# In the matter of the Commissions of Inquiry Act 1950 Commission of Inquiry Order (No.4) 2015 Barrett Adolescent Centre Commission of Inquiry

#### STATEMENT OF IAN GRAHAM MAYNARD

- I, IAN GRAHAM MAYNARD, Deputy Chief Executive Officer, National Disability
  Insurance Agency, Level 2, 45 Brougham Street, Geelong, Victoria do solemnly and sincerely declare that:
- On or about 21 December 2015 I received a Requirement to Give Information in a Written Statement dated 17 December 2015 (Notice) issued to me from the Barrett Adolescent Centre Commission of Inquiry. The Notice had been sent under cover of a letter addressed to Paul Lack of Crown Law dated 17 December 2015. A copy of the Notice is attachment 'IGM-1' [[IMA.003.001.0026]] to this Statement.
- 2 This Statement is provided in response to the Notice.
- As a preliminary point, I am no longer employed by the Queensland Department of Health (Queensland Health) and do not have access to all of my notebooks, emails or files as they remain with Queensland Health. I have been provided with limited access to some documents. Accordingly, my responses are based on my recollection and my review of the limited documents I have been provided, which include documents supplied by the Commission, limited emails from Queensland Health and my hardcopy notes.
- 4 It was my practice to keep notes of meetings and formal conversations in a notebook. From the end of January 2014 until approximately November 2014, I

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kept these notes electronically in a tablet. In about November 2014, the tablet was reset and the notes were lost and unrecoverable according to the IT department at Queensland Health. From that point until approximately January 2015, I reverted to hardcopy notes. I have not been provided with copies of any of my notes for the November 2014 – January 2015 period.

### BACKGROUND AND EXPERIENCE

- Outline your current professional role(s) qualifications and memberships. Please provide a copy of your current/most recent curriculum vitae.
- In response to Question 1, my current professional role is Deputy Chief

  Executive Officer of the National Disability Insurance Agency, a government organisation established pursuant to the National Disability Insurance Scheme Act 2013.
- 6 I hold the following qualifications:
  - Bachelor of Science (First Class Honours), completed in 1986 at the
     University of Queensland Australia;
  - (b) Advanced Management Residential Program, completed in 2004 at INSEAD (France);
  - (c) Australian Institute of Company Directors course, completed in 2011.
- 7 I hold the following memberships:
  - (a) Graduate Member of the Australian Institute of Company Directors (GAICD).
- 8 A copy of my curriculum vitae is attachment 'IGM-2' [[IMA.001.004.2080]] to this Statement .
- 2. The Commission understands you held the position of Director General Queensland Health from September 2013 to May 2015. Can you explain whether

and to what extent that is accurate? And, with respect to your role in that position, please:

- outline (generally) your key responsibilities, including working and reporting relationships and the branches (or areas) which fell within your responsibility;
- b) provide a copy of your position description; and
- detail your role, responsibilities and involvement with respect to the Barrett Adolescent Centre ('BAC').
- In response to Question 2, I held the position of Director General of Queensland Health from 23 September 2013 until 23 March 2015.
- In response to Question 2 (a), as Director General of Queensland Health, my key responsibility was to oversee the Queensland public health system, including advising the Minister for Health, leading the government's reforms to Queensland's public health system and providing leadership and strategic direction to the staff and delivery of public health services. To give an idea of scale, the Queensland public health system:
  - (a) was comprised of 17 hospital and health services, including more than200 hospitals, community and primary health facilities;
  - (b) services approximately 4.4 million Queenslanders, with 20 million total occasions of service annually;
  - (c) has approximately equivalent to 75,000 full time employees; and
  - (d) receives an annual budget exceeding \$13.5 billion.
- My contract of employment was with the Premier. On a day to day basis, I reported to the Queensland Minister for Health.
- There were eight divisions within the Department of Health which reported directly to me in 2013. I do not have the benefit of an organisational chart to assist with precise branch names, but in 2013, the following individuals and divisions reported directly to me:

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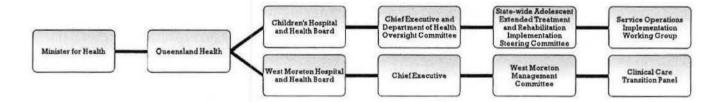
- Office of the Director General Executive Director, Susanne Le Boutillier;
- Health Service and Clinical Innovation Division Deputy Director
   General Dr Michael Cleary;
- (3) Systems Support Services Deputy Director General, Susan Middleditch;
- (4) Health Commissioning Queensland Deputy Director General, Philip Davies:
- (5) Queensland Ambulance Service Commissioner, Russell Bowles;
- (6) Health Renewal Taskforce Chief Executive, Brett Heyward;
- (7) Health Service Support Agency Chief Executive, Kathy Byrne; and
- (8) Information Technology Chief Information Officer, Ray Brown.
- In addition to the divisions within the Department, there were 17 health and hospital services in Queensland. Although the CEOs of each of the Hospital and Health Boards did not report directly to me, I worked with them in the course of fulfilling my role.
- Included in these positions is that of the Deputy Director General, Health
  Services and Clinical Innovation (HSCI) Division, who assists the Director
  General with his duties and reports directly to the Director General in respect of
  Hospital and Health Services, the division relevant to the Barrett Adolescent
  Centre. While I was in the role of Director General, that position was filled by Dr
  Michael Cleary.
- 15 For day-to-day operations, I reported to the Minister for Health. We met weekly to discuss key priorities for the week ahead.

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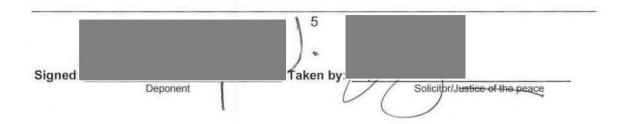
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- In response to Question 2 (b), attached as Attachment 'IGM-3'

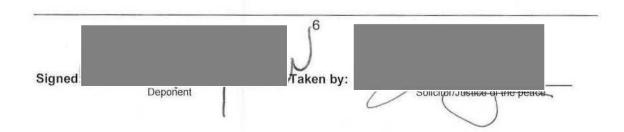
  [[IMA.003.001.0042]] to this Statement is a copy of my position description that was provided to my solicitor from Crown Law.
- In response to Question 2 (c), I had no direct role or involvement in the BAC. At the time I took up the position of Director General, the decision to close the BAC had been made and announced and the operational and governance requirements to manage this process had been put in place. These arrangements are outlined at pages 6 and 7 of the October 2014 report titled 'Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre' (Investigation Report). It is convenient for me to reproduce the diagram at page 6 of the Investigation Report as it summarises the process:



- 18 I make the following comments about the process:
  - (a) By reference to the diagram set out above, my role was that of 'Queensland Health'.
  - (b) Children's Hospital and Health Board (the board responsible for Children's Health Queensland (CHQ)) and the West Moreton Hospital and Health Board (the board responsible for the West Moreton Hospital and Health Services (WMHHS)) had responsibility for the BAC and its patients, including the procedure for its closure.
  - (c) I had no direct visibility over the day-to-day operation of the process.
    Rather the reporting process is set out below.



- (d) The Chief Executive Officer of each of CHQ (Dr Peter Steer) and WMHHS (Ms Lesley Dwyer) reported to me as required. I had regular opportunities to meet with both Dr Steer and Ms Dwyer should they wish to raise any concerns with me. I do not recall any concerns being raised by either Dr Steer or Ms Dwyer.
- (e) The Department's representatives on the Chief Executive and
  Department of Health Oversight Committee (Oversight Committee)
  were Dr Cleary and Dr Kingswell, who were very experienced clinicians.
  I received informal updates from Dr Cleary and Dr Kingswell during the
  tenure of this committee and relied on them to bring any issues to my
  attention. I do not recall any concerns being raised by either Dr Cleary
  or Dr Kingswell.
- The usual practice for reporting matters to the Director General was for the relevant division or board to prepare and issue me with a briefing note for me to action or note. On average, I would receive between 40 to 100 of these briefing notes a week. It was my practice to sign and date any briefing note and insert any comments as required. If I had further queries, I would either note them on the briefing note or follow them up with the relevant individual.
- I specifically recall receiving 2 briefing notes prior to the closure of the BAC; 1 before Christmas 2013 and 1 just prior to the closure date. From the documents provided by the Commission, it appears these briefing notes are attachments 'IGM-4' [[QHD.006.005.4217]] and 'IGM-5' [[QHD.005.001.3216]] to this Statement, respectively.
- I also received occasional updates on the BAC from Dr Cleary and Dr Kingswell as noted above. I do not recall the precise dates or content of these reports as they would have been quick and informal discussions on an ad hoc basis as I



saw Dr Cleary regularly. It was my usual practice to seek an update if I myself received a request for an update from the Minister for Health.

- Identify and provide details of all other positions and appointments (permanent, temporary, or acting) held by you in Queensland Health which are not already detailed in response to questions 1 and 2 above.
- In response to Question 3, I did not hold any other positions or appointments in Queensland Health.

### REPLACEMENT UNIT FOR THE BAC

- 4. Look at the 29 June 2011 document entitled "Queensland Mental Health Capital Program." That document is a table of figures and in the column entitled "Barrett Adolescent Extended Treatment Unit (15)" the figures are: \$10,291,637, \$5,836,795, \$2,763,011 and \$18,891,443. To the extent you can, explain each of those figures. And, state whether under the program, the amount of \$16,128,432 was then available for the Redlands unit and whether the then estimated cost of that project was \$18,891,443.
- In response to Question 4, I do not recall seeing this document. It appears from the face of the document that:
  - (b) \$10,291,637 refers to the budget initially approved in Budget Paper 3 for the Barrett Centre Adolescent Extended Treatment Unit for the 2010/11 year;
  - \$5,836,795 refers to the additional budget approved since BudgetPaper 3 was released;
  - (d) \$2,763,011 refers to the funding shortfall against the estimated cost for the Barrett Centre Adolescent Extended Treatment Unit; and
  - \$18,891,443 refers to the total estimated cost required for the Barrett
     Centre Adolescent Extended Treatment Unit.
- I do not know whether the amount of \$16,128,432 was available for the Redlands unit or whether the then estimated cost of that project was

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- \$18,891,443. The document is dated 2 years prior to my commencement as
- A copy of the Queensland Mental Health Capital Program is attached as attachment 'IGM-6' [[MSS.002.007.0122]] to this Statement.
- State whether upon your commencement of the role of the Director General, Queensland Health:
  - a) the amounts allocated to the BAC under the Queensland Mental Health Capital Program remained allocated to the BAC under that program; and
  - if not, what if any briefings you received about how that money came to be reallocated.
- In response to Question 5, I do not recall what amounts were allocated to the BAC and I do not recall having any briefings about the reallocation of the money.
- State whether, during your time in the position of Director General, Queensland Health:
  - a) consideration was ever given to the following alternatives (and if so, when and by whom and in what circumstances, and outline the reason(s) why/why not):
    - i. an alternative site for a Tier 3 service; and/or
    - ii. implementation of the Model of Service prepared for Redlands at the BAC or elsewhere; and/or
    - iii. refurbishment of the BAC;
- In response to Question 6, I do not know whether consideration was ever given to the items listed. The decision to close the BAC was made prior to my commencement as Director General.
- I have identified in my notebook that on about 1 November 2013, I had a
  meeting with Dr Mary Corbett and Lesley Dwyer of West Moreton Hospital and
  Health Services. I recall having the meeting with Dr Corbett and Ms Dwyer and
  that its purpose was so that I could 'meet and greet' the relevant people at the

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West Moreton Hospital and Health Services and to discuss key agenda items. A copy of my notes is attached as 'IGM-7' [[IMA.004.001.0022]].

- At page 4 of those notes is the note 'Barrett strategy relocation to new site'. I

  do not recall this discussion point and I do not recall discussing any relocation

  plans or options. At this time, I had been in the role of Director General for just

  over 1 month and was having a lot of similar meetings with the various Hospital

  and Health Services.
- 30 I recall having a conversation with Dr Cleary, at about the time the BAC closed, about the rationale for closing the BAC and that I was informed by Dr Cleary:
  - (a) there were concerns with the location of the BAC in that it was situated on the same grounds as "The Park" at Wacol, an adult psychiatric hospital as treatment of young people in a co-located adult facility was considered to be inappropriate;
  - (b) research supported a model of care where individuals with mental health issues were treated in a community setting rather than a group home.
- 7. State whether, during your time as Director General, Queensland Health (or to your knowledge, before your time as Director General) a decision had already been made not to proceed with the Redlands unit (and, if so, when and by whom and in what circumstances) such that the alternatives outlined above in question 6 were not considered.
- In response to Question 7, I do not know whether (or when) a decision had been made not to proceed with the Redlands unit. I do not recall being briefed with any information about opening a Redlands unit and if I had been briefed, I would expect to see a briefing note.
- Explain, to your knowledge, what projects or other initiatives, the funds (capital
  and operating) originally allocated to the Redlands unit, were re-allocated and
  spent.

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32 In response to Question 8, I do not have any knowledge of whether the funds were reallocated and spent, nor how they were reallocated or spent.

