

Oaths Act 1867

Statutory Declaration

I, **Dr Mary Corbett** of c/- West Moreton Hospital and Health Board, Ipswich Hospital, Chelmsford Avenue, Ipswich in the State of Queensland do solemnly and sincerely declare that:

1 In paragraph 14.9(c) of your statement, you say that at the WMHHB meeting on 24 May 2013, it was decided that:

"any closure of BAC would depend upon the appropriate and safe transition of existing patients of BAC to alternative services. As any such process could not commence unless and until a formal decision was made by the Minister for Health it was premature to establish a target date for closure."

(a) Was that decision of the meeting recorded in the minutes of the meeting, or elsewhere in a diary note or other document? If so, identify that document or documents and supply copies.

1.1 This question states that at the WMHHB meeting on 24 May 2013 'it was decided that' any closure would depend on appropriate and safe transition of patients. This does not accurately reflect paragraph 14.9(c) of my statutory declaration and is not correct. In my statutory declaration, I stated that the WMHHB 'was not prepared to endorse any particular date for closure, taking into account' the matters listed, including that any closure would depend on appropriate and safe transition of existing patients.

1.2 The words in my statutory declaration reflect that the WMHHB did not make any decision regarding closure or the timing of closure at that meeting. In that regard:

- (a) The WMHHB did not and could not have made a decision to close BAC as it did not have the power to make that decision.
- (b) The WMHHB did not and could not have made a decision on that date regarding a date for closure, as both closure and the timing of closure depended on a number of future matters which at that time remained uncertain, being those matters listed

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in paragraphs 14.9(a), (b) and (c) of my statutory declaration.

1.3 As to recording any 'decisions' made at the meeting:

- (a) No decision to close and no decision as to the timing or circumstances under which BAC would close was made at the meeting. Had any such decision been made, it would have been recorded in the minutes.
- (b) The matters stated in paragraph 14.9(c) of my statutory declaration (and paragraph 14.9 generally) reflect matters discussed at the meeting and resulted in the Board actions and decision stated in section 5 of the Minutes of that meeting.
- (c) I have no diary notes of the meeting. I destroy any notes I make during Board Meetings once the Minutes are approved. This is in accordance with recognised good governance practices and is to ensure that there is one single statement of decisions made by the Board.

(b) Are there any diary notes or other documents produced at this meeting, or produced contemporaneously, which record the decision and the other matters quoted above? If so, identify that document or documents and supply copies.

1.4 I do not have any diary notes and I am not aware of any other documents produced at the meeting or produced contemporaneously which record the decisions of the WMHNB at the meeting, other than the Board Minutes, for the reasons stated in paragraph 1.3(c).

(c) Did the Minister make the 'formal decision' referred to in the quote above? If so, identify the date of that formal decision and any documents recording that formal decision.

1.5 I do not know the date the Minister made the decision. As noted in paragraph 14.13 of my statutory declaration dated 23 October 2015, I met with the Minister on 15 July 2013 and at that meeting, the Minister was supportive of the closure of BAC. The Minister formally announced the decision on 6 August 2013. I am not aware of the decision making which occurred between those dates.

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1.6 I do not hold any documents recording the formal decision.

(d) Was any step taken in the process of transitioning BAC patients into alternative services between the date of this meeting (24 May 2013) and the Minister's formal decision? If 'yes' supply details of any such step. If 'no' state whether the reason for no step being taken was that the Board's view was that the process could not commence unless and until a formal decision was made by the Minister?

1.7 I am not aware of the specific clinical details of particular patients, nor would it be appropriate or necessary for the Board to be advised of those details. My knowledge of the position with respect to proposed transitioning of patients in the period between May and November 2013 is that:

- (a) The Board Meeting Agenda Paper for the meeting of the WMHHS on 24 May 2013 noted that 'given 10 of 16 young people from the current BAC inpatient group are aged 17 years or over, and that the length of stay is up to two years in several cases, it is considered clinically adequate to provide a four month timeframe to complete discharge planning' and that it was feasible to commence discharge planning for current BAC patients. On the basis of that advice, the WMHHS noted as an action in the Board Minutes that 'WMHHS to pursue discharge of appropriate current patients with appropriate 'wrap around' services'. That Board Meeting Agenda Paper and Board Minutes are annexure MC-19 and MC-20 respectively to my statutory declaration dated 23 October 2015.
- (b) The Board Meeting Agenda Paper for the meeting of the WMHHS on 28 June 2013 noted that until a decision is confirmed in regards to the plans for BAC, clinical services will continue to be provided and consumers discharged as appropriate. My understanding of that advice is that patients were being treated in the usual course of care and that no steps were being taken to discharge patients purely on the assumption or in anticipation of closure of BAC. The Board Minutes state that the contents of the agenda paper were noted by the Board. That Board Meeting Agenda Paper and Board Minutes are annexures MC-6 and MC-7 respectively to my statutory declaration dated 23 October 2015.

