SOUTHERN
SYNERGY
The Southern Health Adult Psychiatry
Research, Training and Evaluation Centre

Southern Health

Latrobe Regional Hospital
caring for you and the community

The ALFRED
A Member of BAYSIDE HEALTH

Peninsula Health Psychiatric Service

Sharing
Expertise,
Education
and
Training

Progress Report

July 2006

Southern Education and Training Cluster

John Julian
Projects and Training
Southern Synergy

July 2006

Contents List

Introduction

The Southern Education and Training Cluster consists of Southern Health, Bayside Health, Peninsula Health Psychiatric Services and Latrobe Regional Hospital Mental Health Services. The auspice is Southern Health; specifically, the associated Southern Health Adult Psychiatry Research Training and Evaluation Centre (the 'Centre') within the Department of Psychological Medicine at Monash University. The Centre is called Southern Synergy and is based at the Area Mental Health Service (AMHS) of Southern Health's Dandenong Hospital.

Activities and projects of the cluster receive support through regular meetings of the cluster Steering Group; chaired by the Centre Director, Professor Graham Meadows. The Steering Group has representation from participating health services as mentioned and multiple disciplines. The function of the Steering Group is to oversee a series of goal-directed projects and specific training programs to address identified state-wide and cluster priorities. In 2006 ten major areas were identified as focus areas for Southern Cluster in 2006. These included:

- Consolidating support and training opportunities to overseas trained medical staff
  o Development of compatible audio-visual equipment allowing distance education
- Coordination and review of a common orientation program
- Development and coordination of compatible qualitative risk management training programs
- Extension and development of graduate programs across the cluster
- Consolidating and support the Allied Health Educational Network within the cluster
- Information Strategy and Calendar project
- Development of a leadership program
- Consumer and carer involvement
- Aged Psychiatry involvement
- Development of Train the Trainer processes

Throughout the development of the cluster work plan there has been continued commitment for the establishment of balanced and equitable partnerships between participating agencies. Within the cluster Steering Group, it was clearly acknowledged, that participating health services each have particular strengths to contribute to the cluster and that all services have something to gain by this involvement. As a tangible commitment to this principle, leadership of projects has been shared across the cluster, with each member taking a leadership role in one or more projects.

This report addresses the requirements as stipulated by The Mental Health Branch, Department of Human Services. The key reporting areas included:
- The activities undertaken to address both state-wide and cluster priorities in the project.
- Cluster functions in relation to the:
  o efforts and processes involved with delivering cluster-wide, co-ordinated and consistent activities; and
  o how the cluster operates as a reporting and monitoring structure on cluster activities that are delivered by individual members.
- Issues and solutions to problems that have arisen.
- The expenditure of cluster project funds.

Each project area identified above has a separate section in this report that details the first, third and fourth point. The second point regarding Cluster functions and reporting can be dealt with in one section that has been tilted "Cluster Function, Reporting and Governance".

The following Table summarises the overall state of development of each of the separate projects, along with information about lead agencies, key staff and budget.

Summary of major projects

	Area of Work/Project	Task Group operating / meeting regularly	Lead Agency & Key personnel / workers	Budget defined and spending occurring	Budget – amount and completely allocated or spent
1	**Support Overseas Trained Medical Staff**	Yes	Latrobe Regional Hospital Mental Health Services Chair: vacant Maryellen Haines, Latrobe John Julian, Southern Health Dr Sathya Rao	Yes	$3,000
1a	**Sub-task of Support Overseas Trained Medical staff: Cluster-wide Video-Conferencing Ability**	Yes	Latrobe Regional Hospital Mental Health Services & Southern Health John Julian Ian Arrowsmith, Vantage Solutions	Yes	
1b	**Meetings Needs of Other Overseas Trained Medical Staff**		Core Group John Julian	Yes	$1,000
2	**Orientation Task group**	Yes	Peninsula Health Psychiatric Services Chair: Barbara Keeble-Devlin, John Julian	Yes	$2,000
3	**Risk Management**	Yes	Peninsula Health Psychiatric Services Chair: Dr Richard Newton, P.O.: Jaqki Barnfield	Yes	$27,000 Spent
4	**Graduate Programs**	Yes	Bayside Health: Phil Maude PO Leigh Naunton and John Julian	Defined	$20,000
5	**Allied Health Education Network Sub Groups/ Networks:** 1. **Occupational therapy** 2. **Psychology** 3. **Social Work** 4. **Speech therapy**	Yes	Southern Health Chair: Rotating P.O. John Julian plus seniors	Yes	$8000 Fully allocated and some spent
6	**Information Strategy and Calendar project**		John Julian	Yes	$2,000
7	**Leadership training**			Defined	$8,000
8	**Consumer and Carer Consultants**	Core Group	Core Group John Julian / Jill Gray	Defined	$4,000
9	**Older Persons**	Core Group	Core Group/ John Julian	Defined	$1,000
10	**Train the trainer**	Core Group	John Julian / Jill Gray	Defined	$5,000

