West Moreton Hospital and Health Service

Business case for change:

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

7 January 2013

Prepared by:
Executive Director Mental Health and Specialised Services

EDMH&SS WORKING DOCUMENT – NOT FOR CIRCULATION

Executive Summary

Background

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

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

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

Mental Health and Specialised Services

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

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

1.0 Introduction

In WMHHS, MH&SS currently consists of:

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

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

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

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

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

2.0 Purpose of the Business Case

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

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

3.0 Governance of the Change Process

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

4.0 Acknowledgements/Credits

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

5.0 Proposed Structure and Functions

5.1 Key Principles

Key principles to achieve the proposed structure include:

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

5.2 Proposed High Level Organisational Design – Tier 3

Executive Director Mental Health & Specialised Services:

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

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

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

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

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

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

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

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

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

Mental Health Business Manager:
Reporting to the Mental Health Business Manager will be:

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

Coordinator Quality, Safety and Governance

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

Consumer Advocate, West Moreton Mental Health and Specialised Services

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

Appendix 1 outlines the current structure for The Park – Centre for Mental Health.
Appendix 2 outlines the current structure for IMHS.
Appendix 3 outlines the proposed structure for MH&SS, WMHHS.

5.3 Proposed Tier 4 and Below

Nurse Managers and After hours Nurse Managers

- The aim is to improve efficiency across the whole division and ensure best use of nursing resources.
- All rostering and after hours support will be provided from a single point.
- The result will be improved efficiency and a decrease in Nurse Manager Positions.
- Further detail is provided in Appendix 4.

Allied Health and Rehabilitation for The Park

- The aim is to create an integrated service model within each business unit at The Park.
- The result will be an integrated model with a reduction in FTE with Allied Health at The Park.
- Appendix 5 provides further detail.

Child and Youth Mental Health Services

- The aim is to reduce the profile of Child & Youth Mental Health Service to a sustainable model focused on delivery of clinical care.
- The result will be a stronger focus on a goal directed, time limited model of service delivery.
- The result will be an improved model and reduction in FTE.
- Appendix 6 provides further detail.

Clinical Support Functions

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

Service Development, Consumer Supports and Services

- The aim is to improve integration and efficiency for provision of consumer services across the Division and to ensure resources are aligned to clinical and operational units.
- The functions of the service development team will be realigned to Nursing Director Service Improvement and Evaluation excluding the safety and quality position.
- All consumer services inclusive of Aboriginal and Torres Strait Islander consumer services at The Park will be aligned into a single team.
- The result will be improved integration and a reduction to FTE.
- Appendix 7 provides further detail regarding changes to consumer services.

Project/Redevelopment programs:

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

Barrett Adolescent Services

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

Clinical Service areas:

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

Prison Mental Health Services:

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

Offender Health Services:

- Offender Health Services (OHS) have transitioned to the HHS and require alignment to the policies and practices of the West Moreton HHS.
- Services need to align to a Primary care model of practice.
- A range of efficiencies and opportunities exist to ensure contemporary and quality services are delivered to the prisoner population.
- Implementation of the changes will result in a reduction of FTE.
- While OHS has been subject to a separate business case, Appendix 8 provides further detail.

Pharmacy Services:

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

Library Services:

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

Health Information and Records Management:

- It is proposed that a single service be created across WMHSS for health information and records management.
- It is proposed that revised reporting lines will be in place by the end of January 2013.

Recovery and Resilience (R&R) Services:

- The R&R was a time limited service to support significant grief and loss post the 2011 floods.
- The program is scheduled to finish by the end of March 2013 and all positions will be abolished.
- This will result in a reduction in FTE.

Drug Court Program:

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

Security Services The Park:

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

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

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

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

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

6.0 Scope of Change

6.1 Potential impact of Initiative

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

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

Within MH&SS it is proposed that:

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

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

- The *Queensland Plan for Mental Health 2007-2017*
  Implications for WMHHS include:
  - Determining the future model of care to replace services provided by Barrett Adolescent Centre.

- The closure of remaining Extended Treatment and Rehabilitation beds located at The Park to move to a community care unit.
- The increase in High Security Inpatient beds (ie EFTRU)

- National Standards for Mental Health Services
- WMHHS Service Agreement deliverables
- Available and affordable budget and FTEs for WMHHS
- Relevant contemporary reviews, recommendations, implementation plans aligned to future service delivery across MH&SS
- Review of work areas as detailed in sections 5.2 and 5.3.

6.2 Staffing impacts

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

It is proposed to minimise staff impacts by:

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

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

The following table outlines the proposed implementation process and timeframes.

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

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

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

6.3 Process for matching staff

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

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

7.0 Evaluation

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

Measures for evaluation include:

- Level of staff participation in information sessions, meetings and forums
- Volume and content of of comments through the WM connect email address
- Business continues to be performed within expected timeframes and standards
- Achievement of risk impact strategies for each key success criteria as per Appendix 9- High Level Transition Plan
- Achievement of performance indicators in the MH&SS operational plans.

