

West Moreton Hospital and Health Service

TURNAROUND PLAN SERVICE REVIEW PROPOSAL

Queensland Centre for Mental Health Learning - Service Redesign

11 October 2012

DOCUMENT HISTORY

Version	Date	Prepared by	Comments
V1.	11 October 2012	Anthony Milverton	The original Business Proposal was tabled for consideration with the A/ED (MH) 1 August 2012.
V2.	30 October 2012	Anthony Milverton	Costings and FTE have been revised following advice from WM Finance

THE PROPOSAL

1. Proposal Details

1.1 *Background (including current functions and structure)*

- The Queensland Centre for Mental Health Learning (Learning Centre) was established by the Mental Health Branch in collaboration with the West Moreton Hospital and Health Service (WMHHS) to support the strategic development and reform agenda for the Queensland mental health workforce. It is required to provide contemporary mental health specific education to frontline clinical staff to ensure the Queensland public has access to the highest standards of clinical assessment, and treatment.
- The mandate for the program is prescribed by national and state policy priorities and is strongly influenced by recommendations from coronial enquiries. Statewide reforms (including the transition to statutory authorities) require that the Learning Centre adjusts program direction in line with that required by HHS Mental Health Services.
- The Learning Centre provides precise, measurable and strategic education programs, delivered directly to clinicians as required by priority five of the *Queensland Plan for Mental Health 2007–17*. The program has output and program evaluation data to demonstrate positive outcomes.
- The program was designed to support a centralised approach based at West Moreton with satellite services throughout the state.
- The team profile was established over several years with a large proportion of temporary contracts to ensure that ultimately it developed the correct balance of staff based on available project funding.
- The establishment was developed around administration officer classifications to enable maximum recruitment flexibility for example:
 - recruitment to curriculum development roles from university staff
 - recruitment to research and evaluation roles from qualified professionals not necessarily from QH clinical streams.

Context:

- The organisational structure requires redesign to align the core program infrastructure with the recurrent funding allocation. The organisational structure and revised roles and responsibilities must reflect a centralised program without satellite services. It must use health profession positions where appropriate to reflect the multi-disciplinary workforce it serves and ensure the credibility and relevance of the training programs.

Issues:

- The program is centralised and will not be establishing satellite services, the organisational structure needs to be adjusted to reflect this change.
- Program content and a strategic move to increase outcome measures requires role changes to ensure a systematic approach to data collection, analysis and reporting. The complexity and subsequently the level of a number of roles require adjustment.
- Having a large proportion of contract based temporary officers is detrimental to staff retention and long term program commitment. This imbalance has a negative effect on staff and their perception of value to the program. Consequently absenteeism is high and a willingness to extend and develop in roles has been restricted.
- The previous approach to attract education officer expertise by using the administrative stream is not consistent with the multi-disciplinary workforce. Recruitment of education officers to the administrative stream has restricted multi-disciplinary input to program development, training provision and credibility. The Learning Centre structure should be multi-disciplinary to meet Australian Skills Quality Authority (ASQA) standards.
- The core program infrastructure is not aligned with the core recurrent budget. It is appropriate for temporary project officer positions to be aligned with temporary funding so FTE can increase and decrease in line with temporary funding allocations. (Attachment 1: Original Organisational Structure).
- **The Learning Centre had 12 contract positions reviewed through the EMP process, four contracts were not extended. An additional two officers are taking voluntary redundancies. With the loss of the four positions through EMP and the two additional officers it is not possible to absorb or redirect the outstanding duties.**
- **The operational budget for 2012/13 is reduced by 22%.**

- The Learning Centre is heavily reliant on this redesign strategy to ensure a restricted core business is maintained.
- The previous approach to maintain staffing flexibility by extending contracts repeatedly is not consistent with HRM Policies:
 - Appointments - Permanent and/or Temporary - Commonwealth and/or State Funded Programs (Human Resource Policy B24).
 - Temporary Employment (Human Resource Policy B25).

