

EXHIBIT 49

West Moreton Hospital and Health Service

PROJECT PLAN

	<ul style="list-style-type: none"> • It has become imperative that: <ul style="list-style-type: none"> ○ alternative contemporary, statewide model(s) of care be developed to replace the services currently provided by BAC; and ○ an implementation plan be developed to achieve the alternative statewide model(s) of care. • This project plan will articulate the required steps to achieve the above points.
OBJECTIVES	<ul style="list-style-type: none"> • Through the formation of a planning group, with input from a multidisciplinary expert clinical reference group: <ul style="list-style-type: none"> ○ alternative contemporary, statewide model(s) of care will be developed to replace the services currently provided by BAC and will also include the appropriate provision of educational services; ○ an implementation plan will be developed to achieve the alternative model(s) of care; and ○ a defined strategy will be articulated outlining the plan to achieve an alternative model of care for the current patients of the BAC. • Through the development and implementation of an effective communication and engagement strategy, all identified stakeholders will: <ul style="list-style-type: none"> ○ be kept informed in a timely manner; and ○ have appropriate opportunities to provide input to the process. • Through agreed governance and approval processes by the West Moreton Hospital and Health Board, the alternative statewide model(s) of care and implementation plan will be endorsed. This will be achieved through partnership with the System Manager.
OUTCOMES	<ul style="list-style-type: none"> • The final endorsed model(s) of care will clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland. • The final endorsed model(s) of care will be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models. • The final endorsed model(s) of care will replace the existing services provided by BAC. • The implementation plan will clearly identify: <ul style="list-style-type: none"> ○ Stakeholders ○ Communication and Engagement strategies ○ Time frames and steps of implementation ○ Human, capital and financial resources ○ Risks, issues and mitigation strategies ○ Evaluation strategy and criteria attached to the implementation

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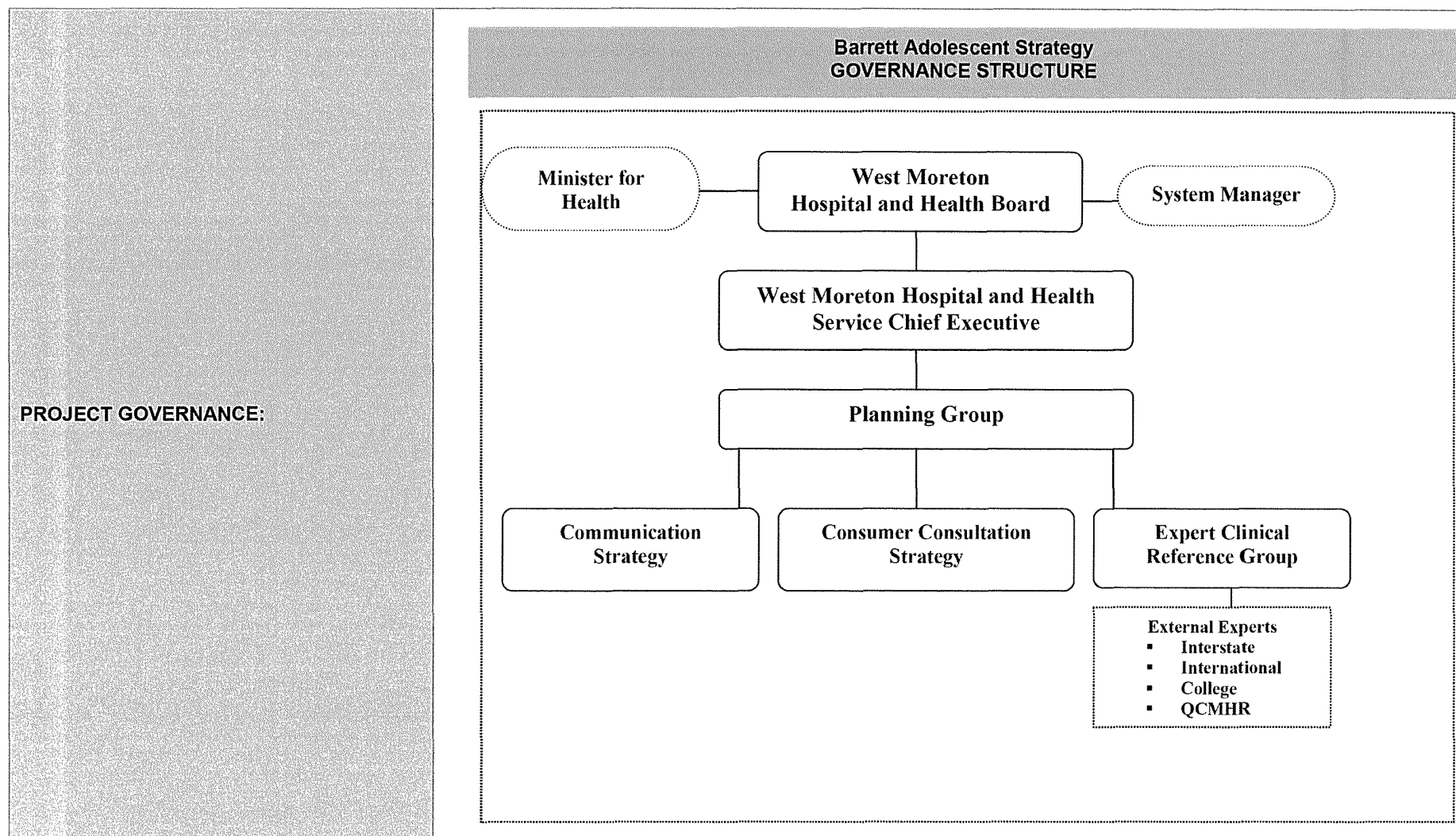
West Moreton Hospital and Health Service

PROJECT PLAN

PROJECT SCOPE	<ul style="list-style-type: none"> This project has a statewide focus, as the final endorsed model(s) of care must meet the needs of adolescents in Queensland requiring extended treatment and rehabilitation.
OUT OF SCOPE	<ul style="list-style-type: none"> As there is no longer a current capital allocation to rebuild BAC on another site, the model(s) of care to be developed must exclude this as an option.
ASSUMPTIONS	<ul style="list-style-type: none"> A significant assumption is that the services currently provided by BAC will not remain on the campus of The Park post June 2013. Once the implementation plan has achieved the endorsed model(s) of care for the current patients, the building that houses the service of BAC will be de-commissioned. It is assumed that the endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the <i>Queensland Plan for Mental Health 2007-2017</i>. It is assumed that there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care. It is assumed that the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care. It is assumed that the existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.
CONSTRAINTS	<ul style="list-style-type: none"> It is possible that the project may be constrained by a number of factors including: <ul style="list-style-type: none"> Resistance to change by internal and external stakeholders Insufficient recurrent resources available to support a preferred model of care Insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements) A delay in achieving an endorsed model of care.
DEPENDENCIES	<ul style="list-style-type: none"> The final model of service delivery for adolescent mental health extended treatment and rehabilitation services across Queensland will be informed by this project. This project is dependent upon the risks, issues and constraints being appropriately addressed. There are interdependencies between this project and the available, contemporary service planning frameworks at national and state levels. This includes the QPMH.

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Accountability of Project:



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REPORTING

- The Planning Group will be a time limited group and it will report to the West Moreton Hospital and Health Service Chief Executive, who in turn will report to the West Moreton Hospital and Health Board.
- The Planning Group will consist of representation from West Moreton HHS, Mental Health Alcohol and Other Drugs Branch, another QLD HHS service, Department of Education, a child psychiatrist and a Communication expert.
- It is anticipated the Planning Group will meet initially to finalise the project plan and then meet on a regular basis to monitor progress regarding the development of a model(s) of care, the implementation of the communication and engagement plan and the develop the implementation plan.
- The Expert Clinical Reference Group will be a time limited group and will consist of a representative group of multidisciplinary child and youth clinicians. In the development of a contemporary model(s) of care, the Expert Clinical Reference Group will seek the assistance of external experts at key points in the consideration of a model(s) of care for extended treatment and rehabilitation for adolescents.
- The attached Communication Plan (Appendix 1) outlines the objectives, methods, frequency, target audiences and an action plan.
- A specific Consumer Consultation Strategy will be developed consistent with the Communication Plan.

