.

1.3 AHP Staffing Hours and Temporary Contracts

The Mental Health Allied Health workforce has 52.24% (264 FTE) of staff filling roles that are less than full-time (refer graph 2). This has significantly greater impacts on the administrative aspects of managing staff than their fulltime equivalents, including additional supervision and administration time per whole FTE. It is often more difficult to recruit to part-time positions which in turn negatively impacts service delivery and remaining staff. This can result in an ad hoc staffing situation that is gap filling rather than a planned, responsive, consumer driven service.

Flexible workforce arrangements and part-time hours are important to attract and retain a quality and diverse professional workforce. The required clinical leadership, administrative and management structures to support this additional headcount needs to be recognised within the senior role responsibilities.



Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018.

1.4 AHP Profession Breakdown

The following data (Table 2 and Graphs 3-6) detail the profession groupings employed within mental health across the system.

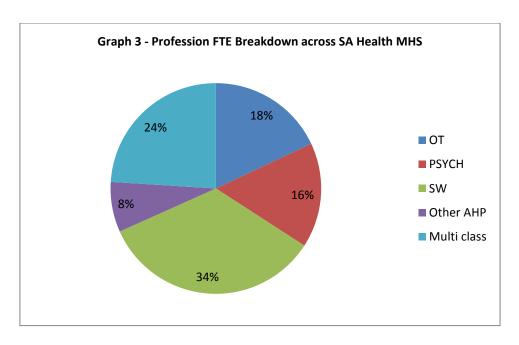
Table 2 - Profession FTE and Percentages across LHN

Disciplines	CHSALHN	CAMHS	SALHN	CALHN	NALHN	Statewide Forensics~	SA Health	Total %
ОТ	9.86	16.5	15.5	23.76	18.55	4.45	88.62	17.5
Psychology	4.4	28.7	10.53	17.7	15.3	4.3	80.93	16
SW	18.8	20.5	43.52	48.95	32.6	7.55	171.92	34
SP	0	3.5	0	0	0	0	3.5	0.7
EP	0	0	0.4	1.0	0	0	1.4	0.3
PT	0	0	0.5	0.6	1.0	0	2.1	0.4
DN	0	0	0.62	0	1.0	0	1.62	0.3
Art/Music Therapy	0	0	0	2.0	0	0	2.0	0.4
*Multi-class	47.2	41.7	11.27	21.38	4.0	0	125.55	24.8
Community Welfare	0	0	0	0.9	0	0	0.9	0.2
Other	0	0	0	0	3.01	0.943	3.95	0.8
Pharmacy	0	0.5	6.0	12.5	4.5	0	23.5	4.6
TOTAL FTE	80.26	111.4	88.34	128.79	79.96	17.24	505.99	100

Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018

^{*}Multiclass roles are not discipline specific. Scope of these roles can vary between clinical, case management, team leader or operational responsibilities and range across the classification levels as depicted in table 1c and graph 1b.

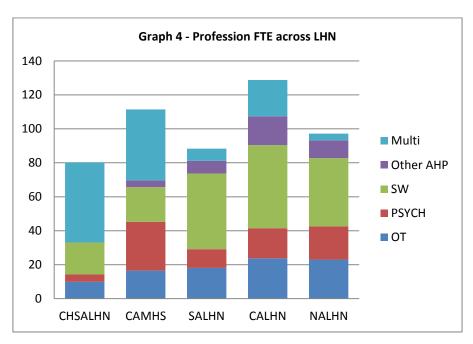
[~] The Statewide Forensic service is a specialised service not available to the general population of mental health consumers as access is specifically through the Criminal Law Consolidation Act or Department of Corrections.



Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018

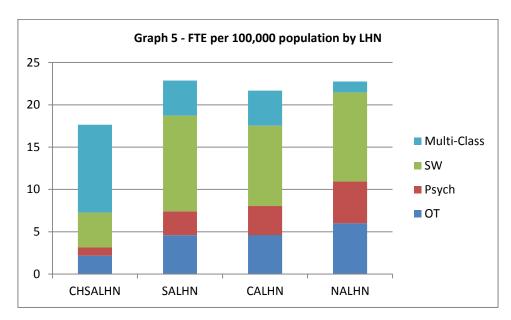
Note these percentages remain the same if CAMHS or Forensic Services staff are included or excluded.