### QUEENSLAND PLAN FOR MENTAL HEALTH

- Explain the relevance (if any) (and to your knowledge, upon commencing the role of Director General Queensland Health) of the Queensland Plan for Mental Health ('QPMH') to:
  - a) the development of the plan to construct the Redlands unit;
  - b) the decision not to proceed with the Redlands unit;
  - c) the decision to close the BAC;
  - d) the decision to close the BAC by January 2014;
  - e) the decision to announce the closure of the BAC on 6 August 2013;
  - f) any consideration (or lack of consideration) of a replacement Tier 3 service at an alternative location.
- In response to Question 9, I was not involved in any of the decisions set out above and accordingly cannot provide any detail on the relevance of the QPMH. The explanation would be best provided by Dr William Kingswell, who was the Executive Director of the Mental Health Alcohol and Other Drugs Branch at the relevant time.
- 10. The QPMH refers to "Core Mental Health Services". Provide details (to the best of your knowledge upon commencing the role of Director General, Queensland Health) as to:
  - the criteria for being a "core mental health service", and the implications of being (or not being) classified as a "core mental health service" (and provide copies of any applicable policy document(s));
  - whether the BAC was a "core mental health service" and the reason(s) why/why not;
  - c) whether the BAC was considered to be "hospital treatment" based on the type of care provided (inpatient subacute bed-based intensive treatment and rehabilitation services) and the reason(s) why/why not (and provide copies of any applicable policy document(s)).
- In response to Question 10 (a), I do not recall reviewing the QPMH at the time of my commencement in the role of Director General and accordingly cannot provide any explanation. The explanation would be best provided by Dr William

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- Kingswell, who was the Executive Director of the Mental Health Alcohol and Other Drugs Branch at the relevant time.
- In response to Questions 10 (b) and 10 (c), the decision to close the BAC had been made prior to my commencement as Director General and it was due to close within 4 months of my commencement. I am not able to provide an explanation regarding its status as a 'core mental health service' or 'hospital treatment', nor can I provide policy documents.
- 11. Explain the relevance (if any) of the "National Mental Health Service Planning Framework" on decisions made with respect the BAC (and decisions relating to the Redlands Unit to the extent you have knowledge of them), and state whether you received a copy of the framework (and from whom, on what date, and for what purpose and provide a copy).
- 36 In response to Question 11, I was not involved in the decisions set out above and accordingly cannot provide any explanation. I do not recall receiving a copy of the National Mental Health Service Planning Framework.

### THE PARK

- 12. Explain the relevance (if any) of the redevelopment of The Park as an adult forensic facility and/or the scheduled opening of Kuranda and opening of the EFTRU facility, to:
  - the initial plan to decommission the BAC and build the Redlands unit;
  - b) the decision to not proceed with the Redlands unit;
  - c) the decision to close the BAC;
  - d) the decision to close the BAC by January 2014; and
  - e) the decision to announce the closure of the BAC on 6 August 2013.
- In response to Question 12, I was not involved in the initial plan to redevelop

  The Park or decommission the BAC and accordingly cannot provide an

  explanation. I commenced as Director General after the decision to close the

  BAC had been made and announced.

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### STATE-WIDE SERVICES

- 13. The Commission understands that the BAC provided a state-wide mental health service. Provide details of:
  - a) state-wide service plans relevant to the BAC (and provide copies);
  - state and national policies, plans, and protocols, relevant to the management and operation of the BAC (and provide copies);
  - the relationship between the BAC, the Hospital and Health Services (HHS) and the Department of Health, including, but not limited to:
    - roles in relation to accountability, oversight and responsibility for the BAC;
    - responsibility for the development and management of a state-wide service, including which entity has the power to cease a state-wide service;
    - iii. how state-wide mental health services were planned for and overseen by Queensland Health (and provide copies of any documented framework and/or planning documents);
    - iv. the role of a Hospital and Health Service with respect to state-wide services and, in particular, the extent of control they have over the service (if any);
    - v. the role of the Mental Health Alcohol and Other Drugs Branch with respect to the BAC.
- In response to Question 13 (a) and 13 (b), I do not have access to any of the documents and cannot provide any details or copies of the documents requested. This query would be best directed to Queensland Health or Dr Kingswell.
- Question 13 (c) would be best directed to Dr Kingswell, given the BAC was in the transition process (and governed by the structure set out above in response to question 2) and closed 4 months after I commenced as Director General. I do not hold any documents which would assist with the query.
- That said, based on informal briefings with Dr Cleary I understood the relationship between the BAC, Hospital and Health Services and the Department of Health to be as follows:

- (a) Children's Health Queensland (CHQ) was responsible for the patients who were under 18 years of age and referred them to BAC, which was under the control of West Moreton Hospital and Health Services (WMHHS). Each of CHQ and WMHHS had an independent board which was responsible for the oversight. The Board was accountable to the Minister.
- (b) As to the state wide mental health services, the development and management of those plans were the responsibility of the Mental Health Alcohol and Other Drugs Branch. That Branch was Queensland Health's expert advisory service for matters relating to mental health, alcohol and other drugs and was headed by Dr Kingswell.
- In response to Question 13(c)(ii), I cannot reliably comment on which entity would have the power to cease a state-wide mental health service without reference to the relevant legislation and regulations.
- 14. The Commission understands that a number of state-wide clinical networks sit within Queensland Health, one of which is the Mental Health Clinical Network. Provide details as to:
  - the role and function of the Mental Health Clinical Network and, in particular, with respect to the BAC (before its closure);
  - the role of the Mental Health Clinical Network (and any other Clinical Networks) with respect to approving the model of care at BAC;
  - any concerns raised during your time as Director General, Queensland Health with respect to the model of care at the BAC (and provide details as to by whom, when and what steps (if any) were taken to address those concerns); and
  - d) whether the Mental Health Clinical Network was responsible for approving (or otherwise having oversight over) the model of care in place at the BAC before its closure (and if so, provide details as to the nature and extent of the approval and oversight).
- In response to Questions 14 (a) and 14 (b), I am not able to provide details on the role and function of the Mental Health Clinic Network (MHCN) as it relates to

- the BAC. I had no visibility over that level of day-to-day operation of the BAC or the role (if any) played by the MHCN in its governance. The BAC was in the process of being closed when I commenced as Director General. This query would be best directed to a member of the MHCN or Dr Kingswell.
- In response to Question 14 (c), I do not recall any concerns being raised with me prior to the closure of the BAC about the model of care at the BAC.

  However, around the time of the closure of the BAC, I recall that Dr Cleary informed me the treatment of patients with mental health illness was best supported by a community-based model of treatment rather than a group home (such as the BAC). I do not recall the specifics of the conversation.

### DR SADLER

- Explain whether you were briefed in relation to the decision to stand down the Clinical Director of the BAC, Dr Trevor Sadler in early September 2013.
- In response to Question 15, I do not recall being briefed on this decision. I would expect there to be a briefing note or an electronic diary entry reflecting such a briefing if one had occurred.
- 16. If you were briefed:
  - a) provide a copy of all briefing notes in relation to this decision;
  - b) provide a copy of any notes made by you in relation to briefings;
  - state the reasons provided to you for the decision to stand down Dr Sadler.
- In response to Question 16, I do not recall being briefed and accordingly do not have any documents or explanation to provide. I do not have any notes of such a briefing.

### **CLOSURE DECISION**

17. The Commission understands that the decision to close the BAC was announced by the former Health Minister of 6 August 2013 during an interview with the media. Upon your commencement of the position of Director General,

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Queensland Health, explain what briefings or other information was provided to you concerning:

- a) the reason(s) for the decision to close the BAC;
- the name and position of persons involved in the decision (and the nature and extent of their involvement);
- any consultation with experts and/or stakeholders (and when), and the nature of the consultation.
- In response to Question 17 (a), the decision to close the BAC was made prior to my commencement as Director General and I do not specifically recall being briefed on the decision or the procedure. However, I believe the briefing I received is contained in the briefing note dated 27 November 2013 at attachment 'IGM-4' [[QHD.006.005.4217]].
- In response to Question 17 (b), I understood the decision to have been a government decision announced by the Minister and I do not know who else may have been involved.
- In response to Question 17 (c), I received any briefings from Dr Cleary and Dr Kingswell, who were experienced clinicians. Again, I do not recall any specific conversations about the BAC that occurred on my commencement in the position of Director General.

### DATE OF CLOSURE

- 18. Explain the nature and extent of your involvement and/or contribution to the decision that the closure date for the BAC was to be January 2014. In the event you had direct involvement with the decision that the closure date was to be January 2014, give details of:
  - the extent/and or nature of your involvement and/or contribution to the decision and the names and positions of those other persons involved in making the decision;
  - the reason(s) as to why January 2014 was chosen for the closure of the BAC;
  - on what date the decision as to the closure date was made;
  - any consultation with experts and/or stakeholders (and when), and the nature of the consultation;

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- what advice/views were given by those experts and stakeholders before the decision, and how influential each of the perspectives was to your decision- making and/or contribution to the decision;
- f) the existence of any flexibility with respect to the January 2014 closure date, once set, or any reviews of that date; and
- g) how, when and to whom, you communicated the decision as to the closure date (and for what purpose).
- In response to Question 18, I did not have direct involvement or contribute to the decision regarding the closure date for the BAC.

# 19. Did you consider the January 2014 closure date to be appropriate and outline the reason(s) why/why not?

- In response to Question 19, I do consider the January 2014 closure date to be appropriate. I recall receiving an explanation from Dr Cleary that the January 2014 closure date had been selected for pragmatic reasons. Most of the patients of the BAC would go home to their families over the Christmas break, causing the BAC to shut down for the Christmas period. The intention was for the BAC not to re-open in 2014.
- I also understood that the January 2014 closure date was flexible. This is articulated under heading 2 of the briefing note dated 27 November 2013 which states:

'a flexible closure date of the end of January 2014 for the BAC building has been announced. This date may change dependent on all consumers having appropriate transition plans in place and continuity of service delivery.'

# 20. Did you facilitate or attend any meetings regarding the closure of the BAC and if so, with whom and on what date(s) and for what purpose?

In response to Question 20, I attended a meeting with the Director General of the Department of Communities, Child Safety and Disability Services, who at

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the time was Michael Hogan. The purpose of the meeting was to discuss the accommodation requirements of BAC patient(s).

- 21. Detail any processes that you were involved in (or were otherwise aware of), with respect to communicating the closure decision to parents of BAC patients (and their families) and BAC staff, and the nature of your involvement (and when).
- In response to Question 21, I did not have any involvement with nor was I
  aware of the process to communicate the closure decision to parents or staff. I
  would expect such a communication to be undertaken by CHQ and WMHHS.
- Did your office communicate with the Department of Education and Training regarding the proposed relocation, rather than closure, of the BAC school? If 'yes', give details.
- In response to Question 22, I do not know whether my office communicated with the Department of Education and Training and I personally do not recall communicating with the Department regarding the proposed relocation of the BAC school. Any communications would be held by Queensland Health.
- I do recall speaking to the Director General of the Department of Education and
  Training, Jim Watterson, about the closure of the BAC school. Although I cannot
  recall the exact date or content of the conversations, I do recall that the
  conversations occurred in

The purpose of the conversation was for me to seek information about the school and the closure. I do not recall having any discussions about the BAC school prior to that time.

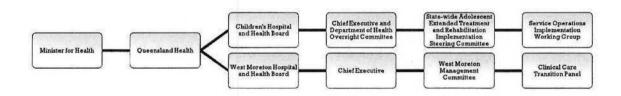
- 23. In the event you did not have any direct involvement or contribution to the decision that the BAC's closure date was to be January 2014, explain:
  - a) on what date, how, and from whom, you became aware of the decision that the closure date would be January 2014;
  - any reason(s) for the closure date that were communicated to you and from whom, and by what means, and on what date; and

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- c) the extent to which you were aware of the existence of any flexibility with respect to the closure date or any review mechanisms (and the source of that understanding).
- In response to Question 23, I refer to my response to Question 19 above.

### TRANSITION ARRANGEMENTS

- 24. The Commission is aware that from November 2012 until January 2014, a number of BAC patients were transitioned to alternative care arrangements. With respect to these Transition Clients, to your knowledge:
  - a) who had the monitoring and oversight role for the transition arrangements for the Transition Clients:
  - what feedback or advice did you receive (and from whom and when) in relation to the progression of transition arrangements for Transition Clients;
  - did you meet with any of the BAC Transition Clients or their families / carers in relation to their transition from the BAC and, if so, when and for what purpose;
  - d) were there any plans to review the transition arrangements and outline what, (if any) such review(s) involved (and when, how and by whom they were carried out).
- In response to Question 24 (a), my knowledge of the direct monitoring and oversight role for the transition clients is as set out in the Investigation Report and as set out above in response to Question 2. I have reproduced the diagram again for convenience.



