

Communications Plan

Statewide Adolescent Extended Treatment and Rehabilitation Strategy

Version 1.0

November 2013

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Contents

Background	3
Scope	3
Objectives	4
Communication challenges	4
Key stakeholders.....	5
Key messages.....	5
Spokespeople	7
Communication Action Plan.....	8

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Background

The existing Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) in Wacol and provides a statewide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders. The BAC is a combined operation utilising staff from Queensland Health and Department of Education, Training and Employment.

In alignment with the Queensland Plan for Mental Health 2007-17 (QPMH), a key area for reform within Mental Health and Specialised Services (MHSS) in the West Moreton Hospital and Health Service (WM HHS) is the development of The Park as an adult-only forensic and secure mental health campus. The high secure services have been expanded and, in July 2013, a new service option was established on campus, the Extended Forensic Treatment and Rehabilitation Unit.

In light of these significant changes, it is no longer safe or contemporary to provide long-term inpatient care for adolescents at the Barrett Adolescent Centre (BAC) on The Park campus. Compounding these changes at a service provision level, the existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.

On 6 August 2013, the Minister for Health, the Honourable Lawrence Springborg MP announced that from early 2014, Children's Health Queensland (CHQ) will be responsible for the provision of a new range of contemporary statewide service options for adolescents requiring extended mental health treatment and rehabilitation. Young people receiving care from the Barrett Adolescent Centre at that time will be supported through their transition to other contemporary care options that best meet their individual needs.

The primary goals of the Statewide Adolescent Extended Treatment and Rehabilitation Strategy (SW AETRS) are:

- » develop service options within a statewide mental health model of service for adolescent extended treatment and rehabilitation, within a defined timeline;
- » develop an Implementation Plan to achieve the alternative model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline (noting mobilisation of implementation activities will occur as a separate project phase);
- » ensure continuity of care for adolescents currently admitted to BAC, and on the wait list, through a supported discharge / transition process to the most appropriate care option/s that suit individual consumer needs, and that are located in (or as near to) their local community.
- » Discharge all adolescents from the BAC facility by end January 2014, to enable finalisation of The Park campus as an adult-only forensic and secure mental health service facility, noting that this is a flexible date dependent upon the needs of the consumer group.

Scope

This communication plan is designed to assist with the planning and delivery of effective engagement to all identified stakeholders of the SW AETRS for the period August 2013 to January 2014. The plan will:

- » Identify the key stakeholders for the project and their relevant interest areas;
- » Document the key messages which will be utilised when communicating information about the alternative model of service for adolescent mental health extended treatment and rehabilitation; and
- » Provide a communication action plan which identifies the tactics, audience, frequency and responsibilities in engaging with key stakeholders.

This plan is intended for the use of:

- » Statewide Adolescent Extended Treatment and Rehabilitation Strategy Project Team and Steering Committee
- » Children's Health Queensland Executive Management Team

Objectives

- » Ensure stakeholders are aware of the implementation of an enhanced model of service for adolescent mental health extended treatment and rehabilitation and understand the key impacts, benefits and outcomes of the project.
- » Engage key stakeholders to become champions and advocates for communicating key messages about the project.
- » Offer reassurance that continuity of high quality, safe mental health care for adolescents is our highest priority.
- » Promote a contemporary model of mental health care for Queensland adolescents
- » Increase awareness of the timeframes, processes and milestones of the implementation.
- » Gain and maintain the support of key stakeholders (internal and external), decision makers and influencers during the implementation through timely, open and accurate communication.
- » Implement effective communication processes and resources to encourage consultation with and support for stakeholders throughout the implementation of the project.

Communication challenges

- » The closure of the BAC has already attracted significant negative media attention. This is likely to continue until some definitive information about the future service model is communicated.
- » There is a perception that adolescents requiring longer term mental health inpatient treatment will no longer be able to access the treatment they need.
- » There is a perception that any model other than the BAC would be sub-standard.
- » Parents of current BAC patients have expressed concern that the scheduled closure of the BAC in January will not leave sufficient time to find alternative arrangements for their children's care and thus put them at risk.
- » 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 CHQ and Queensland Health as the system manager including:
 - Managing community expectations and perceptions.
 - 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.

- Ensuring consumers and general public that not all service changes/restructures are merely a cost-saving initiative.

Key stakeholders

The following table lists the stakeholders identified for the SW AERTS Initiative.

Stakeholder	Interest Area
<ul style="list-style-type: none"> • Existing BAC consumers and their parents/carers • Existing and potential consumers and their parents/carers • Current BAC staff (and their Union) • SaveBarrett.org group • Media 	How the SW AERTS will ensure continuity, quality and safety of services for their child.
<ul style="list-style-type: none"> • Children's Health Queensland (all staff), in particular: <ul style="list-style-type: none"> ○ CHQ Board ○ Executive Management Team ○ CYMHS staff 	Staying informed of the outcomes of the project and how it will improve the quality of services delivered by CHQ
<ul style="list-style-type: none"> • Other HHSs with acute inpatient units and mental health and specialised services • Mental health executive directors, clinicians and other staff • Mater Hospital • NGOs, patient support groups, etc. • Medicare Locals • AMAQ • Department of Employment, Training and Education • Department of Housing and Public Works 	Staying informed of the outcomes of the project and how it will ensure continuity, quality, and safety of services for consumers.
<ul style="list-style-type: none"> • Divisional Director, CYMHS (Judi Krause) • Clinical Director, CYMHS (Stephen Stathis) 	Steering Committee Co-Chair
<ul style="list-style-type: none"> • WM HHS Board, Executive, and Senior Management Team • Mental Health, Alcohol and Other Drugs Branch 	Project Partner
<ul style="list-style-type: none"> • Minister for Health • DDG Health Services and Clinical Innovation • Queensland Mental Health Commissioner 	Strategic Oversight

Key messages

Below are the high-level key messages for the identified stakeholders. These messages will be monitored and updated regularly.

SW AERTS and future service delivery

- » Children's Health Queensland is working in partnership with West Moreton Hospital and Health Service, mental health experts, parents, and consumers to ensure Queensland adolescents have access to high-quality, effective extended treatment and rehabilitation mental health service options.
- » Continuity of high quality, safe care is our key priority.