Graph 4 depicts the profession breakdown within LHNs, as at July 2018 with Statewide Forensics staff incorporated into the NALHN data, due to the location of this service.

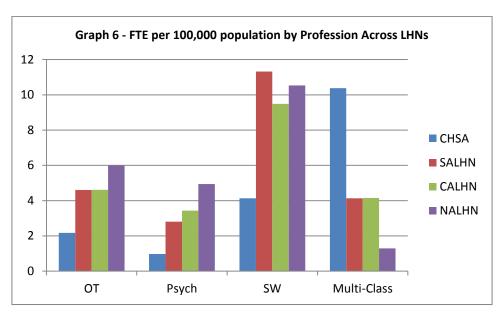


Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018

Graphs 5 and 6 depict the ratio of occupational therapy (OT), psychology, social work (SW) and multi-classified FTE per 100,000 population in each LHN, within the mental health catchments. This data reveals a significant variance in AHP staffing levels across the LHNs, both in terms of total FTE per capita available, as well as the ratio of each profession between the LHNs. Note that the below data excludes AHPs within the forensic or CAMHS workforce.



Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018, calculated against 2017 Census population data for MHS catchments provided by Office of the Chief Psychiatrist October 2018.



Source: SA Health Workforce Data Analysis, combination Chris 21 and Payroll information July 2018. Verified by LHN Allied Health Departments September 2018, calculated against 2017 Census population data for MHS catchments provided by Office of the Chief Psychiatrist October 2018.

2. Role Scope of Allied Health Professionals in Mental Health

All SA Health AHP's are expected to meet continuing professional development benchmarks in line with national professional accrediting bodies and board registration guidelines. Furthermore, all AHP's are required to participate in consistent and appropriate formal clinical supervision to support AHP's whilst supporting high quality safe practice (ASHO, 2014). LHN's supplied the following role synopsis information for the highest frequency Allied Health professions working in SA Health Mental Health services.

Social Workers - Work with consumers with high psycho-social complexity and commensurate risk including family dysfunction, family and domestic violence, child protection, social and community isolation. Social Work services include:

- Psycho-social assessments and interventions;
- Family and domestic violence assessments;
- Addressing cultural and linguistic diversity; and
- Advocacy within multidisciplinary teams to identify psycho-social issues in assessments.

Clinical findings are incorporated into strategies for care plans, direct service provision and consultation within the team re: linkages and referral to community services, legal interventions (e.g. SACAT, courts), housing/accommodation and finance.

Psycho-social assessments, care planning and interventions are crucial to safe community discharges that will optimise community tenure. A significant focus of social work therapeutic programming includes supporting families/carers and negotiating community services. Social Workers act as consultants, providing advice to multidisciplinary colleagues in relation to matters of a psycho-social nature. Continuation of their training pathway can include the Australian Association Social Workers (AASW) accredited mental health service provision training and ongoing competency evaluation.

Occupational Therapists – Mental health occupational therapists work with consumers who experience social or emotional distress, or mental illness, to assist them to participate in their chosen activities and/or occupations (Occupational Therapy Australia, 2012)

Occupational therapy services include:

- Specialised functional assessments and reports inclusive of rehabilitation and recovery plans;
- Sensory modulation assessment and interventions;
- Supporting therapeutic inpatient environments to assist in promoting seclusion and restraint reduction, promoting reduction of challenging behaviours, reducing absconding and management of behavioural and psychological symptoms dementia;
- Home safety assessments, modifications and equipment provision;
- Coordination and implementation of inpatient and community based therapeutic and activity group programs;
- Promoting skills acquisition, compensatory strategies and maintenance programs to support community tenure and safety;
- Supporting timely discharge planning focussed on daily living issues in chronic and complex clinical situations (particularly time sensitive for NDIS, MAC and home modification consumers); and
- Occupational therapy consultation and recommendations within the multidisciplinary team.

Occupational therapy post graduate training pathways are varied and clinically or quality improvement focused and include PhD's, youth mental health, cognitive behavioural therapy chronic disease management model, public health and research.

Psychology – Provide psychology-specific assessment, diagnosis, treatment and interventions to enhance consumer's psychological well-being. The service ensures the provision of specialised psychological treatment programs for consumers with serious mental disorder or complex psychological needs by:

- Assuming responsibility for the design, construction and validation of psychological assessment procedures including emotional, cognitive and social aspects of an individual's functioning;
- Planning and providing specialist treatment programs (which include cognitive and behaviour therapies) for complex psychological disorders;
- Taking responsibility for the design and execution of new and creative treatment solutions, through the systematic application of scientific principles and conceptual knowledge.