In response to Question 24 (b), I received the advice set out in briefing notes attached as 'IGM-4' [[QHD.006.005.4217]] and 'IGM-5' [[QHD.005.001.3216]] to this Statement. I expect that I would have received informal advice from Dr Cleary and Dr Kingswell regarding the progression of transition arrangements

- and when the BAC was officially closed, but I cannot recall any specific details of conversations and do not have any documents or my diary to assist.
- In response to Question 24 (c), I did not meet with any transition clients or their families / carers until well after the BAC closed.
- In response to Question 24 (d), I do not know whether there were any plans to review the transition arrangements. This query is best directed to the chair of the Chief Executive and Department of Health Oversight Committee or the chair of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee.
- 25. Did you have any discussions with the medical or other staff at receiving alternative services regarding the Transition Clients' arrangements, transition plans, treatment plans, clinical and education needs, or other matters? If so, explain the nature of these discussions, including the date on which they occurred, with whom, and for what purpose.
- In response to Question 25, I did not have any discussions with the medical or other staff at receiving alternative services. It would have been inappropriate for me to seek, and for the service to provide, confidential information about a patient.
- 26. Were you aware of any concerns regarding the transition of any Transition Clients from BAC to an alternative service provider? If so:
  - a) detail any such concerns;
  - if there were concerns, state who were these concerns expressed by and to whom;
  - c) on what date and by what means did you become aware of these concerns; and
  - d) what steps, if any, did you cause to be taken as a result of any such concerns?
- In response to Question 26, I was aware of concerns in respect of
  as they had been raised in the briefing note dated 6 January 2014
  (attachment 'IGM-5' [[QHD.005.001.3216]] to this Statement).

Signed Taken by:

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- In response to Question 26 (a), the concerns have been articulated in the briefing paper, namely that suitable accommodation had not yet been sourced
- In response to Question 26 (b), these concerns appear to have been expressed by the West Moreton Hospital and Health Service as the WMHHS is recorded as having drafted the briefing note.
- In response to Question 26 (c), I became aware of these concerns on about 6

  January 2014 as that is the date on which I reviewed the briefing note. The

  briefing note recommended a meeting between myself and the Director General

  of the Department Communities, Child Safety and Disability Services, who was

  Michael Hogan at that time. I requested that my assistant Trish Nielson arrange
  that meeting.
- In response to Question 26 (d), I recall attending a meeting with Michael Hogan,
  Dr Bill Kingswell and Sean Harvey on around 23 January 2014. Attached as
  attachment 'IGM-8' [[IMA.001.001.0590]] to this Statement is a copy of the
  calendar appointment recording the meeting and attachment 'IGM-9'
  [[IMA.006.001.0001]] to this Statement is a copy of the notes from that meeting.
- 27. State whether you were a member of the Chief Executive and Department of Health Oversight Committee. If not, state whether any member of Queensland Health was a member who later reported the outcome of meetings of the committee to you. With respect to the committee:
  - explain the function and responsibilities of the Committee with respect to the BAC, including but not limited to:
    - i. the decision to close the BAC;
    - ii. the date for closure of the BAC;
    - iii. the BAC school;
    - iv. staff of the BAC and the BAC School;
    - v. the arrangements made for Transition Clients; and

Signed Deponent Solicitor/Justice of the peace

### vi. the development and implementation of service options.

- In response to Question 27, I was not a member of the Oversight Committee. Dr

  Cleary and Dr Kingswell were members of the Oversight Committee. Dr

  Kingswell reported directly to Dr Cleary and Dr Cleary reported directly to me.
- In response to Question 27 (a), the decision to close the BAC was made prior to my commencement in the role of Director General and accordingly I am not able to reliably provide the explanations requested. The question is best directed to the chair of the Oversight Committee.
- 28. The Commission understands that you attended a meeting of Directors General concerning the transition arrangements for the patient on or about 22 January 2014. State whether that is correct, and specify:
  - a) what briefings and/or documents did you receive before the meeting, and what was the effect of your briefing(s);
  - b) with whom did you meet;
  - c) what was the purpose of the meeting;
  - d) why was the meeting necessary;
  - e) what did each attendee say at the meeting, so far as you can recall; and
  - if you, or anybody on your behalf recorded minutes or notes at or after the meeting, provide a copy of the notes or minutes;
  - g) what did the meeting achieve and how were the decisions (if any) made at it given effect?
- In response to Question 28, I recall attending a meeting with Michael Hogan and Dr Bill Kingswell on around 23 January 2014. Attached as attachment 'IGM-8' [[IMA.001.001.0590]] to this Statement is a copy of the calendar appointment recording the meeting.
- In response to Question 28 (a), I received the briefing note dated 6 January 2014. I do not recall receiving further briefings, but I expect as Dr Kingswell attended the meeting, he would have provided me with an oral briefing as well.
- In response to Question 28 (b), I met with Mr Hogan, Dr Kingswell and Sean

  Harvey. A copy of my notes from that meeting are attached as attachment 'IGM-

Signed Taken by: Solicitor/Justice of the peace

9' [[IMA.006.001.0001]] to this Statement. For convenience, I have highlighted the point where we started discussing the BAC.

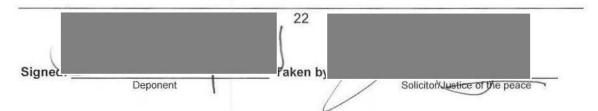
12	In response to Question 28 (c) and 28 (d), the purpose and necessity of the				
	meeting was as set out in the briefing note – specifically that				
	needed assistance sourcing accommodation. It appears from the				
	briefing note dated 6 January 2014 (attachment 'IGM-5' [[QHD.005.001.3216]]				
	that the meeting related to I recall that by the				
	time the meeting occurred, only remained at BAC. It appears from page 4 of				
	my notes that, at the time of the meeting, had a placement at				

- In response to Question 28 (e), I cannot now recall exactly what each attendee said at the meeting, but my recollection is that the discussion was as per my notes.
- In response to Question 28 (f), my notes are attached at attachment 'IGM-9'

  [[IMA.006.001.0001]] to this Statement. I do not recall whether Dr Kingswell, Mr

  Harvey or Mr Hogan took notes.
- In response to Question 28 (g), I do not recall any decisions being made in respect of nor do my notes suggest that there were any decisions made.

  Rather, it appears from my notes that a decision had been made prior to the meeting.
- 29. State whether you attended any other meetings with respect to Transition Clients, and if so, answer the questions in 28(a) (g) above for each.
- In response to Question 29, I do not recall attending any other meetings with respect to Transition Clients.
- 30. Look at the Briefing Note for Approval dated 20 November 2013. The subject of the Note reads "Approval to fund Aftercare for the provision of residential and day program mental health treatment and rehabilitation for adolescents across



Queensland requiring extended care in the West Moreton Hospital and Health Service catchment area from December 2013." In relation to the Note:

- a) do you recall reviewing the Note;
- b) do you recall approving the funding it requests;
- c) were you satisfied, on the basis of the briefing note, that "the Barrett Adolescent Centre...will close by the end of January 2014 and this transition plan will ensure there are no gaps to service delivery for adolescent consumers while new service options are being developed by Children's Health Queensland Hospital and Health Services...";
- if so, were you able to satisfy yourself that each Transition Client met the eligibility criteria for Aftercare;
- were you aware of any Transition Clients for whom Aftercare could or would not cater, such that other arrangements would need to be identified;
- f) if so, what steps did you take or cause to be taken to ensure that such Transition Clients were catered for?
- In response to Question 30, I do not recall reviewing the note and I do not recall approving the funding. I am confident that if I had received the note or approved the funding, there would exist a signed briefing note.
- 31. Look at the Briefing Note dated for approval 25 November 2013 which states "In consultation with Department of Health and CHQ HHS, West Moreton HHS has commenced planning additional interim service options for current BAC consumers and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. These interim options will be provided as needed until the new services are available, ensuring no gap to service delivery." Please:
  - specify whether the 'interim options' referred to were those to be provided by Aftercare;
  - if not, what other 'interim options' were contemplated;
  - c) state whether you, or your Department sought advice from the Clinical Care Transition Panel about the clinical needs of Transition Clients;
  - if 'yes', what advice was sought and received, and how was that advice reflected in:
    - the 'interim options' under development at that time; and
    - ii. the replacement services under development.
  - e) if 'no', why not?

In response to Question 31, I do not recall reviewing this briefing note. I am confident that if I had received the note or approved the funding, there would be a signed briefing note. This briefing note appears to be an early draft.

### 32. Look at the Briefing Note dated 27 November 2013. In relation to it:

- in light of the "potential gap in services" adverted to in point 6, did you give consideration to the appropriateness of postponing closure until replacement services were established;
- what if any steps did you take to ensure that the interim services would be clinically and therapeutically appropriate - please outline what advice you received and your process of reasoning;
- if you took no steps, how were you satisfied that the available transition services could in fact ensure there were "no gaps" in clinical or therapeutic needs;
- explain the elements of what Queensland Health considered an "appropriate" service to which existing BAC patients could transition;
- e) if those elements could not be satisfied by extant services in January 2014, could the flexibility of the closure date have extended up to the time when the new model of care referred to in Point 7 under 'Key Issues' had been "implemented."
- 79 In response to Question 32 (a), I do not expressly recall giving consideration to the appropriateness of postponing closure.
- In response to Questions 32 (b) and 32 (c), I do not recall taking any steps to ensure the services would be clinically and therapeutically appropriate. I was aware there was a transition procedure and a comprehensive governance process in place managed by clinicians with expertise as to the appropriateness of the services.
- In response to Question 32 (d), I cannot provide an explanation of what elements were appropriate for the existing BAC patients. Such an explanation would be better directed to a member of the Client Care Transition Panel, who I understand reviewed each transition client, or a member of the Chief Executive and Department of Health Oversight Committee who had oversight over the process.

In response to Question 32 (e), having regard to the fact the closure date was flexible, I believe that if the elements for a successful transition for each patient could not be satisfied then the closure date would have been extended as required.

### 33. Look at the Briefing Note dated 7 January 2014. In relation to it:

- a) what if any 'close monitoring' did you undertake of the clinical environment in line with the recommendation in the briefing note;
- b) did you make the notations on the briefing note;
- if 'yes', what question did you have about the third bulleted item under point 2 'Headline Issues', to whom did you address your question, and what answer did you receive;
- explain how the Blueprint for Better Healthcare in Queensland stood in relation to the QMPH;
- e) state whether, in your view, the flexibility of the closure date was affected by the clinical and therapeutic inappropriateness (stated in Item 7 under 'Key Issues') of having a left in the BAC;
- state whether you sought or received any advice about the clinical and therapeutic appropriateness of maintaining a small number of patients at the BAC with a depleted staff, in January 2014.
- g) state whether you are aware what consultation was sought or received by Dr Stephen Stathis, Dr Anne Brennan, and Dr Bill Kingswell (as indicated in points 16 -18); and
- h) provide specific details of what media event is referred to in the Briefing Note, and why it was considered appropriate to postpone it.
- In response to Question 33 (a), I did not undertake any 'close monitoring'.

  Rather, the close monitoring was being undertaken by those responsible for managing the transition process. I would expect any serious issues to be brought to my attention, because:
  - I had confidence in Dr Cleary and Dr Kingswell to escalate issues as required; and
  - (b) I had previously been notified when an issue regarding transition arose (regarding accommodation).

- In response to Question 33 (b), I made most of the notations on the briefing notes. Pages [[QHD.005.001.3220]], [[QHD.005.001.3221]] and [[QHD.005.001.3222]] together comprise a copy of the briefing note as it would have been presented to the Minister's office.
- In response to Question 33 (c), I do not now recall why I put the question mark next to the third bulleted item under point 2 'Headline Issue'. If I had a question which required an answer, I would have made a note of the question in the 'Director General's comments' box at page [[QHD.005.001.3222]] and sought a response from the relevant person.
- In response to Question 33 (d), this question is best directed to someone with more familiarity with QMPH such as Dr Kingswell.
- In response to Questions 33 (e) and 33 (f), I do believe the flexibility of the closure date was affected by the appropriateness of having a left in the BAC. I sought advice from Dr Cleary and Dr Kingswell and they thought it was a risk to have a left in the BAC on the basis that the
  - would not have any peer companionship and it could be isolating. I do not believe that the number of staff would have affected the closure date, as the level of staff could be increased or decreased in line with the patient demand.
- In response to Question 33 (g), I am not aware of what consultation was sought or received by Dr Stathis, Dr Brennan or Dr Kingswell.
- In response to Question 33 (h), the media event referred to is a public announcement relating to the closure of the BAC. It was appropriate to postpone this announcement as accommodation had not yet been sourced for all of the transition clients and it was possible the BAC would need to remain open past the end of January 2014 to meet the needs of clients.

### TRANSITION CLIENT FAMILIES

- 34. Look at the letter written to you by \_\_\_\_ The letter includes the following issues:
  - a) a perceived lack of recognition of the distress to patients, families and carers after the closure decision;
  - b) a perceived lack of focus on patients, parents and carers;
  - a disconnect between the Department's 'Blueprint for Better Health Care in Queensland' and its placement of 'consumers' at the centre of patient care, and the decision to close the BAC; and
  - a failure to identify what the new model of care would be before the decision to close the BAC was made.
- There is no response required for Question 34. However, I note that the date of the email of 16 September 2013 is 1 week before my commencement as

  Director General so it is unclear how or whether I received this email.
- I do not recall receiving it or its contents and I do not recall if I settled and signed a response. If I had been asked to settle and sign a response, a briefing note would have been prepared and I would have signed and dated that note at the same time as the letter.
- 35. Look at the draft response prepared by Ms Laura Johnson, Dr Leanne Geppert, Sharon Kelly, and Linda Hardy on your behalf. Please provide a copy of the final version sent to Please state who settled this final version.
- 92 In response to Question 35, I do not have a final version of the document and cannot provide assistance.
- 36. Look at a letter sent by you to dated 12 January 2015. In relation to that letter:
  - state whether any other parents were contacted by Queensland Health to make them aware of your offer to undertake a multidisciplinary review of the care arrangements then in place for Transition Clients;
  - state whether any such reviews took place, and if so, provide explain the reviews and their outcome(s);
  - c) state whether you or your Department considered the then current policy "preventing young people over 18 accessing an acute mental health bed for adolescents..."