Project Resources:

The Planning Group: With the exception of the communication expert, there is no additional labour cost associated with the Project. The costs incurred through engagement of the communication expert will be met by the Division of Health Service and Clinical Innovation.

The Expert Clinical Reference Group: There is no expected financial cost to be incurred by West Moreton Hospital and Health Service.

Implementation of the Communication Plan: Resources associated with the implementation of the communication plan will be met by the Division of Mental Health & Specialised Services, West Moreton Hospital and Health Service.

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Risk Analysis:

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Time frames in the gant chart are not met, leading to loss of confidence from stakeholders	Likely	Minor	Medium	Executive Sponsor EDMH&SS to closely oversight activities in gant chart to minimise this risk
Expert Clinical Reference Group do not agree on a preferred Model of Care, causing delays to the development of an implementation plan	Possible	Moderate	Medium	Input from external experts and reviewing evidence based models of care will minimise this risk
Preferred Model of Care can not be endorsed, causing implementation delays	Possible	Major	High	Close collaboration between West Moreton HHS, other HHS and the System Manager will minimise this risk as existing resources, capacity etc will be confirmed
Communication of Project objectives, scope and progress is not effective, leading to stakeholder dissatisfaction	Possible	Moderate	Medium	Implementation of the communication plan will minimise this risk.
Endorsed Implementation plan is delayed, delaying stage 1 implementation for current BAC consumers	Likely	Moderate	High	Effective project management and broad stakeholder engagement with minimise this risk

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PROJECT PLAN

GANTT CHART:

Activities		Fortnight Ending													
		16/11	30/11	14/12	28/12	11/1	25/1	8/2	22/2	8/3	22/3	5/4	19/4	3/5	
Project Sponsorship established		x													
Planning Group established	Endorsed by CE	x													
Expert Clinical Reference Group identified	Endorsed by CE		x												
External Experts identified			x												
Communication Plan developed	Endorsed by CE		x												
Project Plan endorsed	Endorsed by CE & WMHH Board		x												
Planning Group meets			x	x	x	x	x								
Expert Clinical Reference Group meets				x	x			x	x						
External Experts provide advice to Expert Clinical Reference Group					x	x									
Model of Care options developed						x									
Cost Benefits of options undertaken						x									
Consultation with stakeholders regarding preferred model							x	x	x						
Endorsement of preferred model	Endorsed by CE, WMHH Board & System Manager								x						
Development of project and change management plan to implement model, in a two staged process	CE supported by System Manager									x					
Communication regarding implementation plan	CE supported by System Manager									x					
Endorsement of implementation plan	Endorsed by CE										x				
Commence Stage 1 implementation											x	x	x	x	

West Moreton Hospital and Health Service PROJECT PLAN

Appendix 1: COMMUNICATION PLAN

Communication objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- Gain and sustain support of key stakeholders and influencers who play a critical role in this project's success.
- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

Communication principles

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

Communication environment

Public health care in Queensland (including WMHHS) has undergone significant change over the past 18+ months. As a result, staff morale and the public image of public health care in Queensland has been on a downward trend. This appears to be improving however there are still a number of challenges facing the HHS and Queensland Health as the system manager including:

- Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service, innovation, and fosters teaching and research to attract and retain staff.

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- Developing new models of providing care and reconfiguring services with less reliance on the hospital and acute setting and more emphasis on patients being managed in the community setting.
- Managing outcomes and resources when individual patient care may be provided in different locations and sectors.
- Ensuring and demonstrating that our health service is safe and of high quality.
- Improving access to the health system for Aboriginal and Torres Strait Islander people and people disadvantaged by language, disability and geographic isolation.
- Recruiting skilled, professional staff.
- Changed funding model for HHS'.

Stakeholder groups

Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors (including Mental Health Alcohol and Other Drugs Branch)
- Senior Heads of Department
- Education Queensland
- Education Minister
- Director-General Education Queensland

External stakeholders:

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments

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- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

Stakeholder analysis

LEVEL OF INFLUENCE	MAINTAIN CONFIDENCE	HIGH INFLUENCE LOW IMPACT	COLLABORATE	HIGH INFLUENCE HIGH IMPACT
	MONITOR AND RESPOND	LOW INFLUENCE LOW IMPACT	KEEP INFORMED	HIGH IMPACT LOW INFLUENCE
Consumers and families Staff working in BAC West Moreton Hospital and Health Board			Expert Clinical reference Group External experts Mental Health Alcohol and Other Drugs Branch Dept of Education NGOs Other HHS'	
Potential agencies impacted by a revised model of care Media			All Child and Youth Mental Health Services All Chief Executives, HHSs Minister for Health System Manager DG and Minister for Education Opposition parties Unions Professional colleges Broader health professionals General public	
	LEVEL OF IMPACT			

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Communication risks and issues

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Stakeholders are not kept adequately informed, leading to misinformation in public realm	Possible	Moderate	Medium	Adhere to communication plan, including evaluation targets
Stakeholders and issues are not scoped adequately and communication does not satisfy their concerns, leading to opposition to project	Possible	Major	High	Ensure stakeholder and issues thoroughly explored.
Political influence changes the scope of the project	Possible	Major	High	Keep Health Minister and Premier informed during all stages to help ensure support

Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
 - West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
 - We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.
- Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.
 - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
 - Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for them.
 - It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure treatment.
 - Queensland's youth will continue to receive the excellent mental health care that they have always received.
 - We want adolescents to be able to receive the care they need as close to their home as possible.

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Communication tactics

Channel/tactic	Rationale
Online and digital communication	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
Face-to-face	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
Marketing collateral	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program

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Channel/tactic	Rationale
Mail out (letters)	messages.
Media	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

Action plan internal and external stakeholders

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
Responses to correspondence	BAC existing patients, staff, general public, politicians who have submitted correspondence on issue	Correspondence writer may go to media	Develop standard response regarding background of project, reasoning etc. However, ensure response is updated to reflect various phases of project.	WMHHS CE/ Executive Team	Nil	ASAP	High	done
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project if not responded to quickly	Key messages with focus on care being provided to young people	Rowdy PR	Nil	ASAP	Medium	done
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / inaccurate information	As above. Should also include info on consumer concerns	Rowdy PR, Project Lead, WM HHS online & marketing officer	Nil	1/12/12	Medium	
Briefing note to Health Minister & System Manager	Minister & Ministerial staff, Director-General(Dept Community Services et al)	May not support recommendations	Outline scope of project, reasoning and discussions to be covered in meeting with BAC staff	WMHHS CE MHAODB	Nil	W/C 26/11/12	High	
Internal stakeholder	BAC staff, WMHHS mental health staff	BAC staff currently do not support	Explain background for project, focus on key messages that youth	WMHHS CE	Nil	W/C 26/11/12	High	

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PROJECT PLAN

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
briefing		project	will not miss out					
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	Nil	4/12/12	Medium	
Planning - Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Start planning for content. Outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	1/12/12	Low	
Media conferences / community service announcements	Media, general public	Negative media stories	Stick to key messages	WMHHS CE, Rowdy PR	Nil	As required	Medium	
Go live-Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Go live information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	Mid-January	Low	
Social media (consider using the System Manager's social media channels if WMHHS has none available)	All	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information Social media (consider using the System Manager's social media channels if WMHHS has none available)	WMHHS CE, Project Lead, WMHHS online & marketing officer	Nil	TBD	Low	

Evaluation

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and issues
- Feedback from management groups
- Staff forums
- Media analysis and tracking
- Meetings

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This feedback will be used as the main driver for up-dating and continually improving the communication plan.

Issues management

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

Prevention of public media issues wherever possible

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.
- Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

Effective and timely management of issues as and when they arise

This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case basis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues-related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.