8.0 Benefits

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

9.0 Costs

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

10.0 Sensitivities and Risks

A number of sensitivities and risks have been identified. Transitional sensitivities and risks specific to the MH&SS are included in Appendix 9 – High Level Transition Plan. The High Level Transition plan addresses:

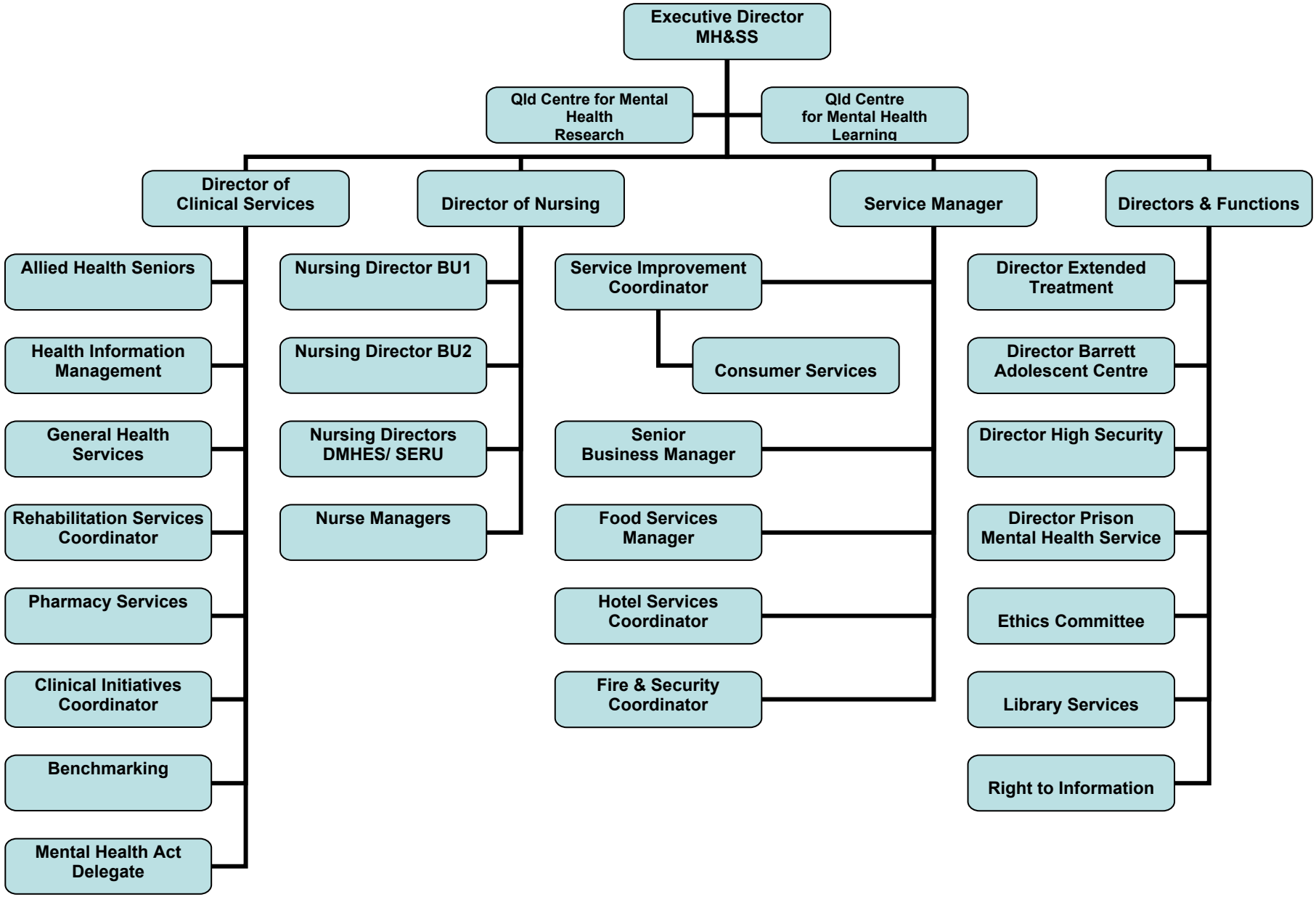
- Transition Principles
- Implementation Schedule
- Key Success Criteria and Implementation Risks and a
- Communication and Engagement Plan.