Psychologists can continue their training pathway through AHPRA-approved endorsement upon general registration, indicating qualifications and supervised experience in an advanced area of practice. Usual endorsed areas of practice within mental health include clinical psychology, clinical neuropsychology and forensics.

Other Professions – As illustrated by Table 2, other AHP's contribute to the care and therapeutic delivery for consumers, depending on client need and care plan targets. Literature suggests the multi-disciplinary Allied Health mental health staffing profiles could include the following professions:

- Occupational Therapy
- Physiotherapy
- Pharmacy
- Social Work
- Speech Pathology
- Clinical Psychology
- Neuro-Psychology
- Dietetics
- Podiatry
- Music Therapy
- Art Therapy
- Allied Health Assistants

To meet wellness models of care, other AH professions will need increased input into mental health services to meet the Comprehensive Care Standard 5 components of the pending *National Safety and Quality Health Service Standards* version 2 (due for implementation from January 2019). For example achievement of reduced use of mechanical, physical and chemical restraint targets within the minimising restrictive practices: restraint and seclusion components, requires Physiotherapy and Pharmacy skill sets. Research and innovative models of care require expansion of self-management therapeutic groups, and inclusion of professions such as Dietetics and Music and Art Therapist skillsets are very relevant to this space. The following is a brief synopsis of what other AHP's can provide to mental health consumers.

Physiotherapy – The link between mental illness and chronic disease associated with sedentary behaviours is reported as high as 60%, with multiple evidence sources reporting positive impacts

that physiotherapy has for consumers with mental health. Physiotherapists provide holistic physical capacity, mobility and falls risk, musculoskeletal, respiratory and chronic pain assessments. From these assessments physiotherapists develop consumer focused physical activity interventions to address chronic disease and improve functional capacity, promote safe mobilisation, reduce falls risk and promote wellbeing. Physical therapy programs (individual and group) not only aim to assist in chronic disease management but employ principles of behaviour modification, goal setting, self-monitoring and social support embedding self-management skills for the consumer.

Exercise Physiology – Research shows that exercise is well accepted and often considered one of the most valued components of treatment by consumers with mental illness (Richardson et al, 2005). Exercise physiologist (EPs) provide evidence based exercise interventions to individuals at high-risk of developing, or with existing, chronic and complex medical conditions and injuries. Exercise based strategies are developed with a consumer focus and address barriers to exercise which may include rapport building, barrier identification, motivational interviewing, education and goal setting. EP's play a key role in preventing and managing psychotropic-induced weight gain by increasing physical activity levels, reducing sedentary behaviours and providing basic healthy eating advice. Assist in physical health screening and metabolic monitoring such as body weight, body mass index, blood glucose levels, blood pressure and waist circumference.

Podiatry – Consumers with mental illness have 4 to 11 times higher risk than the general population of developing foot and lower limb complications associated with lifestyle disease. Prevalence of foot related pathology has been reported as high as 80% in those with severe mental illness (Crews et al, 2004). Podiatrists provide early identification, assessment and management of foot conditions including foot ulceration and infection leading to lower limb amputation, diabetic foot care, foot pain enabling barriers to participation, falls risk, mobility concerns, nail and skin care and biomechanical disorders. Treatment modalities may include high risk foot care, wound care, limb salvage strategies, routine care, footwear assessment and dispense, advanced offloading strategies and devices, biomechanical and gait assessment.

Nutrition and Dietetics – There is a well-established link in published literature between mental illness and poor nutritional status resulting in malnutrition and contributing to chronic and metabolic disease complications (Teasdale, 2016). Dietitians provide holistic and consumer centred approach to assessment and prescription of appropriate diet and meal plans, nutritional support for consumers at risk of malnutrition or re-feeding syndrome, provision of nutritional supplements, education, support and counselling to modify disordered eating behaviours, restricted food choices and barriers to improving chronic disease management. Consumer focused self-management education programs deliver ongoing nutritional education and empower consumers to positively engage with nutrition in the outpatient setting.