HEALTH SERVICE CHIEF EXECUTIVE REPORT FOR THE BOARD**Board Meeting Date:****23 November 2012****1. Current Significant Issues****1.1 Financial integrity and budget**

REDACTED

REDACTED

1.2 Other Items**1.2.1 Potential Closure of the Barrett Adolescent Unit**

- The Barrett Adolescent Centre is a service that has been provided at The Park – Centre for Mental Health facility for over 30 years for adolescents suffering significant mental health illness as both an inpatient and a day service inclusive of an Education Queensland school on site.
- In accordance with the Statewide Mental Health Plan, The Park - Centre for Mental Health is to become an adult forensic centre, anticipating July 2013. It will no longer be appropriate to have young teenagers on a campus for adults in a medium to high security setting. In August 2012 the Health Minister endorsed that the capital build funding would no longer be made available for the Adolescent Extended Treatment Unit - Redlands and these funds were reallocated within the health portfolio.

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HEALTH SERVICE CHIEF EXECUTIVE REPORT FOR THE BOARD

- In light of the new centre that was to be built at Redlands no longer being an option and the current condition of the Barrett Adolescent Centre building at The Park - Centre for Mental Health being no longer fit for purpose and the plans for the adult forensic centre we had commenced high level discussions with the System Manager and senior Park staff some weeks ago.
- Information was provided to the media via an external source that has raised the issues within the community and broader sector prior to us being able to implement a planned approach to the consultation and decision making.
- Actions to progress this review:
 - Staff have been briefed on potential issues and advised that no formal decision has been made by the WMHH Board.
 - A meeting was held on Thursday, 15 November 2012 with key Child and Youth Psychiatrists, WMHHS Chief Executive and Executive Director Mental Health and Specialised Service and System Manager with agreement reached that a Planning Group be formed to lead the planning, consultation and development of options and final recommendation for decision. This Planning Group will be supported by a clear communication strategy, a consumer consultation strategy and an expert clinical reference group with appointed membership from representative groups as well as interstate and national experts.
 - An action plan will be developed with the Planning Group by Wednesday, 21 November 2012 and provided to the Board for endorsement.

1.2.2 Suspension of Limited Community Treatment Orders (LCT) following Leave Without Permission of two Consumers at The Park

REDACTED



1.2.3 Processing Voluntary Redundancies

REDACTED



Department RecFind No:	
Division/District:	West Moreton Hospital & Health Service
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Chief Executive, WMHHS Date requested: 7 December 2012 Action required by: 14 December 2012

SUBJECT: Meeting between the Minister and the Chair, West Moreton Hospital and Health Board

Proposal

That the Director-General:

Note the contents of this brief.

And

Provide this brief to the Minister for information.

Urgency

1. Urgent as meeting is on Friday, 14 December 2012.

Headline Issues

2. The top issues are:
 - A meeting between the Minister, the Chair of West Moreton Hospital and Health Board, Chief Executive West Moreton Hospital and Health Service (WMHHS) and Executive Director Mental Health and Specialised Services (MH&SS) is scheduled for 14 December 2012.
 - It is intended to brief the Minister on the proposed changes to and current significant issues in the MH&SS, WMHHS.

Key issues

3. A Business Case for Change has been developed and identifies a revised overarching organisational structure to promote the delivery of contemporary mental health and offender health services in WMHHS.
4. In realising the efficient use of affordable resources, there will be an impact on some existing roles and responsibilities and some current systems and processes across the whole of the MH&SS.
5. In addition to the impact of the Business Case for Change, there are a number of concurrent issues impacting on the MH&SS, such as the future model of care to replace services provided by Barrett Adolescent Centre, revised processes for Limited Community Treatment, the future commissioning of Extended Forensic Treatment and Rehabilitation beds and increasing Own Source Revenue for WMHHS through accommodation fees.

Background

6. Historically, the mental health services within West Moreton Hospital and Health Service have functioned, been managed and resourced as distinct separate services.
7. A disconnect currently exists between service components requiring the need for a strong integrated leadership and structure.
8. Additionally, there is an opportunity to reduce duplication across service components, increase provision of high quality, safe and responsive services which reflect contemporary models of care.

Attachment 1

- Proposed topic overview for the meeting between Minister for Health and West Moreton Hospital and Health Service.

Department RecFind No:	
Division/District:	West Moreton Hospital & Health Service
File Ref No:	

Recommendation

That the Director-General:

Note the contents of this brief.**And****Provide** this brief to the Minister for information.**APPROVED/NOT APPROVED****NOTED**

DR TONY O'CONNELL
Director-General

/ /

To Minister's Office For Noting**Director-General's comments**

Author
Chris Thorburn

Cleared by: (SD/Dir)
Sharon Kelly

Content verified by: (CEO/DDG/Div Head)
Lesley Dwyer

Director Service
Redesign, Mental Health
and Specialised Services

Executive Director, Mental Health and Specialised
Services

West Moreton HHS



7 December 2012

West Moreton HHS



11 December 2012

West Moreton HHS



11 December 2012

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	MD0920130151

Briefing Note for Noting

Director-General

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service

Date requested: 8 July 2013

Action required by: 15 July 2013

SUBJECT: Barrett Adolescent Strategy Meeting

Proposal

That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013 between the Minister for Health, Dr Mary Corbett (Chair, West Moreton HHB), Lesley Dwyer (Chief Executive, West Moreton HHS) and Sharon Kelly (Executive Director, Mental Health and Specialised Services, West Moreton HHS) to discuss the next stages of the Barrett Adolescent Strategy.

And

Provide this brief to the Minister for information.

Urgency

1. Urgent. There is growing concern amongst stakeholders of the Barrett Adolescent Strategy, including patients and carers, to receive communication about the future of the Barrett Adolescent Centre (BAC).

Headline Issues

2. The top issues are:
 - The West Moreton Hospital and Health Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013.
 - West Moreton Hospital and Health Board approved the closure of BAC dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?
 - Providing Queenslanders with value in health services – value for taxpayers money.
 - Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

4. There is significant patient/carer, community, mental health sector and media interest about a decision regarding the future of the BAC.
5. A comprehensive communication plan has been developed.
6. The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type would provide an alternative care option for the adolescent target group currently accessing BAC.

Background

7. BAC is a 15-bed inpatient service for adolescent mental health extended treatment and rehabilitation that is located at The Park – Centre for Mental Health (the Park).
8. The BAC cannot continue to provide services due to the Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of BAC is no longer fit-for-purpose. Alternative statewide service options are required.

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	MD0920130151

Consultation

10. Consultation about the proposed next stages of the Strategy and board decision for closure has been limited to Dr Peter Steer, Children's Health Services; and Dr Tony O'Connell Director General, Dr Michael Cleary and Dr Bill Kingswell, Health Services and Clinical Innovation, Department of Health.
11. A short verbal briefing has been provided to the Queensland Commissioner for Mental Health, Dr Lesley van Schoubroeck.
12. Agreement has been reached that the Strategy will be finalised through a partnership between West Moreton HHS, Children's Health Services and the Department of Health.

Attachments

13. Attachment 1: Agenda Barrett Adolescent Strategy.
14. Attachment 2: Issues and Incident Management Plan BAC.

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	MD0920130151

Recommendation

That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013 between the Minister for Health, Dr Mary Corbett (Chair, West Moreton HHB), Lesley Dwyer (Chief Executive, West Moreton HHS) and Sharon Kelly (Executive Director, Mental Health and Specialised Services, West Moreton HHS) to discuss the next stages of the Barrett Adolescent Strategy.