- » Our goal is to ensure every adolescent in need of mental health services will receive the most appropriate care and support, in the most appropriate setting, as close to their family and community as possible.
- » All treatment and rehabilitation service options will be based on contemporary models of care and take into account the needs of adolescents and families across Queensland.
- » Treatment and rehabilitation will be tailored to the individual needs of consumers.
- » The provision of adolescent mental health care will be enhanced through improved and strengthened inter-sectoral partnerships.

Project timeframe

- » CHQ is not implementing a completely new care model. The closure of the Barrett Adolescent Centre has provided an opportunity to revisit the way we care for young people to ensure they receive appropriate, contemporary, family-centred services.
- » The Barrett Adolescent Centre is just one service on a continuum of adolescent mental health care provided by the Queensland Government.
- » CHQ and West Moreton Hospital and Health Service are confident that the spectrum of care currently available is capable of supporting the 11 young people currently admitted to the BAC, and the other 6 young people who visit as day patients.
- » CHQ and West Moreton Hospital and Health Service are committed to safe and individually appropriate care for each young person currently attending the Barrett Adolescent Centre.
- » There will be no gap in service delivery for patients when the BAC closes in January 2014. The safety and individual needs of each adolescent is our highest priority.
- » The closure of the Barrett Adolescent Centre at The Park Centre for Mental Health does not mean extended mental health treatment and rehabilitation services for young people will no longer be available in Queensland.
- » All existing patients of the Barrett Adolescent Centre will continue to receive the mental health care services and support they require once the centre is closed. They will be supported through every step of their transition process.

Reason for closure of the BAC

- » The Park Centre for Mental Health (in which the BAC is located) has expanded in its capacity as a high-secure forensic adult mental health facility. It has been deemed that the BAC is no longer a suitable or safe place for adolescents.
- » 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 care.
- » The existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.
- » Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that will deliver the best outcomes.

Spokespeople

The people authorised to speak to internal and external audiences about the SW AERTS on behalf of CHQ HHS are:

- » Ms Susan Johnston, Chair, Children's Health Queensland Hospital and Health Board
- » Dr Peter Steer, Chief Executive, Children's Health Queensland Hospital and Health Service
- » Dr Stephen Stathis, Clinical Director, CYMHS (Co-Chair of SW AERTS Steering Committee and Clinical Lead)
- » Ms Judi Krause, Division Director, CYMHS (Co-Chair of SW AERTS Steering Committee)

Communication Action Plan

The following communication action plan identifies the methods required to communicate messages to stakeholders. The plan will be updated regularly to ensure the plan remains relevant for the project.

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Priority (H/M/L)
ASAP / November 2013	Page on CHQ internet (linked to/from WM HHS site)	Consumer Parents/carers	<ul style="list-style-type: none"> ○ Inform / educate / engage (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model) ○ Offer reassurance ○ Provide fact sheets / FAQs ○ Provide contact details for more information 	Comms/ SW AETRS Project Team	H
ASAP / November 2013	Page on CHQ intranet (linked to/from WM HHS intranet site)	Current BAC staff CHQ staff Mental Health Staff	<ul style="list-style-type: none"> ○ Inform / educate (e.g. project updates) ○ Offer reassurance ○ Provide contact details for more information 	Comms/ SW AETRS Project Team	H
ASAP / November 2013	Fact sheets /FAQs (Included on web pages above)	Consumers Parents/carers Media	<ul style="list-style-type: none"> ○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model) ○ Offer reassurance ○ Provide contact details for more information 	Comms/ SW AETRS Project Team	H
ASAP Ongoing	Meetings with current BAC families / carers	BAC Consumers / Parents / Carers	<ul style="list-style-type: none"> ○ Inform and engage BAC consumers and parents ○ Educate parents about options ○ Offer reassurance 	WM HHS	H
ASAP Ongoing	Meetings with BAC staff	BAC staff	<ul style="list-style-type: none"> ○ Inform / educate (e.g. project updates) to ensure they have accurate information for patients and families. ○ Offer reassurance / thank them for support ○ Make them advocates of future service delivery 	WM HHS	H
ASAP December 2013	Contact with current BAC families	BAC Parents / Carers	<ul style="list-style-type: none"> ○ Personally acknowledge family's situation and the anxiety they may have experienced in past 	SW AETRS Project Team	H

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Priority (H/M/L)
			<p>months</p> <ul style="list-style-type: none"> ○ Introduce CHQ and role they will play in the future care of their child ○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model). ○ Offer reassurance 		
ASAP	Contact with the Departments of: <ul style="list-style-type: none"> • Education, Employment & Training • Housing & Public Works 	Education and Housing Staff	<ul style="list-style-type: none"> ○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model). ○ Work collaboratively to deliver enhanced model of service. 	SW AERTS Project Team	H
Jan 2014	Media Statement and/or Press Conference	Media All stakeholders	<ul style="list-style-type: none"> ○ Inform / educate re BAC closure and future model of care ○ Offer reassurance 	Board Chairs of WM HHS and CHQ HHS	H
As needed / Key project milestones	Media statements	Media All stakeholders	<ul style="list-style-type: none"> ○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model). ○ Offer reassurance ○ Possible milestones: <ul style="list-style-type: none"> ○ Announcement of future model of care ○ When last patient is transitioned out of BAC 	Comms/ SW AERTS Project Team	M
Ongoing	Presentation to Staff Forums	CHQ staff, CYMHS, and Mental Health Forums	<ul style="list-style-type: none"> ○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model) 	SW AERTS Project Team / Comms	M
2014 *when future plans known	E-alert	All QH staff	<ul style="list-style-type: none"> ○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model) ○ Promote link to website 	SW AERTS Project Team / Comms	M

Project Plan

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Children's Health Queensland Hospital and Health Service

October 2013

V 1.1

A DOCUMENT PURPOSE

The Project Plan is used to guide the project implementation and the process for project control. It defines:

- project approach and strategy
- responsibilities and accountabilities for project strategies/ tasks
- project schedule, including key milestone points and the delivery of identified outputs
- dependencies within the project and with other projects
- resources required (financial, human and material), and financial management processes
- risk management strategies
- communication management strategy
- human resource management strategies

The project plan is also used to facilitate communication among the stakeholders.