11.0 Recommendation

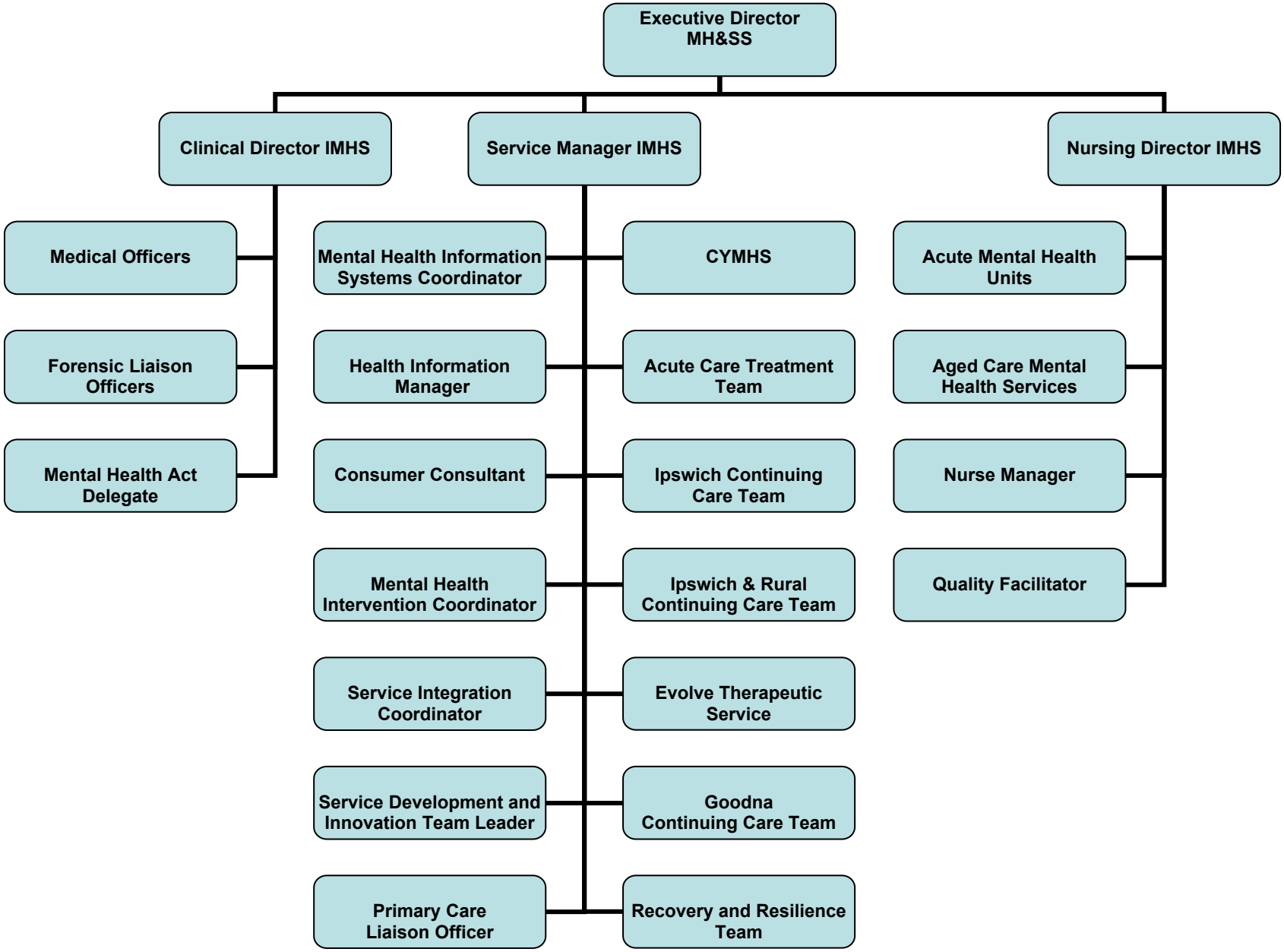
It is recommended that the MH&SS Division be formed according to the proposed high level organisational design and that the associated examination of further benefits to be achieved be implemented. It is further recommended that the Transition Plan be implemented to guide organisational change.

Version	Date	Prepared by	Comments
0.1			
0.2			
0.3			

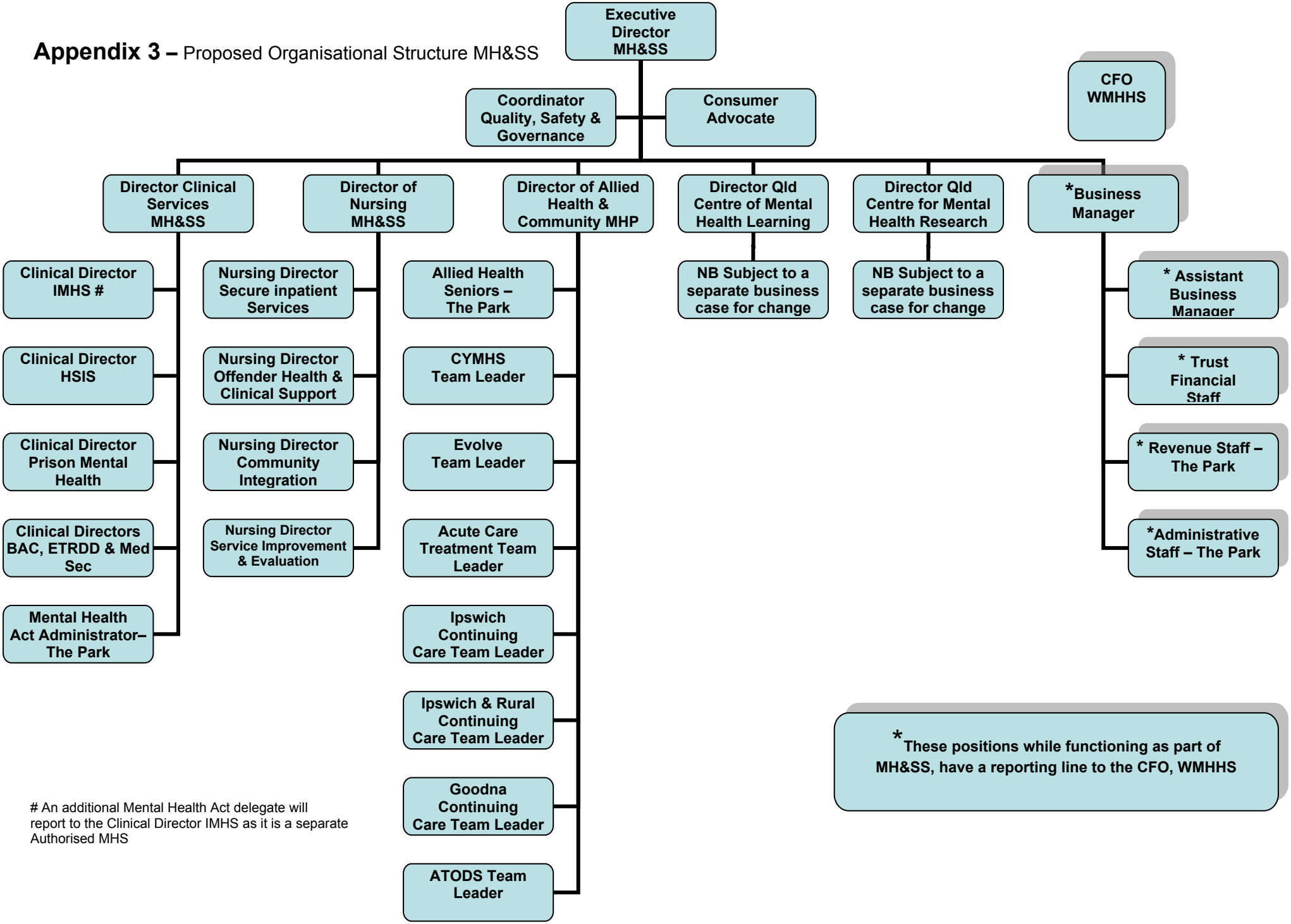
Appendix 1 – Current Organisational Structure – The Park Centre for Mental Health