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Detailed information on specific projects

Support for Overseas Trained Medical staff

Activities undertaken

The lead agency for this project is Latrobe Regional Hospital. The task group representative of the Overseas Psychiatrist Training Initiative met three times in 2006; instead of the monthly meetings that occurred throughout most of 2005. The major focus of the group has been on the Gippsland region. Latrobe Regional Hospital employs a large number of overseas-trained medical staff. The Latrobe Regional Hospital Mental Health Services (LRHMHS) is involved in preparing overseas trained consultant psychiatrists towards meeting the requirements of the Australian and New Zealand College Fellowship examination. This focus continues with some activities now starting to have a broader application. The task group provided a range of supportive mechanisms to this training program for overseas-trained doctors and psychiatrists. The task group continues to encourage cluster members to observe how aspects of the improved training for overseas-trained doctors could inform the training programs for other staff. This has been a major driver in the push for quality audio-visual equipment.

Activities this year included:
- Examination preparation

    o LRHMHS had been invited to and attended examination preparation with senior staff of Southern Health. This followed on from the agreement in 2005 regarding provision of mentoring and support services by Southern Health consultant staff to LRHMHS staff. This included meetings to discuss clinical cases and also participation in examination preparation sessions organised within the Southern Health Training Program.

    o Southern Health is now offering regular fortnightly supervision sessions to exempt candidates for the RANZCP examinations. These have been booked until November 2006 and will continue through 2007.

    o Arrangements have been finalized and agreed to in regard to videotaping grand rounds. These are now provided on DVD to Latrobe Regional Hospital.

- Gaining appropriate quotations for equipment and service provision for audio-visual equipment and providing these to the Mental Health Branch. This area of activity followed a major report in 2006 that analysed cluster-wide video-conferencing compatibility and identified key equipment required to enable cluster members to meet through the use of video-conferencing.

    o This submission was successful and final negotiations are under way with Peninsula and Southern Health in regard to installation.

- The task group encouraged other developments that support the training goals of cluster agencies; including the exchange and transfer between agencies and regions of improved training programs, such as that for overseas-trained doctors.

- Commencement of a project to explore difficulties of recently arrived overseas trained staff and develop a draft booklet for future new staff. This follows on from informal and formal comments from overseas trained staff in Latrobe Regional Hospital that a variety of issues exist in understanding Australian culture and language. A preliminary exploratory qualitative study interviewing 15 staff has confirmed this.

This project is developing a draft booklet and will develop a range of recommendations for cluster members to consider in developing or reviewing their policies with the view to assisting newly recruited overseas-trained staff from any professional group. Adrian D'Monte, a social worker who has recently arrived from India, assisted the cluster in this project.

- Aspects of the Cultural Mentoring Program developed at Latrobe that were mentioned in the 2005 report will be incorporated into the booklet program.

Issues and solutions to problems

i. Videoconferencing development

Access to educational services offered within the cluster has been seriously hampered by the large geographical distances between cluster members and the lack of compatible qualitative equipment and linkages.

This issue was identified and a submission was made to the Mental Health Branch. This was successful.

ii. Videotaping 'Grand Rounds'

As recommended in the last report, Professor Graham Meadows continued encouraging resolution and Associate Professor Athula Polonowita finalized the necessary protocols to ensure appropriate permissions were granted.

Three grand rounds have been videotaped and distribution is occurring at Latrobe Regional Hospital. A DVD library has commenced and will be offered to other services throughout the cluster.

The Alfred has offered to provide a similar service and as such a range of DVD's will be available to all cluster members.

iii. Delayed commencement of support services to Latrobe Regional Hospital.

After some initial successes, several delays in commencement of support services to Latrobe Regional Hospital continued to occur. The project staff consulted with cluster chair, Professor Meadows, and continued to monitor and encourage 'stepping through' of the project in Southern Health until all permission requirements had occurred and activities were in place. Southern Synergy project staff also assisted in collating the program and making booking arrangements.

Expenditure of cluster project funds

Funds in 2006 to date have been spent on:
- Minor assistance to Mr D'Monte for costs associated with the project.
- Copying of DVD's

Funds for audio-visual equipment have been sent to Southern Health and Peninsula Hospital and Vantage, the contractor, has invoiced those services directly.

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Activities to be considered in future

Maintenance of existing projects will continue to occur. Other activities to occur include:

1. Re-establishment of a sub-committee will be required once a replacement for Professor Mark Oakley Brown is confirmed. Key personnel continue to meet and discuss issues as required on an informal basis.

2. Training of staff in the use and operation of audio-visual equipment will be required. How this will be operationalised is being explored.