B DOCUMENT CONTROL

Version	Date	Prepared by	Comments
V0.1	30/07/13	A/Director of Strategy, MH&SS, WM HHS	Initial draft for consideration with key stakeholders.
V0.2	01/08/13	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Sharon Kelly, Stephen Stathis and Judi Krause 01/08/13.
V0.3	16/08/13	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Stephen Stathis and Judi Krause on 15/08/13 and based on CE teleconference 16/08/13.
V0.4	19/09/13	Project Manager, SW AETRS	Revised for CHQ HHS format
V1.0	21/10/13	Project Manager, SW AETRS	Endorsed by SW AETRS Steering Committee Approved by CE DoH Oversight Committee

**Drafts should use format vX.1 (e.g. start at v0.1). Final versions should use format vX.0 (e.g. v1.0).*

Distribution

Name	Title	Function*
	Chief Executive and Department of Health Oversight Committee	Approve
	SW AETR Steering Committee	Endorse
Sharon Kelly	Executive Director Mental Health & Specialised Services	Feedback
Deborah Miller	A/Executive Director, Office of Strategy Management, CHQ HHS	Feedback
Judi Krause	Divisional Director CYMHS CHQ HHS	Feedback
Stephen Stathis	Clinical Director, CYMHS CHQ HHS	Feedback
Leanne Geppert	A/Director of Strategy, MHSS WM HHS	Feedback

**Functions include: Approve, Review, Feedback*

Document Storage and Archive

During conduct of the project, documentation will be stored electronically under: \\Qldhealth\qhb-cl3_data13.qhb.co.sth.health\CHQ\District - Office of Strategy Management\Projects\SW AETR.

A standard directory structure and file naming convention will be developed for use by the Project Manager.

C GLOSSARY

Abbreviation	Meaning
BAC	Barrett Adolescent Centre
CE	Health Service Chief Executive
CE DoH Oversight Committee	Chief Executive and Department of Health Oversight Committee
CHQ EMT	Children's Hospital Queensland Executive Management Team
CHQ HHS	Children's Hospital Queensland Hospital and Health Service
CYMHS	Child and Youth Mental Health Services
DETE	Department of Education Training and Employment
ECRG	Expert Clinical Reference Group
HHSs	Hospital and Health Services
MH	Mental Health
MHAODB	Mental Health Alcohol and Other Drugs Branch
MHSS	Mental Health and Specialised Services
NGO	Non-Government Organisation
QPMH	Queensland Plan for Mental Health
SW AETR	Statewide Adolescent Extended Treatment and Rehabilitation
SW AETRS	Statewide Adolescent Extended Treatment and Rehabilitation Strategy
The Park	The Park Centre for Mental Health
WM HHS	West Moreton Hospital and Health Service

TABLE OF CONTENTS

1	PROJECT DESCRIPTION	6
	1.1 BACKGROUND.....	6
	1.2 BUSINESS NEED	7
	1.3 PURPOSE / OBJECTIVE.....	7
	1.4 OUTCOME AND BENEFITS.....	8
	1.5 ASSUMPTIONS	8
	1.6 CONSTRAINTS.....	9
	1.7 DEPENDENCIES.....	10
	1.8 PROJECT SCOPE	11
	1.8.1 <i>IN-SCOPE</i>	11
	1.8.2 <i>OUT OF SCOPE</i>	11
	1.8.3 <i>SCOPE CHANGES</i>	11
2	PROJECT PLANNING	12
	2.1 PROJECT OVERVIEW	12
	2.1.1 <i>RELATED PROJECTS/ACTIVITIES</i>	12
	2.2 KEY DELIVERABLES	12
	2.3 COST MANAGEMENT	13
	2.3.1 <i>BUDGET</i>	13
	2.3.2 <i>RESPONSIBILITIES</i>	13
	2.4 TIME MANAGEMENT	14
	2.4.1 <i>SCHEDULE</i>	14
	2.4.2 <i>SCHEDULE CHANGES</i>	14
	2.5 HUMAN RESOURCE MANAGEMENT	14
	2.5.1 <i>RESOURCE PLAN</i>	14
	2.6 RISK MANAGEMENT	14
	2.6.1 <i>OVERALL ASSESSMENT OF PROJECT RISKS</i>	14
	2.6.2 <i>RISK REGISTER</i>	16
	2.7 PROJECT GOVERNANCE AND CONTROL	16
	2.7.1 <i>PROJECT ORGANISATION</i>	16
	2.7.2 <i>ROLES AND RESPONSIBILITIES</i>	16
	2.8 PROJECT CONTROLS	17
	2.8.1 <i>REPORTING</i>	17
	2.8.2 <i>TOLERANCE</i>	17
	2.9 COMMUNICATION MANAGEMENT	18
	2.9.1 <i>KEY INTERNAL STAKEHOLDERS</i>	18
	2.9.2 <i>KEY EXTERNAL STAKEHOLDERS</i>	20
	2.10 QUALITY MANAGEMENT	21
	2.10.1 <i>APPLICABLE STANDARDS</i>	21
	2.10.2 <i>QUALITY CONTROL ACTIVITIES</i>	21
	2.10.3 <i>RESPONSIBILITIES</i>	21
3	PROJECT EVALUATION	22
	3.1.1 <i>PROJECT EVALUATION METHODOLOGY</i>	22
	3.1.2 <i>POST IMPLEMENTATION REVIEW (PIR)</i>	22
4	RECOMMENDATIONS (PROJECT MANAGER).....	23
5	APPROVAL BY EXECUTIVE MANAGEMENT TEAM MEMBER	24
	APPENDIX A: PROJECT GANTT CHART	25
	APPENDIX B – ROLES AND RESPONSIBILITIES	26

1 Project Description

1.1 Background

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers move primarily into community-based settings, where they are supported to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

In alignment with the Queensland Plan for Mental Health 2007-17 (QPMH), a key area for reform within Mental Health and Specialised Services (MHSS) in the West Moreton Hospital and Health Service (WM HHS) is the development of The Park Centre for Mental Health (The Park) as an adult-only forensic and secure mental health campus. The high secure services have been expanded and, in July 2013, a new service option was established on campus, the Extended Forensic Treatment and Rehabilitation Unit.

In light of these significant changes, it is no longer safe or contemporary to provide long-term inpatient care for adolescents at the Barrett Adolescent Centre (BAC) on The Park campus. Compounding these changes at a service provision level, the existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.

Through Stage 1 of the QPMH, an adolescent extended treatment unit was funded to replace the existing 15-bed BAC. The replacement service was to be located at Redlands within Metro South HHS, and had an indicative commissioning date of November 2013. Upon operation of the replacement 15-bed unit, the existing BAC would be decommissioned.