- d) state whether you considered "a wider range of support for parents..." and the outcome(s) of that consideration.
- In response to Question 36 (a), I recall that all parents attending the meeting of 26 November 2014 received a similar letter. I have obtained copies of the letters to other parents from the Commission, which are attached as attachment 'IGM-10' [[QHD.003.001.3298]], [[QHD.003.001.3300]], [[QHD.003.001.3302]], [[QHD.004.015.6230]], [[QHD.005.001.3227]], [[QHD.005.001.3239]], [[QHD.008.003.8767]], [[QHD.008.003.8770]], [[QHD.008.004.0284]] to this Statement.
- In response to Question 36 (b), I do not know whether any reviews took place. I ceased being the Director General on 23 March 2015, although I was on leave from 12 February 2015. To my knowledge, no reviews took place in the month between the date of the letter to and my last date in the office.
- In response to Question 36 (c), I recall asking Dr Kingswell to consider the current policy but cannot recall any specifics of the conversation. I would have taken notes of the discussion, which would be held electronically by Queensland Health.
- In response to Question 36 (d), I do not know whether a wider range of support for parents was requested as I left the role of Director General from 23 March 2015 (although again I was on leave from 12 February 2015). To the best of my knowledge, no requests for support for parents were received in the month between the date of the letter to and my last date in the office.
- 37. The letter sent to notes that you met with her personally. To the extent that there are any documents prepared for, during, or after that meeting please provide copies. Please also specify any other meetings you had with patient families or carers of Transition Clients. If documents were created in relation to such meetings, please provide copies.

In response to Question 37, I have attached as attachment 'IGM-11'

[[IMA.001.004.1888]] to this Statement the notes prepared of that meeting. I did
not have any other meetings with patient families or carers of Transition Clients.

## INVESTIGATION AND REPORT UNDER THE HEALTH AND HOSPITAL BOARDS ACT 2011

- 38. The Commission understands that on 14 August 2014 you set in train an investigation under the Hospital and Health Boards Act 2011. Please state whether that is correct.
- In response to Question 38, I did set in train an investigation under the *Hospital* and *Health Boards Act* and it appears from the instrument of appointment [WMS.0012.0001.03374] that the date is correct. The instrument of appointment is attached as attachment 'IGM-12' [[WMS.0012.0001.03374]] to this Statement and the Investigation Report is attached as attachment 'IGM-13' [[IMA.001.004.1949]] to this Statement.
- 39. Look at the Instrument of Appointment and Terms of Reference. Did you settle the Terms of Reference for the investigation? Who else contributed to the formation of the Terms of Reference?
- In response to Question 39, although I do not expressly recall settling the Terms of Reference for the investigation, I would have done so.
- 100 I tasked Dr Cleary with preparing the Terms of Reference and accordingly he would be in a better position to advise with certainty who else contributed to the formation of the Terms of Reference.
- 40. Look at the Terms of Reference. It requires a report advising (among other things) "...if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and... if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014". Please specify:
  - a) who determined the initial reporting date of 16 September 2014;

- what extensions to the reporting date were requested (formally or informally) (when and by whom);
- what response was given to any such requests (i.e. what requests were granted or not granted);
- who made the decision to only investigate some, but not all Transition Clients (including why/why not); and
- what was your opinion (if any) about confining the number of Transition Clients for review.
- In response to Question 40 (a), the initial reporting date was set in consultation between me, Dr Cleary and Annette McMullan. It would have ultimately been signed off by me.
- In response to Questions 40 (b) and 40 (c), I recall that an extension was sought but I do not now recall any particulars. The report is dated 30 October 2014 and therefore I conclude an extension was sought and granted.
- In response to Questions 40 (d) and 40 (e), I was unaware that the investigation did not include all transition clients. The Terms of Reference set out at clause 3 the scope of the investigation and I left it to the discretion of the investigators to determine the best method of producing the required findings and recommendations.

### CORRESPONDENCE WITH DR SADLER

- 41. On or around 9 November 2014, you received a letter from Dr Trevor Sadler regarding the closure of the BAC. The Commission understands that you passed the letter to Dr William Kingswell to prepare a response. Did you review or settle the response from Dr Kingswell? Please provide a copy of the letter sent to Dr Sadler.
- 104 In response to Question 41, I recall receiving the letter from Dr Sadler and I recall passing it to Dr Kingswell to prepare a response.
- I do not recall reviewing or settling the response from Dr Kingswell and I do not have a copy of the final letter sent to Dr Sadler. I would expect that had I been asked to settle or sign it, the letter would have come to me under cover of a briefing note.

Signed Paken by:

Deponent Solicitor/Justice of the peace.

### OTHER

- 42. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.
- 106 I do not have any additional information or knowledge to provide to the Commission.
- 43. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.
- 107 In response to Question 43, the documents have been exhibited to this statement.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867 (Qld).

TAKEN AND DECLARED BEFORE ME AT GEELONG, VICTORIA on 1 Ph CUBY 2016:

IAN GRAHAM MAYNARD

Declarant

SocieiTOR

(Witness qualification)

### In the matter of the Commissions of Inquiry Act 1950 Commission of Inquiry Order (No.4) 2015 Barrett Adolescent Centre Commission of Inquiry

### Index to exhibits of the statement of Ian Graham Maynard

Bound and marked 'IGM-1' to 'IGM-13' are the exhibits to the Statement of Ian Graham Maynard dated 1 February 2016.

IAN GRAHAM MAYNARD

Declarant

(Witness signature)

MRAHAM CORNE /

Socre 17 on .
(Witness qualification)

EXHIBIT 83 IMA.900.001.0033

### In the matter of the Commissions of Inquiry Act 1950 Commission of Inquiry Order (No.4) 2015 Barrett Adolescent Centre Commission of Inquiry

### **Amended** Index to exhibits of the statement of Ian Graham Maynard

Exhibit	Document	Document ID	Date	Pages
IGM-1	Requirement to give information in a written statement	IMA.003.001.0026	17 Dec 15	1
IGM-2	Curriculum Vitae of Ian Maynard	IMA.001.004.2080	Jan 16	17
IGM-3	Role description	IMA.003.001.0042	Aug 11	23
IGM-4	Briefing Note dated 27 November 2013	QHD.006.005.4217	27 Nov 13	26
IGM-5	Briefing Note dated 6 January 2014	QHD.005.001.3216	6 Jan 14	29
IGM-6	Queensland Mental Health Capital Program	MSS.002.007.0122	29 Jun 11	<u>36</u> <del>66</del>
IGM-7	Notes of meeting with Dr Mary Corbett and Ms Lesley Dwyer	IMA.004.001.0022	1 Nov 13	<u>37</u> <del>36</del>
IGM-8	Calendar appointment of meeting with Michael Hogan and Dr Bill Kingswell	IMA.001.001.0590	23 Jan 14	42
IGM-9	Notes of meeting with Michael Hogan, Sean Harvey and Bill Kingswell	IMA.006.001.0001	23 Jan 15	43
IGM-10	Letters to parents following 26 November 2014 meeting	QHD.003.001.3298 QHD.003.001.3300 QHD.003.001.3302 QHD.004.015.6230 QHD.005.001.3227 QHD.005.001.3239	12 Jan 15	46

EXHIBIT 83 IMA.900.001.0034

		QHD.008.003.8767 QHD.008.003.8770 QHD.008.004.0284		
IGM-11	Notes of the meeting on 26 November 2014	IMA.001.004.1888	26 Nov 14	64
IGM-12	Instrument of Appointment	WMS.0012.0001.03374	14 Aug 14	72
IGM-13	Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre	IMA.001.004.1949	30 Oct 14	76

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### BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950 Section 5(1)(d)

### REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To:

Mr Ian Maynard

Of:

c/- Mr Paul Lack, Crown Law, by email to

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 4) 2015 to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to give a written statement to the Commission pursuant to section 5(1)(d) of the Commissions of Inquiry Act 1950 in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

- Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before **4:00pm**, **Monday 18 January 2016**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at <a href="mail@barrettinquiry.qld.gov.au">mail@barrettinquiry.qld.gov.au</a> (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at <a href="www.barrettinquiry.qld.gov.au">www.barrettinquiry.qld.gov.au</a> (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 17th day of December 2015

The Hon Margaret Wilson QC

Commissioner

**Barrett Adolescent Centre Commission of Inquiry** 

**EXHIBIT 83** IMA.900.001.0036

### New You of Experiment and Control of the Control of

### **SCHEDULE**

### Background and experience

- 1. Outline your current professional role(s), qualifications and memberships. Please provide a copy of your current/most recent curriculum vitae.
- 2. The Commission understands you held the position of Director General Queensland Health from September 2013 to May 2015. Can you explain whether and to what extent that is accurate? And, with respect to your role in that position, please:
  - outline (generally) your key responsibilities, including working and reporting a. relationships and the branches (or areas) which fell within your responsibility;
  - b. provide a copy of your position description; and
  - detail your role, responsibilities and involvement with respect to the Barrett c. Adolescent Centre ('BAC').
- 3. Identify and provide details of all other positions and appointments (permanent, temporary, or acting) held by you in Queensland Health which are not already detailed in response to questions 1 and 2 above.

#### Replacement Unit for the BAC

- 4. Look at the 29 June 2011 document entitled "Queensland Mental Health Capital Program." That document is a table of figures and in the column entitled "Barrett Adolescent Extended Treatment Unit (15)" the figures are: \$10,291,637, \$5,836,795, \$2,763,011 and \$18,891,443. To the extent you can, explain each of those figures. And, state whether under the program, the amount of \$16,128,432 was then available for the Redlands unit and whether the then estimated cost of that project was \$18,891,443.
- 5. State whether upon your commencement of the role of the Director General, Queensland Health:

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- a. the amounts allocated to the BAC under the Queensland Mental Health Capital Program remained allocated to the BAC under that program; and
- if not, what if any briefings you received about how that money came to be reallocated.
- 6. State whether, during your time in the position of Director General, Queensland Health:
  - a. consideration was ever given to the following alternatives (and if so, when and by whom and in what circumstances, and outline the reason(s) why/why not):
    - i. an alternative site for a Tier 3 service; and/or
    - ii. implementation of the Model of Service prepared for Redlands at the BAC or elsewhere; and/or
    - iii. refurbishment of the BAC;
- 7. State whether, during your time as Director General, Queensland Health (or to your knowledge, before your time as Director General), a decision had already been made not to proceed with the Redlands unit (and, if so, when and by whom and in what circumstances) such that the alternatives outlined above in question 6 were not considered.
- 8. Explain, to your knowledge, what projects or other initiatives, the funds (capital and operating) originally allocated to the Redlands unit, were re-allocated and spent.

### Queensland Plan for Mental Health

- 9. Explain the relevance (if any) (and to your knowledge, upon commencing the role of Director General, Queensland Health) of the Queensland Plan for Mental Health ('QPMH') to:
  - a. the development of the plan to construct the Redlands unit;
  - b. the decision not to proceed with the Redlands unit:

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- c. the decision to close the BAC;
- d. the decision to close the BAC by January 2014;
- e. the decision to announce the closure of the BAC on 6 August 2013;
- f. any consideration (or lack of consideration) of a replacement Tier 3 service at an alternative location.
- 10. The QPMH refers to "Core Mental Health Services". Provide details (to the best of your knowledge upon commencing the role of Director General, Queensland Health) as to:
  - a. the criteria for being a "core mental health service", and the implications of being (or not being) classified as a "core mental health service" (and provide copies of any applicable policy document(s));
  - b. whether the BAC was a "core mental health service" and the reason(s) why/why not;
  - c. whether the BAC was considered to be "hospital treatment" based on the type of care provided (inpatient subacute bed-based intensive treatment and rehabilitation services) and the reason(s) why/why not (and provide copies of any applicable policy document(s)).
- 11. Explain the relevance (if any) of the "National Mental Health Service Planning Framework" on decisions made with respect the BAC (and decisions relating to the Redlands Unit to the extent you have knowledge of them), and state whether you received a copy of the framework (and from whom, on what date, and for what purpose and provide a copy).

### The Park

12. Explain the relevance (if any) of the redevelopment of The Park as an adult forensic facility and/or the scheduled opening of Kuranda and opening of the EFTRU facility, to:

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- a. the initial plan to decommission the BAC and build the Redlands unit;
- b. the decision to not proceed with the Redlands unit;
- c. the decision to close the BAC;
- d. the decision to close the BAC by January 2014; and
- e. the decision to announce the closure of the BAC on 6 August 2013.