3. The implementation of the Cultural Mentoring Program for overseas trained medical staff will provide them with contextual knowledge and skills to enhance clinical practice. Maryellen Haines is presenting this development to the next TheMes Conference. This program is distinct from supervision and clinical mentoring.

4. Continue development of a booklet, policies and procedural recommendations for member agencies will continue.

5. Consideration of the types of support available to Latrobe to assist with exploring ways that continue the funding of its overseas trained doctor's education program.

Orientation Task Group

Activities undertaken

The lead agency for this project is Peninsula Health. The task group consists of Barbara Keeble-Devlin, DON, Peninsula Health Psychiatric Services AMHS, Derith Harris, Senior Nurse Educator, Southern Health AMHS, Jakqui Barnfield, Nurse Educator Peninsula Health Psychiatric Services, Linda Curtis, Senior Nurse Educator at Latrobe Regional Hospital Mental Health Services and John Julian, Training and Projects, Southern Synergy.

The task group will meet late in 2006 to review the training package developed in 2005 and which is in use by member agencies. The sub-committee will also review attendance issues, if any exist.

Currently the major item to be reviewed is the PowerPoint presentation on the Mental Health Act (1986).

Issues and solutions to problems

i.   Mental Health Act material

In the 2005 report, concern was expressed regarding the absence of Mental Health Act resources in the Orientation Pack. Since then, the project worker responsible has developed a data presentation using material provided by Alfred Health and LRHMHS. This has been reviewed by Southern Health staff and is now being piloted by that service.

ii.   Orientation Presentation to non-nursing staff

Concerns have been expressed that PsyNET resources were to be used to assist non-nursing staff. This issue will be discussed and resolved at a cluster steering group meeting in late 2006.
All services have orientation sessions that are open to all staff to attend in the cluster. Distance is still an issue for attendance at these.

The expenditure of cluster project funds.

Only minor funds of $1000 have been allocated to this item this year.

Risk Management

Activities undertaken

The lead agency for this area is Peninsula Health Psychiatric Services. The task group is chaired by Dr Richard Newton and the project worker is Jakqui Barnfield. The task group consists of Dr Richard Newton, (Peninsula Health Psychiatric Services AMHS), Derith Harris, (Senior Nurse Educator, Southern Health AMHS), Jakqui Barnfield, (Nurse Educator Peninsula Health Psychiatric Services), Linda Curtis, (Senior Nurse Educator at Latrobe Regional Hospital Mental Health Services), Rod Mann, (DON, The Alfred Psychiatry) and John Julian, (Training and Projects, Southern Synergy). This is the major project and focus for 2006 of the cluster. Following on from the work last year by the sub-committee $27000 has been allocated to this project this year.

The 2006 review consisted of:

- documenting the definitions used of risk management and the differences in definition used by cluster members;

- determining what training or other methods are used in different areas of clinical risk - acute care, continuing care, profession specific education, senior management and governance structures, etc;

- collating and summarising policies and procedures in regard to clinical risk management and training in relation to the practices in different cluster members;

- identifying how risk management education and training is structured and the educational methods/techniques used in both training and to effect change in practice; with particular attention to:
  o skills,
  o knowledge
  o attitudes;
  o non-training methods used to bring about change in skills, knowledge and attitudes and how these relate to education and training;
  o methods of evaluating change from education and training; and
  o how system-wide surveillance occurs.

By the 2006 Annual Report deadline, the cluster was waiting on the final written report from Peninsula Health. This report was received and accepted by the Cluster.

After completing the review as described above, all cluster members agreed to undertake a broader comprehensive approach to risk management training and that the development of a new Clinical Risk Management (CRM) package was required.

Development of this package is now occurring. Three core packages in risk management are being developed. These include:

1. Develop a common platform of content working collaboratively across the Cluster for aggression management that has an advanced theoretical component on de-escalation and negotiation.

2. Develop a common platform of content working collaboratively across the Cluster for suicide prevention and intervention.

3. Develop a CRM 'core' program for all personnel responsible for Clinical Risk.

A 'RISCE (Risk Identification, Safety Containment, Environment) Package' has been developed dealing with aggression management. This has been piloted at Peninsula and has received favourable feedback. Currently trainers from other members in the cluster are attending sessions run by Peninsula to assess the course.

RiSCE

Risk identification, Safety, Containment, Environment

The future...

This package includes the following modules:
In the beginning… Person Centred care

Module 1:   Creating a Non-Violence Culture

Module 2:   Risk Identification/ Assessment

Module 3:   Communication and De-escalation Skills

Module 4:   Conflict Resolution

Module 5:   Consumer Perspectives

Module 6:   Aggression and the law

Module 7:   Self-defence, Breaks and Escapes

Module 8:   Group Restraint

Module 9:   Home Visiting

Module 10:   Your Safety

A 'Risk Management (Suicide and its Management) Package' has also been developed and is being piloted at Southern Health. The package includes:

- assessment of suicide with greater use of evidenced based scales,

- a greater focus on management of the person after an unsuccessful attempt at suicide with an overview of the literature,

- good practice principles in mental health settings and discusses issues for ward management

- a brief review of risks of neglect, aggression management, homicide, risks to children and family.