The Redlands adolescent extended treatment capital program encountered multiple delays and a significant budget over-run. There were unresolvable environmental barriers associated with the site, and the Department of Health ceased the development and redirected the capital funds toward other high priority health initiatives. Operational funding for the Redlands Facility, of approximately \$2 million for 2013/14, has been retained and approved by the Department of Health to fund new adolescent mental health extended treatment and rehabilitation service options.

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to identify new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. An Expert Clinical Reference Group (ECRG) was convened, consisting of a consumer representative, a carer representative, an interstate Child and Youth Psychiatrist, multi-disciplinary Child and Youth clinician representation (including north Queensland), a representative of BAC, a representative of the BAC School, and a Non-Government Organisation (NGO) representative. The ECRG was chaired by the Director of Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch (MHAODB). The ECRG reported up to the WM HHS via a Planning Group, which was chaired by the Executive Director of Mental Health & Specialised Services, WM HHS.

In May 2013, a preamble and seven recommendations were submitted by the ECRG and considered by the WM HHS Board (Attachment 1). This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, CHQ HHS,

Department of Education Training and Employment (DETE), and the Department of Health. The seven recommendations were accepted by the WM HHS Board.

On 6 August, 2013, the Minister for Health, the Honourable Lawrence Springborg MP made an announcement that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from the Barrett Adolescent Centre at that time will be supported through their transition to other contemporary care options that best meet their individual needs.

1.2 Business Need

To deliver on the Minister's commitment, a new statewide mental health service model for adolescent extended treatment and rehabilitation (AETR) is required by early 2014.

The foundation work for this initiative has now concluded and approval is sought to move into the implementation phase, of which this Project Plan forms the basis.

1.3 Purpose / Objective

- Develop service options within a statewide mental health model of service for adolescent extended treatment and rehabilitation, within a defined timeline.
- Develop an Implementation Plan to achieve the alternative model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline (noting mobilisation of implementation activities will occur as a separate project phase).
- Ensure continuity of care for adolescents currently admitted to BAC, and on the wait list, through a supported discharge / transition process to the most appropriate care option/s that suit individual consumer needs, and that are located in (or as near to) their local community.
- Within the context of a changing service model in early 2014, review the admission criteria to BAC for all new consumers post 5 August 2013.
- Oversee the redistribution of BAC operational funds, and other identified funding, to adolescent mental health service models to support the identified target group.
- Develop a consistent and transparent Communication Plan regarding the implementation of the new service options.
- Consider in all decision-making the key principles and recommendations as defined through the ECRG and Planning Group of the Barrett Adolescent Strategy (Attachment 1).
- Discharge all adolescents from the BAC facility by 31 January 2014, to enable finalisation of The Park campus as an adult-only forensic and secure mental health service facility.

1.4 Outcome and Benefits

Achievement of the project purpose will create a range of benefits including:

- High quality, effective extended treatment and rehabilitation mental health service options available to consumers that are based on contemporary models of care and take into account the wide geographical spread of Queensland.
- Increased access for adolescent consumers to their families, community and social networks by having greater access to more local mental health services.
- Improved, strengthened inter-sectoral partnerships in delivering adolescent mental health care.
- Value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care.

1.5 Assumptions

- Key stakeholders will work in partnership to implement this phase of the initiative. The lead governing body for the project will be CHQ HHS, in partnership with WM HHS and the Department of Health.
- Identified funding sources will remain available to the identified adolescent target group and their mental health service needs. The identified funding sources include:
 - BAC operational funding (amount to be defined);
 - \$2 million operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit;
 - \$1 million operational funding for NGO-delivered services (e.g. Residential Rehabilitation); and
 - Other potential Department of Health funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options.
- The Mental Health Alcohol and Other Drugs Branch will provide project funding of \$300,000 to support the temporary appointment of two project officers to CHQ HHS and one project officer to WM HHS.
- The stakeholders of this project will contribute resources (including staff time and content expertise) for the duration of the project.
- Timely approval will be received from the project stakeholders to enable major stages of the project to be implemented as planned.
- The Steering Committee and Working Groups will commit to action tasks both in and out of session to meet defined timelines, and thus support the timely completion of this project and the achievement of outcomes for the consumer group.
- Timeframes associated with this project will align with the timeframes for procurement processes to engage NGO services.

- The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' Hospital and Health Service (HHS).
- Workforce management strategies, to support BAC staff, will be developed and managed by WM HHS.
- The governance of the new service options will be held by CHQ HHS and a model will be defined as a priority.
- The site/s for delivery of any potential bed-based service option will be identified and governance arrangements will be defined as a priority.
- Consideration will be given to all recommendations for service needs that were defined by the ECRG. This will also include consideration of alternative contemporary service options including Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services, and bed-based services.
- Service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland.
- Service options will broadly align with the draft National Mental Health Service Planning Framework.
- Not all service options within the statewide model that will be proposed will be available by early 2014. However, there is a commitment to ensure there is no gap to service delivery for the adolescent target group.

1.6 Constraints

- There is no capital funding currently identified to build new infrastructure.
- Transfer processes and time frames of operational funding to new service providers and HHSs need to be defined and negotiated.
- Timeframes and imperatives associated with the procurement processes of NGO contracting may be restrictive to timely progress.
- Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult-only forensic and secure mental health facility.
- Service options will align with the following strategic and planning directions:
 1. *National Mental Health Service Planning Framework (under draft)*
 2. *The Blueprint for better healthcare in Queensland (2013)*
 - a. Health services focused on patients and people;
 - b. Providing Queenslanders with value in health services;
 - c. Investing, innovating and planning for the future.
 3. *Queensland Plan for Mental Health (2007-17) (QPMH)*
 - a. Integrating and improving the care system;
 - b. Participating in the community;
 - c. Coordinating care.
 4. *Business Planning Framework: A tool for nursing workload management – Mental Health Addendum*

- Service options will meet in-scope activity based funding classifications as defined by the Independent Hospital Pricing Authority (2013-14), which includes:
 - All admitted activity
 - Crisis assessment and treatment
 - Dual diagnosis
 - Home and community-based eating disorders
 - Mental health hospital avoidance programs
 - Mobile support and treatment
 - Perinatal
 - Step-up step-down
 - Telephone triage
- CYMHS non-admitted activity is currently deemed out-of-scope by Independent Hospital Pricing Authority (2013-14). It should be noted that this may have financial implications for the model of service developed. In the meantime, the Mental Health Alcohol and Other Drugs Branch (MHAODB) are advocating for CYMHS non-admitted activity to be 'in-scope' for Activity Based Funding.
- Queensland has early / developing experience in the delivery of some models being proposed (e.g. models like Y-PARC, Intensive Mobile Youth Outreach Service, residential rehabilitation for adolescent mental health consumers, and other partnership models between the public and non government sectors).