And

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

DR TONY O'CONNELL
Director-General

/ /

To Minister's Office For Noting

Director-General's comments

Author Dr Leanne Geppert	Cleared by: (SD/Dir) Sharon Kelly	Content verified by: (CEO/DDG/Div Head) Lesley Dwyer
A/Director of Strategy	Executive Director	Chief Executive
Mental Health & Specialised Services, WM HHS	Mental Health & Specialised Services, WM HHS	West Moreton HHS
		
8 July 2013	11 July 2013	12 July 2013

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	MD0920130151

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Lesley Dwyer, Chief
Executive, West Moreton Hospital and
Health Service

Date requested: 8 July 2013

Action required by: 15 July 2013

SUBJECT: Barrett Adolescent Strategy Meeting

Recommendation

That the Minister:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013 with the West Moreton Board Chair, Chief Executive and Executive Director of Mental Health to discuss the next stages of the Barrett Adolescent Strategy.

Note The West Moreton Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013, and approved the closure of the Barrett Adolescent Centre dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Note There is significant patient/carer, community, mental health sector and media interest about a timely decision regarding the future of the Barrett Adolescent Centre. A comprehensive communication plan has been developed.

Note Consultation about the proposed next stages of the Strategy has been limited to Commissioner for Mental Health, Children's Health Services and Department of Health.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

/ /

/ /

Minister's comments

Briefing note rating

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.

West Moreton Hospital and Health Service

***Integrated Mental Health Service,
The Park – Centre for Mental Health and
Offender Health Services
Service Changes***

Information for staff and stakeholders

15 January 2013

Prepared by:
Executive Director Mental Health and Specialised Services

Executive Summary

Background

On 1 July 2012 Queensland Health (QH) has, through the *Hospital and Health Boards Act 2011*, established 17 new statutory bodies known as Hospital and Health Services (HHSs).

As statutory authorities, the role of the Queensland Health's former corporate office has changed to a system manager and is no longer involved in the day-to-day functioning of health services. Consequently a higher level of accountability and responsibility rests with HHSs.

The executive structure of West Moreton HHS (WMHHS) has been realigned to effectively deliver on the organisations' key priorities, functions and objectives. The Chief Executive, West Moreton HHS has tasked each Executive Director with implementing changes within their respective Divisions to support these key priorities, functions and objectives.

Mental Health and Specialised Services

The Mental Health and Specialised Services (MH&SS) Division will support the WMHHS Chief Executive and Board to discharge its obligations and accountabilities through a revised organisational structure.

The revised organisational structure will promote the delivery of contemporary mental health and specialised services as well as achieving the efficient use of affordable resources (human and financial). Revised systems and processes will also be implemented as part of the organisational change for the Division.

1.0 Introduction

In WMHHS, MH&SS currently consists of:

- Integrated Mental Health Services (IMHS),
- The Park- Centre for Mental Health (The Park)
- Offender Health Services (OHS) and
- The Drug Court Program (which will cease by 30 June 2013).

Historically, the mental health services within WMHHS have functioned and been managed and resourced as distinct separate services including a range of statewide responsibilities. Since 1 July 2012, Offender Health Services have been devolved to Hospital and Health Services and it has been determined for this service to be aligned into the Division.

It is planned that into the future the program areas of Brisbane Youth Detention Centre (BYDC) and Alcohol, Tobacco and Other Drug Services (ATODs) will also be aligned into the Division.

It is proposed to develop a revised single organisational structure for MH&SS, WMHHS. Underpinning this organisational structural change, staffing efficiencies and consideration of no longer required positions will be a range of resource and operational changes to focus on a future efficient Division.

Any proposed organisational changes or efficiencies have been assessed against the current West Moreton 2012/13 Service Agreement with the System Manager and will ensure the intent of schedule 9 (Mental Health and Alcohol and Other Drugs Treatment Services) remains intact.

2.0 Purpose of the Business Case

This business case has been prepared to comply with Queensland Health's consultation obligations and sets out the details of implementation and benefits of the restructure of the MH&SS.

With respect to the development of a revised single organisational structure for MH&SS WMHHS, all service components will be examined (both clinical and non clinical) across Integrated Mental Health Services, The Park- Centre for Mental Health and Offender Health Services.

3.0 Governance of the Change Process

Governance of the implementation will be the responsibility of the Executive Director MH&SS. The consultation obligations will be managed through the WMHHS Executive Meetings, MH&SS Executive Meetings, relevant industrial Forums and individual and team meetings.

4.0 Acknowledgements/Credits

Wide ranging suggestions have been received from a cross section of staff and stakeholders. It is acknowledged that this input has assisted in the identification of ways to improve the quality and efficiency of services within MH&SS.

5.0 Proposed Structure and Functions

5.1 Key Principles

Key principles to achieve the proposed structure include:

- staff and stakeholders will be communicated with regarding this business case
- staff will be supported and informed regarding changes arising from the implementation of this business case
- implementation of this business case will increase value for money and the streamlining of services
- implementation will ensure the integrity of the intent of schedule 9 WMHHS Service agreement 2012/13.
- the revised organisational structure will:
 - consider the new health context (ie WMHHS and the System Manager)
 - promote role clarity and reflect a simplified more streamlined structure across MH&SS
 - improve functional alignment across MH&SS to promote effective teams, improve communication and reduce complexity of management
 - promote facilitation of streamlined processes across MH&SS and
 - consider known planned future mental health service initiatives

5.2 Proposed High Level Organisational Design – Tier 3

Executive Director Mental Health & Specialised Services:

In support of the key principles above, the following positions will report to the Executive Director MH&SS:

- Director of Clinical Services, Mental Health and Specialised Services
- Director of Nursing, Mental Health and Specialised Services
- Director of Allied Health and Community Mental Health Programs
- Director Queensland Centre of Mental Health Learning
- Director Queensland Centre for Mental Health Research
- Mental Health Business Manager (NB this is dotted reporting line as this position reports to the Chief Financial Officer, WMHHS)
- Coordinator, Quality, Safety & Governance
- Consumer Advocate, West Moreton Mental Health

Each of these positions will have a Division-wide role and Division-wide responsibilities, ie across Integrated Mental Health Services, The Park and Specialised Services.

Director of Clinical Services, Mental Health and Specialised Services:

Reporting to the Director of Clinical Services Mental Health and Specialised Services will be the:

- Clinical Director IMHS
- Clinical Director High Secure Inpatient Services
- Clinical Director Prison Mental Health; and
- Clinical Directors/Psychiatrists of transitional Mental Health services at The Park (ie Barrett Adolescent Centre (BAC) and remaining Extended Treatment and Rehabilitation/ Dual Diagnosis program – as per *The Queensland Plan for Mental Health 2007-2017*)
- Mental Health Act Administrator (MHAA) – The Park. (NB IMHS also has a MHAA)

Director of Nursing, Mental Health & Specialised Services:

Reporting to the Director of Nursing, Mental Health & Specialised Services will be the:

- Nursing Director - Secure Inpatient Services
(High Secure, Secure Rehabilitation and Barrett Adolescent Centre)
- Nursing Director – Offender Health Services and Clinical Support
(Offender Health Services, Prison Mental Health, Brisbane Youth Detention Centre and Clinical Support (ie Nurse Managers and After Hours Nurse Managers))
- Nursing Director – Community Integration
(Integrated Mental Health Services, Extended Treatment and Rehabilitation- ie future Community Care Unit)
- Nursing Director – Service Improvement and Evaluation
(including consumer programs and clinical benchmarking)
- NB - Nursing Director Education will be incorporated in a HHS wide Education program
- Nursing Director- Workforce will be abolished and functions incorporated into nurse unit managers roles

Director of Allied Health and Community Mental Health Programs:

Reporting to the Director of Allied Health and Community Mental Health Programs will be:

- Allied Health Discipline Seniors/Team Leaders The Park; and
- Team Leaders of the community teams within IMHS and ATODs. (It is anticipated that the Director of Allied Health and Community Mental Health Programs will be located at IMHS.)

Mental Health Business Manager:

Reporting to the Mental Health Business Manager will be:

- Assistant Business Manager
- Trust financial staff
- Revenue staff for The Park
- Administrative staff at The Park

Coordinator Quality, Safety and Governance

- This position will oversee the functions of the division in relation to quality safety and governance and include the overarching management of complaints for the Division.