The package has received favourable feedback from participants in the initial trials and is currently being reviewed.

A core package of risk management will be finished in August 2006.

It has been noted that many current risk management programs involve a fee being paid to the originators of the material per participant. One major advantage of the cluster developing its own material will be a major saving in costs. This has already occurred at Southern Health, which now no longer uses the ASIST package.

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Issues and solutions to problems in 2006

Increasing Knowledge-base of Community Sector - developments elsewhere in the educational sector.

Recently the Community Services & Health Industry Skills Council has released its **CommunityMindEd** program. This resource is intended for use by Vocational Education Training (VET) teachers and trainees in community service fields in which mental health, mental illness and suicide related issues might arise. It is a useful resource that incorporates ASIST material into the training of ANTA level VI (e.g. Divisional II Nurse) and higher courses. With these developments in place it is necessary for mental health services to ensure that staff have higher levels of training than ASIST.

The material currently being prepared in the Southern Cluster addresses this issue.

However, investment in ASIST has been significant and it may be that it still has a role to play given it provides a source of funding for services and a way of bringing together community based staff and mental health services. This issue will be discussed further amongst the cluster.

Relevance to Aged Psychiatry Services
Aged Psychiatry Services have expressed interest in the development of the risk management course to ensure that it has greater relevance to their services. The project worker Jakqui Barnfield is an experienced nurse in Aged Psychiatry and trains Peninsula Aged Psychiatry staff. As such it is believed that the package will meet the requirements of Aged Psychiatry Services.

The expenditure of cluster project funds.

Peninsula Health Psychiatric Services will be provided with a total grant of $27,000 on invoice for the employment of the project worker. $13000 has been expended to date with the remaining funds to be paid on delivery of products to the Cluster Steering Committee.

Enhancement of Graduate Programs

Activities undertaken

The lead agency for Graduate Programs is Alfred Psychiatry. Currently work continues with the development of the Allied Health Graduate Program. Significant discussion is also occurring around the issues of Graduate Nursing Programs and a draft agreement was reached at the June meeting between cluster members about how to step this forward.

Development of Allied Health Graduate Program

In 2005, the major focus was on the development of an agreed Allied Health Graduate Program. This process included a thorough consultation with Allied Health Staff and a review of other courses.

Since the 2005 report the outline program has been finalized with the following actions implemented:

1. Telephone interviews to assess the training needs of senior staff

2. A review of existing training programmes.

3. A successful workshop of Allied Health Seniors was held on 18th January, to provide input on course content and delivery options.

4. Alignment of the course content with National Practice Standards for the Mental Health Workforce was addressed and met..

5. A pre and post competency assessment rating tool for use by supervisors and the staff member using the tool was developed.

The Allied Health Network, that is guiding the project, has decided that it will:
* Consider what aspects of this program are in common with graduate nursing programs;
* Call for expressions of interest in the development of three to five core days which are not in common with the graduate nurse programs.
* Develop 3 to 5 days of its graduate program that are specific to Allied Health.

The cluster will contribute $10,000 towards this project in 2006.

Graduate Nursing

Little action has occurred in developing an action program for Graduate Nursing Development in Southern Cluster. In order to consider how this issue could be best stepped forward the Cluster recently held a special interest segment in its June meeting to highlight graduate nursing issues and explore how the cluster could initiate this.

The main reasons for the delay in development have been the due to several interrelated factors and complexity in the field and its history. These factors include:

* there is change occurring in nursing education and nursing;

* the process of acknowledgements/ endorsements are in the process of being clarified;

* an increasingly open market for courses in relation to nursing;

- confidentiality and copyright issues of some courses;

- course content and ownership/legal issues;

- past and current affiliations between universities, staff and mental health services and the strength and quality of these affiliations;

- competing needs such as the use of Graduate Programs as marketing tools by mental health services; and

- differing needs of cluster members; with some requiring changes to their graduate nurse programs and others not.

An example: the private versus public ownership of course material
Several factors complicate the Graduate Nursing Program environment. One example is the private versus public ownership of course material. Sharing of course material in some instances, by mental health providers who assisted in its development is no longer allowed due to copyright issues. One related issue that has been raised is that the development of courses and material at some universities, and the subsequent quality of the course, has been dependent on specific individuals. In some instances, individuals have developed a course and owned copyright over it. When the individual holding the copyright has left, the course has also changed dramatically at times and in some instances no longer included in the curriculum. It has been suggested that one way around this is for the cluster to develop a commonly owned set of courses that can be regularly reviewed and provided to universities for incorporation. It was noted by Southern Health that the Mental Health Branch provided significant funds for the development of the Diploma in Mental Health Sciences - Community Mental Health. Southern Health has suggested that funds being provided to the Diploma in Mental Health Sciences - Community Mental Health to develop specific units that would allow the course to gain recognition as a nursing course. However, due to the competing nature of the field and the different levels and types of needs by the different cluster members this approach has not been appropriate at this stage.