1.7 Dependencies

There are no identified project inter-dependencies identified.

1.8 Project Scope

1.8.1 In-Scope

- End-to-end recovery-oriented adolescent mental health extended treatment and rehabilitation services
- Linkages to other adolescent mental health services that do not meet the definition of mental health extended treatment and rehabilitation services (such as acute, forensic, and Community CYMHS)
- Linkages to Adult Mental Health Services in so far as to ensure smooth transition from Adolescent Mental Health Services
- Linkages to primary care service providers in so far as to ensure smooth transition to and from Adolescent Mental Health Services
- Governance and resource arrangements for the statewide adolescent mental health extended treatment and rehabilitation services, including, financial, workforce, and assets.
- The target consumer group is:
 - 13 - 17 years old, with flexibility in upper age limit depending on presenting issue and developmental age (as opposed to chronological age).
 - Severe and persistent mental health problems that may include co-morbid alcohol and other drug problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.
 - Mental illness is persistent and the consumer is a risk to themselves and/or others.
 - Medium to high level of acuity requiring extended treatment and rehabilitation.

1.8.2 Out of Scope

- Individual consumer clinical treatment plans
- Current BAC facility operations
- Decommissioning of the BAC building
- Any system requirements or enhancements for electronic consumers records
- Implementation of new service options (will occur as a separate project phase)
- Other adolescent mental health services that do not meet the definition of mental health extended treatment and rehabilitation services (such as acute, forensic, and Community CYMHS)
- Non-adolescent mental health services
- Primary care service providers and their processes

1.8.3 Scope Changes

Scope changes will be managed under the Project Control approach as per **Section 2.8**.

2 Project Planning

2.1 Project Overview

2.1.1 Related Projects/Activities

Service Planning in Queensland:

- Queensland Plan for Mental Health 2007-17
- CYMHS in Queensland
- CHQ Transition Strategy
- Service Planning Frameworks and Funding Models
- Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.1
- Business Planning Framework: A tool for nursing workload management – Mental Health Addendum

Service Planning in Australia:

- National Mental Health Service Planning Framework

2.2 Key Deliverables

The table below details the key milestones / products / activities to be delivered by the project:

Key Milestone / Product / Task / Activity	Responsible Officer	Completion Date
Project Initiation	Ingrid Adamson	30 August 2013
Project Plan and Communications Strategy	Ingrid Adamson	22 October 2013
BAC Consumer and Staff Engagement Strategy	Leanne Geppert	22 October 2013
SW AETR Service Model	Stephen Stathis	30 November 2013
Governance Model (including financial and workforce requirements) for the SW AETR Service Model	Ingrid Adamson	30 November 2013
Interim consumer clinical care plans (for current BAC and wait list consumers)	Anne Brennan	31 December 2013
Implementation Plan for SW AETR Service Model	Ingrid Adamson	31 January 2014
Mobilisation of Phase Two: Service Options Implementation	Stephen Stathis / Ingrid Adamson	February 2014

2.3 Cost Management

2.3.1 Budget

Direct Labour	Stream/Level	FTEs	Total Cost
CHQ – HSS:			
Project Manager 09/09/13 to 30/06/14 (10 months)	AO8.4	1	\$ 120,000
Clinical Director 14/10/13 to 13/12/13 (10 weeks)	MO2.2	0.4	\$ 30,000
WM HHS:			
Project Officer 23/09/13 to 30/06/14 (10 months)	AO7	1	\$ 100,000
TOTAL			\$ 250,000
Additional Requirements			Total Cost
Communication and media strategies to raise awareness of initiative and promote new service model			
Room hire and catering expenses for workshops and forums			
Travel expenses for clinical representation at workshops and forums			
Travel expenses for interstate MH site visits			
Other additional administrative overheads			
TOTAL PROJECT BUDGET			\$ 300,000

Source of Funding

- MHAODB has committed to providing temporary project funding to CHQ HHS and WM HHS for 2013/2014.
- Secretariat and Chairing of Steering Committee is the responsibility of CHQ HHS.
- All matters related to the BAC closure is the responsibility of WM HHS

Ongoing Operational Funding:

Operational Funding for new/enhanced service options will be sourced from:

- BAC operational funding (to be defined);
- \$1.8 million operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit;
- Operational funding for NGO-delivered services (e.g. Residential Rehabilitation) (to be advised); and
- Other potential Department of Health funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options.

2.3.2 Responsibilities

The table below shows details of the cost management/monitoring activity and who is responsible:

Cost Management Activity	Responsible	When and How
Project expenditure	Project Manager, SW AETRS	Existing cost centre management practice

2.4 Time Management

2.4.1 Schedule

The draft project schedule is shown as a high level Gantt chart at **Appendix A**.

2.4.2 Schedule Changes

Changes will be managed under the Project Controls Approach as per **Section 2.8**.

2.5 Human Resource Management

2.5.1 Resource Plan

The table below contains a list of the human resources required for the project.

Role	FTE	Employee/ Contractor	Name(s) (if known)	From	To
Project Manager	1	Employee	Ingrid Adamson	09/09/13	30/06/14
Project Officer	1	Employee	Laura Johnston	23/09/13	30/06/14
Clinical Director	0.4	Employee	Stephen Stathis	14/10/13	13/12/13

2.6 Risk Management

2.6.1 Overall Assessment of Project Risks

Significant key risks to the project are listed below:

Risk Event & Impact	Rating	Treatment	Owner
Project Performance			
Schedule compliance – timeframes are exceeded	High	<ul style="list-style-type: none"> Active monitoring and reporting Variances reported to SW AETR Steering Committee and escalated to CE DoH Oversight Committee, where required 	Project Manager
Scope creep	Medium	<ul style="list-style-type: none"> Active monitoring and reporting Variance reported to SW AETR Steering Committee and escalated to CE DoH Oversight Committee, where required 	Project Manager
Insufficient funding	Medium	<ul style="list-style-type: none"> Active monitoring and reporting Variance reported to CE DoH Oversight Committee, where required 	Project Manager
Communication gaps between Working Groups, Committees, and other forums	Medium	<ul style="list-style-type: none"> Project Manager to act as consistent conduit between all parties Regular status updates to all parties 	Project Manager with CHQ Media and Comms

