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.

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

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

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.

- 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:

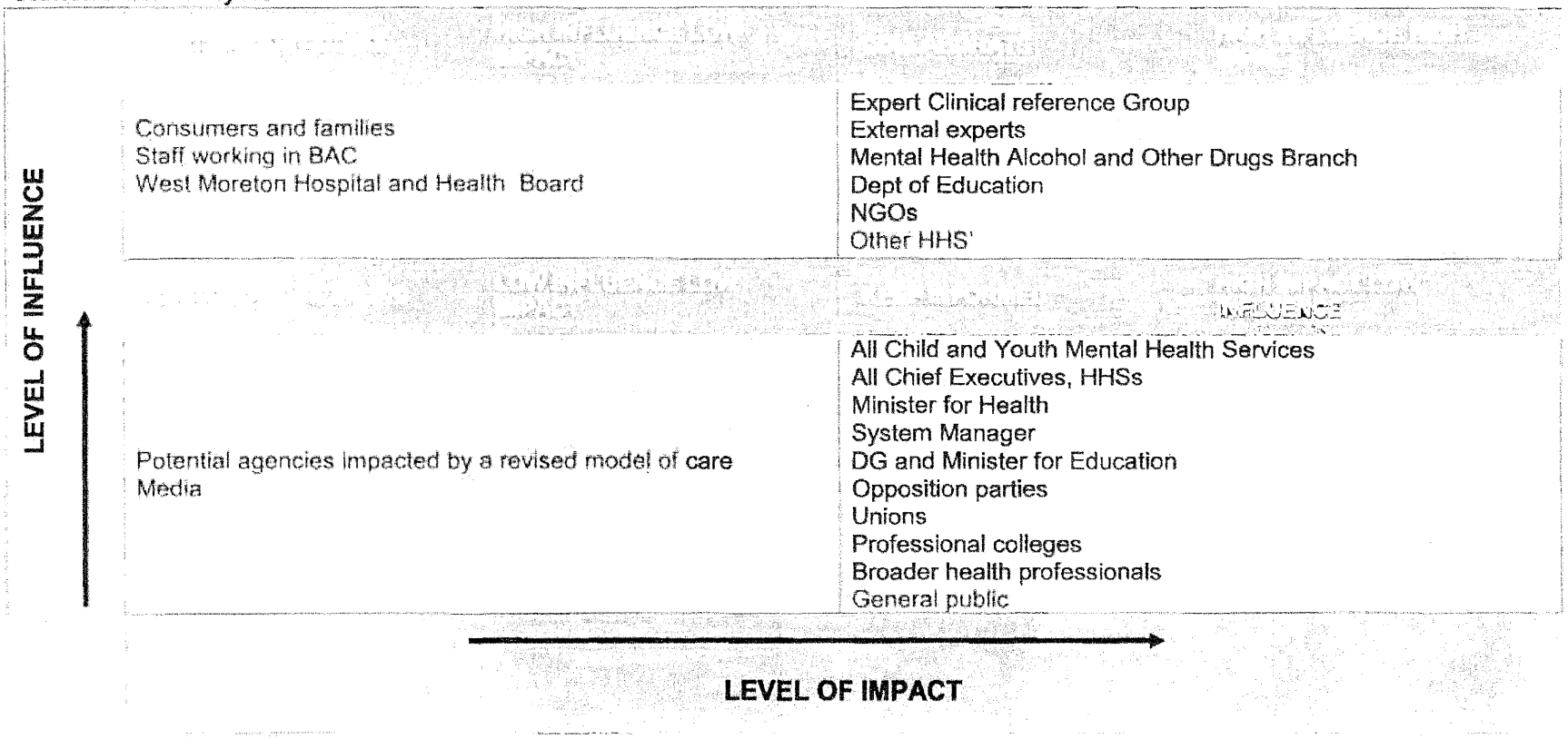
- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors (including Mental Health Alcohol and Other Drugs Branch)
- Senior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

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

Stakeholder analysis



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.

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

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	

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 availalble)	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

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.

West Moreton Health Service
PLANNING GROUP AGENDA

Barratt Adolescent Strategy
Wednesday 21 November 2012

E

AGENDA

1. MEETING DETAILS

Day and Date	**8.30am Wednesday 21 November 2012**
Venue	Via telelink:
Chairperson	Sharon Kelly ED Mental Health and Specialised Services West Moreton
Scribe:	

2. ATTENDEES:

Chris Thorburn WMHHS	**Dr David Hartman Townsville**
Dr Leanne Geppert MHAOD Branch	**Dr Cary Breakey (proxy Dr Sadler)**
Michelle Bond Education QLD	**Naomi Ford – Rowdy PR**
Dr Bill Kingswell MHAOD Branch	

3. APOLOGIES:

Dr Trevor Sadler

4. AGENDA

AGENDA as per actions from last meeting	RESPONSIBILITY
4.1 introduction and confirmation of role of group	Sharon Kelly
4.2 draft Project plan for discussion	Chris Thorburn
4.3 draft communication plan for discussion	Naomi Ford
4.4 consumer and community consultation	Sharon Kelly
4.5 membership update re expert clinical reference group	All
4.6 agreed communication points post meeting	Sharon Kelly