Other issues in relation to this area were summarised in the 2005 report.

Issues and solutions to problems

Funds for Graduate Programs had been reserved in 2006 but no projects have been approved for expenditure. The issue was listed for a special segment in the Steering Committee meetings to explore and gain agreement on future action.

The complexity of the field, competing and differing needs of cluster members meant that the issues were complex and therefore difficult to get a nursing project onto the agenda. As such the above strategy was used. It has been recommended that a project with a $10,000 budget will be used to further the developments in Graduate Nursing. The draft terms of reference for this project are to:

- Develop an agreed, history of Graduate Nursing Program Courses between Southern cluster stakeholders (specifically, Senior Nurse Educators and where required, DON's).

- Develop a summary of what the current developments and trends are in Graduate Nursing Programmes. This will include interviewing key stakeholders and education providers and doing a policy and documentation scan.

- The development of round table conferences, which will discuss and develop an appropriate way forward for Graduate Nursing Programs.

Funding of Allied Health Graduate Program.
When raised in the 2006 budget negotiations, the Mental Health Branch recommended that this be funded from the $30,000 the Mental Health Branch provides for each graduate position they fund. Exploration of this issue has found that these funds are used in a variety of ways. For example, one service uses them to pay for fees for two staff attending the Diploma in Mental Health Sciences - Community Mental Health. Another service used the funds to create a new position and have agreed to make the position full time. As such a cluster agreement on the use of these funds does not appear possible.

To further the project the Chairperson, Professor Meadows and John Julian will meet to develop the terms of reference further and then arrange for appointment of the project worker.

The expenditure of cluster project funds.

No expenditure has occurred to date in 2007, however the budget is defined and expenditure is planned.

Allied Health Network

Activities undertaken

The cluster created the Allied Health Network in 2006.

It followed from a reference in the original Workforce Development Report in 2004 that a group similar to the Southern Nursing Alliance may be a useful mechanism to aid Allied Health staff to meet and consider their professional development and workforce training needs.

The Allied Health Network's broad goals are as follows:

Southern Cluster staff taking part in the Mock
Coroners Court at the
Mental Health Legal Issues Conference

- To provide a consultative forum to explore how professional development and educational activities for Allied Health staff may be improved through cross Area Mental Health Services activities and coordination.
  - o The group guides the development of the Allied Health Graduate Program and acts as the reference group for this project.
- To report and monitor the development of discipline specific days
  - o Each discipline is to develop a reference group using communication methods appropriate for that group (i.e. a the group may meet through telephone conference, etc)
  - o Discipline specific days have now occurred for psychology, social work, speech therapy and occupational therapy
    - Occupational therapy – Assessments and Models of Practice
    - CBT with people with schizophrenia
    - "Language development - from infancy to adolescence'
    - Social Work New Therapies and Innovations Conference
  - o A second round of discipline specific days are now occurring

- Develop one to two major conferences each year for all disciplines with a focus on an area common to all disciplines
  - o One conference has been held in 2006 with a second to occur on 8th November 2006.

Each major discipline has held at least one major conference. Each conference has averaged 75 to 80 participants.

In addition to this the first major conference was held on 8 June 2006 with over 80 staff attending. The conference topic was Legal Issues in Mental Health: specifically covering:
- Privacy and confidentiality with guest speakers and panels that included the Health Services Commissioner and the Mental Health Legal Service;
- Coroner's Court Processes in the form of a mock Coroners Court. This was delivered in a fishbowl style learning process;
- A briefing about the new 2005 Children's Acts and their implications for mental health workers, services and clients.

The days planned are different and specific to the needs of each profession. They are as follows:

Issues and solutions to problems

1. It has taken time for discipline specific days to be organized. The major reason for this was the need to consult with discipline specific staff as to their needs and how to best use the funds. This was the major goal for 2005. Processes are now becoming more streamlined as the network becomes more established.

2. No list of Senior Allied Health staff existed. The list is still incomplete with a major issue being that individual Allied Health staff at Latrobe Regional Hospital do not have personal email addresses. This impacts on the distribution of information and subsequent attendance. This is likely to impact on the ability of the service to also retain staff. This is still being explored.

3. Some areas do not have discipline seniors (e.g. social work at Latrobe Health Mental Health Services). As planned and reported in the six month report, discussion of this item occurred at the Allied Health meetings, but no solution has yet been found about regular contact with both social workers and occupational therapists in Latrobe Health Mental Health Services.