Risk Event & Impact	Rating	Treatment	Owner
Current Health Service Delivery			
Loss of specialist BAC staff	Medium	<ul style="list-style-type: none"> Recruitment of contractors, in the interim, to meet service needs Enact communication strategies to keep staff, and other stakeholders informed Develop recruitment strategy for future service options 	WM HHS CHQ HHS
Union action in response to employees requiring placement	Medium	<ul style="list-style-type: none"> Engage with union and keep informed of workforce strategies 	WM HHS
BAC incident resulting from co-location of adult forensic consumers	Medium	<ul style="list-style-type: none"> Timely discharge of consumers Park Campus safety and security measures 	WM HHS
Critical incident with an adolescent during transition from BAC facility	Medium	<ul style="list-style-type: none"> Appropriate, detailed Consumer Clinical Care Transition Plans 	WM HHS and Local HHS
Negative messages given to families and carers	High	<ul style="list-style-type: none"> Regular, open, transparent communications with families, carers, and consumers 	WM HHS
Future Health Service Delivery			
Poor quality of service options developed	Medium	<ul style="list-style-type: none"> Undertake sufficient research to inform service option development, and to instil confidence in the service model Manage timeframes to allow quality development of service options Consult with stakeholders to test validity of service model Pilot service options with current BAC and wait list consumers Engage with other Departments and organisations to ensure comprehensive service model (e.g. DETE, Child Safety, Housing, headspace, etc.) 	CHQ HHS
Low level of support for new service options/service model	High	<ul style="list-style-type: none"> Clear communication strategies regarding impact of change and benefits Training, education and support for staff 	CHQ HHS
Absence of capital and growth funding to support services	High	<ul style="list-style-type: none"> Utilise existing operational funds Explore operational expenditure options versus capital intensive options Advocate for additional funding to support service options 	CHQ HHS
Critical incident with an adolescent prior to availability of new or enhanced service options	High	<ul style="list-style-type: none"> Appropriate Consumer Clinical Care Plans Clear communication strategies with service providers regarding the development and rollout of service options Develop an escalation process for referral of consumers whose needs fall outside of existing service options 	Local HHS CHQ HHS

Risk Event & Impact	Rating	Treatment	Owner
Reputational Risk			
Reputational and political implications from any adverse incidents or media	High	<ul style="list-style-type: none"> • Clear communication strategies regarding impact of change and benefits • Proactive workforce and community engagement • Regular communication to Premier, Minister, and CEs regarding initiative, to keep fully informed of progress and issues 	WM HHS and CHQ HHS

Risk severity has been determined using the risk matrix (as per CHQ HHS Risk Management Process).

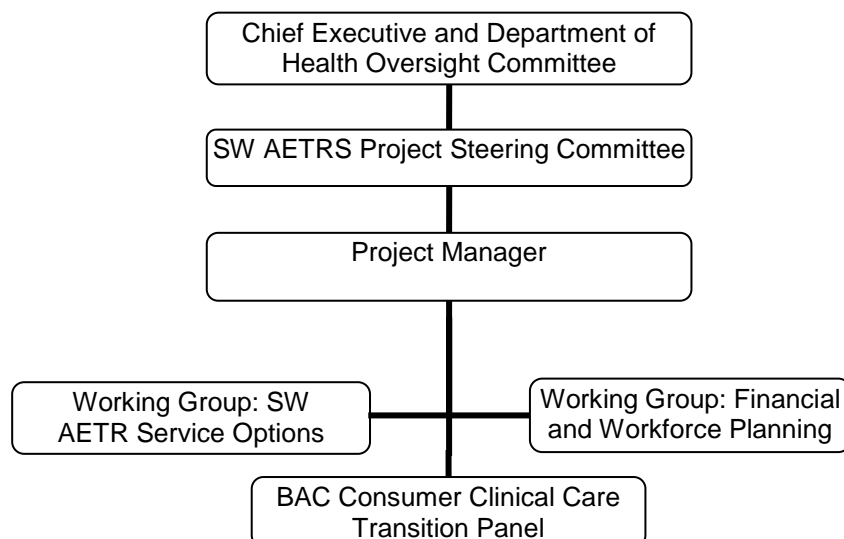
2.6.2 Risk Register

A Risk Register will be maintained to track the identified risks, their severity, and manage their treatment.

2.7 Project Governance and Control

2.7.1 Project Organisation

The diagram below identifies the Project Organisation and the reporting relationships of the Project team:



2.7.2 Roles and Responsibilities

Refer to **Appendix B** for details of the responsibilities of the project positions.

2.8 Project Controls

2.8.1 Reporting

The table below outlines the project reporting to be completed:

Report	Communication	Audience	Frequency
Update Briefs	Prepared by the Project Manager to provide a summary of progress	Project Sponsor Steering Committee CE DoH Oversight Committee CHQ EMT MH Clusters	Fortnightly
Status Report	Prepared by the Project Manager to provide a summary of progress, achievements, issues and risks	Project Sponsor Steering Committee CE DoH Oversight Committee	Monthly
Board Paper	Prepared by the Project Manager to provide a summary of progress, achievements, issues and risks	CHQ Board	Monthly
Project Issue and Change Request	Prepared by the Project Manager when Exception Planning or other action is determined by the key stakeholders	Project Sponsor Steering Committee	As required
Project Completion Report	Prepared by the Project Manager at the end of the project; to include follow-on action recommendations and lessons learned.	Project Sponsor Steering Committee	End of Project

2.8.2 Tolerance

The Project Manager is to report exceptions to the Project Sponsor and Steering Committee if at any time:

- a) The forecast project milestone dates will not be met, or
- b) The financial expenditure target is likely to vary by +/- 5%.