Next meeting: to be advised

West Moreton Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

AGENDA

1. MEETING DETAILS

Date:	**8.30 – 9.30 am** **Wednesday 28 November 2012**
Venue:	*Via Teleconference:* *Conference Room N1.11* *Administration Building, The Park – Centre for Mental Health*
Chairperson:	Sharon Kelly ED Mental Health and Specialised Services West Moreton Hospital & Health Service
Scribe:	

2. ATTENDEES:

Sharon Kelly	WMHHS
Chris Thorburn	WMHHS
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr David Hartman	Clinical Director, Townsville
Dr Cary Breakey	(Proxy for Dr Sadler – WMHHS)
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Michelle Bond	Education Queensland
Naomi Ford	Manager Director Rowdy PR

3. APOLOGIES:

Dr Trevor Sadler

4. AGENDA

AGENDA as per Actions from Last Meeting	Responsibility
4.1 Introduction of new member – Dr Stephen Stathis	Sharon Kelly
4.2 Project Plan • Communication Plan • Consumer and Community Consultation	Chris Thorburn/Naomi Ford

4.3	Terms of Reference Expert Clinical Reference Group (discussion/confirmation)	All

Next meeting: To be Advised

West Moreton Hospital and Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

RECORD of MEETING

1. MEETING DETAILS

Day and Date	8.30am Wednesday 28 November 2012
Venue	Via telelink:
Chairperson	Sharon Kelly, ED Mental Health and Specialised Services West Moreton

2. ATTENDEES:

Chris Thorburn WMHHS	Dr David Hartman Townsville
Dr Leanne Geppert MHAOD Branch	Dr Cary Breakey (proxy Dr Sadler)
Michelle Bond Education QLD	Naomi Ford – Rowdy PR
Dr Bill Kingswell MHAOD Branch	

3. APOLOGIES:

Dr Trevor Sadler

4. ACTIONS:

AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Dr Stephen Stathis intrduced	completed	
4.2 Draft Project plan for discussion	Waiting on feedback from Board and reinsert Education into objectives	Chris Thorburn
4.3 TOR Expert Clinical Reference Group	Update as per discussed nominations and those from Faculty Child and Adolescent Psychiatry	Chris Thorburn

Next meeting: 8.45 am, 5 December 2012

West Moreton Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

AGENDA

1. MEETING DETAILS

Date:	**8.45 am – 9.45 am** **Wednesday 5 December 2012**
Venue:	*Via Teleconference:* *Conference Room Q1.10,* *Yuggera Place, The Park – Centre for Mental Health*
Chairperson:	Chris Thorburn, Director Service Redesign West Moreton Hospital & Health Service

2. ATTENDEES:

Chris Thorburn	WMHHS
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr David Hartman	Clinical Director, CYMHS Townsville
Dr Cary Breakey	(Proxy for Dr Sadler – WMHHS)
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Michelle Bond	Education Queensland
Naomi Ford	Manager Director Rowdy PR

3. APOLOGIES:

Sharon Kelly
Dr Trevor Sadler

4. AGENDA

AGENDA as per Actions from Last Meeting		Responsibility
4.1	Project Plan (Final)	Chris Thorburn/Naomi Ford
4.2	Stakeholder Engagement Plan (Draft)	Chris Thorburn/Naomi Ford
4.3	BAC Newsletter	Chris Thorburn/Naomi Ford
4.4	Terms of Reference Expert Clinical Reference Group (Final)	All
4.5	Next Meeting	To be confirmed

West Moreton Hospital and Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

RECORD of MEETING

1. MEETING DETAILS

Day and Date	8.30am Wednesday 5 December 2012
Venue	Via telelink:
Chairperson	Chris Thorburn WMHHS

2. ATTENDEES:

Dr Cary Breakey (proxy Dr Sadler)	Michelle Bond Education QLD
Naomi Ford – Rowdy PR	

3. APOLOGIES:

Dr Trevor Sadler, Dr Leanne Geppert, Dr David Hartman, Dr Bill Kingswell & Sharon Kelly.

4. ACTIONS:

AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Project Plan	Approved by Board Follow up to question - if the project plan is now a public document – NB advice subsequently sent by EDMH&SS that the Project Plan is an internal working document only.	All
4.2 Stakeholder Engagement Plan	Additional feedback to be forwarded as required Naomi to add patients to internal stakeholders Follow up meeting to be held to discuss making plan operational	All Naomi Ford Chris Thorburn
4.3 BAC Newsletter 1	Noted	All
4.4 TOR - ECRG	Final draft noted. First meeting of Group to be held 7/12/12	All

Next meeting: 8.45 am, 12 December 2012

West Moreton Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

AGENDA

1. MEETING DETAILS

Date:	**8.45 am – 9.45 am** **Wednesday 12 December 2012**
Venue:	*Via Teleconference:* *Office of Director of Nursing, Administration Building, The Park – Centre for Mental Health*
Chairperson:	Sharon Kelly West Moreton Hospital & Health Service

2. ATTENDEES:

Sharon Kelly	WMHHS
Chris Thorburn	WMHHS
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr David Hartman	Clinical Director, CYMHS Townsville
Dr Cary Breakey	(Proxy for Dr Sadler – WMHHS)
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Michelle Bond	Education Queensland
Naomi Ford	Manager Director Rowdy PR