4. Physiotherapy has one representative in the Southern Cluster. Attempts have been made to identify other physiotherapists in the state who work in Mental Health Services but as yet none have been found.

The expenditure of cluster project funds

In 2006 the cluster allocated $8,000 to this project. It was decided that these funds be distributed evenly; providing $2,000 each to psychology, occupational therapy, speech therapy and social work.

The conference days are using the $12,000 reserved for this purpose in 2005. Approximately $5000 of this was used for the hire of facilities, organizing staff and miscellaneous costs associated with the Mental Health Legal Issues Conference.

Data base and Information projects

Activities undertaken

Database Activities in 2006

Data for the KPI census is currently being collected 6 monthly.

Information Services

Several databases are maintained to send out information to key players in the cluster.

The web page is now operational. The calendar has been added and is now being re-formatted.

An information strategy has been designed and is gradually being put into action. The strategy consists of four major components:
1. Accountability and planning,
2. Information in regard to education and professional development,
3. Cluster issues
4. Collaboration with other parties, in particular the psycho-social rehabilitation sector as represented by VICSERV agencies.

The first component consists of writing an informative and detailed six monthly report for the Mental Health Branch. This report also informs cluster members and ensures that a common history is developed and agreement is reached about future developments.

The second component involves an educational clearinghouse function that ensures information about educational and professional development courses, both mandatory and optional, is circulated into the workforce. Two strategies involved with this include the development of a six-monthly cluster poster and a fortnightly email; dependent on sufficient courses being available to send out.

The third strategy involves an email to all cluster delegates and senior staff that have registered with Southern Synergy. This will include the minutes of the cluster so that a broad range of staff can input into the cluster's current and future development.

The fourth strategy is in the early stages of development and is a focus for the next six months. Part of this development has been the web page which is now established as part of Southern Synergy's web page at Monash University. A general 'url' has recently been allocated for this centre:
http://www.med.monash.edu.au/spppm/research/southernsynergy/workforce.html

Cluster performance or outcomes measures

With regard to the data base a paper was prepared exploring the different methods that could be used in a bartering system. Agreement was reached by all members that a bartering system will be used at a simple level and that the cluster will develop a system to record and monitor the following:

- Open training days held by each service

- Trainees attending from other locations

- Trainers attending and training from other locations

Table Two: Common training days offered by Southern Cluster agencies:

	2005	**2006 Jan to Jun**	**2006 Jul to Dec**
Number of common training days	4	19	36

While Table Two is impressive, issues with actual attendance at courses by staff from other settings still needs to be considered. At the moment, this attendance is limited where to where a service offers a course. However, attendance by staff from at least three cluster members is occurring in large numbers when the cluster develops and offers a workshop. In particular when workshops offered by the cluster are of special interest, are at a more advanced level than regular mandated training and have been suggested by a group of staff for staff who have completed mandatory training.

Currently five trainers have attended training days run by another Mental Health Service. None occurred last year.

Currently, opportunities for orientation and risk management occur at least every three months in the cluster.

Issues and solutions to problems

Distance still presents as a problem for people from other services to attend 'basic' yet mandatory training such as orientation. This will be explored further.

The expenditure of cluster project funds

$2,000 is allocated to this item. Most of this occurs in development. Layout and printing of the Cluster Calendar.

Leadership Training

Activities undertaken

Peninsula Health is the lead agency for this project. The task group comprises:
- Chairperson: Barbara Keeble-Devlin
- John Julian - cluster
- Maryellen Haines – Latrobe Regional Health Service

The program is attended by staff from Southern Health, Peninsula Health Psychiatric Service and Latrobe Regional Hospital Mental Health Services.

In advertising the course, approximately 40 participants were needed. The course was oversubscribed with 100 people and more applying from all four cluster members. As a result, the number of applicants accepted increased to 52.

The course was designed for 10 modules.
The first and last days are full days. The middle eight days are ½ day sessions with the participants split into groups of 26 each.

The days, dates and modules titles are as follows:

Some of the participants from Latrobe, Southern Health and other services at the June leadership training program listening to presenter, Shirley Jennings.

- Day 1:   21 February: Course Introduction And Setting the Scene
- Day 2:   21 March: Leading people into effective working relationships.
- Day 3:   18 April: Change in Complex Environments.
- Day 4:   16 May. Changing culture and get real things done or just drink tea?
- Day 5:   20 June Leaders managing conflict in a mental health setting
- Day 6:   18 July. Leadership, ethics and wisdom.
- Day 7:   8 August. Becoming a leader on motivation, morale and reflective practice
- Day 8:   12 September. Change and stress in mental health.
- Day 9:   3 October. Creating and leading projects for change in a clinical setting
- Day 10: 21 November. Evaluation – leaders creating celebrations of team success

Each day is evaluated and   participants have indicated a high level of satisfaction. Attendance is in the 90% range. Consideration is underway as to how the course can be accredited with Maryellen Haines from Latrobe Regional Hospital undertaking significant work on this issue.