Speech Pathology – Speech pathologists can play a critical role in mental health services given the high correlation between mental illness and communication and swallowing disorders (Speech Pathology Association of Australia, 2010). Speech Pathologists provide comprehensive communication and swallowing assessments which add to the diagnostic findings and resulting therapeutic approaches. Targeted dysphagia intervention aims to ensure safe and effective eating, drinking and swallowing, facilitates adequate nutrition and hydration, reduced risk of choking and aspiration pneumonia whilst assisting to prevent social isolation and limited participation in shared meal experiences. Communication impairments if left untreated contribute to social isolation and anti-social behaviours, limit participation in education and employment opportunities, and negatively impacts on wellbeing.

Management - For all AHP's at a senior level, there is an expectation that they are responsible for providing education, clinical placement training, oversee/undertake profession-specific quality improvement projects or research and ensure clinical supervision of relevant staff. They also have a level of responsibility for developing a coordinated discipline specific service, Model of Care input and associated metrics across the LHN Mental Health services.

3. Expectation of Access to Allied Health Professionals

LHN's have highlighted a number of areas which impact on the access to and provision of mental health allied health professionals service delivery, as follows.

3.1 Governance - Allied Health representation at Executive Levels

In terms of governance, strategic direction setting, advocacy and provision of a key communication contact, LHN's noted the impact of the absence of Allied Health Professionals at LHN Mental Health Executive level. A presence at Executive level, which was a recommendation of the CAMHS review (Gruner, 2014), would enable Allied Health to inform strategic direction, enable best use of AHP capabilities and build a flexible and responsive workforce to meet the need of mental health services. This could be undertaken by ensuring allied health leaders are appointed to Executive roles and are involved on all statewide and LHN review, planning and advisory committees, including major strategic reviews and policy development led by SA Health or LHN's.

At present there is an inequity of allied health leadership roles (AHP 3-6) across and within teams in LHN's with some networks/teams having few staff at this level. Current data identified 16.1 FTE or 5% with stand-alone non-clinical responsibilities (management and projects) across southern, northern and central LHN's. The impact of this narrowing of AHP managerial options for staff is likely to impact on governance, patient safety and clinical psychosocial service delivery for consumers as highlighted in the various service reviews conducted for SA Health (Deloitte, 2015 and Gruner, 2014).

3.2 Issues relating to multiclass roles

Recently, unilateral Union involvement has resulted in the conversion of several multi-classifications to nursing-only positions. This reduces the opportunities for AHP's to input their broad and diverse skill set to mental health impacting patient care by reducing access to the holistic view which AHP's use to assess, plan and treat consumers. Decreasing multi-classification positions also impacts on potential career pathway options available to AHP's reducing the mental health sectors attraction for staff. Gruner (2014) did raise issues with multiclass roles and impacts on appropriate service planning, however a balanced approach to staffing skillmix is required that is driven by service need and not industrial parameters.

3.3 NDIS and My Aged Care (MAC) Impacts

It has been noted that the assessment and case management processes associated with the NDIS/MAC for consumers with a psycho-social disability significantly impact the workloads and complexity level of AHP roles, in particular those of occupational therapists and social workers. A review of workload implications and staffing to redress the significant and increasing imbalances needs to take place. This is evidenced by The Social Development Committee of the SA Parliament which is currently conducting an inquiry into Mental Health Services and the NDIS, in recognition of these and related issues.

3.4 Referral Pathways in/out of services and limitations/lack of external service providers

LHN's report that AH referrals come from a range of sources including private and public psychiatrists, GP's, community services, mental health triage and inpatient units. Referrals allocated to AH usually involve consumers with chronic, complex and multifaceted needs often revolving around specialist therapies, activities of daily living (ADL's), functional issues, relationships, community safety, legal, housing, finance and behavioural management. AH interventions support sustainable community tenure and contribute to reducing hospital re-admissions.

AH referrals to acute teams may come from sources such as ward rounds and AH priority screening. In community teams, AH referrals are usually allocated consistent with which discipline can best respond to the consumer's needs.

CHSALHN primarily receive referrals from outside agencies with AH care being allocated commensurate with consumer needs (within available resources). Metro LHN's accept external referrals (e.g. from GP) to some services for profession specific care such as psychology, and triaging is based on need. LHN's identified difficulties regarding incoming referrals including high levels of consumer complexity and difficulties establishing primary care provider responsibilities, especially when funding issues are involved.