3. APOLOGIES:

Dr Trevor Sadler

4. AGENDA

AGENDA as per Actions from Last Meeting		Responsibility
4.1	Feedback – Minutes/Action Points from Meetings	
4.2	Clinical Expert Reference Group Update	Leanne Geppert
4.3	Media Protocol	Chris Thorburn/Naomi Ford
4.4	BAC Fact Sheet No 2	Chris Thorburn/Naomi Ford
4.5	Implementation of Stakeholder Engagement Plan	Chris Thorburn/Naomi Ford
4.6	Other Business	
4.7	Next Meeting	To be confirmed

West Moreton Hospital and Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

RECORD OF MEETING

1. MEETING DETAILS

Day and Date	8.30am Wednesday 12 December 2012
Venue	Via telelink:
Chairperson	Sharon Kelly, EDMH&SS

2. ATTENDEES:

Dr Cary Breakey (proxy Dr Sadler)	Michelle Bond
Naomi Ford	Dr Bill Kingswell
Dr David Hartman	Sharon Kelly
Chris Thorburn	

3. APOLOGIES:

Dr Trevor Sadler, Dr Leanne Geppert & Dr Stephen Stathis

4. ACTIONS:

AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Feedback – Minutes/Actions points from meetings	Following request from Dr Breakey – divergent views (when they occur) will be noted in the record of future meetings	Secretariat
4.2 Expert Clinical Reference Group Update	Summary of meeting notes (NB not endorsed minutes and not for further circulation) to be sent to planning group. Chair seeking approval from ECRG to have names released	Secretariat Dr Leanne Geppert
4.3 Media Protocol	For noting – consistent with existing QH Media protocols	All
4.4 BAC Fact Sheet 2	For noting – available on West Moreton HHS website Next Fact Sheet – aim for early 2013	All Naomi Ford
4.5 Implementation of Stakeholder Engagement Plan	Meeting to be held post planning group meeting to discuss implementation For noting - BAC Staff meeting to be held today	Sharon Kelly Chris Thorburn Naomi Ford -
4.6 Other Business	Frequency of 2013 meetings – to become fortnightly Media update and Minister's visit update provided by EDMH&SS	-

Next meeting: 10 am Friday 18 January 2013

West Moreton Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

AGENDA

1. MEETING DETAILS

Date:	**10.00 am – 11.00 am** **Friday 18 January 2013**
Venue:	*Via Teleconference:*
Chairperson:	Sharon Kelly West Moreton Hospital & Health Service

2. ATTENDEES:

Sharon Kelly	WMHHS
Chris Thorburn	WMHHS
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr David Hartman	Clinical Director, CYMHS Townsville
Dr Trevor Sadler	Clinical Director, Barrett Adolescent Centre
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Michelle Bond	Education Queensland
Naomi Ford	Manager Director Rowdy PR

3. APOLOGIES:

4. AGENDA

AGENDA as per Actions from Last Meeting		**Responsibility**
4.1	Feedback – Minutes/Action Points from Meetings	
4.2	Clinical Expert Reference Group - Update, including feedback on the Terms of Reference and Consumer and Carer Representation	Leanne Geppert
4.3	Implementation of Stakeholder Engagement Plan - Update	Chris Thorburn/Naomi Ford
4.4	Other Business	
4.5	Next Meeting	**Friday 1 February 2013** **10.00 am – 11.00 am (via teleconference)**

West Moreton Hospital and Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

RECORD of MEETING

1. MEETING DETAILS:

Day and Date	10 am Friday 18 January 2013
Venue	Via telelink:
Chairperson	Sharon Kelly, EDMH&SS

2. ATTENDEES:

Dr Trevor Sadler	Michelle Bond
Dr Leanne Geppert	Dr Stephen Stathis
Dr David Hartman	Sharon Kelly
Chris Thorburn	

3. APOLOGIES:

Dr Bill Kingswell, Naomi Ford

4. ACTIONS:

AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Feedback – Minutes/Actions points from meetings	Advice to be obtained from Ruth Catchpoole, MHAODB regarding ABF implications + data collection methods relevant to adolescent day program patients; and solutions for improving alignment between clinical models and data collection for day patients.	Dr Leanne Geppart
4.2 Expert Clinical Reference Group Update	3 ECRGs held to date, looking at service element description(s), continuum of care, service gaps and current underutilisation of services. ECRG to have a 2 week break to allow comments back to the Chair. Chair is still seeking approval from ECRG to have names released. Acknowledgement of Obligations to be signed by ECRG members. Suggested changes to TOR of the ECRG approved by the Planning Group including a consumer and carer representative. – update TOR	 Dr Leanne Geppert Secretariat
4.3 Stakeholder Engagement Plan Update	Naomi Ford an apology and Chris Thorburn left the meeting prior to this item Next Newsletter will aim to be the end of January 2013.	
4.4 Other Business	West Moreton H&H Board will receive a project plan update at its next Board Meeting on 25 January. Meeting on 29 March is Good Friday – so will need to be rescheduled.	 Secretariat