Issues and solutions to problems

No issues have been presented regarding this course at this stage.

The expenditure of cluster project funds

A contribution of $8,000 is being used on this program in its first year. This is to support development of material for the course and hire of speakers where necessary.

Consumer and Carer Consultants

Activities undertaken

Input by Consumer and Carer Consultants was identified as a weakness in 2005 by the cluster and the Mental Health Branch. An email list of Consumer and Carer consultants has now been developed.

A pilot email orientation has been undertaken to explore the question: "What is their role and how do they want this to be presented in the orientation program?" This has proved fruitful and contact has been made with all consultants in the southern cluster.

Following the initial work, all consultants in the region were visited and a report drafted. This was forwarded to all consultants and agreement reached that it was a representative report with one exception. This involved the selection process to be used to select consumer and carer representatives. A further consultation was therefore organized and a report in this will be made to the Cluster Steering Group in the near future. Nominations will be called for and those representatives will then be the formal delegates taking into account the policy as noted below.

It has been agreed that:

1. Southern Education and Training Cluster Steering Group

   - That two Consumer or Carer places are available on the steering group.

   - That the confirmed minutes will be forwarded to all Consumer and Carer consultants in the southern cluster as early as possible so that they may:

     i. Read them

     ii. Contact either their representative or John Julian to input the views of consumers or carers.

   - Not withstanding the above, all consumer and carer consultants retained the right to personally attend a meeting if they felt strongly about a specific point and the right to contact the Chairperson of the cluster personally.

   - Consumer and Carer consultants may also contact their nominated service representative and provide advice to them, or make a request to be raised at the steering committee of the cluster.

In the interim period Vrinda Edan, the Director of Consumer and Carer Relations from Southern Health attends and inputs into all Cluster Steering Group meetings.

It has also been agreed that two facilitated training and consultation days will occur for consultants with the first one being designed around a consultation and secondly about what the consultants would like to include in future.

Issues and solutions to problems

In undertaking the second consultation only one Carer and Consumer Consultant responded. A report will be sent to the next Steering Committee with recommendations that nominations be called for one Consultant and one Carer representative and an email election held if more than one person nominates each position.

In the interim the consultative mechanisms described above are still in place.

The expenditure of cluster project funds

A sum of $4,000 has been set aside for facilitation, hire of venue and workshop costs.

Older Persons

Activities undertaken

Involvement by Aged Psychiatry Services was identified as a weakness by the Mental Health Branch.

It appears the Southern Cluster is the only cluster with a representative of Aged Psychiatry on the core group who receives minutes.

Following consultative visits to all Aged Psychiatry Services in Southern Cluster procedural agreement was reached that:

- An Aged Psychiatry delegate would be invited onto the cluster meetings;

- Senior's in all Aged Psychiatry teams would be added to minute mailing lists (and therefore all other mailing lists).

In terms of education and training two issues are occurring:

- Peninsula is to be the lead agency on risk management ensuring the risk management package is appropriate to Aged Psychiatry as agreed in late 2005;

- All services have agreed to share their training calendars for the second half of 2006 and should vacancies occur, staff from other services can attend; and

- Following sharing of the calendars, a meeting will occur in September to discuss joint training issues.

Issues and solutions to problems

While all services agreed to provide training programs, no response was received when the request was sent from the two largest agencies. A second request has been sent out.

The expenditure of cluster project funds

$1,000 is allocated to this item. This will be used for meeting support.

SOUTHERN
SYNERGY
The Southern Health Adult Psychiatry
Research, Training and Evaluation Centre

Train the Trainer

Activities undertaken

No activities have yet occurred on this item.

Issues and solutions to problems

It is noted that the majority of nurse educators have Certificate IV in Workplace Training and Assessment. A newer version of the certificate has also been introduced since all of the existing nurse educators in Southern Region undertook their Certificate in Workplace Assessment and Training. Certificate IV in Workplace Training and Assessment is a basic course and the National Training Authority recommended that trainers have support after completing it.

In the TAFE sector this support normally occurs through forums that are called "Moderation Workshops" where courses which are taught by trainers are presented to their colleagues. In general, a trainer would present their session plans, training activities, content, background material used etc in order to ensure that trainer's skills are up to date and that quality courses are occurring. It is noted that in the mental health system little is known about the credibility of trainers who are training community groups and supervisors undertaking workplace training.

A preliminary attempt by the cluster to explore the need for a "Moderation" train-the- trainer forum found:

- Managers believed that trainers did not require support or professional development after undertaking Cert IV in Workplace Training and Assessment;

- A lack of awareness of workplace training undertaken by supervisors;

- A limited awareness of the training needs of agencies regarding the needs of training staff and staff supervisors in on the job workplace training; and

- There was a lack of collective agreement in approving courses being run (one cluster member approved session plans once).