Referrals from SA Health Mental Health agencies out to community care providers such as Non-Government Organisations (NGOs), GP's, private therapists and other government agencies (e.g. DASSA, housing services) are constrained due to a lack of appropriate services being available and the complexity of the consumer's needs. The contraction of the external AH sector particularly impacts AH assessment to meet requirements for referrals to access other services such as housing, rehabilitation and care packages. This has shifted this essential work back to SA Health mental health AHP's, increasing workloads and ultimately delaying discharge. NDIS and MAC application rejection or slow uptake is further compounding this issue.

LHN's report that non-government/community mental health agencies provide substantial options to mental health consumers regarding practical support, but not clinical services. Therefore they are often not a pathway for transfer from SA Health Mental Health Services as part of integrated discharge plans.

General Practitioners and Primary Health Care settings are frequently not resourced to manage consumers with complex, long term conditions which impacts the transfer of care from government mental health Services. Some community mental health services will transfer consumers back to government Mental Health services if there is an assessed risk (e.g. presenting with self-harming behaviours), in order to focus on the management of consumers assessed as low risk.

Attempts to gather interstate comparisons regarding referral pathways and agency responsibilities have not been successful at this time. Queensland Health Mental Health plan does speak about the importance of funding the NGO sector appropriately to build capacity to support consumers in non-clinical, recovery focused services such as personal care, accommodation and vocational rehabilitation.

3.5 Attracting and Retaining Staff

Current recruitment systems, vacancy management systems and Human Resource processes contribute to inefficiencies and delays. Vacancies impact on client care and workload-related stress

levels for staff absorbing additional work and/or team tasks when there are ongoing vacant positions waiting to be filled. Cancellation of student placement supervision arrangements also becomes evident in times of staff shortages due to vacancy. A streamlined and more flexible recruitment process would be extremely beneficial. Current inconsistent Human Resource advice and practices add to delays in recruiting staff. These inconsistences include finalising job requestions, varying position numbers, types of contracts, classification and criteria for determining increment levels, downgrading backfill of senior positions to a lower classification, and the minimum requirements of criminal history screenings.

Funded vacancy data is not easily identified from workforce data systems. The July 2018 data provided piecemeal figures across the system with 8.02FTE (1.6%) identified. As not all LHNs or professionals within LHNs provided funded vacancy information in the verification process, it is reasonable to assume that the FTE is greater.

Additionally, there is limited budgeted provision for leave backfill for allied health staff. *The Oakden Report: The Report of the Oakden Review* described how backfill and vacancies for Allied Health staff were not completed and additional resources denied. Timely access to allied health services was a recommendation identified in a SA Health *Root Cause Analysis Public Report* (2017), items 4.4 and 5.4. The Deloitte, *Community Mental* Health *Report*, 2015 also highlighted the impacts from a lack of backfill.

As shown by Graph 2, 52.24 % of AHP staff in MH services are part-time, which requires additional time and resources in the form of supervision, administration and Human Resources than the fulltime equivalent staff.

Usually the planning and resourcing around opening of additional acute mental health beds or associated services does not include AHP resourcing. This results in staff workload expansion or the reduction of other therapeutic services to enable a base service to the new beds. FTE can become dispersed according to service structure rather than consumer need.

In order to develop and maintain a vibrant workforce delivering evidence based practice, teams with more experienced clinicians and fewer new staff is preferable given the requirement for specialisation of clinical practice skills. Maintaining that balance is increasingly difficult, especially during resource scarce times and when there are compounding factors adding a layer of complexity to the recruitment drive.

There is a need for a health service focussed Allied Health enterprise agreement that establishes minimum staffing levels, backfill arrangements and dedicated time for Senior Clinicians (AHP3s) to undertake professional and team leadership responsibilities and for all staff to undertake professional development.

Allied Health staff are keen to support clinical education through student placements to ensure exposure to the sector, however with no reduction in clinical loads to accommodate this, quality clinical placements provision become unviable. By partnering with universities regarding facilitated clinical student placements and creating opportunities for joint AHP (university/SA Health) employment appointments, such as the development of Mental Health Allied Health clinical placement educators, or other training and quality improvement roles, will advance the quality of allied health staff work readiness in mental health. Increasing access to research support and funding for Mental Health AHP's, including implementation of clinical best practice quality improvement initiatives would recognise and value the role allied health brings to the field of Mental Health and subsequent translation of evidence-informed research to clinical practice.