Appendix 2 – Current Organisational Structure IMHS



Appendix 3 – Proposed Organisational Structure MH&SS



An additional Mental Health Act delegate will report to the Clinical Director IMHS as it is a separate Authorised MHS

* These positions while functioning as part of MH&SS, have a reporting line to the CFO, WMHHS

Appendix 4 – Summary of Review of the Nurse Manager role at The Park and IMHS and Afterhours Nurse Managers at The Park.

1. Proposal Details

1.1 Proposed Initiative

On 26 October 2012, the Executive Director Mental Health & Specialised Services advised the Nurse Managers and After hours Nurse Managers of the intent to review Nurse Manager roles and functions.

1.2 Scope of Initiative

Staff were advised the review of the Nurse Manager roles and functions was to occur within the context of potential organisational changes to ensure integration, sustainability and efficiency across the Division of Mental Health & Specialised Services. Organisational change was also flagged to involve the addition of Offender Health Services to the Division.

1.2.1 Portfolios of Work:

"Business Hours" Nurse Managers, The Park:

In summary, the work of the "business hours" Nurse Managers at The Park consists of the following duties:

- Filling of roster vacancies at The Park created through emergent leave relief;
- Filling of roster vacancies at The Park created through "gaps" in the original posted roster;
- Maintaining an availability sheet for casuals to work at The Park;
- Clerical duties (data entry and filing) associated with roster changes etc;
- HR management of nurses undertaking post-graduate mental health study at The Park;
- HR management of casual and temporary staff;
- Management of centralised recruitment processes for nursing staff; and
- Periodic HR reports generated for unit based Nurse Unit Managers.

"After hours" Nurse Managers, The Park:

In summary, the work of the "after hours" Nurse Managers at The Park consists of the following duties:

- Filling of roster vacancies at The Park created through emergent leave relief;
- Being the Nurse in Charge of The Park After hours – eg this role coordinates emergency responses etc; and
- Mentor/management support to clinical nurses and inpatient areas after hours.

"Business Hours" Nurse Manager, IMHS:

In summary, the work of the "business hours" Nurse Manager at IMHS includes:

- Rostering for both inpatient units;
- Managing payroll issues, HR paperwork, movement forms;
- Filling emergent leave (during business hours); and
- Managing a casual pool of staff.

1.2.2 Issues Raised During the Review:

A number of issues were raised during the review. These include:

- The need to generally improve the quality of the final rosters at The Park– ie fewer roster gaps. The NUMs attached to the inpatient units at The Park generate a roster. Opinion was that greater scrutiny should be applied to the roster prior to it being approved as "final".

- The need to improve the process for staff to "call in sick" – ie it is suggested that staff should directly call the nurse managers rather than the ward to allow additional time to find emergent leave relief (ie casuals rather than overtime).
- The need to improve communication processes between the inpatient areas and nurse managers, particularly the after hours nurse managers eg in relation to AWOPs or patient escorts.
- The need to improve succession planning for the nurse manager role(s).
- There is belief that there is scope to increase the coverage of program areas for the provision of emergent leave relief (eg to include Offender Health and IMHS).
- There is a view that there may be professional benefits of a rotating roster for Nurse Managers, ie after hours nurse managers working business hours and visa versa.

1.2.3 Current Staffing:

At The Park there are currently 5.8 FTEs allocated to Nurse Managers and After Hours Nurse Managers (plus leave relief and ADOs). The inpatient units at The Park generally have a shared CNC role (0.5FTE) and a shared Nurse Unit Manager role (0.5FTE).

At IMHS 1 FTE Nurse Manager supports the 2 inpatient Nurse Unit Managers Monday – Friday. There is no dedicated after hours Nurse Manager support to IMHS.

At The Park, out of hours, ie Monday – Friday 4pm – 6am and Saturday and Sunday- there is 1 Nurse Manger per shift.

At The Park Monday to Friday 8am – 4pm there can be 2-3 Nurse Managers rostered on at one time, depending upon the day of the week and whether an ADO is rostered.

2. Recommendation

It is recommended that:

- Monday – Friday 8am – 4pm there be 1.6 FTE Nurse Manager (NG7) rostered on to cover emergent leave for IMHS, The Park and Offender Health Services.
- Out of hours – the roster of 1 Nurse Manager per shift continue and provide management and support across The Park and emergent leave relief also to IMHS and Offender Health as required. This would equate to 2.4 FTE be rostered to cover after hours shifts and the remainder of the after hour shift coverage (0.9FTE) be rostered as higher duties for NG6s (to support succession planning).
- In consultation with the Director of Nursing, that appropriate duties are identified and allocated to cover requirements of IMHS, The Park and Offender Health Services.
- The HR Management of nurses undertaking post graduate mental health study at The Park be delegated to the School of Mental Health.
- The remainder of the workload attached to HR Management of temporary and casual staff across IMHS, The Park and Offender Health be better quantified (ie volume and frequency) and allocated to distinct portfolios of existing Nurse Unit Managers and the Monday – Friday Nurse Manager(s).
- Rostering for The Park becomes a centralised function.
- A revised Division wide consistent process for "calling in sick" be developed and widely communicated to all nursing staff.