### State-wide Services

- 13. The Commission understands that the BAC provided a state-wide mental health service.

  Provide details of:
  - a. state-wide service plans relevant to the BAC (and provide copies);
  - b. state and national policies, plans, and protocols, relevant to the management and operation of the BAC (and provide copies);
  - c. the relationship between the BAC, the Hospital and Health Services (HHS) and the Department of Health, including, but not limited to:
    - i. roles in relation to accountability, oversight and responsibility for the BAC;
    - ii. responsibility for the development and management of a state-wide service, including which entity has the power to cease a state-wide service;
    - iii. how state-wide mental health services were planned for and overseen by Queensland Health (and provide copies of any documented framework and/or planning documents);
    - iv. the role of a Hospital and Health Service with respect to state-wide services and, in particular, the extent of control they have over the service (if any);
    - v. the role of the Mental Health Alcohol and Other Drugs Branch with respect to the BAC.

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- 14. The Commission understands that a number of state-wide clinical networks sit within Queensland Health, one of which is the Mental Health Clinical Network. Provide details as to:
  - a. the role and function of the Mental Health Clinical Network and, in particular, with respect to the BAC (before its closure);
  - b. the role of the Mental Health Clinical Network (and any other Clinical Networks) with respect to approving the model of care at BAC;
  - c. any concerns raised during your time as Director General, Queensland Health with respect to the model of care at the BAC (and provide details as to by whom, when and what steps (if any) were taken to address those concerns); and
  - d. whether the Mental Health Clinical Network was responsible for approving (or otherwise having oversight over) the model of care in place at the BAC before its closure (and if so, provide details as to the nature and extent of the approval and oversight).

### Dr Sadler

- 15. Explain whether you were briefed in relation to the decision to stand down the Clinical Director of the BAC, Dr Trevor Sadler in early September 2013.
- 16. If you were briefed:
  - a. provide a copy of all briefing notes in relation to this decision;
  - b. provide a copy of any notes made by you in relation to briefings;
  - c. state the reasons provided to you for the decision to stand down Dr Sadler.

### Closure decision

17. The Commission understands that the decision to close the BAC was announced by the former Health Minister of 6 August 2013 during an interview with the media. Upon your

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### Barrati Adde silang kamba sommusi no di bottla

commencement of the position of Director General, Queensland Health, explain what briefings or other information was provided to you concerning:

- a. the reason(s) for the decision to close the BAC;
- the name and position of persons involved in the decision (and the nature and extent of their involvement);
- c. any consultation with experts and/or stakeholders (and when), and the nature of the consultation.

### Date of closure

- 18. Explain the nature and extent of your involvement and/or contribution to the decision that the closure date for the BAC was to be January 2014. In the event you had direct involvement with the decision that the closure date was to be January 2014, give details of:
  - the extent/and or nature of your involvement and/or contribution to the decision and the names and positions of those other persons involved in making the decision;
  - b. the reason(s) as to why January 2014 was chosen for the closure of the BAC;
  - c. on what date the decision as to the closure date was made;
  - d. any consultation with experts and/or stakeholders (and when), and the nature of the consultation;
  - e. what advice/views were given by those experts and stakeholders before the decision, and how influential each of the perspectives was to your decision-making and/or contribution to the decision;
  - f. the existence of any flexibility with respect to the January 2014 closure date, once set, or any reviews of that date; and

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- g. how, when and to whom, you communicated the decision as to the closure date (and for what purpose).
- 19. Did you consider the January 2014 closure date to be appropriate and outline the reason(s) why/why not?
- 20. Did you facilitate or attend any meetings regarding the closure of the BAC and if so, with whom and on what date(s), and for what purpose?
- 21. Detail any processes that you were involved in (or were otherwise aware of), with respect to communicating the closure decision to parents of BAC patients (and their families) and BAC staff, and the nature of your involvement (and when).
- 22. Did your office communicate with the Department of Education and Training regarding the proposed relocation, rather than closure, of the BAC school? If 'yes', give details.
- 23. In the event you did not have any direct involvement or contribution to the decision that the BAC's closure date was to be January 2014, explain:
  - a. on what date, how, and from whom, you became aware of the decision that the closure date would be January 2014;
  - b. any reason(s) for the closure date that were communicated to you and from whom, and by what means, and on what date; and
  - c. the extent to which you were aware of the existence of any flexibility with respect to the closure date or any review mechanisms (and the source of that understanding).

### **Transition arrangements**

24. The Commission is aware that from November 2012 until January 2014, a number of BAC patients were transitioned to alternative care arrangements. With respect to these Transition Clients, to your knowledge:

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- a. who had the monitoring and oversight role for the transition arrangements for the Transition Clients;
- b. what feedback or advice did you receive (and from whom and when) in relation to the progression of transition arrangements for Transition Clients;
- c. did you meet with any of the BAC Transition Clients or their families / carers in relation to their transition from the BAC and, if so, when and for what purpose;
- d. were there any plans to review the transition arrangements and outline what, (if any) such review(s) involved (and when, how and by whom they were carried out).
- 25. Did you have any discussions with the medical or other staff at receiving alternative services regarding the Transition Clients' arrangements, transition plans, treatment plans, clinical and education needs, or other matters? If so, explain the nature of these discussions, including the date on which they occurred, with whom, and for what purpose.
- 26. Were you aware of any concerns regarding the transition of any Transition Clients from BAC to an alternative service provider? If so:
  - a. detail any such concerns;
  - if there were concerns, state who were these concerns expressed by and to whom;
  - c. on what date and by what means did you become aware of these concerns; and
  - d. what steps, if any, did you cause to be taken as a result of any such concerns?
- 27. State whether you were a member of the Chief Executive and Department of Health Oversight Committee. If not, state whether any member of Queensland Health was a member who later reported the outcome of meetings of the committee to you. With respect to the committee:

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- a. explain the function and responsibilities of the Committee with respect to the BAC, including but not limited to:
  - i. the decision to close the BAC;
  - ii. the date for closure of the BAC;
  - iii. the BAC school;
  - iv. staff of the BAC and the BAC School;
  - v. the arrangements made for Transition Clients; and
  - vi. the development and implementation of service options.
- 28. The Commission understands that you attended a meeting of Directors General concerning the transition arrangements for the patient on or about 22 January 2014. State whether that is correct, and specify:
  - a. what briefings and/or documents did you receive before the meeting, and what was the effect of your briefing(s);
  - b. with whom did you meet;
  - c. what was the purpose of the meeting;
  - d. why was the meeting necessary;
  - e. what did each attendee say at the meeting, so far as you can recall; and
  - f. if you, or anybody on your behalf recorded minutes or notes at or after the meeting, provide a copy of the notes or minutes;
  - g. what did the meeting achieve and how were the decisions (if any) made at it given effect?

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- 29. State whether you attended any other meetings with respect to Transition Clients, and if so, answer the questions in 28(a) (g) above for each.
- 30. Look at the Briefing Note for Approval dated 20 November 2013. The subject of the Note reads "Approval to fund Aftercare for the provision of residential and day program mental health treatment and rehabilitation for adolescents across Queensland requiring extended care in the West Moreton Hospital and Health Service catchment area from December 2013." In relation to the Note:
  - a. do you recall reviewing the Note;
  - b. do you recall approving the funding it requests;
  - c. were you satisfied, on the basis of the briefing note, that "the Barrett Adolescent Centre...will close by the end of January 2014 and this transition plan will ensure there are no gaps to service delivery for adolescent consumers while new service options are being developed by Children's Health Queensland Hospital and Health Services...";
  - d. if so, were you able to satisfy yourself that each Transition Client met the eligibility criteria for Aftercare;
  - e. were you aware of any Transition Clients for whom Aftercare could or would not cater, such that other arrangements would need to be identified;
  - f. if so, what steps did you take or cause to be taken to ensure that such Transition Clients were catered for?
- 31. Look at the Briefing Note dated for approval 25 November 2013 which states "In consultation with Department of Health and CHQ HHS, West Moreton HHS has commenced planning additional interim service options for current BAC consumers and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. These interim options will be provided as needed until the new services are available, ensuring no gap to service delivery." Please:

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- a. specify whether the 'interim options' referred to were those to be provided by Aftercare;
- b. if not, what other 'interim options' were contemplated;
- state whether you, or your Department sought advice from the Clinical Care
   Transition Panel about the clinical needs of Transition Clients;
- d. if 'yes', what advice was sought and received, and how was that advice reflected in:
  - i. the 'interim options' under development at that time; and
  - ii. the replacement services under development.
- e. if 'no', why not?
- 32. Look at the Briefing Note dated 27 November 2013. In relation to it:
  - in light of the "potential gap in services" adverted to in point 6, did you give consideration to the appropriateness of postponing closure until replacement services were established;
  - what if any steps did you take to ensure that the interim services would be clinically and therapeutically appropriate – please outline what advice you received and your process of reasoning;
  - c. if you took no steps, how were you satisfied that the available transition services could in fact ensure there were "no gaps" in clinical or therapeutic needs.;
  - d. explain the elements of what Queensland Health considered an "appropriate" service to which existing BAC patients could transition;
  - e. if those elements could not be satisfied by extant services in January 2014, could the flexibility of the closure date have extended up to the time when the new model of care referred to in Point 7 under 'Key Issues' had been "implemented."

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- 33. Look at the Briefing Note dated 7 January 2014. In relation to it:
  - a. what if any 'close monitoring' did you undertake of the clinical environment in line with the recommendation in the briefing note;
  - b. did you make the notations on the briefing note;
  - c. if 'yes', what question did you have about the third bulleted item under point 2 'Headline Issues', to whom did you address your question, and what answer did you receive;
  - d. explain how the Blueprint for Better Healthcare in Queensland stood in relation to the QMPH;
  - e. state whether, in your view, the flexibility of the closure date was affected by the clinical and therapeutic inappropriateness (stated in Item 7 under 'Key Issues') of having a left in the BAC;
  - f. state whether you sought or received any advice about the clinical and therapeutic appropriateness of maintaining a small number of patients at the BAC with a depleted staff, in January 2014.
  - g. state whether you are aware what consultation was sought or received by Dr Stephen Stathis, Dr Anne Brennan, and Dr Bill Kingswell (as indicated in points 16 -18); and
  - h. provide specific details of what media event is referred to in the Briefing Note, and why it was considered appropriate to postpone it.

### **Transition Client Families**

34. Look at the letter written to you by issues:

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- a. a perceived lack of recognition of the distress to patients, families and carers after the closure decision;
- b. a perceived lack of focus on patients, parents and carers;
- c. a disconnect between the Department's 'Blueprint for Better Health Care in Queensland' and its placement of 'consumers' at the centre of patient care, and the decision to close the BAC; and
- d. a failure to identify what the new model of care would be before the decision to close the BAC was made.
- 35. Look at the draft response prepared by Ms Laura Johnson, Dr Leanne Geppert, Sharon Kelly, and Linda Hardy on your behalf. Please provide a copy of the final version sent to . Please state who settled this final version.
- 36. Look at a letter sent by you to dated 12 January 2015. In relation to that letter:
  - a. state whether any other parents were contacted by Queensland Health to make them aware of your offer to undertake a multidisciplinary review of the care arrangements then in place for Transition Clients;
  - b. state whether any such reviews took place, and if so, provide explain the reviews and their outcome(s);
  - c. state whether you or your Department considered the then current policy "preventing young people over 18 accessing an acute mental health bed for adolescents..."
  - d. state whether you considered "a wider range of support for parents..." and the outcome(s) of that consideration.
- 37. The letter sent to notes that you met with personally. To the extent that there are any documents prepared for, during, or after that meeting please provide

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copies. Please also specify any other meetings you had with patient families or carers of Transition Clients. If documents were created in relation to such meetings, please provide copies.

### Investigation and report under the Health and Hospital Boards Act 2011

- 38. The Commission understands that on 14 August 2014 you set in train an investigation under the *Hospital and Health Boards Act 2011*. Please state whether that is correct.
- 39. Look at the Instrument of Appointment and Terms of Reference. Did you settle the Terms of Reference for the investigation? Who else contributed to the formation of the Terms of Reference?
- 40. Look at the Terms of Reference. It requires a report advising (among other things) "...if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and...if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014". Please specify:
  - a. who determined the initial reporting date of 16 September 2014;
  - b. what extensions to the reporting date were requested (formally or informally)(when and by whom);
  - what response was given to any such requests (i.e. what requests were granted or not granted);
  - d. who made the decision to only investigate some, but not all Transition Clients (including why/why not); and
  - e. what was your opinion (if any) about confining the number of Transition Clients for review.

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### Correspondence with Dr Sadler

41. On or around 9 November 2014, you received a letter from Dr Trevor Sadler regarding the closure of the BAC. The Commission understands that you passed the letter to Dr William Kingswell to prepare a response. Did you review or settle the response from Dr Kingswell? Please provide a copy of the letter sent to Dr Sadler.