The following indicates the tolerances for this project as approved by the Project Sponsor:

Tolerances	Project Sponsor	Project Manager
Risk	One risk moves from High to Extreme	One risk moves from High to Extreme
Time	+ or – one week	+ or – one week
Cost	+ or – 5% change in \$	+ or – 5% change in \$

Tolerances	Project Sponsor	Project Manager
Quality	Less than 90% acceptance criteria met	Less than 90% acceptance criteria met
Customer Expectations	Less than 90% acceptance criteria met	Less than 90% acceptance criteria met

2.9 Communication Management

The Statewide Adolescent Extended Treatment and Rehabilitation Strategy Communications Plan will outline the detail regarding proactive engagement of all relevant stakeholders throughout this initiative. Below is a list of these key stakeholders and their information needs.

2.9.1 Key Internal Stakeholders

Group/Individual	Impact / Influence	Summary of Information Needs
Premier and Minister for Health	Strategic oversight	Progress updates and issue awareness <ul style="list-style-type: none"> • Briefs • Speaking notes
DDG Health Services and Clinical Innovation	Strategic oversight	Progress updates and issue awareness <ul style="list-style-type: none"> • Briefs • Status reports
Qld Mental Health Commissioner – Lesley van Schoubroeck	Strategic oversight	<ul style="list-style-type: none"> • Briefs
CHQ HHS: The Board CE – Peter Steer ED – Deb Miller	Project Sponsor Responsible for: <ul style="list-style-type: none"> • Governance of the project • Development of the future model of service • Provision of information and support to staff impacted by new service options • Communications and media regarding the future model of service • Achievement of project objectives 	Complete visibility of initiative progress, including risks and issues <ul style="list-style-type: none"> • Project Documentation • Regular communiqués • Status Reports
WM HHS: The Board CE – Lesley Dwyer ED – Sharon Kelly	Project Partner Responsible for: <ul style="list-style-type: none"> • Clinical care for current BAC and wait list consumers • Transition of BAC operational funding • Provision of information and support to BAC staff 	Complete visibility of initiative progress, including risks and issues <ul style="list-style-type: none"> • Project Documentation • Regular communiqués • Status Reports

Group/Individual	Impact / Influence	Summary of Information Needs
	<ul style="list-style-type: none"> • Communications and media regarding BAC • Achievement of project objectives 	
Mental Health, Alcohol and Other Drugs Branch ED – Bill Kingswell	Project Partner Responsible for: <ul style="list-style-type: none"> • Funding for the project and identified service options • Provision of national and state information and data regarding policy and service planning as relevant to the project • Participate in statewide negotiations and decision-making 	Visibility of initiative progress, including risks and issues <ul style="list-style-type: none"> • Project Documentation • Regular communiqués • Status Reports
Executive Director, CYMHS - Judi Krause	Steering Committee Co-Chair	Complete visibility of initiative progress, including risks and issues <ul style="list-style-type: none"> • Project Documentation • Regular communiqués • Status Reports
Clinical Director, CYMHS – Stephen Stathis	Steering Committee Co-Chair	Complete visibility of initiative progress, including risks and issues <ul style="list-style-type: none"> • Project Documentation • Regular communiqués • Status Reports
Other HHSs with acute inpatient units and MHSS	<ul style="list-style-type: none"> • Service provision to consumers • Participate in discussions and negotiations relevant to the service options being considered • Work collaboratively to support the transition of consumer care back to 'home' HHS as relevant to individual consumer needs 	Awareness and understanding of interim service options during transition period and endorsed future service options, through: <ul style="list-style-type: none"> • Briefs • Regular communiqués
Mental Health Executive Directors, Clinicians and other staff	<ul style="list-style-type: none"> • Service provision to consumers • Participate in discussions and negotiations relevant to the service options being considered • Work collaboratively to support the transition of consumer care back to 'home' HHS as relevant to individual consumer needs 	Awareness and understanding of interim service options during transition period and endorsed future service options, through: <ul style="list-style-type: none"> • Briefs • Regular communiqués
BAC Staff	<ul style="list-style-type: none"> • Service provision to BAC consumers 	Implications of service changes to consumers and own employment <ul style="list-style-type: none"> • Regular communiqués

2.9.2 Key External Stakeholders

Group/Individual	Impact / Influence	Summary of Information Needs
Department of Employment, Training, and Education	Service provision to consumers Adapt current service delivery to suit new service options identified	Awareness and understanding of interim service options during transition period, and endorsed future service options
Mater Hospital	Service provision to consumers	Awareness and understanding of interim service options during transition period, and endorsed future service options
NGOs	Service provision to consumers Work collaboratively to support the transition of consumer care back to 'home' HHS as relevant to individual consumer needs	Awareness and understanding of interim service options during transition period, and endorsed future service options
Carer Representatives	Impact on the consumer/s they are representing	Enhanced service delivery options to meet increasing demands
Families	Direct impact on their family	Availability of enhanced mental health care options for their children
Existing and Potential Consumers	Direct personal impact	High quality mental health service options closer to home
Interstate Mental Health Counterparts	Participate in discussions regarding contemporary service options	Contribution sought for service model development Understanding of impact of Qld changes to their MH services, if any
SaveBarrett.org group	Influence on community perception of initiative	Provide clear, informative, transparent messages to reduce negative or speculative information
Media	Influence on community perception of initiative and public image of Qld Health	Provide clear, informative, transparent, positive messages to reduce negative or speculative information
Unions	Influence on QH workforce	Provide clear, informative, transparent, positive messages to reduce negative or speculative information
Opposition Parties	Influence on community perception of initiative and public image of current government	Provide clear, informative, transparent, positive messages to reduce negative or speculative information

Communication and engagement mechanisms include, but are not limited to:

- Committee & Working Group participation
- Information Fact Sheets
- Briefing Notes
- Speaking Notes
- Status Reports
- Face-to-face briefings and presentations
- Phone and email communication
- E-Alerts
- Intranet and Internet web pages
- Media releases and responses
- Community announcements

2.10 Quality Management

2.10.1 Applicable Standards

Standards which apply to deliverables produced by this project, or management of the project, are detailed in the table below:

Project Element	Applicable Standard
Project Management	Queensland Health / Children's Health Queensland (CHQ) Methodology
Risk Management	CHQ Risk Management Framework
Procurement	Qld Government's State Purchasing Policy – (refer to the latest version)

2.10.2 Quality Control Activities

The table below identifies the quality criteria for each major product and the technique for checking its quality:

Deliverable	Quality Criteria	How
Statewide adolescent mental health extended treatment and rehabilitation service model	Evidence-based Sustainable Statewide No gaps in service delivery Conforms with other statewide service plans Conforms with other national or international models	Stakeholder feedback on quality of model
Successful discharge and transition management of all current BAC and waitlist consumers	Individual needs are being met Mental health outcome measures Continuity of service	Consumer/family feedback and clinical outcomes
Service Implementation Plan	Clearly identified timeframes, activities, and stakeholders involved in the delivery of new or enhanced service options	Stakeholder feedback on comprehensiveness of plan
Communication Plan	Awareness of the project Understanding of the outcomes Engagement throughout delivery	Volume and nature of stakeholder feedback

2.10.3 Responsibilities

Responsibilities	Who
Define, implement, and control project quality Ensure that the project products, processes, and deliverables satisfy the requirements of this project plan Examine and escalate, as required, any reported deficiency	Project Manager
Ensure timeliness of each project task (as scheduled in Gantt Chart)	Project Manager

Responsibilities	Who
Ensure the quality of the products and deliverables	Project Sponsor Project Manager
Make critical decisions regarding the project and its product	Project Sponsor
Maintain the Deliverables Register, listing documents, their reviewers and recording that the review has occurred.	Project Manager

3 Project Evaluation

3.1.1 Project Evaluation Methodology (Process and Impact Evaluation)	Timely management of risks, issues, and deliverables Compliance with CHQ project management methodology
3.1.2 Post Implementation Review (PIR) (Outcome Evaluation)	Achievement of project objectives and outcomes: <ul style="list-style-type: none"> • Consumer, family, and carer feedback reflecting quality, effectiveness, and accessibility of extended treatment and rehabilitation mental health service options. • Service data demonstrating increased local access to extended treatment and rehabilitation mental health services, and demand management across Queensland. • Staff feedback demonstrating improved service provision across Queensland. • Feedback from service providers demonstrating improved, strengthened inter-sectoral partnerships in delivering adolescent mental health care. • Financial assessment demonstrating value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care.

4 Recommendations (Project Manager)

Next Step	<input checked="" type="checkbox"/> Progress to Implementation* <input type="checkbox"/> Cease Comments:	
	Prepared By	Name*: Ingrid Adamson Title*: Project Manager – SW AETRS Work Unit / Site*: Office of Strategy Management Date*: 14/10/13 Phone Number*: Email*:
	Prepared and Cleared By	Name*: Judi Krause Title*: Executive Director Work Unit/Site*: CYMHS Phone Number*: Email*: Date*: 14/10/13 Comments:
	Prepared and Cleared By	Name*: Stephen Stathis Title*: Clinical Director Work Unit/Site*: CYMHS Phone Number*: Email*: Date*: 14/10/13 Comments:

5 Approval by Executive Management Team Member

Name: Dr Peter Steer

Title: Health Service Chief Executive, CHQ HHS

Signature: _____

Date: _____

Comments: _____

APPENDIX A: PROJECT GANTT CHART

Under development

APPENDIX B – ROLES AND RESPONSIBILITIES

Role	Responsibilities and Accountabilities
Project Sponsor	<ul style="list-style-type: none"> • Ultimately responsible and accountable for the delivery of project outcomes • Ensure the purpose of the project is clearly articulated to all stakeholders and aligns with the strategic direction of the organisation/s • Ensure the project's deliverables appropriately reflect the interests of stakeholders • Endorse the selection of a project manager with skills and experience commensurate with the project's strategic significance, cost, complexity and risk • Negotiate membership of and Chair the project Steering Committee to ensure that its composition adequately reflects the interests of key stakeholders • Ensure the project is appropriately and effectively governed • Receive status reports concerning the progress of the project and assist the project accordingly by resolving escalated issues; and • Advocate for the project to ensure the appropriate level of internal and external support and access to resources required to successfully complete it
Steering Committee	<p>The Steering Committee monitors the conduct of the project and provides advice and guidance to the project team and the Project Sponsor. The general responsibilities of the Steering Committee include:</p> <ul style="list-style-type: none"> • reviewing progress of project to plan and major project deliverables; • reviewing financial status of project (actual to budget) and monitoring the continued applicability of project benefits; • reviewing issues raised and agreeing action plans for their resolution; • understanding and advising the risks of the project raised with the Committee; • understanding and providing advice for the management of the dependencies of this project with other projects; <p>Specific responsibilities of the Steering Committee are to:</p> <ul style="list-style-type: none"> • Review key deliverables of the Working Group and Reference Group prior to approval by Project Sponsor. • Inform decision making regarding changes to the project and provide oversight to the change control process (e.g. system changes, schedule alterations, budget). • Provide expert advice to the Project Sponsor on the communication plan, training strategy and implementation timetable. • Facilitate communication to a wide variety of stakeholders in

Role	Responsibilities and Accountabilities
	<p>relation to the development and implementation of the Clinical Consumables service model.</p> <ul style="list-style-type: none"> • Provide advice and facilitate consumer engagement • Provide expert advice to the Project Sponsor on the scope and planning for the development and implementation project.
Chief Executive CHQ HHS	<p>The Chief Executive's role is:</p> <ul style="list-style-type: none"> • Receive regular information about the project from weekly status reports and project documentation. • Be a point of escalation for issues and risks that have broad implications for the HSD and cannot be resolved by the Project Sponsor.
Working Group	<p>The purpose of the Working Group (WG) is to:</p> <ul style="list-style-type: none"> • Support the Project Manager to meet her/his responsibilities by undertaking specific project activities to inform, develop and implement the plan. • Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of committee functions and member interactions. <p>The function of the WG is:</p> <ul style="list-style-type: none"> • Under the guidance of the Project Manager, research, develop and implement specific elements of an effective outcome; • Provide specific advice to the Steering Committee as required; • Raise issues requiring resolution with the Project Manager as soon as they arise, and assist in their resolution; • Raise new risks as they arise with the Project Manager, and assist in their mitigation; • Ensure individual members of the working group are tracking the progress of their assigned deliverables and raise any slippage encountered with the Project Manager as soon as identified; and, • Work co-operatively with all project team members.
Project Manager	<ul style="list-style-type: none"> • Manage project tasks, resources, risks/issues and services for the successful delivery of the project objectives and outcomes. • Manage the implementation of the project using contemporary change management principles and practices. • Consult and collaborates with and works proactively with staff, community, Family Advisory Council and other key stakeholders. • Complete or contribute to project deliverables and project reports • Secretariat and organiser for Steering Committee, and other Groups, as required.