1.2 **Proposed Initiative**

- The redesign of the Learning Centre workforce, including roles and responsibilities of existing positions to ensure:
 - classifications are appropriate to the program responsibilities and requirements, they reflect the appropriate degree of complexity, the level is consistent with the responsibilities of the role
 - the program is better able to meet national, state and HHS reforms using emerging technology and learning approaches, and
 - a structure that supports efficient and effective program governance
- Overall FTE and classifications will be decreased to support adjustments.
- The workforce balance will move from predominantly temporary officers to increased permanent multi-disciplinary staff using the appropriate merit based recruitment process.

1.3 **Scope of Initiative**

- The plan is specific to 12 contract based officers. It will also consider the roles of the existing permanent officers and positions.
- This plan does not identify activities, risks or implications of any other changes such as the Corporate Restructure.

1.4 **Deliverables**

- Cost avoidance: Recruitment of permanent officers through a merit based recruitment process will improve the application of Learning Centre business management systems.
- Cost reduction: \$1,900. Attention to the established quality management systems and innovative approaches to program development, delivery and evaluation will result in efficiencies.

1.5 **Potential Dependencies**

Internal dependencies:

- The WMHHS maintains its commitment to this statewide education program.

External dependencies:

- The development of a Service Level Agreement is to be negotiated with the Health Service Clinical Innovation Division, Clinical Redesign and Metrics Branch.
- An effective functional relationship with HHSs and the Mental Health Branch is necessary to meet national and state reforms. This includes an increased investment in e-learning program development that is better suited to the activity based funding environment.

1.6 **Potential Impact of Initiative**

This redesign will potentially enable further program efficiencies in the following areas:

- improve the clinical function of frontline mental health clinicians
- improve outcomes for mental health service consumers
- influence the curriculum developed within the tertiary education sector for health profession graduates
- maintain Learning Centre compliance with the Australian Skills Quality Authority (ASQA) standards and continue Registered Training Organisation (RTO) status
- build on RTO opportunities e.g. revenue
- expand the learning management system and suite of e-learning resources available to frontline health professionals

- improve the quality of the existing programs
- enhance staff retention, morale, performance and longer term program commitment
- meet operational governance obligations including budget integrity.

See also:

- Attachment 2 - Workload impact assessment
- Attachment 3 - Turnaround plan spreadsheet
- Attachment 4 - Proposed organisational structure

2. Business Benefits

2.1 Business Benefits and Outcomes

- The previous process of engaging staff against the administration officer stream and extending contracts repeatedly was detrimental to staff loyalty, retention, performance, and restricted investment in emerging technology and learning approaches.
- A workforce with the appropriate balance of clinical and corporate support, permanent and temporary officers, and a multi-disciplinary profile, will deliver greater effectiveness to the organisation, and therefore the community, through:
 - clearer direction for those delivering services
 - increased influence to curriculum development within the tertiary education sector for health profession graduates
 - continued compliance with the Australian Skills Quality Authority (ASQA) standards to maintain RTO status
 - improved quality of the existing programs
 - improved workforce stability, staff retention and morale
 - an expanded suite of e-learning resources available to frontline health professionals
 - improved clinical function of frontline mental health clinicians
 - improved outcomes for mental health service consumers
- Ultimately a workforce recruited by merit to fully funded permanent positions delivering quality education resources will:
 - empower frontline staff
 - improve value for money for tax payers, and
 - enable the service to realise planned performance outcomes.

2.2 Non-Financial Benefits

- Queensland HHS and ASQA requirements for currency of education facilitator practice and program content.
- Program capacity improved to develop, deliver and evaluate new education resources such as Mental Health First Aid, Dual Diagnosis, Cognitive Behaviour Therapy and Child and Youth programs.
- An enhanced capacity to write new curriculum, understand HHS requirements and develop new products, report, measure and evaluate training outcomes.

2.3 Financial Benefits

- Conformity of Learning Centre business management systems with corporate governance policy will be further improved. Resource procurement processes and education delivery approaches are pivotal to how resources are directed. This significant change must be strategic and not piecemeal.