Consumer Advocate, West Moreton Mental Health and Specialised Services

- This position acts as an independent advocate and will ensure that the Division at its most senior level ensures consumer participation and input.

Appendix 1 outlines the current structure for The Park – Centre for Mental Health.

Appendix 2 outlines the current structure for IMHS.

Appendix 3 outlines the proposed structure for MH&SS, WMHHS.

5.3 Proposed Tier 4 and Below

Team alignments – IMHS

- The aim is to reduce the duplication of management processes for like type services and free up senior clinician time for clinical application and support.
- All Team leader positions across IMHS will be realigned into four key community teams, inclusive of ATODs
- The result will be improved efficiency and increased clinical support with decrease in Team leader positions.

Nurse Managers and After hours Nurse Managers

- The aim is to improve efficiency across the whole division and ensure best use of nursing resources.
- All rostering and after hours support will be provided from a single point.
- The result will be improved efficiency and a decrease in Nurse Manager Positions.

Allied Health and Rehabilitation for The Park

- The aim is to create an integrated service model within each business unit at The Park.
- The result will be an integrated model with a reduction in FTE with Allied Health at The Park.

Child and Youth Mental Health Services

- The aim is to reduce the profile of Child & Youth Mental Health Service to a sustainable model focused on delivery of clinical care.
- The result will be a stronger focus on a goal directed, time limited model of service delivery.
- The result will be a sustainable model and reduction in FTE to align with establishments.

Clinical Support Functions across the division

- The aim is to ensure clarity of focus on clinical service delivery and encourage integration of broader functions into clinical teams within the community mental health services.
- This review has occurred on a position by position basis and will result in an integration of functions into clinical teams and a decrease in FTE.

Service Development, Consumer Supports and Services

- The aim is to improve integration and efficiency for provision of consumer services across the Division and to ensure resources are aligned to clinical and operational units.
- The functions of the service development team will be realigned to Nursing Director Service Improvement and Evaluation excluding the safety and quality position.
- All consumer services inclusive of Aboriginal and Torres Strait Islander consumer services at The Park will be aligned into a single team.
- The result will be improved integration and a reduction to FTE.

Project/Redevelopment programs within The Park:

- Project positions were created to support a number of redevelopment plans at The Park.
- Remaining temporary positions will cease upon the commissioning of EFTRU.

Barrett Adolescent Services

- An Expert Clinical Reference Group will provide advice to promote the development of a contemporary evidence based model of care to meet the needs of adolescent mental health consumers who require medium to longer term treatment and rehabilitation in Queensland.
- It is not possible at this stage to incorporate this into the Business Case.

Clinical Service areas:

- All clinical service areas will be aligned to provide a sustainable and contemporary service model within appropriate budget allocations.
- This will result in a range of changes to FTE across nursing, allied health and medical streams.

Prison Mental Health Services:

- The aim is to ensure that the service is able to maintain a quality and efficient service that supports an increasing client group within the correctional services.
- Reassessment of some roles and functions and an alignment with Offender Health will support this aim.
- This will result in a change of classification within the team and operational realignment.

Offender Health Services:

- Offender Health Services (OHS) have transitioned to the HHS and require alignment to the policies and practices of the West Moreton HHS.
- Services need to align to a Primary care model of practice.
- A range of efficiencies and opportunities exist to ensure contemporary and quality services are delivered to the prisoner population.
- Implementation of the changes will result in a reduction of FTE.
- OHS is subject to a separate business case.

Pharmacy Services:

- The HHS will create a single Pharmacy Service for MH&SS with leadership being provided from the Director of Pharmacy, Ipswich Hospital.
- The aim of Pharmacy Services within The Park is to ensure a contemporary and efficient model of service.
- Special consideration is to be taken in regards to the role that the pharmacy at The Park may play in the development of Pharmacy Services for prison services.
- Future reassessment of pharmacy resources will be required once a model is implemented and evaluated within OHS.
- The initial outcome of current efficiency changes will result in FTE reduction.

Library Services:

- Provision of library services within the HHS does not reflect a contemporary model for online and web based services.
- It is proposed that the library service is reviewed by the end of February 2013 against contemporary library service models. The library service at Ipswich hospital is also included in this review.
- The result should be a reduction in FTE.

Health Information and Records Management:

- A single service be created across WMHSS for health information and records management.
- Revised reporting lines will be in place by the end of January 2013.

Recovery and Resilience (R&R) Services:

- The R&R was a time limited service to support significant grief and loss post the 2011 floods.
- The program is scheduled to finish in the first half of 2013 and all positions will be abolished.

Drug Court Program:

- A decision by the Attorney-General will result in the cessation of the drug court program on 30 June 2013. This decision applies to West Moreton HHS.
- The result will be a reduction in FTE.

Security Services The Park:

- The aim of any security service model changes within The Park will be to ensure that they align with contemporary security models and are reflective of the changing role of The Park as a secure forensic service.
- An separate external review and model recommendation for security services will influence the provision of security at The Park into the future.

Operational and Administrative Services The Park:

- The aim is to ensure that any operational or administrative service reflects current service needs, future model changes and contemporary practice.
- Considerations have been in alignment with the HHS Divisions of Corporate Services and Infrastructure.
- Resultant changes will be implemented that will result in improved efficiency and reduction in FTE

Efficiencies and practice changes:

The following key changes will be implemented over the next six months to ensure efficiency of service delivery within allocated budget and improved work practices.

- Review of clinical decision making and practices within Medium Secure Rehabilitation Services to ensure integrity to an agreed medium secure rehabilitation model of care.
- Implement improved practice for the initiating and continuation of constant observations.
- Introduce a new model for nursing overtime replacement to align with the clinical needs of the unit.
- Implement a staff rotational rostering policy for nursing staff across The Park.
- Review the nursing skill mix across all program areas within the Division and implement changed skill mix accordingly.
- Implement improved safety and quality standards in regards to documentation and handover within all mental health units.
- Change the model and duration of ABM training for all mental health staff to ensure currency and suitability of staff to work within the mental health environment.
- Implement a changed model of canteen pricing at The Park, ie charging rates to consumers, staff and visitors and restructure of opening hours.
- Review and improve adherence to the assigning of and collection of residential accommodation fees for consumers.

The efficiency and practice changes and the aforementioned changes in 5.2 and 5.3 will occur in keeping with the following transition principles.

1. Alignment	There will be a clear line of sight between the objectives to be achieved by the Division and the functions performed.
2. Articulation	Functions are defined and described, then articulated into the activities required for the Division to perform its role.
3. Clarity	The role of each program area, individual unit and individual will be clearly defined.
4. Outcomes	The outcomes required will be defined and measured against agreed performance indicators.
5. Accountabilities	Performance will be regularly reviewed to ensure deliverables are being achieved.
6. Quality	We will embrace a quality management approach to how we do business.

6.0 Scope of Change**6.1 Potential impact of Initiative**

This business case for change identifies a revised overarching organisational structure to promote the delivery of contemporary mental health and specialised services. In realising the efficient use of affordable resources, and as indicated in sections 5.2 and 5.3 there will be an impact on:

- some existing roles and responsibilities and

- some current systems and processes across the whole of MH&SS.

Within MH&SS it is proposed that:

- as outlined in section 5.2, some senior positions will have a change to the portfolios of service components for which they will be accountable and
- some clinical and non clinical staff will be displaced from positions and require placement or redundancy.

The following dependencies have and will continue to be taken in to account in determining the final organisational structure and skill mix for MH&SS:

- The *Queensland Plan for Mental Health 2007-2017*
Implications for WMHHS include:
 - Determining the future model of care to replace services provided by Barrett Adolescent Centre.
 - The closure of remaining Extended Treatment and Rehabilitation beds located at The Park to move to a community care unit.
 - The increase in High Security Inpatient beds (ie EFTRU)
- National Standards for Mental Health Services
- WMHHS Service Agreement deliverables
- Available and affordable budget and FTEs for WMHHS
- Relevant contemporary reviews, recommendations, implementation plans aligned to future service delivery across MH&SS
- Review of work areas as detailed in sections 5.2 and 5.3.