3.6 Contracts vs. Permanency

SA Health relies heavily on the use of temporary contracts (rather than permanent roles) to staff AHP roles. SA Health Corporate Services data from September 2017 concluded that 68% of AHP1, 30% of AHP2, 18% of AHP3 and 13% of AHP4 were on temporary contracts at any one time. Overall similar ratios are reported by LHN Allied Health managers within mental health services across the system but levels fluctuated within LHNs.

This short-term strategy impacts staff engagement, retention of skilled staff, service depth and continuity, the provision of student clinical placements, succession planning and team morale. For managers, this strategy increases significantly the administrative burden of associated Human Resources and vacancy management systems, along with the time investment required with the cycle of upskilling new staff.

There is an inherent difficulty in attracting staff to short term and contract positions or retaining staff when they have short term contracts which may only be extended for a month at a time. Consistent backfill arrangements and dedicated administration support for recruitment of Mental Health Allied Health staff is essential. An additional workforce issue complicating the development of a coordinated and centralised approach to backfilling vacancies for planned leave, is the ad hoc nature of flagging backfill needs.

Coupled with the complicated vacancy management system is the difficulty of being able to attract and retain a viable, high calibre group of casual allied health workers in the Allied Health Resource Bank for planned and unplanned vacancies. As a result, there is a perpetual supply and demand issue throughout the year, in various service settings across mental health.

Significant resources are required by the Mental Health Allied Health Discipline Leads to manage the Professional Practice Program (PPP), which is a 12 month contract for newly graduated staff who are, at times, used to fill gaps of Allied Health (AHP2) positions due to lack of an experienced mental health workforce. The PPP provides training supports, mentoring and networking for this staff cohort. Staff are not able to be guaranteed ongoing work at the end of the contract despite the resource investment.

3.7 Recognition and Valuing the Role of AHP in Mental Health

The National Practice Standards for the Mental Health Workforce (2013) recognises AHP's for the role they play in the field of mental health. The World Health Organisation Commission on Social Determinants on Health and Mental Health, and related research literature, acknowledge mental health as a complex outcome of biological, psychological and social factors; involving contextual factors and an exposure to wide ranging social stressors. However LHNs report significant variation in culture that values and respects Allied Health input and contribution to multidisciplinary care psychosocial outcomes for consumers.

4. Context of Services and benchmarking

Across SA Health Mental Health directorates there are numerous models of care (MoC) covering the breadth of stepped mental health care options in the state (acute, Older Persons Mental Health Service [OPMHS], paediatric, rehabilitation, community etc.). To achieve the trauma-informed care principles (safety, empowerment, choice, collaboration and trustworthiness), an integrated and collaborative care model focused on self-management is core. Mental health allied health professionals had identified the following as enablers:

- Flexible access, entry and re-entry points and pathways for consumers to engage with AHP's
 across the continuum of care, emphasising the importance of the multi-disciplinary team in
 individual care plan delivery and review processes;
- A vital role in the multidisciplinary leadership of a service ensuring evidence-informed development, service planning, training, supervision and support for staff;
- Community mental health services being the centre of the mental health system with responsibilities and engagement continuing regardless of the consumer's location or health status (e.g. acute vs community vs primary health care). AH are proven contributors to the successful and safe transition of consumers across care settings;
- Continual development of the workforce via targeted recruitment, training, supervision and quality assurance/clinical governance as this is crucial to building staff capacity and developing a service of excellence. This should include work shadowing opportunities for staff who are in non-mental health roles;
- To ensure consumers have access to culturally sensitive services, staff need to be cognisant and appropriately trained regarding the needs of people from diverse backgrounds such as Aboriginal and Torres Strait Islander People, CALD, GOM and LGBTI. Mental Health AHPs also should recognise the impact of traumatic experiences (e.g. refugees or trauma survivors) manifesting through a wide variety of psychological, physical and social problems;
- All Models of Care (MoC) commit to facilitate each consumer receiving the right level of care, in the right place, at the right time, by the right people.

Of the various MoC reviewed (refer reference list), the NALHN Older Persons' Mental Health Service Model of Care (December, 2017) highlighted particular risks, benefits and roles for AH identified by the Oakden Report, stating that "an absence of AHP staff was a contributing factor in the harm experienced by the consumers of OPMHS". Changes made within this setting to address AH access shortfalls resulted in significant benefit with positive outcomes and experiences reported by consumers and carers. Recognition of the need for senior clinical AHP's to ensure delivery of safe and quality care in response to recommendations of the Oakden Report has also resulted in improved practice and outcomes for consumers (e.g. reducing restrictive practices, falls prevention, and medication management).