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- (c) The Board Meeting Agenda Paper for the WMHHB on 26 August 2013 set out a specific patient discharge strategy including that patients have an up to date discharge plan and that a number of consumers had been identified for discharge over the next four months. The Paper did not refer to any patients having been discharged prior to the date of the Paper, although I assume that patients ready for discharge in the normal course of care would have been discharged. The Board Meeting Agenda Paper is annexure MC-21 to my statutory declaration dated 23 October 2015.

- 1.8 The statement in the Board Meeting Agenda Paper for the meeting of the WMHHB on 28 June 2013 that 'as identified at The Board, until a decision is confirmed in regards to the plans for Barrett Adolescent Centre, clinical services will continue to be provided and consumers discharged as appropriate' reflected statements made by the WMHHB in the Board meeting on 24 May 2013 that patients were to be treated in the ordinary course of care, unless and until a formal decision was made.

2 Was it the Board's role to ensure that there were appropriate and safe transition of existing patients of BAC to alternative services before there was any closure of the BAC? If 'no', whose role was it?

- 2.1 It was not the role of the WMHHB to ensure that there was appropriate and safe transition of existing patients of BAC to alternative services before there was any closure of BAC. In that regard:
- (a) The WMHHB has no role in the clinical assessment, treatment, discharge, transfer or transition of patients from any unit of WMHHS, including BAC.
- (b) The entity with the role of ensuring the appropriate and safe transition of BAC patients was WMHHS, as per section 19 of the Hospital and Health Boards Act (HHB Act).
- (c) The role of the WMHHB is to control WMHHS, as per section 22 of the HHB Act. Its role was to exercise governance in respect of WMHHS's discharge of its role, and it did so by receiving monthly reports from WMHHS at the Board Meetings,

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regarding the progress of the transitioning of patients.

3 Did you or the Board take any steps to ensure that there were appropriate and safe transition of existing patients of BAC to alternative services before there was any closure of the BAC? If 'yes' provide details of each of those steps, including the dates of each and any relevant minutes or other documents recording those steps.

- 3.1 At each of the meetings of the WMHHB on and from 24 May 2013 until the closure of BAC, the WMHHB continued to reinforce to the WMHHS Chief Executive, Lesley Dwyer and the WMHHS Executive Director Mental Health and Specialised Services, Sharon Kelly, the Board's expectation that appropriate and safe care would be provided to all BAC patients. The Board verbally requested, and received, at each of those meetings, reassurance that a process was in place and that patient transitions were and would be effected appropriately and safely. I refer to the following, which are annexed to my statutory declaration dated 23 October 2015:
- (a) Board Meeting Agenda Paper 7.3 dated 28 June 2013 which is annexure MC-6 of my statutory declaration dated 23 October 2015.
 - (b) Board Meeting Agenda Paper 7.2 dated 26 July 2013 which is attached and marked **MC-1**.
 - (c) Board Meeting Agenda Paper 7.1 dated 23 August 2013 which is annexure MC-21 to my statutory declaration dated 23 October 2015.
 - (d) Board Meeting Agenda Paper 7.1 dated 27 September 2013 and Board Minutes of that meeting, which are annexures MC-23 and MC-24 respectively to my statutory declaration dated 23 October 2015.
 - (e) Board Minutes of the meeting on 25 October 2013 which is annexure MC-25 to my statutory declaration dated 23 October 2015.
 - (f) Board Paper 3.3 dated 29 November 2013 and Board Minutes of that meeting

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which are annexures MC-26 and MC-27 respectively to my statutory declaration dated 23 October 2015.

- (g) Board Minutes of the meeting on 20 December 2013 which is annexure MC-29 to my statutory declaration dated 23 October 2015.
- (h) Board Paper 1.6 dated 31 January 2014 and Board Minutes of that meeting which are annexures MC-30 and MC-31 respectively to my statutory declaration dated 23 October 2015.

4 In paragraph 11.2 of your statement, you say that at the 27 September 2013 WMHHB Board meeting, the Board instructed that approval for the closure of the BAC was contingent on an appropriate model of care being developed, and a clear plan being in place for the transition of current patients.