Appendix 5 - Summary of findings and recommendations Allied Health and Mental Health Rehabilitation

Recommendation 1
Integrated model of service delivery

1. The current separate allied health and rehabilitation structures should be restructured and reorganised under one management structure. (see attached proposed structure)
2. There is need for the multidisciplinary team to establish business rules for structured programme delivery.
3. The Park should set minimum core programmatic requirements that are monitored by each unit's director. At a minimum each unit should provide activities in the following core programme domains of: Recreational; Therapeutic; Educational and Vocational activities.
4. Allied health staff should take an active role, and collaborate with their nursing and medical counterparts and other members of the multidisciplinary team; in the designing and implementation of evidence based psychosocial rehabilitation interventions/ programmes at the Park

Rationale

1. Financial savings will be made through reduced duplication of management structures.
2. One of the benefits of the proposed model is that the savings suggested are largely achieved through the abolition of vacant or temporary positions. This may alleviate some staff anxieties about job security.
3. Integration of services under a common leadership structure would support a common understanding and delivery of rehabilitation services.
4. Through improved coordination of all staff a greater level of responsiveness to emergent needs of individual consumers may be achieved while sharing the delivery of the structured program.
5. A greater coordination of allied health staff may contribute to establishing clearer priorities for interventions aimed at preparing consumers for discharge.
6. Localised coordination of programmes would enhance the chances of individual needs of consumers being met.

Recommendation 2
Integration and partnerships with the wider community services.

1. The Park should designate the role of community linkages to a senior clinician with specific expectations of maintaining liaison relationships with community services. The staff member designated with the role will actively seek to gain membership in interagency forums in the community and develop service agreements with key community services that provide services needed by mental health consumers in hospital and those transitioning into community living.

Rationale

1. This will improve consumer access to community services provided by NGOs, private and other governmental agencies.
2. This will enhance exit pathways for consumers and lead to more options for those consumers ready for discharge.
3. Evidence based practice denotes that skills training works best when conducted in real environments ie community. Consumers will gain skills they need to exit hospital quicker leading to faster discharge possibilities.

Recommendation 3
Professional and leadership development

1. The service should seek opportunities to grow current leaders. The service should invest in a leadership programme that motivates leaders and gives them skills and tools to provide strategic and visionary leadership.
2. Ongoing professional development needs to be available to all staff to ensure that they acquire the skills, knowledge and confidence required to practise in a recovery oriented way.
3. The Park leadership group should investigate current professional development opportunities eg MHPOD and collaborate with QCMHL for new avenues.
4. The Park should seek volunteers to take on the portfolio of recovery champion in each unit that would champion recovery oriented practices.

Rationale

1. Better consumer experiences as recovery orientated practises are employed by staff.
2. Consumer focused programme development would be realised.
3. Better engagement and enhanced use of least restrictive practises leading to better safety, quality of care and consequently better consumer experience
4. Evidence from the literature suggests that leadership is a skill and can be learnt. Visionary and strategic leaders who are able to set priorities and lead the organisation forward would enhance consumer outcomes.
5. Professional development would give staff the skills, knowledge and confidence required to commit to an agreed model of service delivery.
6. Access to rehabilitation interventions would be improved as all staff will now be confident in providing core rehabilitation interventions.
7. Financial savings will be realised from reduced overtime as rehabilitation and allied health staff would no longer be required to come in after hours and on weekends.

Recommendation 4
Data collection and information management

1. Allied Health staff should use available information systems and adapt business rules as needed in order to ensure that data is routinely captured for clinical as well as service delivery and evaluation purposes.
2. Utilise existing CIMHA committee to plan and implement changes.
3. The service should consider the use of a single data collection system and the need to position the service for an electronic record system.

Rationale

1. Service evaluation, monitoring of outcomes and reporting would be improved.
2. Communication would be improved as all client information would be easily available.
3. Patient safety would be enhanced.

Recommendation 5
Allied health governance

1. The business unit structures should have allied health leaders as integral members of the clinical and leadership teams.
2. The Director of Allied Health position should represent all allied health services in mental health reporting to the Executive Director of mental health.

Rationale

1. The risk of not having a strong allied health mental health workforce representation at all levels is that psychosocial interventions may not be maximised in the service leading to poorer outcomes for consumers.
2. Representation of allied health at the business unit level could advocate for a greater adoption of practices to prepare consumers for the community.

