

MHA2016 eLearning Review

Steering Committee Terms of Reference

1. Introduction

A project to review the current Mental Health Act (MHA2016) eLearning package is currently underway and is anticipated to require a phased approach spanning a two (2) to three (3) year period. Due to the nature of the project and the statewide impacts, the steering committee will provide a consistent approach to the management of the project while ensuring transparency and enabling Administrator and other key stakeholder input as the project develops.

The steering committee will act as overarching governance of the project to ensure the end product is fit for purpose. The purpose of this document is to define the roles and responsibilities of the Steering Committee for MHA2016 eLearning review.

2. Aim and Scope

The Chief Psychiatrist as the project sponsor is ultimately accountable for the timely and successful delivery of the MHA2016 eLearning review Project.

The Steering Committee (“the Committee”) will facilitate the project by:

- providing information and guidance on issues related to planning, development, implementation and evaluation of MHA2016 eLearning review project,
- working collaboratively with other Committee members to problem solve issues as they arise,
- providing support/input/feedback to the project team as requested in a timely manner, and
- providing endorsement for the final product and facilitating implementation by identifying and addressing obstacles to the project’s success and championing the project within their respective Hospital and Health Services (HHSs).

3. Role and Responsibilities of Committee Members

Steering Committee membership is critical to the success of the project and requires consideration to ensure issues experienced by those in various geographical locations, clinical disciplines and stakeholder groups such as consumers and carers are able to be addressed. It has been determined that the following membership is required to ensure a balanced representation of clinical and community needs for the project:

- Administrator representatives from Authorised Mental Health Services across the state (or their representative),
- OCP representation,
- Queensland Centre for Mental Health Learning representation,
- one consumer representative,
- one carer representative,
- one culturally and linguistically diverse representative,
- an Independent Patient Rights Adviser, and
- one Aboriginal and/or Torres Strait Islander representative,

Members agree to fulfil the following responsibilities:

- Provide guidance, expertise and oversight to ensure successful implementation of the project,
- Establish links with key stakeholders (as identified by the project team) and consult appropriately within their Hospital and Health Service and Networks,
- Facilitate the provision of feedback on project documentation as required, recognising project time constraints,
- Members should expect to commit a minimum of 2–4 hours per quarter for pre-reading and attendance at meetings, and
- Comply with privacy and conflict of interest processes of Queensland Health.

In addition to responsibilities outlined above, Administrators agree to:

- Nominate and appropriately brief a proxy if unable to participate in a meeting.

Role:	Responsibilities:	Members:
Project Sponsor	<ul style="list-style-type: none"> • Presiding as the Chairperson (or delegating the role) at all committee meetings, which includes maintaining order and guiding the meeting through the agenda items, • Project approvals, promotion and authorisation. 	Dr John Reilly – Chief Psychiatrist
Project Director	<ul style="list-style-type: none"> • Monitoring project progress, • Provision of strategic leadership, • Acting as a conduit to the MHAODB executive team and other relevant reference groups. 	Janet Ceron – Director, Legislation Unit
Project Manager	<ul style="list-style-type: none"> • Present progress reports and/or recommendations as required, • Identify areas for steering committee input and decision making. 	Manager, Compliance and Improvement - Rebekah Stewart
Project Officer	<ul style="list-style-type: none"> • Present progress reports and/or recommendations as required, • Incorporate steering committee decisions and input into reporting, • Feeding decisions made into the day to day running of the project, and • Provision of administrative support. 	Principal Policy and Project Officer – Alyse Trueman
Committee members	<ul style="list-style-type: none"> • Responsibilities as outlined previously in section 3. 	Administrators, Authorised Mental Health Services Queensland (or their proxy), Consumer representative, Carer representative, Independent Patients' Rights Advisor Representative and

		Aboriginal and Torres Strait Islander representative.
Non-committee member attendees	<ul style="list-style-type: none"> • Provide specialist input or feedback to assist in decision making. 	Additional attendees may attend meetings as required by agreement and on invitation by the committee.

4. Meetings

At a minimum, meetings are to be held quarterly via Microsoft Teams, with a date to be determined at each quarterly meeting.

5. Minutes and agenda

Agenda, quarterly steering committee report, and any presentations will be circulated one week prior to each steering committee meeting for consideration.

Meetings will be recorded, and both the minutes and recordings will be made available via teams after each meeting.

6. Quorum

Fifty percent (50%) of members + one (1). In the absence of a quorum the meeting may continue at the discretion of the Chair.

7. Reporting

Outcomes from steering committee meetings will be regularly incorporated into quarterly project progress reports as well as the monthly Mental Health Alcohol and Other Drugs Branch operational plan reports. Additionally, outcomes will be reported in project close reports which are circulated to the MHAODB executive team and other relevant reference groups.