(a) Did the Board, or anybody else, decide that an appropriate model of care had been developed? If so, on what date was that decided and by whom?

- 4.1 The WMHHB was not clinically qualified to make a decision as to what is an appropriate model of care.
- 4.2 The WMHHB relied on information provided by the WMHHS Chief Executive, Lesley Dwyer and the WMHHS Executive Director Mental Health and Specialised Services, Sharon Kelly in the Board Papers and in verbal presentations to the Board over the relevant period. In that regard, the Board was specifically reassured by the fact that a committee comprising clinical experts, under the governance of Childrens Health Queensland Hospital and Health Service (**CHQHHS**) was specifically tasked with responsibility for this and the reports provided by Ms Dwyer and Ms Kelly were to the effect that this project was progressing satisfactorily.
- 4.3 On 2 December 2013, I attended a meeting at the office of the Minister for Health at which the Chair of CHQHBB, Susan Johnstone and the CHQHHS Chief Executive, Dr Peter Steer presented the new State-wide model of care for adolescent mental health extended treatment and rehabilitation. Attached and marked **MC-2** is a copy of the

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Proposed State-wide Adolescent Mental Health Extended Treatment and Rehabilitation Service Continuum which was presented by CHQHHS at that meeting.

(b) Did the Board, or anybody else, decide that a clear plan was in place for the transition of current patients of the BAC? If so, on what date was that decided and by whom?

- 4.4 WMHHS was responsible for developing and implementing transition plans for current BAC patients.
- 4.5 In the Board Meeting Agenda Paper for the meeting on 23 August 2013, the Board was informed of the patient discharge strategy which WMHHS was implementing. That Board Paper is annexure MC-21 to my statutory declaration dated 23 October 2015.
- 4.6 A detailed update regarding the process of that patient discharge strategy was provided in the Board Meeting Agenda Paper for the meeting on 27 September 2013. That Board Paper is annexure MC-22 to my statutory declaration dated 23 October 2015.
- 4.7 A further detailed update regarding the process of patient discharges was provided in the Board Meeting Agenda Paper for the meeting on 29 November 2013. That Board Paper is annexure MC-26 to my statutory declaration dated 23 October 2015.
- 4.8 A further detailed update regarding the process of patient discharges was provided in the Board Meeting Agenda Paper for the meeting on 20 December 2013. That Board Paper is annexure MC-28 to my statutory declaration dated 23 October 2015.
- 4.9 In a Board Meeting Agenda Paper for the meeting on 31 January 2014 the Board was advised that the last patient had been transferred from BAC on 24 January 2014 and that as of 1 February 2014, CHQHHS has assumed responsibility for the provision of services, with WMHHS continuing to provide time limited clinical support for former BAC patient now placed with other services. That Board Paper is annexure MC-30 to my statutory declaration dated 23 October 2015.

(c) Did the WMHHS satisfy itself that these contingent conditions had been met? If

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so, on what date, and how was it so satisfied, and on the basis of what reports or other documents was it so satisfied?

4.10 The Board Meeting Agenda Paper for the meeting on 23 August 2013 established that a plan was in place. The subsequent Board Meeting Agenda papers reported against that strategy and enabled the Board to monitor progress.

4.11 The Board Meeting Agenda Paper for the meeting on 31 January 2014 confirmed that all BAC patients had been transitioned, that CHQHHS was taking responsibility for provision of future services and WMHHS was providing time limited support for BAC patients now in other services. It was on this date that the WMHHS was satisfied that BAC could be closed.

5 In paragraph 17.12 of your statement, you state that the Board was concerned to receive assurance that appropriate and safe alternative treatments options were available for BAC patients. You say the Board sought confirmation that future models of care would be developed for adolescents who may have otherwise been referred to BAC.

(a) Did you or the Board receive that assurance and confirmation?

5.1 I did receive assurance and confirmation that appropriate and safe alternative treatment options were available for BAC patients.

(b) If so, from whom, when and how?

5.2 Each of the Board Meeting Agenda Papers noted above from in respect of the meetings on 27 September 2013, 29 November and 20 December 2013 refer to the State-wide project established under the governance of CHQHHS to develop the future model of care, and reported the progress of that committee's work.

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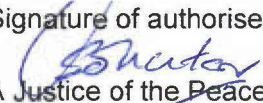
5.3 On 2 December 2013 I attended a meeting in the office of the Minister for Health at which the Chair of CHQHBB, Susan Johnstone and the CHQHHS Chief Executive, Dr Peter Steer presented the new State-wide model of care for adolescent mental health extended treatment and rehabilitation. The meeting was advised that some aspects of the new services were still being implemented, however the information presented was to the effect that appropriate and safe care was available notwithstanding some elements of the model were yet to be fully implemented. I received assurance from the information presented at that meeting, that appropriate and safe alternative treatment options were available for BAC patients.