6.2 Staffing impacts

As stated, it is proposed to achieve a single integrated organisational structure for MH&SS.

It is proposed to minimise staff impacts by:

- Clarifying revised roles, responsibilities and accountabilities in a timely manner
- Ensuring due diligence occurs to ensure business critical impacts are identified (eg employee liabilities, system deficiencies, impacts on voluntary redundancies)
- Maintaining business continuity through transition and
- Developing operating protocols to meet new systems and processes

Detailed summaries of findings particularly in relation to section 5.3 will be provided to affected staff as required.

The following table outlines the proposed implementation process and timeframes.

Activity	Timeframe – week beginning					
	7/1/13	14/1/13	21/1/13	28/1/13	4/2/13	11/2/13
EDMH&SS to formally commence consultation on Division structure with staff and unions	X					
Business case endorsement by Chief Executive, WMHHS	X					
Release Business Case to Staff and other Stakeholders	X					
Industrial Consultation	X					
Confirmation of high level structure for MH&SS and announcement of leadership team (including interim and acting)		X				
Ongoing review of components of MH&SS	X	X	X	X		
Identification of additional components of MH&SS that would benefit from review		X	X	X		

Activity	Timeframe – week beginning					
	7/1/13	14/1/13	21/1/13	28/1/13	4/2/13	11/2/13
Ongoing consultation with staff regarding implementation		X	X	X	X	X
Recommendation regarding final skill mix and FTEs across MH&SS			X	X		
Develop detailed transition plan to manage HR and change issues		X	X	X		
Advise staff of any individual impact		X	X	X		
Commence employee movements as required following matching process			X	X		
Commence managing surplus staff as required				X		
Continue implementation of detailed transition plans				X	X	X

Any positional changes across the MH&SS will require the matching of eligible permanent staff in the current MH&SS to new roles.

For permanent staff impacted because their positions are no longer required, *Public Sector Commission Directives 11/12 Early Retirement, Redundancy and Retrenchment and 06/12 Employees Requiring Placement* will apply and will be followed.

6.3 Process for matching staff

An eligible permanent employee will be considered suitable for a role at level if they have the skills and abilities necessary to meet the requirements of the role to a satisfactory level, given a reasonable period of training and on-the-job experience and are fit to undertake the role with reasonable adjustment, if required.

A matching process will be developed in consultation with staff and their union delegates and will be consistent with the WMHHS's industrial obligations and whole of government requirements.

7.0 Evaluation

The aim of this change process is to ensure the MH&SS' structure will functionally and structurally align to achieve its objectives, and those of the broader WMHHS.

Measures for evaluation include:

- Level of staff participation in information sessions, meetings and forums
- Volume and content of comments through the WM connect email address
- Business continues to be performed within expected timeframes and standards
- Achievement of risk impact strategies for each key success criteria in the High Level Transition Plan (Appendix 4).
- Achievement of performance indicators in the MH&SS operational plans.

8.0 Benefits

WMHHS is a growing and complex organisation facing many immediate challenges over the next few years. The MH&SS has an opportunity to create new organisational structure that will promote contemporary models of care, align with mental health policy direction and achieve necessary efficiencies across both human and financial resources.

9.0 Costs

The cost of the change in roles and functions will be met from within the allocated budget for the MH&SS. It is anticipated that a number of efficiencies will be gained from the implementation of this business case and from other associated service reviews. The total quantum of these efficiencies is yet to be finalised.

10.0 Sensitivities and Risks

A number of sensitivities and risks have been identified. Transitional sensitivities and risks specific to the MH&SS are included in Appendix 4 – High Level Transition Plan. The High Level Transition plan addresses:

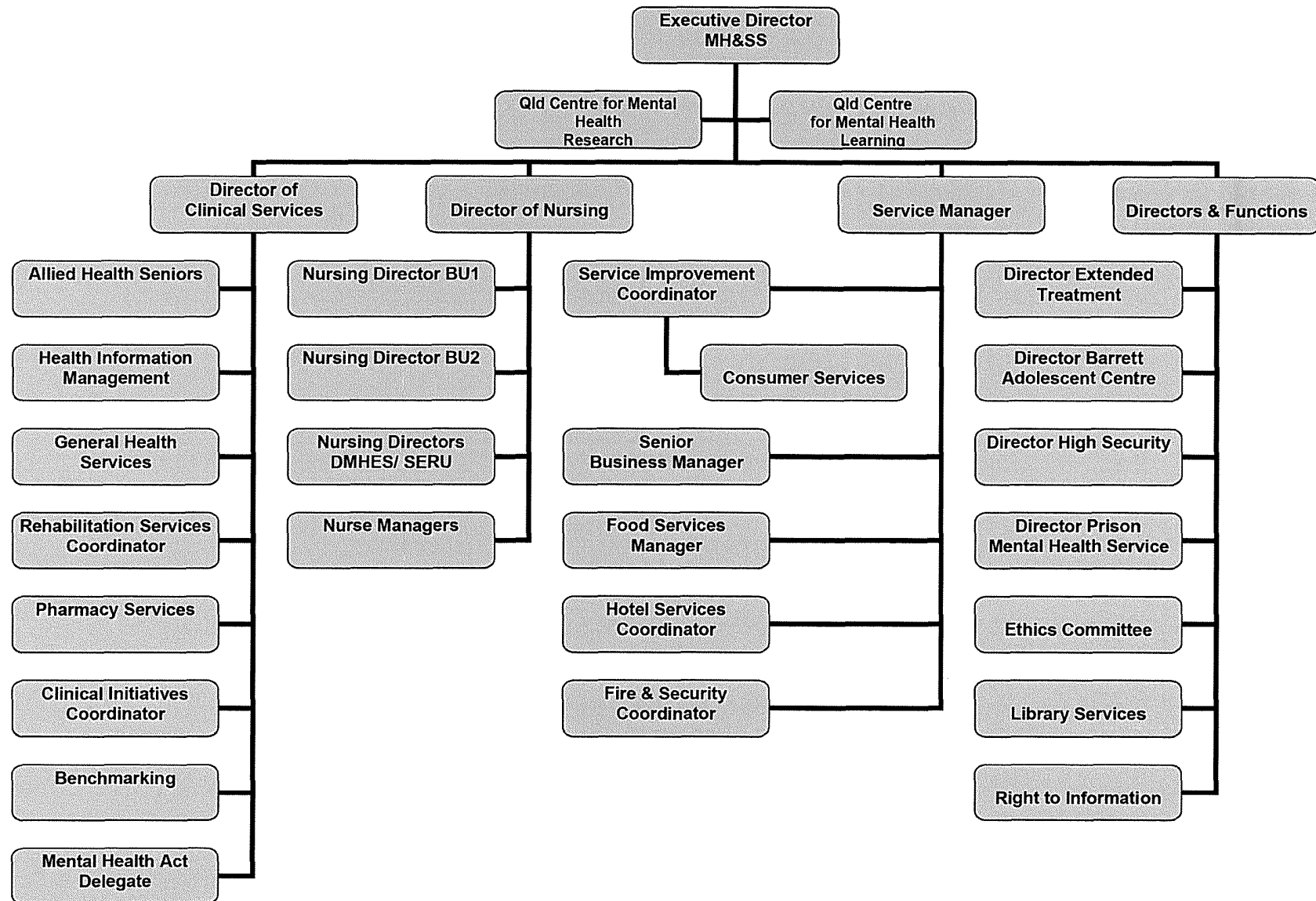
- Transition Principles
- Implementation Schedule
- Key Success Criteria and Implementation Risks and a
- Communication and Engagement Plan.