### Other

- 42. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.
- 43. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

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**CURRICULUM VITAE** 

IAN GRAHAM MAYNARD

**JANUARY 2016** 

## lan Maynard

DIRECTOR GENERAL • CHIEF EXECUTIVE OFFICER • CHIEF OPERATING OFFICER • DIVISIONAL MANAGER • NEGOTIATION • PROCUREMENT • RISK MANAGEMENT

# EDUCATION AND PROFESSIONAL QUALIFICATIONS:

### **Bachelor of Science, First Class Honours**

- University of Queensland, Australia (1986)

### **Economics and Globalisation**

 Darden Business School, University of Virginia (extracurricular course), New Zealand (1999)

### **Advanced Management Residential Programme**

- INSEAD, France (2004)

### **Graduate Australian Institute of Company Directors**

- AICD Company Directors Course (2011)

### **CORE COMPETENCIES:**

- Customer Centred Leadership (Queensland Health, Public Service Commission, Queensland Urban Utilities)
- Cost Management and Process Improvement (Government reform programs across Queensland public sector
- Mergers and Acquisitions (Trade Sale of Fletcher Challenge Paper for \$US4.5bn)
- Strategic Risk and Insurance Management (Global, captive insurance programs for Fletcher Challenge, Fletcher Building, Fonterra)
- Strategic Procurement (Significant programs in Fletcher Building, Fonterra, Brisbane City Council, Queensland Urban Utilities and Qld State Government)
- Negotiations (Industrial relations, award modernisation, dispute resolution)

### **CAREER SUMMARY:**

2015 —	Deputy Chief Executive Officer - NDIA
2013 2015	Director General - Queensland Health, Qld Government
2012 - 2013	Chief Executive – Public Service Commission, Qld Government
2011 – 2012	Chief Executive Officer – Queensland Urban Utilities
2005 - 2011	Chief Operating Officer, Divisional Manager, Executive Manager
	- Brisbane City Council
2002 – 2005	Manager, Group Procurement and Insurance - Fonterra
	Cooperative Group
2000 - 2002	General Manager, Procurement - Fletcher Building Limited
1996 – 2000	<b>Project Director, Group Risk and Insurance Manager</b> - Fletcher
	Challenge Limited
1993 – 1996	Support Coach, Regional Manager- Firth Industries Limited
1986 – 1993	Country Manager, Business Manager, Research Chemist -
	Ampol Limited

## lan Maynard

**ACADEMIC AND PERSONAL ACHIEVEMENTS:** 

Treasurer, Chairman Resource Committee, St Andrews

Trustee - Clevedon Community Trust (2001-2005)

Clevedon Presbyterian Church (2003-2005)

TGH Jones Prize (1984)

DIRECTOR GENERAL + CHIEF EXECUTIVE OFFICER + CHIEF OPERATING OFFICER + DIVISIONAL MANAGER + NEGOTIATION + PROCUREMENT + RISK MANAGEMENT

Director, NeHTA Pty Ltd (2013-1015)	- National eHealth transition authority governs the development of national standards and systems
Director, Scripture Union Qld Pty Ltd (2011-present)	-A not for profit provider of chaplaincy services to schools and at risk youth programs "Bringing hope to a new generation"
Chairman, Hope Centre Services Pty Ltd (2010 – present)	<ul> <li>A not for profit organisation providing emergency services, counselling, skills training and rehabilitation services in South East Queensland "Because People Matter"</li> </ul>
Director, Brisbane Bus Build Joint Venture (2009 - 2011)	– A joint venture between Brisbane City Council and Volgren that builds buses
Director, Trade Coast Land Pty Ltd (2007- 2011)	– Brisbane City Council entity responsible for the development of Council land holdings at Australia Trade Coast
Director, City Super (2007- 2010 )	– Trustee of Brisbane City Council's Superannuation Fund
Director, United Way Queensland (2008 - 2011)	- A not for profit (international)

organisation attracting corporate funding to support community organisations

 Responsible for the financial governance, long term planning and development of

– Appointed as a Trustee to the newly formed Board of Clevedon Community Trust

Queensland for the best performance by a

 Awarded annually by the University of Queensland for the best performance by a

third year chemistry student

second year chemistry student

property for the church

### Ian Maynard

DIRECTOR GENERAL + CHIEF EXECUTIVE OFFICER + CHIEF OPERATING OFFICER + DIVISIONAL MANAGER + NEGOTIATION + PROCUREMENT + RISK MANAGEMENT

### **EMPLOYMENT HISTORY**

### 2015 - Present: Deputy CEO OPERATIONS, NATIONAL DISABILITY INSURANCE AGENCY (NDIA)

The NDIS is Australia's most ambitious social reform since the introduction of Medicare. The scheme will provides lifetime funded supports to 460,000 Australians with a disability at an expected full scheme cost of \$22 billion per annum. The Deputy CEO Operations is responsible for standing up the NDIS and delivering full scheme services to all participants.

### 2013 - March 2015: Director General, Queensland Health

Queensland Health, Queensland Government comprises the Department of Health, 16 Hospital and Health Services and Queensland Ambulance Services employing 72,000 FTEs, \$11 billion assets and \$13.6 billion budget. Queensland Health delivers a full range of health services and 20 million occasions of service per annum.

### **Achievements:**

- Delivered system surplus of \$391 million in 2013/14 and on track for \$219 million for 2014/15
- Best national improvement in NEAT (emergency access)
- First state to deliver zero long wait elective surgeries (NEST) in December 2014
- Delivered zero long wait dental patients by June 2014
- Australia's first Wait Time Guarantee for surgery
- Award modernisation implemented including individual contracts for doctors

### 2012 - 2013: CHIEF EXECUTIVE, PUBLIC SERVICE COMMISSION (QUEENSLAND GOVERNMENT)

The Queensland State Government has a total workforce of 240,000 including government owned corporations and statutory offices. The Public Service Commission is accountable to the Premier of Queensland to manage: workforce capability, performance and development, industrial relations and the public sector renewal program.

### **Achievements:**

- Developed Government's comprehensive renewal program in response to the Commission of Audit
- Implemented new government vision and values
- Implemented industrial relations reform resulting in \$2 billion savings over the forward estimates
- Aligned CEO and executive performance plans with Government priorities
- Initiated Working for Queensland employee survey with largest workforce response rate in Australia

### 2011 - 2012: CHIEF EXECUTIVE OFFICER, QUEENSLAND URBAN UTILITIES

Queensland Urban Utilities ("QUU") was established on 1 July 2010. QUU is one of the largest water distributor-retailers in Australia, providing water and wastewater services to more than 1.3 million residents across Brisbane, Ipswich, the Lockyer Valley, Scenic Rim and Somerset local authority areas. QUU has an infrastructure capital works program of \$3.2 billion over 10-year. QUU's service territory covers 14,364 square kilometres and employs around 1,200 people. Annual turnover is \$900 million.

## lan Maynard

DIRECTOR GENERAL + CHIEF EXECUTIVE OFFICER + CHIEF OPERATING OFFICER + DIVISIONAL MANAGER + NEGOTIATION + PROCUREMENT + RISK MANAGEMENT

### **Achievements:**

- Solid financial performance (Dividends 10% above plan)
- Significant improvement in safety record (37% reduction in LTIFR year on year)
- 5% in Customer Brand Index
- \$44M Capex and \$4M Opex savings from implementing strategic procurement

# 2005 – 2011: CHIEF OPERATING OFFICER, DIVISIONAL MANAGER, EXECUTIVE MANAGER, BRISBANE CITY COUNCIL

Brisbane City Council is Australia's largest local government entity. The organisation provides a wide range of services (e.g. water and sewerage, public transport, waste collection, immunisations, libraries etc) to 1 million ratepayers in South East Queensland. Brisbane City Council has 10,000 staff and annual operating budget exceeding \$3billion and capital budget of \$1.2 billion

### **Achievements**

- Lead the delivery of operational improvement initiatives across Council to realise a reduction in operating costs of \$612 million over 10 years through implementation of a Support Services Centre (1000 FTE)
- \$200 million Drought Projects successfully implemented to meet regulated time-lines
- >\$70M benefit through centre led strategic procurement over 5 years (target \$39-69 million)
- Creation of public private partnerships for 3 new bus depots (200 bus capacity) and 2 new ferry terminals
- Development of a joint venture with private sector to build buses
- Successful negotiation of 3 workplace agreements with no industrial action
- National award winning employment program
- Restructuring of Fleet to reduce size by 5% (capital saving of \$3.5million) and remove 29 FTE (operating cost saving of \$2.6 million per annum)

### 2002 – 2005: Manager, Group Procurement and Insurance - Fonterra Cooperative Group

Fonterra Cooperative Group Limited (Fonterra) was formed in October 2001 through the merger of NZ Dairy Board, Kiwi Dairies and NZ Dairy Group. Fonterra is a New Zealand headquartered global dairy company accounting fro 20% of New Zealand's export revenue and 7% of GDP. Fonterra is the world's 4<sup>th</sup> largest dairy company and largest trader of dairy commodities. Fonterra has operations in 40 countries through a range of wholly owned, joint venture and minority shareholdings. It markets products in 140 countries. Annual revenues exceed \$12 billion and staff of 20,000.

### **Achievements**

- Total Cost of Ownership savings in year 2003/04 \$71 million (target \$63 million)
- Total Cost of Risk savings in 2003/04 \$20 million (target \$9 million)
- Establishment of a Captive Insurance Company
- Establishment of Fonterra Procurement Network
- Development of Procure to Pay business process as integral part of SAP ERP implementation

## lan Maynard

DIRECTOR GENERAL + CHIEF EXECUTIVE OFFICER + CHIEF OPERATING OFFICER + DIVISIONAL MANAGER + NEGOTIATION + PROCUREMENT + RISK MANAGEMENT

### 2000 - 2002: GENERAL MANAGER, PROCUREMENT - FLETCHER BUILDING LIMITED

Fletcher Building Limited (FBL) is a New Zealand headquartered, global, building materials, distribution and construction company. The company was formed following the breakup of Fletcher Challenge Limited in March 2001. The company is publicly listed on NYSE, NZSE and ASX with market capitalisation of NZ\$700 million and annual revenues of \$2.3 billion.

## 1993 – 2000: Project Manager, Group Risk and Insurance Manager, Support Coach, Regional Manager - Fletcher Challenge Limited

Fletcher Challenge Limited (FCL) was New Zealand's largest company. FCL was a global, building materials, pulp and paper, energy and forestry company with operations in 23 countries. The company was publicly listed on the NZSE, ASX and NYSE with annual revenues of \$8 billion and staff of 19,500. In December 1999, the Board of Directors announced its intention to breakup the Group into 4 separate entities via sale to third parties or self-standing spinout.

## 1986 – 1993: MANAGER, AMPOL NZ LIMITED, LUBRICANTS BUSINESS MANAGER, RESEARCH CHEMIST - AMPOL LIMITED

Ampol Limited was a large integrated Australian Oil company with upstream exploration, refining and downstream distribution, wholesaling and retailing business units. Ampol was listed on the ASX. Annual revenue was A\$2 billion with staff of 1100. Core product streams include aviation fuel, diesel, motor spirit, process and agricultural oils and lubricants.

HOBBIES AND INTERES	iTS		
PERSONAL DETAILS:			
Name:			
Marital Status: Children:			
Health:			

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## Role description

## Director-General, Queensland Health

Role title

Director General

Status

Contract - up to 5 years.

Closing date

15 August 2011

Organisation

Department of Health

Contact

Martin Pick, Amrop Cordiner King

Location

Brisbane

Telephone

Classification

Chief Executive

Total

From \$446,102 to \$506,668

remuneration

per annum including

Value

superannuation and leave loading

### Our challenge

The Office of the Director-General is committed to driving high quality health care and continuous improvement. The challenge, as the main provider of public health services, is the safe provision of quality services across Queensland and across the diversity of needs within the annual budget. Queensland Health has a strong commitment and focus on performance, accountability, openness and transparency.

Queensland Health is committed to providing high quality, safe and sustainable health services to meet the needs of our communities. We cannot meet these challenges alone and will continue to work with partners including other Queensland Government departments, the Australian Government and other agencies, consumers and the private sector to develop collaborative and proactive solutions to meet the health needs of Queenslanders now and into the future.

The strategic challenges are:

- Changing the community's focus to the prevention of illness and maintenance of good health
- Managing the complex process of care delivery ensuring the right services in the right places for the right type of patients
- Building public confidence in the healthcare system
- Providing a seamless transition for patients as they move across healthcare providers and settings
- Achieving a collective and coordinated response across multiple levels and complexities of government
- Attracting and retaining skilled professionals, especially for specialist services and in rural and remote areas
- Ageing building and information and communication technology infrastructure affecting people and information security and accessibility
- Establishing meaningful and measurable outcome indicators for complex health and community services
- Managing the growing demand for services within the economic and financial environment.

The face of healthcare is changing. To help create this change, the Queensland Government is working in partnership with the Australian Government to reform the way our health services will be managed and delivered in the future. A key part of the reform is the development of Local Health and Hospital Networks (LHHNs), which are expected to be operational nationally by 1 July 2012.



### Your department

In 2011-12 Queensland's health budget will increase by 10.6 per cent to \$11.046 billion. That is a record health budget for Queensland.