Recommendation 6

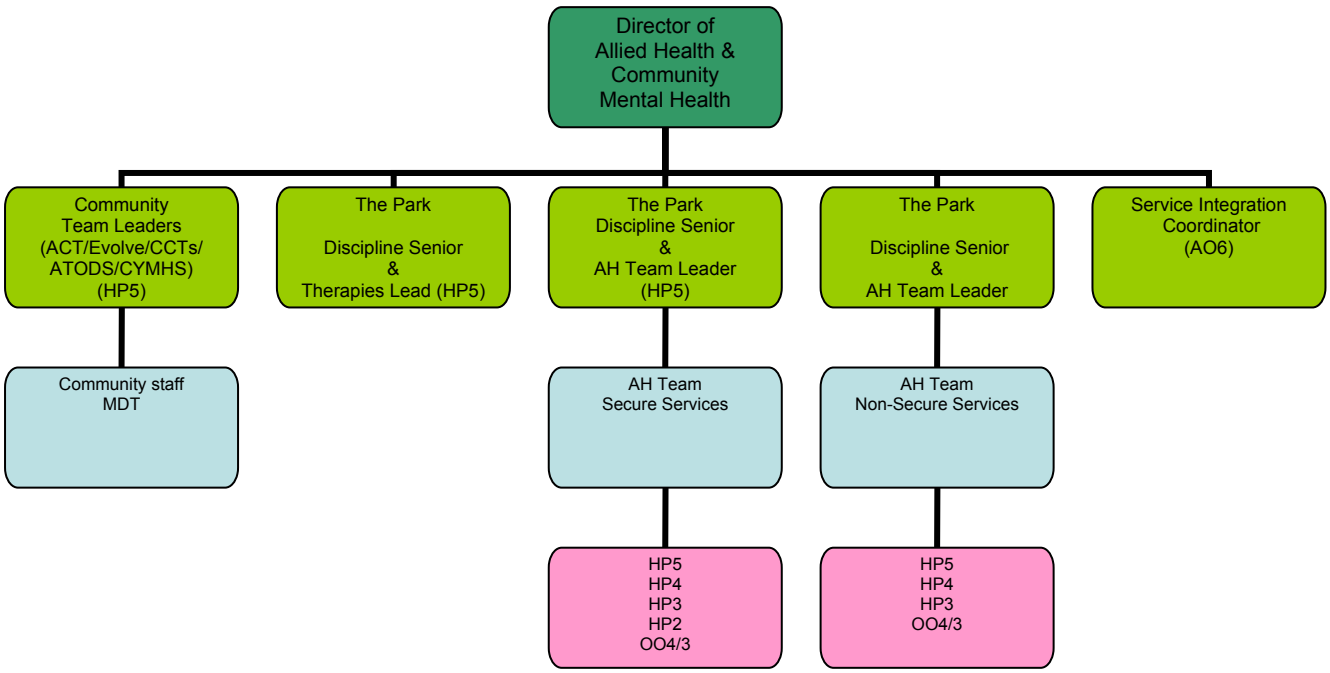
Resourcing

1. Targeted recruitment of staff with the skills and interest to provide programmes that utilise existing resources should be pursued.
2. The Park leadership group should work together to support a greater participation and mobility of staff between clinical programs to ensure a greater sharing of expertise between these areas.
3. The ATSI position should be refocused and realigned with other ATSI positions under one leadership.
4. The exercise physiologist position should be refocused and realigned.

Rationale

1. Improved consumer access to a range of expertise and programmes by more clients leading to better consumer experience and consumer outcomes.
2. Better utilisation of existing facilities such as the gym and swimming pool.
3. Better support for staff in solo specialist roles and less risk of these roles diverting from core business.

Proposed Structure for Allied Health and Community Mental Health



Appendix 6 - Summary of Review of the Child & Youth Mental Health Service, IMHS.

3. Proposal Details

3.1 Background (including current functions and structure)

Previously CYMHS has operated above approved FTE allowing the service to provide care beyond the service agreement, however, due to the "Turnaround Plan" requirements, significant changes are necessary.

3.2 Proposed Initiative

Detailed below is the initial proposal for management of these changes to client service provision:

Access Team

- Staff numbers will reduce from 5 to 3 due to staff returning to substantiative positions in December 2012.
- This will require strict adherence to CYMHS entry criteria thereby limiting the scope of client service provision.
- A review of intake procedure will affect processes for referrals, triages, walk-ins, screening appointments and interim care.
- It is expected the above will result in a waiting list for accessing CYMHS services. We will have to introduce processes for managing this list ie. An initial risk screen will have to be completed on all referrals and clients managed based on identified level of risk.
- This will create an additional role for the Access Team of short term interim case management of high risk clients until they can be allocated to Case Managers.

Case Management Model of Care

- Currently CYMHS provides an extended treatment model of Case Management with no defined time frame.
- This will change to a goal directed, time limited model of service provision ie. Initial agreements will occur between case managers, clients and care givers that clearly define the treatment plan, expected outcomes and end date of care.
- Evidence based practice will identify appropriate onward referral to community services for all clients as indicated.
- Discharge planning will commence with client from initial allocation.
- The above is expected to improve throughput, increase accessibility and direct model of care for clients.

Goodna Staff

- One staff member has resigned from the end of November 2012, leaving 2 HP5 staff
- Approximately [redacted] clients cannot be closed and will need to be re-allocated to remaining staff.

Rural Staff

- Rural clients are currently shared between 2 permanent and 2 temporary staff. The 2 temporary staff will be finishing 2 February 2013.
- Approximately [redacted] clients cannot be closed and will need to be re-allocated to remaining staff.
- The increased work load makes a more significant impact to rural resources due to the issues of travel and already full client appointments. These case managers will be required to allocate further rural clinics to accommodate the increased client load, thereby impacting on there availability to provide appointments for Ipswich clients.

Appendix 7 - Summary of Review of Consumer Support Services

Consumer Advocate (1FTE AO5)

- Manage and provide specialist advocacy services to consumers and their carers of The Park – Centre for Mental Health. This involves the utilization of high level of clinical skill and advanced knowledge of the *Mental Health Act 2000*, relevant to the conceptualisation, development, implementation and evaluation of advocacy services in response to the needs of mental health consumers and consistent with current trends in mental health service delivery at The Park - Centre for Mental health.

This is a specialised position that provides advocacy support for consumers and operates independently of the organisation. Their service is confidential unless issues are being raised that require the treating team intervention. The position does not record in the notes and so anything said can not be reported to the MHT.

The service is used on admission to ensure a new patient is fully aware of their rights. Advocacy is particularly important within a Forensic Setting where legal issue are at the fore. The role supports staff in their work, providing a buffer so that staff do not face ethical dilemmas within their roles of carer, making hard decisions and supporting the patient.

