

West Moreton Hospital and Health Service
PROJECT PLAN

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Start Date:	16 November 2012	Approval:	<input type="checkbox"/> West Moreton Hospital and Health Board		
End Date:	TBD				

Description of Project: Barrett Adolescent Strategy

BACKGROUND of PROJECT	<ul style="list-style-type: none"> • Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation¹ for up to 15 adolescents with severe and complex mental health disorders. • As part of the <i>Queensland Plan for Mental Health 2007-2017</i> (QPMH), a capital allocation had been approved to rebuild BAC in a new location as: <ul style="list-style-type: none"> ○ The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and ○ The Park will become exclusively a High Secure and Secure Rehabilitation Mental Health Service for adults (by end of 2013). • Initial consultation with stakeholders (about a replacement service for BAC) commenced as part of the planning for Stage 1 of the QPMH (approximately 2005-06). • Planning associated with the QPMH incorporated in a new capital project to be delivered at Redlands, which would replace the BAC. The Adolescent Extended Treatment and Rehabilitation Unit was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased. • The capital allocation previously attached to the rebuild of BAC has been redirected to other Queensland Health capital priorities; this capital funding is currently no longer available for a rebuild of BAC at an alternative site.
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¹ While currently classified as an extended treatment and rehabilitation model of service, the replacement model of service for BAC will likely be classified as either a subacute rehabilitation or community residential program. The classification will need to align with national and state classification frameworks, and relevant funding models.

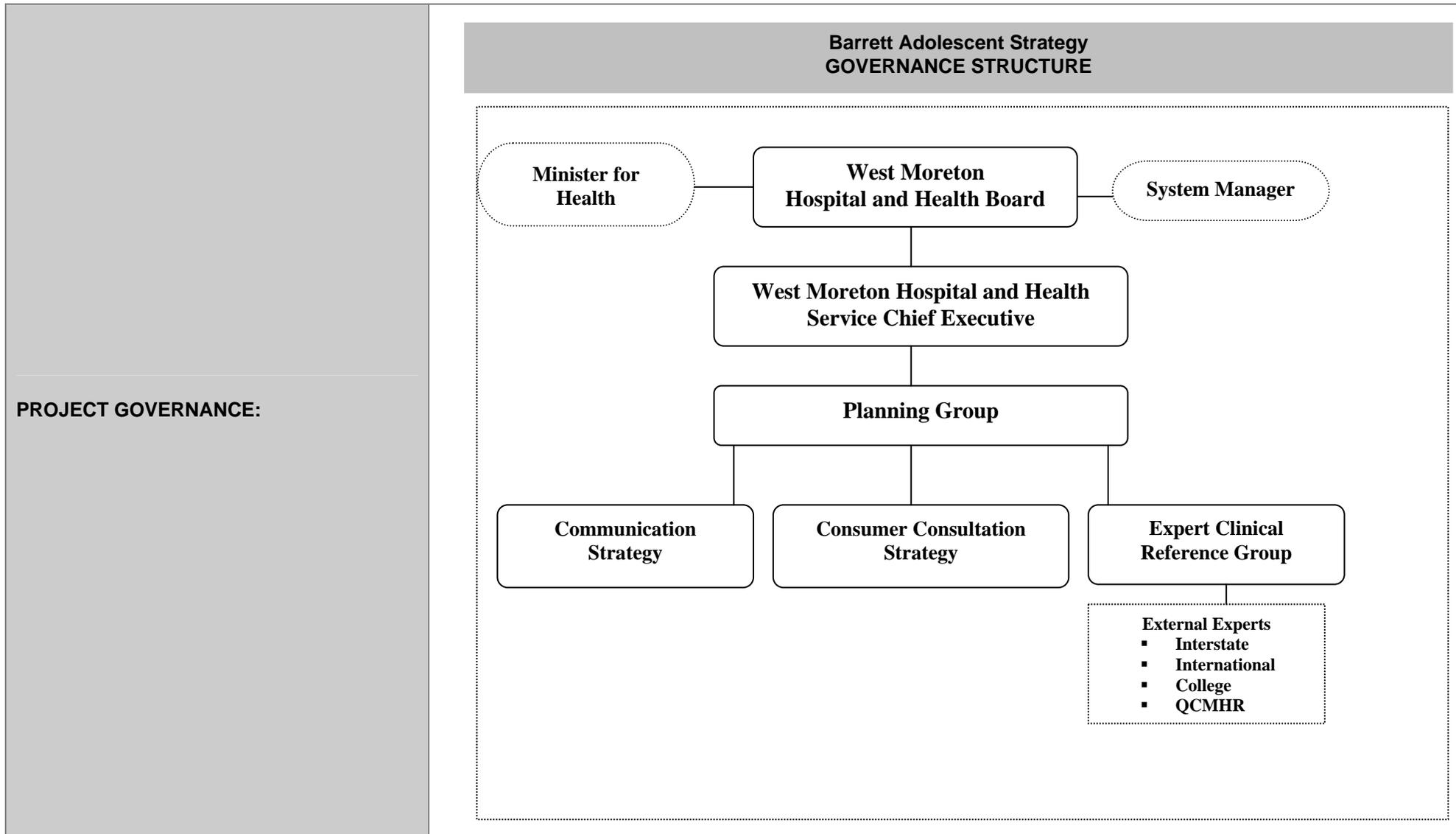
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	<ul style="list-style-type: none"> • It has become imperative that: <ul style="list-style-type: none"> ○ alternative contemporary, statewide model(s) of care be developed to replace the services currently provided by BAC; and ○ an implementation plan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

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

Accountability of Project:



PROJECT GOVERNANCE:

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REPORTING	<ul style="list-style-type: none"> • 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.
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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

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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.

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

Stakeholder groups

Internal stakeholders:

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

External stakeholders:

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

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

Stakeholder analysis

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

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Communication risks and issues

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

Key messages

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

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Communication tactics

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

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

Action plan internal and external stakeholders

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

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

Evaluation

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

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

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

Issues management

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

Prevention of public media issues wherever possible

This can be achieved by:

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

Effective and timely management of issues as and when they arise

This can be achieved by:

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