Next meeting: The original planned meeting for 10 am Friday 1 February 2013 was not held as the ECRG meeting was cancelled. **Next meeting is now 10 am Wednesday 20 February 2013.**

West Moreton Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

AGENDA

1. MEETING DETAILS

Date:	**10.00 am – 11.00 am** **Wednesday 20 February 2013**
Venue:	*Via Teleconference:*
Chairperson:	Sharon Kelly West Moreton Hospital & Health Service

2. ATTENDEES:

Sharon Kelly	WMHHS
Chris Thorburn	WMHHS
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr Trevor Sadler	Clinical Director, Barrett Adolescent Centre
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Naomi Ford	Manager Director Rowdy PR

3. APOLOGIES:

Dr Bill Kingswell, Mental Health Alcohol & Other Drugs Branch
Dr David Hartman, Clinical Director, CYMHS Townsville
Michelle Bond, Education Queensland

4. AGENDA

AGENDA as per Actions from Last Meeting		**Responsibility**
4.1	Feedback – Minutes/Action Points from Meetings	
4.2	Clinical Expert Reference Group - Update, including feedback on the Terms of Reference and Consumer and Carer Representation	Leanne Geppert
4.3	Implementation of Stakeholder Engagement Plan - Update	Chris Thorburn/Naomi Ford
4.4	Other Business	
4.5	Next Meeting	**Wednesday 6 March 2013** **10.00 am – 11.00 am (via teleconference)**

West Moreton Hospital and Health Service
BARRETT ADOLESCENT STRATEGY PLANNING GROUP

RECORD of MEETING

1. MEETING DETAILS:

Day and Date	10 am Wednesday 20 February 2013
Venue	Via telelink:
Chairperson	Sharon Kelly, EDMH&SS

2. ATTENDEES:

Dr Trevor Sadler	Dr Stephen Stathis
Dr Leanne Geppert	Sharon Kelly
Naomi Ford	
Chris Thorburn	

3. APOLOGIES:

Dr Bill Kingswell, Dr David Hartman and Michelle Bond

4. ACTIONS:

AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Feedback – Minutes/Actions points from meetings	Tentative date has been set for 26/2/13 for representatives from services with a day program attached to discuss CYMHS day program data and ABF implications.	Dr Leanne Geppart
4.2 Expert Clinical Reference Group Update	Extension of time frame has been requested by ECRG – aiming to advise preferred model to WMHHS by 19 April 2013 – approved by Planning Group. ECRG TOR updated to include Consumer and Carer representatives – letters of invitation to be sent. MHAODB will pay remuneration. Acknowledgement of obligations to be followed up. Kerry Geraghty, Carer Consultant to provide support to Consumer and Carer representatives. All ECRG (except) Consumer and Carer representatives have agreed to have their names released. Next ECRG meeting is 27/2/13 – workshop style	Secretariat Dr Leanne Geppert
4.3 Stakeholder Engagement Plan Update	Nil media since Christmas and minimal Ministerials. Need to update System Manager with a brief. E-Petition (Qld Parliament) closing 4/3/13	Naomi to draft
4.4 Other Business	Currently BAC is treating 22 in and outpatients	

Next meeting: Next meeting is now 9.30 am Wednesday 20 March 2013.

West Moreton Health Service

BARRETT ADOLESCENT STRATEGY PLANNING GROUP

AGENDA

1. MEETING DETAILS

Date:	**8.00 am – 9.00 am** **Tuesday 26 March 2013**
Venue:	*Via Teleconference:*
Chairperson:	Sharon Kelly West Moreton Hospital & Health Service

2. ATTENDEES:

Sharon Kelly	WMHHS
Chris Thorburn	WMHHS
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr Trevor Sadler	Clinical Director, Barrett Adolescent Centre
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch
Dr David Hartman	Clinical Director, CYMHS Townsville
Michelle Bond	Education Queensland

3. APOLOGIES:

Naomi Ford, Manager Director Rowdy PR

4. AGENDA

AGENDA as per Actions from Last Meeting		**Responsibility**
4.1	Feedback – Minutes/Action Points from Meeting	
4.2	Clinical Expert Reference Group - Update Meeting to focus on their principles and key components of the new contemporary model and to provide strategic feedback prior to ECRG submitting final recommendations to the Planning Group.	Leanne Geppert
4.3	Other Business	
4.4	Next Meeting	**Friday 12 April 2013** **10.00 am – 11.00 am (via teleconference)** ***(29 March cancelled due to public holiday)***

RECORD OF MEETING

1. MEETING DETAILS:

Day and Date	8 am Tuesday 26 March 2013
Venue	Via telelink:
Chairperson	Sharon Kelly, EDMH&SS

2. ATTENDEES:

Dr Trevor Sadler	Dr Stephen Stathis
Dr Leanne Geppert	Sharon Kelly
Dr Bill Kingswell	Dr David Hartman
Chris Thorburn	