11.0 Recommendation

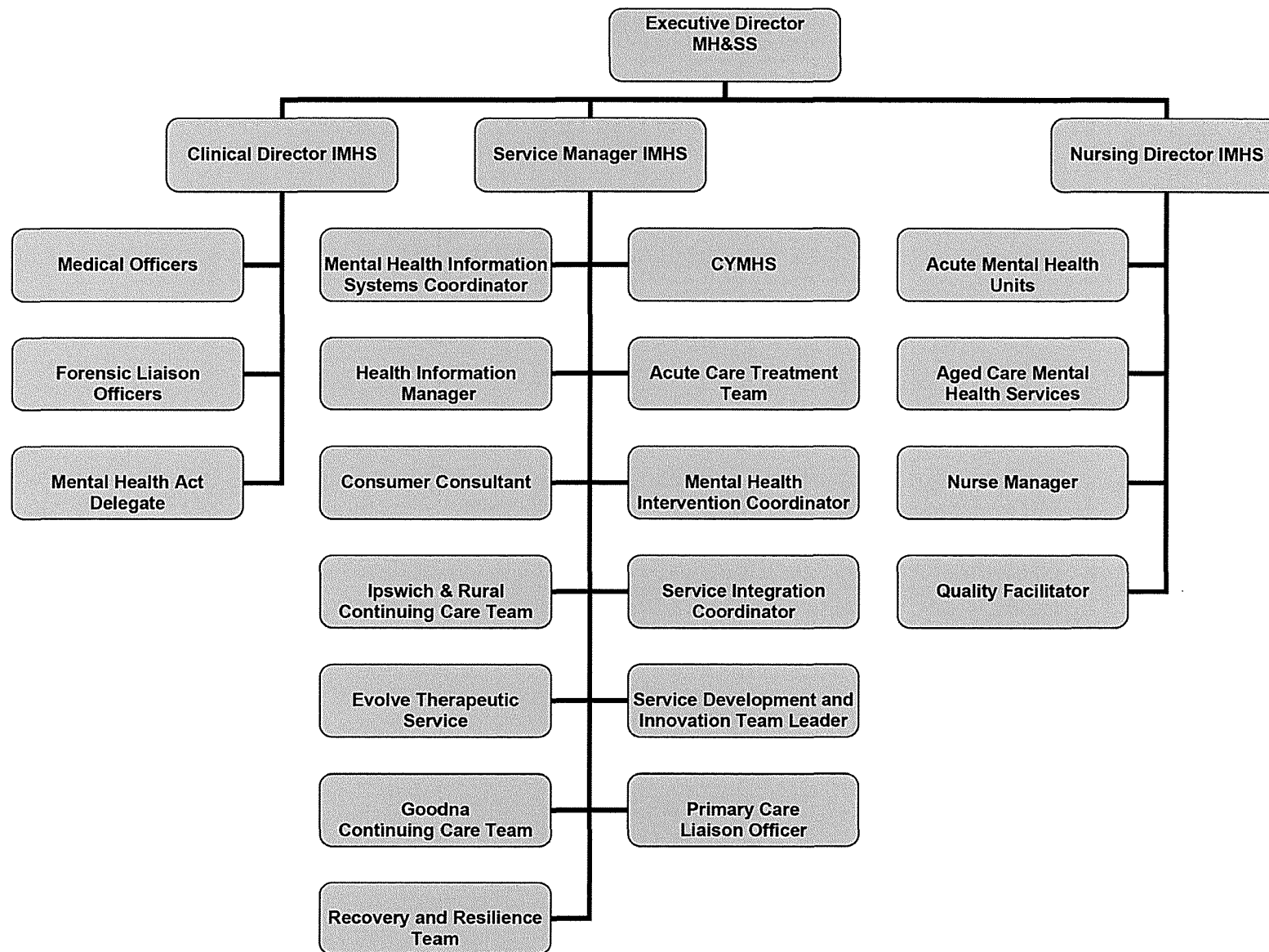
It is recommended that the MH&SS Division be formed according to the proposed high level organisational design and that the associated examination of further benefits to be achieved be implemented. It is further recommended that the Transition Plan be implemented to guide organisational change.

It is recommended that the changes to operational structure be implemented from February 18th 2013.

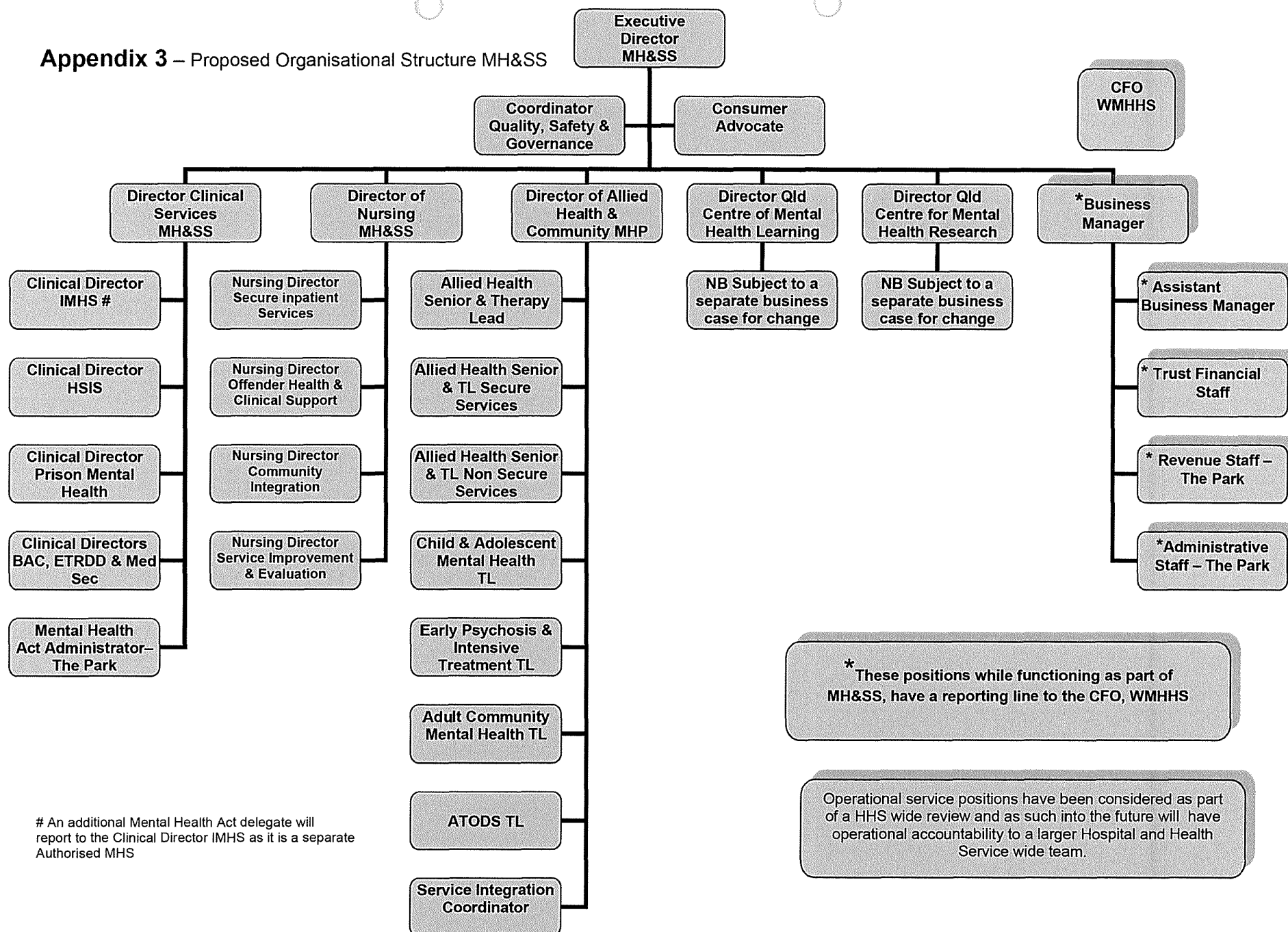
Appendix 1 – Current Organisational Structure – The Park Centre for Mental Health



Appendix 2 – Current Organisational Structure IMHS



Appendix 3 – Proposed Organisational Structure MH&SS



Appendix 4- High Level Transition Plan

1.0 Transition Principles

1. Alignment There will be a clear line of sight between the objectives to be achieved by the Division and the functions performed.
2. Articulation Functions are defined and described, then articulated into the activities required for the Division to perform its role.
3. Clarity The role of each program area, individual unit and individual will be clearly defined.
4. Outcomes The outcomes required will be defined and measured against agreed performance indicators.
5. Accountabilities Performance will be regularly reviewed to ensure deliverables are being achieved.
6. Quality We will embrace a quality management approach to how we do business.