Queensland Health is a dynamic organisation committed to providing a range of services aimed at achieving good health and well-being for all Queenslanders. Through a network of 17 Health Service Districts and the Mater Hospitals, Queensland Health delivers a range of integrated services including hospital inpatient, outpatient and emergency services, community and mental health services, aged care services and public health and health promotion programs. Our services are delivered from various locations statewide by approximately 80,000 staff.

The most significant challenge for Queensland Health in the short term will be implementing the Government's reform process and the creation of Local Health and Hospital Networks (LHHNs). The reforms will usher in far-reaching changes to the way in which public health services are managed. The establishment of the LHHNs as statuary bodies and the new role of the department will result in significant changes to structures, processes and people. The benefits of the reform will be:

- Increased efficiency and more sustainable growth in health budget;
- LHHN flexibility to innovate and address local priorities;
- Focus on patient centred care;
- Clinicians, consumers and community are more engaged at local level;
- LHHNs held accountable for performance; and
- Role clarity between system manager and service providers.

Queensland Health values the health and wellbeing of all Queenslanders. We will work with communities to create healthy environments and support behaviors that protect and promote health (like good nutrition and physical activity for example), reduce health risk factors (such as smoking, excessive alcohol consumption and obesity), and improve health outcomes for people living with long-term health conditions.

We recognise that Queenslanders trust us to act in their interests at all times. To fulfill our mission and sustain this trust we share four core values:

- · Caring for people
- Leadership
- Respect
- Integrity

### Your opportunity

Accountable to the Premier of Queensland, and reporting to the Minister for Health, the Director General will manage a department committed to contributing to the achievement of giving Queenslanders a reliable quality health system and educating Queenslanders on being a healthy state.

### Your key accountabilities

- Lead the reform process for Queensland Health, on behalf of the Government.
- Provide superior leadership and strategic direction resulting in efficient and effective delivery of Health services to all Queenslanders which ensure
  - Making Queenslanders healthier.
  - Meeting Queenslanders' healthcare needs safely and sustainably.
  - · Reduce health service inequities across Queensland.
  - Develop staff and enhance organisational performance.
  - Foster effective and co-operative relations with Local Government and a network of supported volunteer
    organisations, advisory bodies and community service organisations.
  - Attract, develop and maintain an ethical, professional and dedicated workforce and volunteer base.



- Ensure openness, transparency and engagement in decision making.
- Provide expert advice to the Minister for Health on matters relating to every day Health issues and high level
  policy on request and in response to emergent issues.
- Provide leadership to the department's staff and other resources to give effect to relevant legislation, government policy and contemporary best practice.
- Participate in the Community Cabinet meetings, various consultations and negotiations within Queensland, and with equivalent government departments, interstate, on issues within the portfolio responsibilities of the Minister for Health.
- Deliver sound and proper management of the department as the accountable officer under the Financial Accountability Act 2009, the Public Service Act 2008, Health Service Act 1991, Public Service Regulations and other legislation.
- Drive improved performance and organisational capability within the department to meet service delivery objectives and targets.

### Are you the right person for the job?

You will be assessed on your capability and capacity for the following in the context of the accountabilities above. For more information about the Capability and Leadership Framework, please refer to the attached summary sheet provided.

- Shapes Strategic Thinking
- Achieves results
- Cultivates productive working relationships
- · Exemplifies personal drive and integrity
- Communicates with influence

### Your working life

You will work in an organisation that values community service, professionalism in performance, integrity and respect for people. You will develop strong working relationships across the department, government and local government and with community groups and private sector stakeholders.

The department is committed to employee professional development, and to maintaining a healthy work-life balance. The department offers its employees generous superannuation, and a range of salary packaging options are available to all staff.

### Interested?

Please provide the following information for the panel to assess your suitability:

- A two page statement outlining your suitability for the role.
- A Current CV:

### Additional information

- · For further information about the work of the department visit www.health.gld.gov.au
- For further information about working for the Queensland Government visit www.qld.gov.au
- All employees of the Department of Health are required to abide by its Code of Conduct.
- Applications from other recruitment agencies will not be accepted.

QHD.006.005.4217

## URGENT

### 27 NOV 2013

Department RecFind No:	BR058045
Division/HHS:	WMHHS
File Ref.No:	MD0920130403

### **Briefing Note for Noting**

Director-General

Requested by: Senior Departmental Date requested: 25 November 2013 Action required by: Liaison Officer

SUBJECT: Barrett Adolescent Centre

### Proposal

That the Director-General:

Note the current status of consumers at the Barrett Adolescent Centre (BAC).

Provide this brief to the Minister for information.

Urgency

 Urgent – the Ministers Office has requested an urgent update on the current status of consumers at BAC.

### Headline Issues

- 2. The top issues are:
  - In August 2013, the Minister for Health announced that adolescents requiring extended
    mental health treatment and rehabilitation will receive services through a new range of
    contemporary service options from early 2014. Children's Health Queensland Hospital
    and Health Service (CHQ HHS) is responsible for the governance of the new service
    options to be implemented as part of its statewide role in providing healthcare for
    Queensland's children
  - the Minister for Health and West Moreton Hospital and Health Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services
  - a flexible closure date of the end of January 2014 for the BAC building has been announced. This date may change dependent on all consumers having appropriate transition plans in place and continuity of service delivery.

### Blueprint

- 3. How does this align with the Blueprint for better healthcare in Queensland?
  - providing Queenslanders with value in health services value for taxpayers' money
  - better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

	Key	issu	es
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Department RecFind No:	BR058045
Division/HHS:	WMHHS
File Ref No:	MD0920130403

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West Moreton HHS continues to be involved with CHQHHS in the development of the new statewide adolescent service model. However these new models may take up to 12 months to be fully established.

6. In recognition of this potential gap in services, West Moreton HHS has commenced planning interim and transition service options for current BAC consumers and other eligible adolescents across the State that would benefit from extended treatment and rehabilitation. These interim options will be provided as needed until the new services are available, ensuring no gap to service delivery.

7. CHQHHS has advised that the model of care under development is nearing completion, with work being undertaken to finalise the details of all options. Detailed implementation planning will then commence enhancing existing service provision, and establishing new care options. Some service options will be available earlier than others, and implementation will be ongoing as funding and resources are made available.

### Background

8. The Clinical Care Transition Panels review individual care needs of current and waitlist BAC consumers and support transition to alternative service options. The Panels are chaired by Dr Anne Brennan, and consist of a core group of BAC clinicians, a BAC school representative and other key stakeholders and service providers as required.

### Consultation

- 9, Ms Ingrid Adamson, Project Manager, Statewide Adolescent Extended Treatment and Rehabilitation, Office of Strategy, CHQ HHS
- 10. At all times, Dr Michael Cleary, Deputy Director-General, Health Service and Clinical Innovation Division, and Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch, have been kept informed of interim service planning and future model of care developments through participation on the Chief Executive and Department of Health Oversight Committee.

### **Attachments**

11. Attachment 1 - Correspondence from

dated 26 November 2013

QHD.006.005.4219

Department RecFind No:	BR058045
Division/HHS:	WMHHS
File Ref No:	MD0920130403

### Recommendation

That the Director-General:

Note the current status of consumers at the Barrett Adolescent Centre (BAC).

Provide this brief to the Minister for information.

APPR	OVE	D/NOT	APP	RO	/ED

NOTED

IAN MAYNARD Director-General

0 2 DEC 2013

To Minister's Office For Noting

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Director-General's comments		

Content verified by: (CEO/DDG/Div Head) Cleared by: (SD/DIr) Author Lesley Dwyer Laura Johnson Leanne Geppert Project Officer A/Executive Director Chief Executive Mental Health and Specialised Services West Moreton Hospital and Health Service Mental Health and Specialised Services West Moreton Hospital West Moreton Hospital and Health Service and Health Service 25 November 2013

26 November 2013 26 November 2013

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ment RecFind No:	BR058295	
on/HHS:	MD09	

Bı	ʻiefii	ng	Note	for	<b>Appr</b>	oval
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Director-General

Requested by: Chief Executive, West Moreton Hospital and Health Service

File Ref No: DEPT. RECORDS TEAM EIVED 읶 07 JAN 2014 REC required by: 24 December 2014

SUBJECT: **Update on the Barrett Adolescent Centre** 

### **Proposal**

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

Note the recommendation that the date of the proposed media event for 10 January 2014 be reconsidered to occur post closure of BAC.

Approve the recommendation to convene a Director-General (Queensland Health) to Director-General (Department of Communities, Child Safety and Disability Services) meeting to progress

**Provide** this brief to the Minister for information.

### Urgency

1. Urgent - the change processes associated with BAC warrants close monitoring of the clinical environment.

### Headline Issues

- 2. The top issues are:
  - A flexible closure date of the end of January 2014 for the BAC building has been announced and individual consumer transition plans are progressing accordingly.
  - Communication and support to BAC consumers and parents/carers has been increased throughout the final stages of the BAC change process.
- On the basis of a fluid clinical environment leading up to the closure of BAC, it is recommended that consideration be given to rescheduling the media statement proposed for 10 January 2014 to a date in February.

- 3. How does this align with the Blueprint for Better Healthcare in Queensland?
  - Providing Queenslanders with value in health services value for taxpayers' money.
  - Better patient care in the community setting, utilising safe, sustainable and responsive service models - delivering best patient care.

### Key issues

4.	There are currently at BAC. The care planning for current BAC consumers is
	being progressed by West Moreton Hospital and Health Service (HHS) Clinical Care Transition
	Panels in consultation with Children's Health Queensland (CHQ) HHS. Current inpatient status:
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Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

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- 5. Following the transfer of the above patient to an Ms Alison Earls communicating concern that patients were being moved to facilitate an earlier closure date of BAC. Contact has been made with parents/carers of BAC to provide assurances that transfers will occur on the basis of individual care needs and that they are not due to an earlier closure date of BAC. Given the potential focus of media on the final stages of BAC closure during January 2014, it is important to reconsider the planned date of 10 January 2014 as a media announcement of the future statewide model of service.
- 6. As inpatients transition to alternative appropriate care options, clinical staff are reviewing on a daily basis the requirements of delivering a clinically and therapeutically appropriate service to the remaining inpatients at BAC.
- 7. It is the clinical opinion of senior staff that BAC should not stay open if remaining as this is not clinically or therapeutically appropriate. Additionally the mix and gender of inpatients will be taken into account.
- 8. West Moreton and CHQ will provide updates to the Minister's Office to keep them informed of the changing clinical needs of the consumers and the advice from clinicians to safely and actively manage this transition process for each individual consumer.
- 9. The patients on the waitlist for BAC have been reviewed by the Clinical Care Transition Panel to ensure that all clinical needs are being met appropriately.
- 10. The holiday program is currently being delivered at BAC in partnership with Aftercare. In the first week there has been positive participation and feedback from day patients and inpatients with on average four young people in attendance each day. This program will continue until 24 January 2014 (excluding public holidays and weekends).
- 11. BAC staff have received letters detailing the abolishment of their positions and the options available to them. Support and information is being provided through West Moreton HHS Workforce Division and through line managers of the staff.

### Background

- 12. In August 2013 the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQ is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
- 13. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
- 14. West Moreton will continue to monitor all aspects of the impending closure of BAC on a daily basis including consultation and liaison with the Department of Health, MHAODB and CHQ.
- 15. Regular contact is provided with the parents/carers of BAC consumers by the BAC clinical team and executive staff of West Moreton. This is being managed through personal emails, phone calls and ongoing BAC Fast Fact Sheets.

### Consultation

- 16. Dr Stephen Stathis, Clinical Director, Child and Youth Mental Health Services, Children's Health Queensland HHS.
- 17. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
- 18. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

### **Attachments**

19. Nil.

Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

### Recommendation

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

Note the recommendation that the date of the proposed media event for 10 January 2014 be reconsidered to occur post closure of BAC.

Approve the recommendation to convene a Director-General (Queensland Health) to Director-General (Department of Communities, Child Safety and Disability Services) meeting to progress

**Provide** this brief to the Minister for information.

PPROVED/NOT APPROVED

NOTED

IAN MAYNARD **Director-General** 

, 0 6 JAN 2013

To Minister's Office For Noting

**Director-General's comments** 

Author Laura Johnson

Cleared by: (SD/Dir) Dr Leanne Geppert

Content verified by: (CEO/DDG/Div Head)

Lesley Dwyer

**Project Officer** 

A/Executive Director

Chief Executive

Mental Health and Specialised

Services

Mental Health and Specialised

Services

West Moreton Hospital and Health West Moreton Hospital and Health

Service

Service

West Moreton Hospital and Health Service

19 December 2013

20 December 2013

24 December 2013



File Ref No:	
Division/HHS:	MD09
Department RecFind No:	BR058295
	IMA.900.001,0066 COLOL3860
	QHD.003.001.