3. APOLOGIES:

Michelle Bond and Naomi Ford

4. ACTIONS:

AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Feedback – Minutes/Actions points from meetings	Project plan with amended time frames has been approved. Distribute to Planning group.	Secretariat
4.2 Expert Clinical Reference Group Update	ECRG have held 2 workshops and a draft document representing the outcome of the workshops will be sent to ECRG for endorsement. A proposed service model has been developed around a set of principles developed by the ECRG. The proposed model consists of Tier1, Tier2a, 2b and Tier 3. Lengthy discussion ensued regarding differing views between the ECRG and the Planning Group. It was noted that the TOR for the Project Plan provide the context for the development of a model. ECRG is meeting again on 27 March to discuss draft document on proposed service elements. There will need to be costings calculated for proposed new service models. A consultation process will need to be determined – WMHHS to liaise with CHQHHS.	Dr Leanne Geppert Sharon Kelly.
4.3 Stakeholder Engagement Plan Update	Last Newsletter was dated 4 March 2013	
4.4 Other Business	Nil	

Next meeting: 10 am 12 April 2013

West Moreton Hospital and Health Service

Minutes

F

Minutes: Barrett Adolescent Strategy					
Date:	23 July 2013	Commencement Time:	8:00 am – 9:00 am	Location:	QHB Level 5

Committee Members					
Position	Name	Key	Present	T/Conf	Comment
WM HHS; Chair	Lesley Dwyer	LD	X		
WM HHS	Sharon Kelly	SK	X		
WM HHS	Leanne Geppert	LG	X		
WM HHS; Communications	Naomi Ford	NF	X		
CHQ HHS	Peter Steer	PS	X		
CHQ HHS	Stephen Stathis	SS		X	
CHQ HHS	Judi Krause	JK		X	
CHQ HHS; Communications	Craig Brown	CB	X		
DoH; MHAODB	Bill Kingswell	BK	X		

1.0	Meeting Opening	Responsible Officer
1.1	Nil apologies	
1.2	Nil previous minutes	

2.0	Matters for Decision/Discussion			
Item	Title / Item	Action	Key Officer	Due Date
2.1	**Update on Barrett Adolescent Strategy (LD & SK)** • Key stakeholders engaged in communication process and supportive, including Department of Education Training & Employment (DETE). • No public announcements to-date regarding future of Barrett Adolescent Centre (BAC). • Planning to close BAC 31/12/13. • WM HHS will ensure ongoing service provision for BAC consumer group as needed until an alternative service is identified to meet individual need. • Majority of current BAC consumer group aged 16y or older with lengths of admission up to 2 yrs. Approx 9 consumers preparing to graduate from high school in December 2013. • DETE will develop their future model of service provision independent of (but in consultation with) QH.			
2.2	**Update on Department of Health (DoH) Service Planning – Youth Prevention and Recovery Care Model (BK)** • DG approval to dedicate $2M recurrent from the ceased Redlands build towards a YPARC service as a pilot site (new to Qld). YPARC model = 16-25yo age group, inpatient beds delivered by NGO with daily in-reach by mental health clinicians, short term admissions, 6 - 8 beds, delivered on hospital campus. • Potential site for the first supra-district YPARC is Metro Sth HHS. Meeting called next week by DoH with ED, Mental Health Metro Sth HHS to discuss.	a. Conduct meeting with Metro Sth HHS, inviting CHQ HHS, WM HHS.	a. BK	

	• BK has confidence in procurement timeline to open YPARC service by January 2014. Longer term plan will consider a second YPARC site in North Qld - Sector preference for second site to be Townsville. DoH identified Cairns as another potential site. • Potential to establish Youth Residential Rehab Service in addition to YPARC. Funding source not identified. Domestic build, service model is residential not therapeutic, extended length of stay for target group. BK unable to provide timeline for service establishment – likely to be second priority to YPARC establishment. Potential for this pilot site also in Metro Sth HHS. **Recommendations**: • Invite CHQ HHS and WM HHS to meeting with Metro Sth HHS and DoH. Include Chief Executives. • In addition to YPARC, Youth Residential Rehab Service identified as important component of service continuum if BAC closes. A portion of existing BAC operational funds could be utilised to fund this service type. • Statewide service provision an essential factor for consideration.			
2.3	**Next Steps (all)** • Communication and media plan high priority. • Discussion regarding ongoing referrals to BAC, and risks associated with transition from current BAC clinical model to new YPARC clinical model in Dec/Jan. **Recommendations:** • Joint communication plan is essential between key stakeholders attending today – consistent clear messages, and clear governance over Strategy. • Barrett Adolescent Strategy will now move into the Implementation Phase. • CHQ HHS will lead the implementation phase of the Barrett Adolescent Strategy moving forward. WM HHS and DoH will remain key stakeholders. Other HHSs and Departments will be included as relevant. • Implementation Steering Committee to be formed to drive next phase of Strategy. Sub groups will be invited to advise/support the Implementation Steering Committee as required. • Consider the potential to transition current BAC staff to services being established. • Continue to admit to BAC as required, but ensure that admissions align with criteria suited to the new clinical model (ie., YPARC).	a. Draft Project Plan to be submitted to this group in next 2 wks b. Propose Implementation Steering Committee membership for approval.	a. SK, LG, SS, JK b. SK, LG, SS, JK	a. 6/8/13 b. 6/8/13

3.0	Attachments	
Item		
3.1	Expert Clinical Reference Group: **Proposed Service Model Elements – Adolescent Extended Treatment and Rehabilitation Services**	F:\WM HHS\BAC\ Proposed Service Mo