The CA is involved in receiving and passing on complaints from consumers and carers. They are an integral part of the complaint system ensuring complaints are managed in the first instance at the front line and through the complaints system when the complaint is not easily resolved. They take action on behalf of the consumer as need arises including making contact with family and carers.

Aboriginal and Torres Strait Islander Liaison Officer (1FTE AO3)

Purpose

The Aboriginal and Torres Strait Islander liaison Officer provides support and assistance to Aboriginal and Torres Strait Islander patients and families at the Park Centre for Mental Health during their treatment. They assist patients in communicating with health care professionals, government agencies and other staff while they are in hospital. Provide advocacy for Aboriginal and Torres Strait Islander inpatients and timely follow-up and referral post discharge. Facilitate the liaison between the Division of Mental Health and the Aboriginal and Torres Strait Islander Community in the West Moreton Health Service District.

The person in this position is required to provide escort services on as needs basis. They liaise between the service and consumers on matter of treatment, culture and family. At times they provide an advocacy service ensuring services provided do not disadvantage the consumer.

Their role is to provide support to consumer who need the extra support not provided by the treating team.

The Consumer Consultant (1FTE AO5)

Purpose of role

- To promote consumer participation and provide advice to the organisation on relevant consumer issues arising from National and State agendas.

A particularly important part of this position is its empathy and understanding of consumer's situation. The current incumbent is a person with a lived experience as a Mental Health Consumer.

This position provides support to The Park Consumer and Carer Advisory Group (TPCAG) and the Consumer Representative Program. It also provides a level of support and coordination of the Consumer Companion program (CCP).

The position does the rosters each month for the CCP and in cooperation with the Service Improvement Coordinator provides a level of monitoring to the budget for the program. They organise training and development and conduct the supervision for the Consumer Companions program. This includes the management of any issues that arise for the CC such as pay issues or roster changes.

They attend meeting representing the views of consumers providing a liaison with the consumers about issues related to the organisation's quality system and any issue raised by consumers.

The Consumer Liaison Officer (0.45 AO3)

Purpose of role

- To support and assist in the promotion of consumer participation and provide advice by representing, consulting and liaising with consumers to ensure effective consumer participation with the delivery of the Principles, Vision and Mission of the Model of Service Delivery of The Park – Centre for Mental Health.
- Assist and educate mental health service provides in their understanding of consumer participation.

A particularly important part of this position is its empathy and understanding of consumer's situation. The current incumbent is a person with a lived experience as a Mental Health Consumer.

The role's focus is on system advocacy. Their work is levelled at the ward and is concerned with how wards function. Feedback from Consumers comes through Consumer Representatives (CR) as they run ward based forums. The CLO collects the data these forums generate and provide it in the form of feedback to the Ward. The feedback is tracked to ensure there is an outcome recorded against each piece of feedback.

The role supervises the Consumer Representatives including providing them education opportunities and performance management. This is done in consultation with the Consumer Consultant.

They also pick up project work for the facility such as the review of the consumer orientation packs within the various units and produce the consumer newsletters.

Administrative Officer (Dispatch) (0.8 FTE AO2)

Purpose

- Provide a customer focused administrative support, despatch and reception service, ensuring day to day requirements are completed in an efficient and timely manner
- To provide support and assistance to consumers, Consumer Representatives, Consumer Companions and Consumer Service staff as required

This role contributes to consumer services through the work they do in support of the consumer focused events across the service such as the Christmas Party; the Fete; the Art show. They also coordinate the Op-Shop which gives consumers the opportunity to work within the facility.

Consumer Companion program (Casual AO2)

This program has a maximum budget of $35,971. They are scheduled to work 17 three hour shifts a fortnight. Six Companions are engaged by the service to cover the 17 shifts. Their role is to provide support and companionship for consumers in ETR. Each Companion has been diagnosed with a mental health illness as such they provide modelling for consumers working towards recovery. The Consumer Consultant coordinates this program.

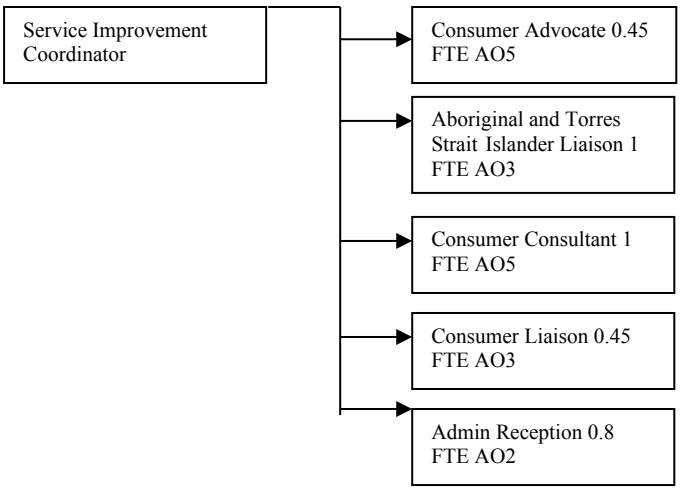
Consumer Representatives

The CR are reimbursed for their out of pocket expenses (mainly travel) and at an hourly rate of $25/hour, they are not employees of the service but are engaged as contractors. There is a CR assigned to each of the wards (depending upon the acuity some wards have 2 Reps). They hold forums or speak to individuals gathering feedback from Consumers which is then passed on to the Consumer Liaison Officer for distribution back to the wards. Consumer Representatives represent the views of consumer at specific meetings at an organisational or ward level. They also attend the Consumer Advisory Group specifically designed to provide the consumers with a voice. The Consumer Liaison Officer coordinates this work.