LHN's MoC reviewed do not specify AH FTE, with the exception of the NALHN OPMHS (Dec 2017) outlining a clinical staffing profile summary. In other LHN's FTE has been determined based on the role and function of the service, with rehabilitation, psychosocial interventions or specialised scope of practice services utilising higher AHP FTE levels than a service focused on acute medical assessment and treatment. Within CALHN AH mental health discipline leads have benchmarks for AHP's working in Mental Health acute services as shown below:

Occupational Therapy - minimum 1FTE:20 beds with ideal being 1.4FTE:20 beds

- minimum 1FTE:20 beds with ideal being 1.4FTE:20 beds

- minimum 1.54FTE:20 beds with ideal being 1.8FTE:20 beds

These minimum allied health ratios have arisen as a result of the developments of new and revised models of care and subsequent workforce modelling, in order to meet consumer and service needs. The benchmark FTE is derived from reviews of like-services across the state and nationally, data analysis and research outcomes, literature reviews and FTE resource management in order to meet the requirements and responsibilities of the allied health role within the service. Although LHN's have different service needs, working towards establishing agreed minimum allied health benchmarks across the mental health sphere may assist in establishing consistent and equitable services for consumers. Adequate staffing rations enable professions to work to full clinical scope, a current deficit identified by the Deloitte report (2015).

AHP's FTE to consumer ratios in Mental Health community settings have not been calculated as above, but are a result of historical de-institutionalisation where resources were moved from hospitals to the community, resulting in the community FTE of AHP's being significantly lower than nursing positions. This would indicate that while there is representation of AHP in community Mental Health it is not in response to service planning needs or service demands.

5. Future Role Expectation of Allied Health Professionals in Mental Health

Feedback from senior mental health AHP clinicians across the network is that the MoC ideals listed above are not being met, resulting in an overstretched, under-resourced, under-utilised workforce and suboptimal consumer outcomes. As per the workforce data in section 1, AHPs have largely a flat structure (with 64% at junior levels) so career pathways are limited as is the development of senior clinical skills and the ability to work to full scope. Key recommendations for future role expectations include:

- Dedicated Allied Health positions as members of Executive teams
- Increased senior clinical roles
- Identified backfill and succession planning
- Supported integrated care models where all professional input is valued
- Continued supported training.

AHP's are proven positive contributors to mental health care but are underrepresented at the Executive level with limited direct advocacy or strategic planning conduits. Development of a Director of Allied Health Mental Health in each LHN would provide the mechanism for advocacy, strategic planning, governance, accountability and capability expansion.

An increase in senior clinical AHP positions across the network is required to establish clinical governance across these highly specialised services and to support the recruitment and retention of AH staff, contribute to LHN level strategic workforce planning and service development, to ensure services are effective, efficient, equitably distributed (according to need) and based on evidence. These senior roles would provide appropriate advanced clinical care for consumers and in turn lift the profile of AH and capabilities in the mental health sphere and support the work of AH leadership positions at the Executive level.

The *Deloitte Community Mental Health Report* (2015) highlighted deficits in metro backfill funding as a risk to the efficient functioning of the service and results in poor staff morale and output. A recommendation was made for investigation into viable options and support for increased backfill. LHN AH managers' report that issues continue in this space and have advocated for access to a statewide casual pool and adequate funding to assist with backfill.

Development of shared care treatment strategies involving AH teams and external providers to facilitate discharge from SA Health Mental Health services is integral to reducing the workload for AHP staff and promoting capacity and flexibility in the system. Co-operation and collaboration with NGO's, Primary Health Networks, Commonwealth providers and General practitioners needs to be encouraged and sufficient quarantined time to allow this important work to occur. This will also need resources from the Executive level.

Training gaps are evident for AHP staff with regards to NDIS/MAC processes and applications resulting in further delays in an already dysfunctional system. To assist streamlining of applications and expediting approvals for consumer support allowing safe transfer of care, targeted, recurrent and sustainable training and assessor roles responsive to NDIS changes needs to be available across the Mental Health directorate.

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