3.2	Briefing Note (copy as sent to Queensland Mental Health Commissioner 18 July 2013): **Barrett Adolescent Strategy**	F:\WM HHS\BAC\ Briefing Note QMHC 1

4.0	**Matters for Noting**
Item	Noted
4.1	Written and verbal updates have been provided to the Minister for Health, DoH, the Queensland Mental Health Commissioner, CHQ HHS, and the DETE.
4.2	Support to proceed with the closure of BAC has been received from all parties noted in 4.1 above. Closure of the BAC is reliant on adequate services being available for the target adolescent consumer group – there should be no gap in service provision.
4.3	No public announcement has been made regarding the closure of BAC.
4.4	Implementation and communications from this point forward will ensure key stakeholder involvement – WM HHS, CHQ HHS, Department of Health/MHAODB, and as relevant Metro Sth HHS.

5.0	**Meeting Finalisation**
Item	
5.1	Next meeting details to be confirmed, following submission of draft Project Plan to this group by Tuesday 6 August 2013.
5.2	The meeting closed at 9:00 am.

Minutes authorised by Chair as an accurate record of proceedings	
	/ /
Lesley Dwyer **Chief Executive, WM HHS**	Date

West Moreton Hospital and Health Service
TERMS OF REFERENCE

Terms of Reference: Expert Clinical Reference Group – Barrett Adolescent Strategy

Date:	30.11.12	Review Date:	N/A	Version:	Final Draft

1. Purpose:

1.1 The purpose of the Expert Clinical Reference Group is to:
Provide expert clinical advice to promote the development of a contemporary evidence based model of care to meet the needs of adolescent mental health consumers who require subacute treatment and rehabilitation.

2. Scope and functions:

2.1 The Expert Clinical Reference Group will consider that the model(s) of care:

- will clearly articulate a contemporary model(s) of care for subacute mental health treatment and rehabilitation for adolescents in Queensland
- will be evidenced based, sustainable and align with Queensland mental health policy, National mental health policy, National mental health service planning frameworks and future funding models.
- will take into account the Clinical Services Capability Framework (for Mental Health) and
- will replace the existing Statewide services provided by Barrett Adolescent Centre – The Park.

3. Membership (position held only):

3.1 Members:

- Dr Michelle Fryer, Faculty Child and Adolescent Psychiatry
- Dr James Scott, Consultant Psychiatrist Early Psychosis, Metro North HHS
- Dr David Hartman, Clinical Director, CYMHS, Townsville HHS
- Dr Trevor Sadler, Clinical Director, BAC, West Moreton HHS
- Dr Ray Cash, VMO Consultant Psychiatrist, CYMHS, Children's Health Qld HHS
- Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts
- Ms Josie Sorban, Director of Psychology, CYMHS, Children's Health Qld HHS
- Ms Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital
- Ms Amelia Callaghan, State Manager Qld NT and WA, Headspace
- Ms Emma Hart, NUM, Adolescent Inpatient Unit and Day Service, Townsville HHS
- Mr Kevin Rogers, Principal, Barrett Adolescent Centre School

The Chair on behalf of the Expert Clinical Reference Group, will invite additional nominated National experts on an as needs basis to provide additional input into the development of a contemporary evidence based model of care.

3.2 Proxies:
Due to the time limited nature of this reference group, it is unlikely that the use of proxies will be effective.

4. Chairperson

4.1 Dr Leanne Geppert, Director Planning and Partnerships Unit, Mental Health Alcohol & Other Drugs Branch (MHAODB)

5. Secretariat (position held only):

5.1 MHAODB will provide the secretariat to the Expert Clinical Reference Group.

6. Reporting relationships:

6.1 The Expert Clinical Reference Group will provide its recommendation regarding contemporary model(s) of care to the planning group as per the Project Plan for the Barrett Adolescent Strategy.

7. Sub Committees:

7.1 Nil.

8. Frequency of meetings:

8.1 Given the expected short duration of this forum, it is anticipated that the Expert Clinical Reference Group will meet on at least a fortnightly basis (in person or tele/videoconference) until a recommended model of care is developed. It may reconvene on an as needs basis to examine plans regarding the implementation of an endorsed model of care.

9. Quorum:

9.1 The quorum for Expert Clinical Reference Group meetings will be half of membership plus one.

10. Authorisation:

These Terms of Reference may be altered following committee consultation and endorsement by the Chief Executive West Moreton HHS and A/Executive Director MHAODB on the recommendation of the Expert Clinical Reference Group.