2.0 Implementation Schedule

Activity	Timeframe – week beginning					
	7/1/13	14/1/13	21/1/13	28/1/13	4/2/13	11/2/13
EDMH&SS to formally commence consultation on Division structure with staff and unions	X					
Business case endorsement by Chief Executive, WMHHS	X					
Release Business Case to Staff and other Stakeholders	X					
Industrial Consultation	X					
Confirmation of high level structure for MH&SS and announcement of leadership team (including interim and acting)		X				
Ongoing review of components of MH&SS	X	X	X	X		
Identification of additional components of MH&SS that would benefit from review		X	X	X		
Ongoing consultation with staff regarding implementation		X	X	X	X	X
Recommendation regarding final skill mix and FTEs across MH&SS			X	X		
Develop detailed transition plan to manage HR and change issues		X	X	X		
Advise staff of any individual impact		X	X	X		
Commence employee movements as required following matching process			X	X		
Commence managing surplus staff as required				X		
Continue implementation of detailed transition plans				X	X	X

3.0 Key Success Criteria and Implementation Risks

Key Success Criteria	Risk	Risk Cause	Risk Impact	Risk Impact
MH&SS has a clear vision and values	Vision and values are not known and / or unclear	Vision and values not clearly defined and / or communicated	Required change is not realised and desired behaviours not observed	Communication materials incorporate the vision where appropriate and ensure the vision cascades
				Values are defined in behavioural terms meaning they are observable, tangible and measurable
				Desired values are embraced and championed by leaders throughout the transition process
				Objectives and behaviours are reflected in PADs and other performance agreements
				Employees are held to account for delivering promised performance and demonstrating behaviour in accordance with values
Organisational design is fit for purpose	Required outputs and outcomes not realised - including expected benefits revised structure	Organisational design not fit for purpose and/or 'old' behaviours inhibit ability to embrace new role and accountabilities	Failure to achieve strategic objectives for WMHHS, poor performance across the system	MH&SS outcomes, outputs and role clearly defined and communicated to internal and external stakeholders
				Engage staff to identify and remove/change 'old' behaviours and functions
				Existing key outputs and work plans analysed and aligned with new functions prior to confirming new structure
				Ensure organisational design follows function wherever practicable

Stakeholder expectations are anticipated and managed	Stakeholders complain that expectations not met	Poor communication with, engagement and management of stakeholders throughout transition process	Complaints, negative media, industrial disputes, low levels of stakeholder acceptance of change	Complete thorough stakeholder analysis
				Develop, implement and monitor stakeholder engagement plan
Employees have the required capability and capacity to achieve objectives	Required outputs and outcomes not realised - including expected benefits of a revised structure	Insufficient skilled resources available or not placed where most needed	Outcomes and outputs either delayed, not delivered or not to the required standard	Following confirmation structure undertake detailed capability / capacity mapping to identify critical gaps/vulnerabilities
				Detailed transition plan confirms critical short term gaps and how they will be met
				Develop, implement and monitor implementation of staff development plan
				Incorporate development priorities in relevant staff PADs and monitor progress in addressing critical gaps
All applicable employment related obligations are met	Dispute lodged in Industrial Relations Commission or Appeal with Public Service Commission	Breach of obligations, failure to follow required processes	Industrial disputation, appeals or protracted consultation stops or delays transition	Ensure all leadership team are aware of and follow minimum obligations and required change processes
				Assign responsibility to a central point in the service to monitor whether obligations are being met and to seek clarification of requirements as needed
				Provide regular update to required consultative forums as well as via Divisional staff forums/newsletters
				Communication plan and engagement strategy developed and implemented
Roles, responsibilities and accountabilities clearly understood by	Critical incident/s	System of governance including committee roles, job descriptions, performance	Poor performance, tension between work areas, lack of ownership of	Roles, responsibilities and accountabilities clearly defined at the Service, Unit and position levels

all employees		and development plans do not clearly define roles, responsibilities and required outcomes	critical issues/outputs	Accountabilities cascaded down through the service to individual employee level
				Staff feedback is provided and follow up actions agreed and monitored where roles and responsibilities not being performed as required
Business continuity maintained	Activities fail or are disrupted by transition	Lack of adequate management focus on critical activities, inadequate resourcing of critical activities	Damage to reputation, loss of funding, breach of legislative obligations, flow on impacts resulting in poor performance across the system	Detailed transition plan clearly identifies critical business as usual activities and assigns accountability for monitoring progress and accountability for achievement (different Officers)
				Detailed transition plan includes strategies to retain and transfer tacit knowledge needed to ensure business continuity
Required resources (FTE, Assets, Budget) maintained	Unable to deliver required outcomes/outputs or operate with a budget deficit	Poor due diligence in relation to the reconciliation of FTE, Assets and Budget	Damage to reputation, loss of funding, breach of legislative obligations, flow on impacts resulting in poor performance across the system	Functions changing identified and due diligence of associated resources completed
				Required FTE positions transferred or abolished as required
				Review, create and / or transfer required cost centres and associated budget
				Stocktake of assets undertaken and transferred as applicable

4.0 Communication and Engagement Plan

Communication objectives

- Ensure stakeholders understand the vision and objectives of WMHHS.
- Promote contemporary models of care that ensure sustainability and quality of service.
- Gain and sustain support of key stakeholders and influencers.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

Communication principles

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

Communication environment

West Moreton Hospital and Health Service has undergone significant change in 2012, with the implementation of health reform. This has been coupled with the need for fiscal repair across the Queensland Public Service. During this period, the community's expectation of deliverables from WMHHS has increased. As a result, staff morale and the public image of public health care in Queensland has decreased. WMHHS is striving to improve this image while also searching for new ways to deliver services to its community. These services must be delivered in a new and innovative ways to ensure sustainability – both financially and for the longevity of service provision.

Stakeholder groups

Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
- WMHHS staff
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors
- Senior Heads of Department

External stakeholders:

- The Premier
- Media
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Opposition parties
- Relevant unions
- Professional colleges

Key messages

- Hospital and Health Services have been charged with finding innovative ways to deliver improved patient care across Queensland.
 - For too long delivery of mental health services in WMHHS has been a disparate set of functions. It's time to deliver one, single service that meets the needs of the community.
 - To help us achieve this we will be appointing a new leadership structure for WM MH&SS.
 - We need to redesign our services to ensure the right care is provided to patients, in the right place, and at the right time.
 - We are working better together to provide the best health care possible

- Patient and family-centred care is fundamental to WMHHS
- We want WMHHS to continue as a leader in health care.
- WMHHS is not immune to the financial pressures and challenges faced across the Queensland Public Service.
 - We must reduce waste by cutting duplication.
 - WMHHS strives to deliver contemporary models of care that are sustainable now and into the future.
 - WMHHS values its staff members and we will support any staff member who wishes to take a voluntary redundancy.
 - Decision-making occurs at the local level wherever possible.
 - Open, transparent communication is part of WMHHS culture

Communication Tactics

Channel/tactic	Rationale
Online and digital communication	
Intranet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
Memos / letters and email to networks	Top down communications from CE to line managers with instruction for line managers to disseminate information about redesign and reform.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) for noting or approval
Face-to-face	
Internal stakeholder briefings / meetings	One-on-one engagement with line managers / senior staff, Health Minister
External stakeholders - Unions	Undertake a consultative approach to ensure messages align with expectations and gain support
Media	
Media statements	Respond to queries or hold media conferences as required
Media conferences	