- Innovative program development, delivery and evaluation will enhance longer term planning and commitment to achieving agreed outcomes. Well designed positions and managed alignment with classification levels deliver efficiencies such as the recent initiatives to improve travel and accommodation costs for Education Facilitators.
- Appropriately skilled and supported staff respond in a more flexible way to changing health service needs, systems are improved for program development, delivery and evaluation. Efficiencies will be realised by increasing the investment in e-learning and less in face to face education, opportunities may come from cost a recovery approach.

3. Evaluation

The success of this redesign plan will be measured against the following indicators.

- Education Facilitators delivering clinical intervention training are multi-disciplinary.
- Education Facilitators have mental health clinical expertise reflective of the clinical environment.
- Core program positions are not dependant on project funding; they are linked to the recurrent budget not the non recurrent budget.
- The percentage of temporary officers to permanent officers is improved from 35% to 75% as a minimum.
- Planned Learning Centre outcomes are delivered as agreed.

Innovative strategies to deliver education are planned, detailed and outcomes monitored through the 2013 Learning Centre Operational Plan.

4. Risk Management

The Risk Management Analysis Matrix indicates a high rating. If the proposed redesign is not approved there is an increased likelihood that planned performance outcomes will not be realised. The consequence of this would:

- threaten program credibility, and
- restrict the capacity for the program to meet ASQA RTO requirements. This deficiency would result in the loss of the unit's RTO status.

Without program credibility and RTO status the Learning Centre cannot meet HHS expectations to continually improve clinician capability.

5. Communication and Consultation

Strategies for communication/consultation with staff, unions and individual employees

- Conduct program planning sessions within the Learning Centre with consideration to program core functions, significant stakeholders and operational planning priorities up to three years (complete).
- Engage WMHHS People and Culture for direction on course of action to ensure equitable and effective process is followed (ongoing).
- Construct an Operational Plan with a vision, mission statement and the need to review the structure as a priority strategy (complete).
- Consider timing with regard to the political climate, statewide needs, local HHS program requirements and service specific resources (ongoing).
- Communicate the need for a structure review through the WM Executive and Learning Centre Operational Management Meetings and Whole of Team Meetings (ongoing).
- Seek senior staff contributions regarding their understanding of core program responsibilities (complete).
- Complete a matching analysis with current role descriptions (complete).
- Seek WMHHS authorisation to progress the redesign process (ongoing).
- Consult with significant stakeholders e.g. Mental Health Alcohol and Other Drugs Branch, Cunningham Centre, Clinical Skills Development Service, WMHHS, executive directors, service managers and senior clinical leaders (ongoing).
- Review role descriptions, organisational charts and duty statements (commenced).
- Table reviewed role descriptions for the job evaluation process (commenced).
- Consult through industrial relations requirements.

- Meet with all staff directly affected by the redesign process individually. The meetings would consist of the Director and scribe, the effected staff member and a support person of their choice.
- Encourage staff to link with supports such as the Employees Assistance Service.
- Communicate progress through the Statewide Mental Health Workforce Advisory Group, the Learning Centre Operational Management Meetings and Whole of Team Meetings.
- Use the Learning Centre newsletter to communicate change more broadly.
- Commencement of the process to fill positions is anticipated for 5 November 2012 as the contracts for nine of 12 staff end 30 December 2012.
- A scheduled review timetable will be established to measure the change in 2013, in particular the program capacity to maintain statewide obligations to improve mental health clinician capability.

In principle support has been received for the concept from:

- Learning Centre staff
- A/Executive Director, MH - WMHHS
- Executive Director, MH - WMHHS
- Senior HR Officer, Employee Relations – WMHHS
- A/Executive Director, Mental Health Alcohol and Other Drugs Branch
- Executive Directors, HHS Mental Health Services
- WMHHS DCF 'Caucus'

6. Recommendation

The WMHHS authorise a process to redesign the Learning Centre organisational structure and use a merit based recruitment process to align core positions with the recurrent budget allocation.