6 Identify and exhibit all documents in Dr Mary Corbett’s custody or control that are referred to in her witness statement.

6.1 All documents referred to in my statement are annexed to my statutory declaration dated 23 October 2015 and annexure numbering is referenced above.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Taken and declared before me by)
 Dr Mary Corbett at Brisbane in the State)
 of Queensland this 21st day)
 of December 2015)
 Before me:)

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 Signature of authorised witness

 A Justice of the Peace/
 Commissioner for Declarations

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 Signature of declarant

**STATUTORY DECLARATION OF MARY CORBETT
INDEX OF EXHIBITS**

No	Document Description	Document number	Page
MC-1	West Moreton Hospital and Health Board – Board Meeting Agenda Paper dated 26 July 2013	WMB.1008.0001.00002	1-3
MC-2	Proposed State-wide Adolescent Mental Health Extended Treatment and Rehabilitation Service Continuum	WMB.1008.0001.00001	4

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Board Meeting

Jul 26, 2013 at 09:00 - 17:00

Conference Room

Gatton Hospital

BOARD MEETING AGENDA PAPER

Committee: Board Meeting			
Meeting Date:	26 July 2013	Agenda Item Number:	7.2
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date:	18 July 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note actions within the month of July that support the in-principle decision of the Board to close the Barrett Adolescent Centre (BAC).

Note the closure date of BAC has been advised to the Minister for Health as 31 December 2013.

Background

1. Refer to Board paper of 24 June 2013.

Key Issues or Risks

2. Minister to be updated regarding proposed closure of BAC, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC
 - a. Meeting held with Minister Monday 15 July 2013.
 - b. Minister supportive of briefing and closure on the proposed date of 31 December 2013.
 - c. Minister requested the following actions occur prior to announcement of closure:
 - i. Communication plan and frequently asked questions be confirmed with his communications office.
 - WMHHS Communications Naomi Ford to action by Tuesday 23 July.
 - ii. Communication with QMH Commissioner to occur.
 - Verbal briefing with Commissioner occurred early July; formal brief regarding decision provided to Commissioner Thursday 18 July.
 - iii. Leader of Opposition be advised of decision.
 - Progression occurring through WMHHS Communications.
 - iv. Department of Education – Director General be briefed prior to announcement.
 - Department aware through verbal discussions and are supportive; formal briefing currently in progress.
3. Development of alternate service options
 - a. A formal announcement was made by the Department of Health this week for the progression of a YPARC service through NGO tender process; to be established by January 2014. YPARC will provide one option of alternative care for adolescents in the target group.
 - b. The YPARC model (well developed in Victoria - Youth Prevention and Recovery Care) is a youth focussed short term step up/step down residential rehabilitation program, run by NGO with in reach clinical services. The focus age group for Queensland should align with the current admission criteria to the BAC
4. Timing of announcement
 - a. A detailed plan regarding the timing of the announcement is required to ensure staff and consumers are advised prior to a broader public announcement. This planning is underway.
 - b. Due to the recent announcement of the YPARC tender by the Department of Health, a new wave of growing concern is occurring across the sector regarding the future of BAC.
 - c. There is a risk that questioning at Estimates may result in further speculation prior to any formal announcement – holding statements have been prepared to mitigate this risk.

BOARD MEETING AGENDA PAPER**Consultation**

5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
6. All other agreed consultation has been progressed and support has been provided for actions taken to date.

Financial and other implications

7. Remains in alignment with previous papers on this topic.

Strategic and operational alignment

8. The closure of BAC and cessation of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note actions within the month of July that support the in-principle decision of the Board to close the Barrett Adolescent Centre (BAC).

Note the closure date of BAC has been advised to the Minister for Health as 31 December 2013.