Chairperson: Dr Leanne Geppert, Director Planning and Partnerships Unit, MHAODB

Date: Signature:

H

Children's Health Queensland Hospital and Health Service

Terms of Reference

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee

1. Purpose and Functions

The purpose of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee (Steering Committee) is to:

- Monitor and oversee the implementation of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Project Plan (Project Plan) to ensure that project milestones and key deliverables are met in the required timeframes, and that all accountabilities are fulfilled.
- Review and submit any proposed amendments of the Project Plan to the Chief Executive (CE) and Department of Health (DoH) Oversight Committee for approval.
- Establish, monitor and oversee the three Working Groups and their associated processes and outputs.
- Provide a decision-making, guidance and leadership role with respect to mental health service planning, models of care, staffing transition, financial management and consumer transition associated with the project.
- Provide governance of the project risk management process and associated mitigation strategies, and escalate in a timely manner to the CE and DoH Oversight Committee.
- Identify roles and responsibilities within the key stakeholder groups regarding information collection and reporting, transition of consumers, re-allocation of funding, including the identification of overlap and related roles.
- Prepare a communication plan for endorsement by the CE and DoH Oversight Committee.
- To facilitate expert discussion from key clinician and consumer stakeholder groups around planning and implementation activity associated with the Project Plan.
- Preparation and provision of update reports to the Executive Management Team, and Hospital and Health Service Board as required.
- To oversee the management of strategic risks.
- To monitor overall budget and financial management associated with the Project Plan.
- Provide an escalation point for the resolution of issues and barriers associated with implementation of the Project Plan.

2. Guiding principles

- The *Health Services Act 1991*
- *Fourth National Mental Health Plan*
- *Queensland Plan for Mental Health 2007-2017*
- *Mental Health Act 2000*

3. Authority

Committee members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided by the Committee to the Chair in the interests of a whole-of-service position.

The Committee will endorse all deliverables for approval by the Chief Executive and Department of Health (CE DoH) Oversight Committee.

Decision Making:

- Recommendations made by the Steering Committee, to the CE DoH Oversight Committee, will be by majority.
- If there is no group consensus in relation to critical matters the Chair has the right to decide
- Decisions (and required actions) will be recorded in the minutes of the meeting.

4. Frequency of meetings

Meetings will be held fortnightly on a Monday at 8:30am for 1.5 hours in duration unless otherwise advised.

In addition, the Chair may call additional meetings as necessary to address any matters referred to the committee or in respect of matters the committee wishes to pursue within its Term of Reference.

Attendance can be in-person, or via teleconference mediums.

The Committee is life limited for the duration of development, implementation and evaluation of the **project SW AETR options**. The Chair will advise the Committee members approximately one month prior to the dissolution of the Steering Committee once the service is mainstreamed.

5. Membership

Divisional Director	CYMHS, CHQ HHS	Co Chair
Clinical Director	CYMHS, CHQ HHS	Co Chair
Director of Strategy	MHSS, West Moreton HHS	Member
Director	Planning and Partnership Unit, MHAOD Branch	Member
Senior Representative	Queensland Alliance	Member
Senior Representative	*headspace*	Member
Senior Representative	Mental Health, Northern Clinical Cluster (or equivalent)	Member
Senior Representative	Mental Health, Central Clinical Cluster (or equivalent)	Member
Senior Representative	Mental Health, Southern Clinical Cluster (or equivalent)	Member
Consumer Representative		Member
Carer Representative		Member
Clinical Director	BAC, MHSS, West Moreton HHS	Member
Senior Representative	Metro South HHS	Member
Executive Director	Office of Strategy Management CHQ HHS	Member

Membership will take into account issues associated with confidentiality and conflicts of interest (including contestability).

Chair:
The Steering Committee will be co chaired by the Divisional Director of CYMHS CHQ and the Clinical Director of CYMHS CHQ, or his/her delegate. The delegate must be suitably briefed prior to the meeting and have the authority to make decisions on behalf of the Chair.

Secretariat:
The Secretariat will be provided by CHQ, who will facilitate the provision of the:

- Venue
- Agenda
- Minutes of previous meetings
- Briefs for any agenda items that require endorsement by the Chair five (5) working days prior to the meeting.

Proxies:
Proxies are not accepted for this Steering Committee, unless special circumstances apply and specific approval is given for each occasion by the Chair.

Other Participants:
The Chair may request external parties to attend a meeting of the committee. However, such persons do not assume membership or participate in any decision-making processes of the committee.
(List possible other participants where reasonable).

6. Quorum

The quorum will be half the number of official committee members plus one.

7. Reporting

The Statewide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee provides the following:

- Monthly Project Status Reports will be provided by the Steering Committee to the CE and DoH Oversight Committee, Queensland Mental Health Commissioner, Department of Education Training and Employment, and HHS Boards as identified by the CE and DoH Oversight Committee.
- Fortnightly written updates will be provided by each of the Working Groups to the Steering Committee seven (7) days prior to each Committee meeting for discussion as a standing agenda item.

8. Performance and Reporting

Performance will be determined by objectives of the Project Plan being met within the required time-frames.

The Secretariat is to circulate an action register to Steering Committee members within three business days of each Steering Committee meeting.

The Secretariat will coordinate the endorsement of status reports and other related advice to be provided as required to the Executive Management Team and/or the Hospital and Health Service Board. Members are expected to respond to out of session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain.

9. Risk Management

A proactive approach to risk management will underpin the business of this Steering Committee.

The Committee will:

- Identify risks and mitigation strategies associated with the implementation of the project plan; and
- Implement processes to enable the Committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

Risks will be identified and documented in the project plan and new risks identified will be escalated to the Steering Committee and reviewed as a standing agenda item.

A Risk Register will be established and reviewed at the Steering Committee meetings.