RISK ANALYSIS

Risk Analysis				
An analysis of the proposal risk exposure against the Integrated Risk Management Framework identifies the following risk profile for the proposal.				
No	Risk Event <i>what could go wrong</i>	Inherent Risk Rating	Mitigating Action <i>(what are you going to do about it)</i>	Owner
1.	Current program resource reductions are not considered as part of this redesign process and it is not supported by WMHHS.	Moderate + Possible = High (14)	Continue strategies to maintain the current level of service provision with reduced outputs and restricted quality outcomes.	Director, Learning Centre
2.	The redesign process is not supported by industrial bodies.	Moderate + Unlikely = Medium (9)	<ul style="list-style-type: none"> • Ensure detailed communication strategy is in place to avoid any possible delays and facilitate clear communication of any changes and direct impacts on staff. • Maintain channels of communication for staff through 1:1 meetings and existing forums e.g. Learning Centre Operational Meeting and the Learning Centre Whole of Team meetings. • Quality review by management to ensure accuracy of information. 	Director, Learning Centre

LIKELIHOOD		CONSEQUENCES				
		Negligible	Minor	Moderate	Major	Extreme
	Rare	Low	Low	Low	Medium	High
	Unlikely	Low	Medium	Medium	High	Very High
	Possible	Low	Medium	High	Very High	Very High
	Likely	Medium	High	Very High	Very High	Extreme
	Almost Certain	Medium	Very High	Very High	Extreme	Extreme

COMMUNICATION

Stakeholder Engagement			
<i>State the Primary or Key stakeholders consulted and their commitment to the proposal.</i>			
Name of Group/Person and Position	Consultation and communication method	Date	Comments on the proposal and key messages
Learning Centre staff	Learning Centre, Operational Plan – planning day	Nov 2011	In principle support
	Learning Centre Whole of Team Meeting – verbal and minutes	4/5/12	
	Learning Centre Operational Meeting – verbal and minutes	12/6/12	
Maddy Slattery	Learning Centre (Academic) Program Director	3/10/12	Supported
Kathryn White - Senior HR Officer, Employee Relations - WMHHS	Meeting - verbal communication	June 12	In principle support
MH Workforce Advisory Group	Meeting - verbal	May 12	In principle support
Executive Directors of MH across all 17 HSSs	Meeting - verbal communication	1/6/12 – 27/7/12	In principle support
Mark Kearin, A/Executive Director, MH - WMHHS	Meeting - verbal communication	July 12	Supported
A/Executive Director, Mental Health Branch	Meeting - verbal communication	May 12	In principle support
Sharon Kelly, Executive Director, MHSS - WMHHS	Meeting - verbal communication	11/10/12	Supported
WMHHS, Turnaround Team	Meeting and presentation		