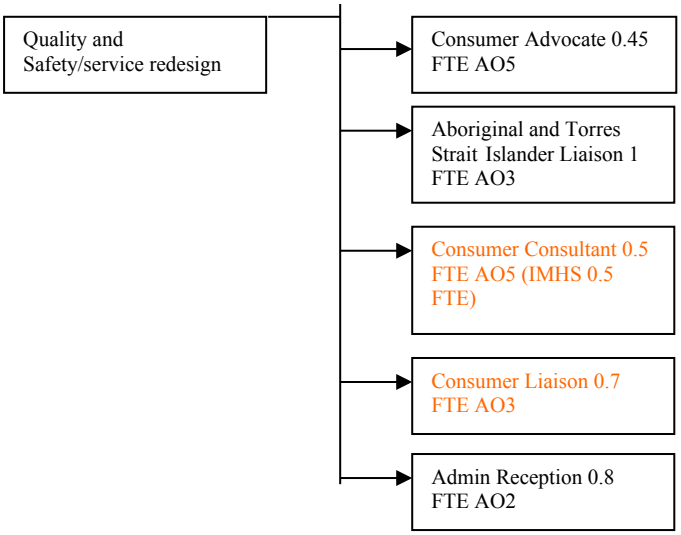
Key features of these roles

- System Advocacy
- Individual Advocacy
- Support services including
    - giving consumers a voice
    - escorts for leave
    - supporting carers
    - complaints management
    - engaging consumers in their own care
    - highlighting consumer rights
    - meeting the services obligation under the MH Act 2000 and ACHS EQuIP5 and the National Standards for MH Services
    - providing advocacy support at MRT (Consumer Advocate and Aboriginal and Torres Strait Islander Liaison Officer)

Current structure for the Park



Proposed structure



It is proposed to reduce the workforce of the Consumer Consultant to 0.5 at the Park. Consideration could be given to this position working across the division in IMHS and The Park – making up 1FTE AO5 (Currently there are two). The current role includes coordination of the Consumer Companion program. The duplicate role at IMHS also includes the coordination of the CC program. As these programs mirror one another it is possible a Consumer Consultant working across the two areas could coordinate the CC program at the two sites.

The other suggested change in the structure would be to increase the Consumer Liaison position to 0.7 FTE to make this a comparable position with the Consumer Liaison position at IMHS. Consumer representation at meetings currently done by the Consumer Consultant could be well represented by the Consumer Liaison position or a well trained Consumer Representative.

Appendix 8 – Offender Health Services

4. Proposal Details

4.1 Background (including current functions and structure)

The Offender Health Services (OHS) Directorate within the Division of the Chief Health Officer became operational on 1 July 2008 when staff and services were transitioned from Queensland Corrective Services (QCS) to Queensland Health (QH) as part of a Machinery of Government change.

OHS then transitioned to Hospital and Health Services on 1 July 2012. West Moreton Hospital and Health Service is now responsible for OHS in Brisbane Correctional Centre, Brisbane Women's Correctional Centre (Includes Helana Jones at Albion) and Wolston Correctional Centre.

4.2 Proposed Initiative

- The restructure of the Model of Service for OHS will ensure classifications are appropriate to job descriptions, responsibilities, scope of practice and requirements for this diverse working environment.
- The aim is to align all Offender Health Nursing Staff with Queensland health processes, policies and procedures to meet National, State and HHS reform.
- The workforce balance will move from a Clinical Nurse structure to a structure which incorporates various nursing levels.
- The new structure will support education, succession planning and sustainability within its workforce, system improvements to enhance quality primary health care to meet the needs of its target population.
- The restructure will also facilitate opportunity for new resources and positions to be developed to support areas within Offender Health Services, which have been identified as a 'gap' in service.
- The organisational structure and revised roles and responsibilities must reflect the primary health care model, multi-disciplinary workforce and support the full integration of OHS into the MH&SS, WMHHS.
- Existing work groups and functions have been examined to determine where roles and functions should be realigned to support delivery of new and enhanced functions required by the HHS.
- The restructure provides an opportunity to realign functions and streamline work processes to ensure staff workloads are reasonable taking into consideration the Establishment Management Program (EMP) and utilising the Business Planning Framework (BPF).

Appendix 9 - High Level Transition Plan

1.0 Transition Principles

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

2.0 Implementation Schedule

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

3.0 Key Success Criteria and Implementation Risks

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

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

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

4.0 Communication and Engagement Plan

Communication objectives

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

Communication principles

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

Communication environment

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

Stakeholder groups

Internal stakeholders:

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

External stakeholders:

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

Key messages

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

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

Communication Tactics

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

Action Plan

Activity	Target audience	Issues / risks	Messages / content	Accountable	When	Priority
Responses to correspondence	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	ASAP	High
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public comment if not responded to quickly	Key messages to focus on innovative service delivery and continuity of care	WMHHS CE/ Executive Team	ASAP	Medium
Briefing note to Minister & System Manager	Minister & Ministerial staff, Director-General	May not support recommendations	Outline reasoning and expected deliverables	WMHHS CE	ASAP	High
Internal stakeholder briefing	Senior WMHHS mental health staff	Staff feeling out of the loop and unsure of future	Focus on innovation and support mechanisms available to staff, and on communication channels.	WMHHS CE	W/C 7/1/13	High
Internal stakeholder briefing	Health Minister & Ministerial staff	Why are you doing this?	Key messages to focus on innovative service delivery, sustainability and continuity of care	WMHHS CE	W/C 7/1/13	High
Media conferences	Media, general public	Negative media stories	Stick to key messages	WMHHS CE,	As needed	Medium