Attachment 3.2.1: PROPOSED Statewide Adolescent Mental Health Extended Treatment and Rehabilitation Service Continuum

Recovery oriented treatment and rehabilitation for young people, aged 13 – 17 years, with severe and persistent mental health problems

Mobile Outreach Service

Step Up to Acute Inpatient Care (out of scope)					
Service Element	Assertive Community Treatment Service	Day Program	Step Up/Step Down Unit	Subacute Bed-Based Unit	Residential Rehab Unit
Overview	Provides ongoing recovery-oriented assessment, assertive treatment, and care through intensive mobile interventions in a community or residential setting.	Provides a flexible range of intensive therapy, extended treatment and rehabilitation options within a therapeutic milieu.	Provides short term residential treatment with services from specialist trained mental health staff with NGO support.	Provides medium term intensive hospital-based treatment and rehabilitation services in a secure, safe, structured environment.	Provides long term accommodation and recovery-oriented treatment with inreach services from specialist trained mental health staff with NGO support.
Primary Referral Profile	CYMHS Supportive intensive services required out of hours. No fixed address or living in residential accommodation. High risk of disengagement from treatment services. Absence of bed-based or day program options in local community.	CYMHS Home environment is supportive enough to ensure safety and/or access to CYMHS. Does not require inpatient care. History of school exclusion or refusal. Poor social skills requiring group-based work. Live within a geographical area in proximity to the day program.	CYMHS / Acute Inpatient Unit Young person requires increased intensity of treatment to prevent admission into acute inpatient units (Step Up). Enables early discharge from acute/sub-acute inpatient units (Step Down). Safety not ensured at home. Does not allow for involuntary detention as not gazetted MH facility.	Statewide Admission Panel Level of acuity or risk requires inpatient admission. Improvement in mental health not expected to occur within short term: measured in weeks/months. Requires therapeutic milieu not provided by acute inpatient unit. Allows for involuntary detention.	CYMHS or Adult Mental Health Services 16-21 year olds who are able to consent to treatment (Gillick competent). Home environment is not supportive enough to ensure safety and/or facilitate access to mental health services. Requires additional support to develop independent living skills. Does not require inpatient care.
Hours of Operation	Flexible, with capacity for extended hours	Business hours, Monday to Friday, with capacity for some extended hours.	24 x 7	24 x 7	Mental Health: Flexible, with capacity for extended hours. Residential: up to 24 x 7
Length of Stay	Case-by-case basis	120 days; maximum of 180 days	28 days	120 days; maximum of 180 days	Up to 365 days
Unit Size	Minimum 2 staff per service	10-15 adolescents per day	12-14 beds	8-10 beds; seclusion room	10 beds
Education	Support local schooling	On-site; Distance Education and/or support local schooling	In-reach; Distance Education and/or support local schooling	On-site and/or Distance Education	Support local schooling
Location	Community CYMHS	Hospital campus or gazetted community mental health facility	Residential area located close to an acute mental health unit	Hospital campus	Residential area
Governance	Local HHS	Local HHS	Local HHS	CHQ HHS	Local HHS NGO operated
Clinical Funding*	\$0.237m	\$1.056m	\$2.224m	\$3.993m	NGO staff \$0.541m CYMHS inreach \$0.110m
Existing in Qld	Nil	Mater Toowoomba Townsville	Nil	Nil	Nil
Proposed	North Brisbane Logan Redcliffe-Caboolture Sunshine Coast Rockhampton Bundaberg/Wide Bay Cairns	South Brisbane Gold Coast Ipswich Toowoomba Mackay Townsville	North Brisbane (critical) South Brisbane (Logan) Gold Coast [Dependent upon NGO sector appetite; provider agnostic]	North Brisbane South Brisbane North Qld 1 BBU in CHQ catchment	Cluster based (North/Central/Southern) [Dependent upon NGO sector appetite; provider agnostic]
Total Projected Clinical Funding	\$3.555m (Excluding some on-costs, e.g. cars, etc.)	\$3.168m	\$6.672m	\$3.993m	Staffing: \$0.651m + facility leasing and on costs per unit.
Evidence-Informed	Intensive Mobile Youth Outreach Services (IMYOS), Victoria Mobile Intensive Team (Adult), Qld	Existing Qld Day Programs – endorsed state-wide Model of Service Adolescent Drug and Alcohol Withdrawal Service (ADAWS)	Y-PARC, Frankston and Dandenong, Victoria	Walker Unit, Concorde Hospital, NSW	Time Out House Initiative (TOHI), Cairns Therapeutic Residential (DCCSDS) Victorian Youth Residential Models, Nous Group Report Evaluation of the Therapeutic Residential Care Pilot Program, VERSO (2011)

Underpinned by Community CYMHS (out of scope)

* Figures are indicative only and subject to review by professional leads – NB: these figures are for clinical labour costs only (non-labour and non-clinical labour costs have been not included at this stage).

** A phased approach to service implementation is under development.

*** CYMHS staffing is currently at 58% of FTE target capacity (by 2017) as noted by the Qld Mental Health Plan (NB: Mental health planning will adopt an outputs-based approach in future).