A more targeted 'Train the Trainers' workshop will commence with a workshop that will 'unpack' the new RISCE and Risk (Suicide management) management training packages. Further exploration of their needs will occur at that workshop. In addition to this will be the release of the new 'CommunityMindEd' course.

An account also includes professional development training for the main cluster support worker in Southern Synergy.

The expenditure of cluster project funds

$5,000 is allocated to this item. Most of this occurs in development. Layout and printing of the Cluster Calendar. A sum of $1,000 is set aside for training and professional development of the main cluster support worker.

Other Issues

QUATRO:

Phil Maude acts as liaison between the cluster and the QUATRO project. Cluster members use the cluster meetings as a channel for communication about QUATRO.

Cluster Functions, Reporting and Governance

All cluster activities are governed through the Steering Committee; chaired by Professor Graham Meadows. All discussion and decisions are recorded through minutes of the meeting.

The cluster has several primary functions:

- Development and review of training in the cluster

- Planning and Coordination of all Cluster Activities and Functions

- Project Management

- Support to Cluster Activities

- Support to Lead Agencies

- Organization and co-ordination of training where agreed

- Information Clearinghouse Function

Development and review of training in the cluster
Cluster meetings have become vibrant, innovative "think tanks" which provide opportunities for delegates to review all areas of training in the cluster. They are recognized as using a consensus brain storming approach in which the minutes are difficult to record with up to two administrative staff, and a tape recorders being used at times, to try and accurately reflect the content of discussions.

Planning and co-ordination
All planning decisions are represented to the steering group of the Cluster for perusal, discussion and approval. These are reflected in the minutes of the steering group. Decisions are based on a consensus model with the understanding that not all member agencies have to agree to a specific project or undertaking.

All projects are listed in the agenda at each steering group meeting and an update presented by the lead agency.

Project Management
This function occurs either through negotiating contracts with a lead agency or through direct project management.

Southern Education and Training Cluster encourages member agencies to undertake lead agency roles in terms of cluster activities. When an agency undertakes a lead agency role the project is negotiated with Southern Synergy. A grant application form is drawn up with milestones to be reached in the order of when funding of the project is to occur. The grant application is then approved by the Cluster Steering group.

The grant application process has been designed in the last 9 months due to the difficulty being experienced in consultant contracts. The grant process ensures that lengthy consultant agreement between Monash University and lead agency is not required but that a transparent and properly negotiated package and grant process has been applied to each and every grant. Negotiations also verbally include support arrangements for the project worker.

In some instances, a grant is not provided as, after negotiation with the lead agency, a casual staff position is created through Monash University and a project worker employed in this manner. This has been particularly useful where a project worker and grant funds were required to be applied over different financial years and it was feared funds could return to the general revenue of the lead agencies auspice body.

A project worker from Southern Synergy attends all formal task groups and lead agency groups.

Budget and expenditure levels are approved by the Steering Group after discussion in the early part of each year. Once funding levels have been approved, grant applications are then dealt with routinely. Any changes to the budget or significant under-expenditure are presented to the Steering Committee.

Support to Cluster Activities
A number of project areas do not have sufficient funds to employ a worker and support is provided by the staff of Southern Synergy. Staff involved in cluster projects from Southern Synergy include:

- John Julian – General project management, training design and training

- Professor Graham Meadows – consultation and problem solving

- Bernadette O'Grady – administrative and minutes

- Lisa Johnston – administrative and minutes

- Jill Gray – educational expertise and consultancy

- Zoe Dam – administrative and minutes

- Annette Graham – database and statistical issues, and training assistance on risk/suicide/coronial processes.

Internally in Southern Synergy, John Julian usually co-ordinates this effort ensuring that the appropriate staff members are used for the tasks involved.

Support to Lead Agencies
Lead agencies are supported through:

- A negotiated grant process

- Cluster meetings

- Direct contact with Southern Synergy between meetings

- A Southern Synergy representative on all task groups (usually John Julian)

Organization and co-ordination of training where agreed
In a number of circumstances, such as the Cluster Calendar and Allied Health training, the cluster is the 'lead agency' and organizes and co-ordinates training. This is taking up an increasing amount of time as more direct organization of training occurs.

The cluster members originally noted that they did not want the cluster to overtake their existing functions in training which were mostly focussed on graduate nurse training, risk management and induction or orientation education.

Southern Cluster tends towards organizing and managing training that is not undertaken by cluster members, which is best undertaken as a cluster (e.g. VDDS training) or where it is considered advanced level training.

Information Clearinghouse Function
Southern Synergy provides a clearinghouse function for information distribution on training and education issues. It is receiving feedback that this is an increasingly useful function.