SAVINGS WORKSHEET

Total Saving Summary				
Direct Labour Savings (On-costs should include overtime if applicable)				
		Salary Costs (including On-Costs)		
Position Title/ Classification	FTEs	Cost Year 1	Cost Year 2	Cost Year 3
Director (DSO1)	1	\$170,173	\$170,173	\$170,173
Program Director / Manager (Was AO8 now HP6/NO9)	1	\$137,928	\$157,979	\$157,979
Education Facilitators	3.8	\$266,222	\$513,064	\$513,064
Business Manager (AO7)	1	\$122,611	\$0	\$0
Training & Development Manager (AO7)	1	\$122,611	\$0	\$0
Prin Project Officer (AO7)	1	\$117,791	\$127,212	\$127,212
Statewide Projects Manager (AO8)	1	\$137,928	\$0	\$0
Research Manager and IT Manager (AO7)	1	\$122,611	\$127,212	\$127,212
Education Designer/Facilitator (AO6)	1	\$107,497	\$0	\$0
Information Management Officer – Design & Evaluation (AO6)	1	\$0	\$116,051	\$116,051
Research Program Planning (AO6)	1	\$0	\$116,051	\$116,051
Project Officer Community Awareness (AO6)	0.6	\$85,954	\$0	\$0
Project Officer MHPOD (AO6)	1	\$107,439	\$116,051	\$116,051
Sen Info Officer (AO6)	1	\$107,560	\$116,051	\$116,051
Project Officer - Research (AO5)	1	\$97,240	\$104,871	\$104,871
Quality & RTO Coordinator (AO5)	1	\$100,319	\$104,871	\$104,871
Finance Officer (AO4)	1	\$0	\$88,547	\$88,547
Delivery Support Coordinator (AO4)	1	\$83,647	\$88,547	\$88,547
Executive Support Officer (AO4)	1	\$86,947	\$88,547	\$88,547
Logistics Officer (AO4)	1	\$86,947	\$88,547	\$88,547
Research Assistant (AO4) 2.6 FTE reduced to 2	2	\$213,370	\$177,092	\$177,092
Admin Officer Training (AO3) 1.4 FTE reduced to 1	1	\$111,675	\$75,410	\$75,410
Admin Officer (AO2)	1	\$57,076	\$65,370	\$65,370
Total Labour Costs		\$2,443,546	\$2,441,646	\$2,441,646
(A) Total Direct Labour Savings	0.2	\$0	\$1,900	\$1,900
Associated Labour Savings (List any other interconnected positions)				
		Salary Costs (including On-Costs)		
Position Title/ Classification	FTEs	Cost Year 1	Cost Year 2	Cost Year 3
		\$		
		\$		
(B) Total Associated Labour Savings		\$	\$	\$

Individual Position Impact Analysis					
Cost Centre	Position ID	Position Title	Position Level	Incumbents	Change Management Plan
996430	30485724	Director Program	AO8	M Slattery	Position to upgrade to HP6/NO9. Open discussion, provide options.
996437	30487529	Principle Education Facilitator 2 FTE to 4	HP5	1. P Ferris-Day	1. P Ferris-Day is substantive.
				2. Quang Hii (TFT).	2. Quang Hi (QK) – this clinician has a substantive role. Contract ends 30/6/13.
996481	30489453	Education Facilitator	AO6	C Sullivan (TFT)	This clinician has a substantive role. Contract ends 30/12/12.
996430	30488644	Training and Development Manager	AO7	A Renger (TFT)	Contract ends 30/12/12 Open discussion, provide options.
996436	30485457	Project Officer Community Awareness	AO6	N Howarth (TFT)	Contract ends 30/6/13. Open discussion, provide options.
996430	30485723	Research Manager	AO8	M Coleman	This clinician has a substantive role. Contract ends 30/12/12.
996430 996432 996437 996481	30486155	Research Officer. Reduced from 2.6 to 2 FTE	AO4	1. E Collins	1. Commences with Dept of Ed 2013.
				2. A Win	2. Commences in new role as MO 2013.
				3. M Conway 4. M Hill 5. S Stevenson	3, 4 & 5. Contracts end 30/12/12. Open discussion, provide options.

ENDORSEMENT AND VALIDATION

Endorsement

Endorsement confirms the workload impact and saving/ cost estimates are appropriate to the proposal given its scope and risk profile, and the benefits are realistic and can be delivered as outlined.

Name: Sharon Kelly	Signature:
Position: Executive Director	Date: / /
Division: Mental Health and Special Services	Contact No:
Comment:	

Validation

Validation Stage confirms the robustness of the Business Proposal.

Chief Finance Officer- West Moreton Hospital and Health Service

Name:	Date: / /
Contact No:	Signature:
<input type="checkbox"/> Endorsed	<input type="checkbox"/> Not Endorsed
Comments:	

Approval

Chief Executive

Name:	West Moreton Hospital and Health Service
Date: / /	Contact No:
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature:	
Comments:	

SUPPORTING DOCUMENTS AND ATTACHMENTS

The following documents support this business change proposal and assist in reducing proposal risk

Document Number/ Version	Document Title