Children's Health Queensland Hospital and Health Service

Document history

Version	Date	Author	Nature of amendment
1.0	26/08/13	Divisional Director CYMHS CHQ HHS	Initial Draft
1.1	03/09/13	A/Senior Project Officer OSM CHQ HHS	Incorporate CHQ HHS feedback
2.0		A/Director of Strategy, MHSS	Additional comments
2.1	09/09/13	A/Director of Strategy, MHSS	Incorporate SC feedback
3.0	19/09/13	Project Manager, SW AETRS	Edit Authority Section
FINAL	23/09/13	Project Manager, SW AETRS	Endorsed by SW AETR Steering Committee

Previous versions should be recorded and available for audit.

I

Project Plan

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Children's Health Queensland Hospital and Health Service

September 2013

V 0.4

Queensland Government

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

**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	Review
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

Queensland Government

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

Awaiting further input from Marie Kelly, Information and Planning Unit, MHAODB (re other MH projects/activities that might impact)

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			**$ 50,000**
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);
- $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.

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	• 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	• 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	• 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	• 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	• 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	• Engage with union and keep informed of workforce strategies	WM HHS
BAC incident resulting from co-location of adult forensic consumers	Medium	• Timely discharge of consumers • Park Campus safety and security measures	WM HHS
Critical incident with an adolescent during transition from BAC facility	Medium	• Appropriate, detailed Consumer Clinical Care Transition Plans	WM HHS and Local HHS
Negative messages given to families and carers	High	• Regular, open, transparent communications with families, carers, and consumers	WM HHS
Future Health Service Delivery			
Poor quality of service options developed	Medium	• 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	• 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	• 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	• 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	• 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).

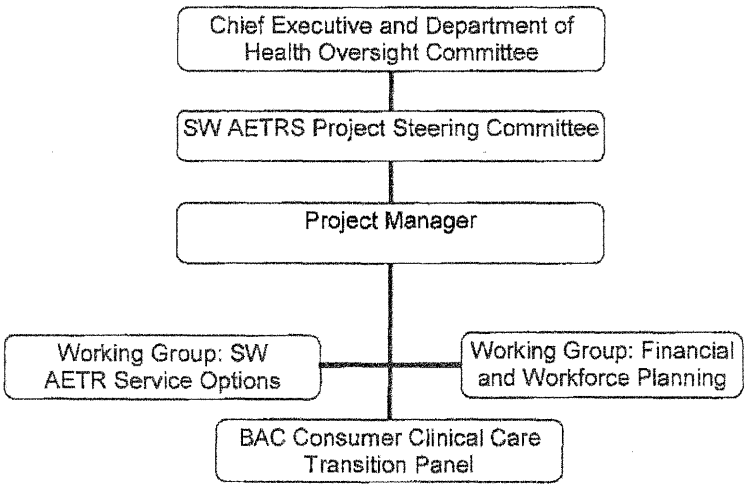
2.6.2 Risk Register

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 • Briefs • Speaking notes
DDG Health Services and Clinical Innovation	Strategic oversight	Progress updates and issue awareness • Briefs • Status reports
Qld Mental Health Commissioner – Lesley van Schoubroeck	Strategic oversight	• Briefs
CHQ HHS: The Board CE – Peter Steer ED – Deb Miller	Project Sponsor Responsible for: • 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 • Project Documentation • Regular communiqués • Status Reports
WM HHS: The Board CE – Lesley Dwyer ED – Sharon Kelly	Project Partner Responsible for: • 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 • Project Documentation • Regular communiqués • Status Reports

Group/Individual	Impact / Influence	Summary of Information Needs
	• Communications and media regarding BAC • Achievement of project objectives	
Mental Health, Alcohol and Other Drugs Branch ED – Bill Kingswell	Project Partner Responsible for: • 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 • Project Documentation • Regular communiqués • Status Reports
Executive Director, CYMHS - Judi Krause	Steering Committee Co-Chair	Complete visibility of initiative progress, including risks and issues • Project Documentation • Regular communiqués • Status Reports
Clinical Director, CYMHS – Stephen Stathis	Steering Committee Co-Chair	Complete visibility of initiative progress, including risks and issues • Project Documentation • Regular communiqués • Status Reports
Other HHSs with acute inpatient units and MHSS	• 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: • Briefs • Regular communiqués
Mental Health Executive Directors, Clinicians and other staff	• 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: • Briefs • Regular communiqués
BAC Staff	• Service provision to BAC consumers	Implications of service changes to consumers and own employment • 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 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
Ensure the quality of the products and deliverables	Project Sponsor Project Manager

Responsibilities	Who
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: • 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	☒ Progress to Implementation* ☐ 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*:	
		Signed*:	
		Date*:	14/10/13
		Comments:	
	Prepared and Cleared By	Name*:	Stephen Stathis
		Title*:	Clinical Director
		Work Unit/Site*:	CYMHS
		Phone Number*:	
		Email*:	
		Signed*:	
		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	• 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	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: • 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; Specific responsibilities of the Steering Committee are to: • 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
	relation to the development and implementation of the Clinical Consumables service model. • 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	The Chief Executive's role is: • 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	The purpose of the Working Group (WG) is to: • 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. The function of the WG is: • 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	• 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.