**Briefing Note for Noting**The Honourable Lawrence Springborg MP Minister for Health



	hief Executive, West I and Health Service		ED	RECORDS TEAM	DEPT
SUBJECT:	Update on the Barr	rett Adolescent Cer	>	1 6 JAN 2014	유
Recommend That the Mini			a.		HEALTH
	Barrett Adolescent C s a flexible closure dat			spital and Health Se	ervice
occurring	all current consumers to ensure appropriate I other key service pro	and individual care	plans are develope	d in association with	
ensure that	daily monitoring of the at the environment re as are being provided	mains therapeutic d	uring the change p		
	recommendation that adolescent service op				
	critical accommodation the Director-General			d the recommendation to the detection of	on to
APPROVED	NOT APPROVED	NOTED	NOT	ED	
LAWRENCE Minister for	SPRINGBORG Health		Chie	f of Staff	
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Minister's comments	 		

Briefing note rating

3

<sup>1 = (</sup>poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense) Please Note: All ratings will be recorded and will be used to inform executive performance.

- 3 JAN 2014

Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

### **Briefing Note for Approval**

Director-General

Requested by: Chief Executive, West Moreton Hospital and Health Service

Action required by: 24 December 2014

### SUBJECT: Update on the Barrett Adolescent Centre

### **Proposal**

That the Director-General:

**Note** the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

Note the recommendation that the date of the proposed media event for 10 January 2014 be reconsidered to occur post closure of BAC.

**Approve** the recommendation to convene a Director-General (Queensland Health) to Director-General (Department of Communities, Child Safety and Disability Services) meeting to progress

**Provide** this brief to the Minister for information.

### Urgency

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### Headline Issues

- 2. The top issues are:
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- On the basis of a fluid clinical environment leading up to the closure of BAC, it is recommended that consideration be given to rescheduling the media statement proposed for 10 January 2014 to a date in February.

### Blueprint

- 3. How does this align with the Blueprint for Better Healthcare in Queensland?
  - Providing Queenslanders with value in health services value for taxpayers' money.
  - Better patient care in the community setting, utilising safe, sustainable and responsive service models delivering best patient care.

### Key issues

4.	The care planning for current BAC consumers is
	being progressed by West Moreton Hospital and Health Service (HHS) Clinical Care Transition Panels in consultation with Children's Health Queensland (CHQ) HHS. Current inpatient status:
1.	
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Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

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### Consultation

- 16. Dr Stephen Stathis, Clinical Director, Child and Youth Mental Health Services, Children's Health Queensland HHS.
- 17. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
- 18. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

### **Attachments**

19. Nil.

Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

### Recommendation

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Approve the recommendation to convene a Director-General (Queensland Health) to Director-General (Department of Communities, Child Safety and Disability Services) meeting to progress

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

IAN MAYNARD **Director-General** 

, 0 6 JAN 2013

To Minister's Office For Noting

**Director-General's comments** 

Author Laura Johnson

Cleared by: (SD/Dir) Dr Leanne Geppert

Content verified by: (CEO/DDG/Div Head)

Lesley Dwyer

Project Officer

Service

A/Executive Director

Chief Executive

Mental Health and Specialised

Services

Mental Health and Specialised

West Moreton Hospital and Health Service

West Moreton Hospital and Health West Moreton Hospital and Health

Services

Service

19 December 2013

20 December 2013

24 December 2013

QMHP Master Programming/Planning/Reserve

Total Capital QMHP

16M-61

#### QUEENSLAND MENTAL HEALTH CAPITAL PROGRAM 29 JUNE 2011 Additional \$27,142 Current Total **Project Funding Explaination** BP3 2010/11 million budget Funding Shortfall **Estimated Cost** endorsed since BP3. Bayside Community Care Unit (39) 9,550,312 706,676 10,256,988 \$ Logan Acute Mental Health Unit (36) \$ 15,447,817 \$ 15,447,817 \$ Logan Community Care Unit (37) 9,025,000 \$ \$ 9,025,000 Mackay Acute Care Unit 2,550,000 \$ \$ 2,550,000 Now being delivered under Mackay Redevelopment Princess Alexandra Hospital Community Care Unit (32) 10,460,000 86,533 10,546,533 DP approval 13/1/10 BR043359 Redcliffe/Caboolture Acute Mental Health (29) 10,647,727 22,431,356 \$ \$ \$ Redcliffe/Caboolture Medium Secure Mental Health (28) \$ \$ \$ 11,783,629 As at July 2010 incorporated into report 29 Rockhampton 4 Psycho-geriatric Beds 562,000 562,000 \$ Being delivered under Rockhampton Redevelopment Nambour Psycho-geriatric Extended Treatment Beds \$ \$ \$ \$ Completed Toowoomba Child & Youth Mental Health Unit (18) 10,621,902 \$ 10,621,902 Townsville Extended Treatment Beds \$ 571,454 \$ 571,454 Completed Townsville Hospital Medium Secure Unit (66) \$ 3,000,000 13,653,236 \$ 16,653,236 \$ Townsville Child & Youth Unit (67) \$ 6,870,496 5,932,404 \$ 12,802,900 "'est Moreton Community Care Unit (16) (includes 9,213,000 665,421 \$ 9,878,421 \$ odna site costs of \$862,887) The Park High Secure Unit (14) \$ 7,982,838 121,159 | \$ 8,103,997 \$ DP approval 13/1/10 BR043396 The Park Forensic Extended Treatment Unit (13) 2,600,000 2,600,000 \$ \$ \$ Barrett Centre Adolescent Extended Treatment Unit (15) \$ 10,291,637 5,836,795 2,763,011 \$ 18,891,443

31,188

121,209,000

139,776

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151,114,011



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IMA.004.001.0025

EXHIBIT 83 IMA.900.001.0074



## Meeting re Barrett Adolescent Centre: Ian Maynard + Michael Hogan + Bill Kingswell

Where:

DG's Office

When: Until:

Thu Jan 23 15:30:00 2014 (Australia/Brisbane) Thu Jan 23 16:00:00 2014 (Australia/Brisbane)

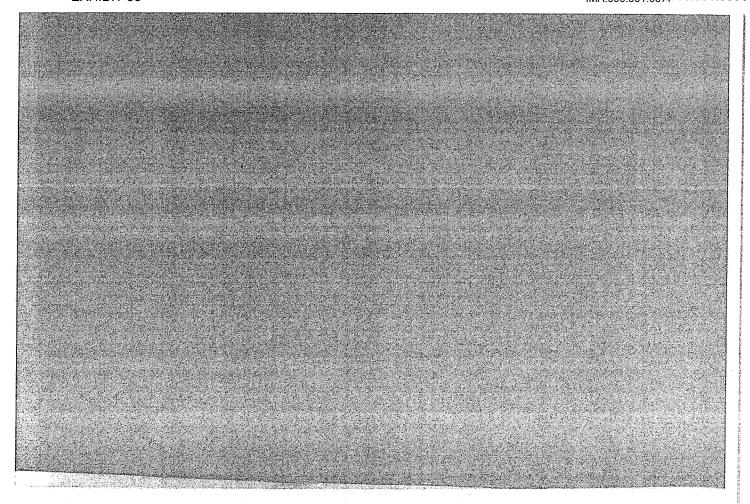
Organiser:

lan Maynard

Required Attendee: Ian Maynard

Meeting to discuss Barrett Adolescent Centre, in particular the progression of

Refers BR055295



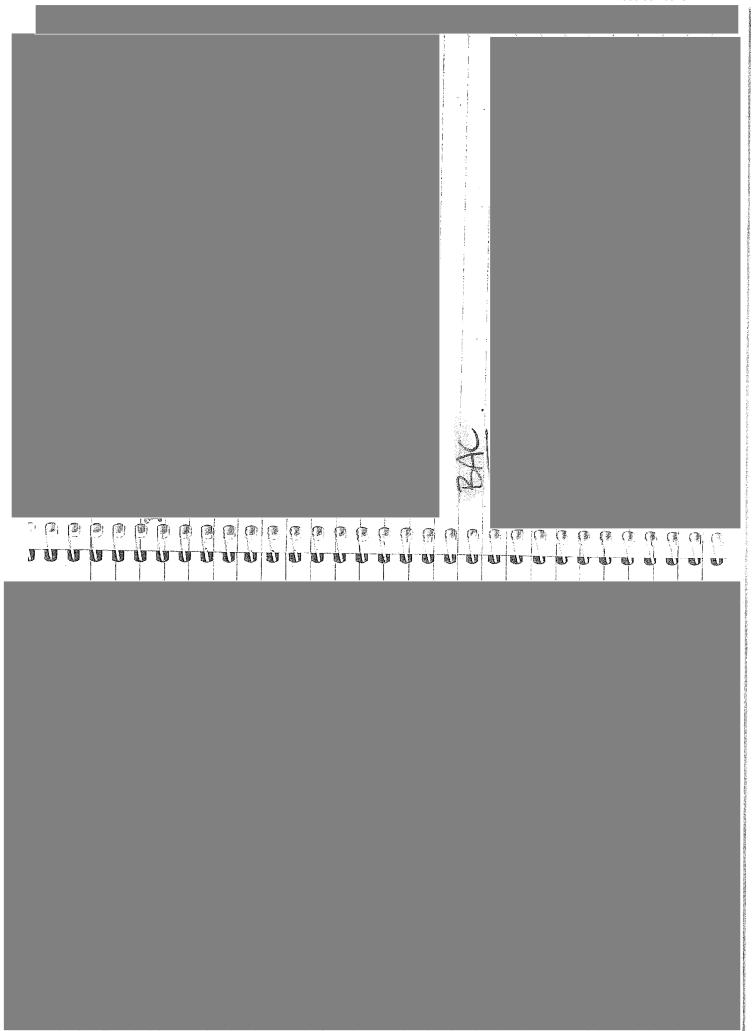
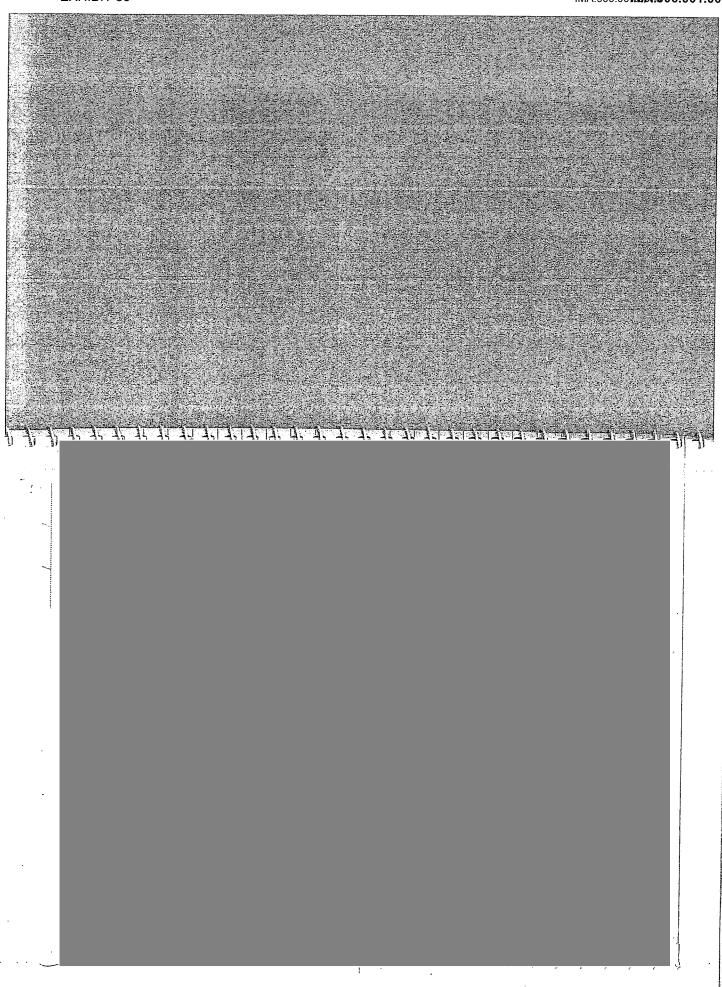


EXHIBIT 83 IMA.900.00**1MA**7.906.001.0003



RESERVE VOLUMENT 45--



Dr Bill Kingswell

Director of Mental Health

Telephone: File Ref:

DG076018

12 JAN 2015

Dear

Thank you both for meeting me on the evening of 26 November 2014. I truly appreciate you taking the time to raise the issues and concerns that the closure of the Barrett Adolescent Centre (BAC) caused you and

It was an extremely important opportunity for me to gain a better understanding of the challenges you and your child have faced coping with complex mental health problems. I have agreed to consider several key actions following our meeting.

The first was a multidisciplinary review of the care arrangements now in place for the group of young people who transitioned from the BAC. I am aware a number of them are now successfully placed in care arrangements with support from a range of public, private and non-government providers. I would not seek to disrupt those arrangements. However, if a parent of any of this group is not satisfied with the support they are receiving, the Department of Health will arrange a multidisciplinary review of their child's care either in the public or private system.

Secondly, I agreed to consider the current policy preventing young people over 18 accessing an acute mental health bed for adolescents. Although some young adults may have reached formal adulthood, clinicians need to consider their patient's developmental achievements and connections to family and education when determining treatment.

A number of services are being developed in both the public and private sector for young people over 18. *Headspace* is designed for 12 - 25 year olds and the two residential services the Department has contracted in Cairns and Greenslopes are aimed at the 16 - 21 age group.

In line with recommendations, the Children's Health Queensland Hospital and Health Service established subacute inpatient beds at the Lady Cilento Children's Hospital to provide 24 hours per day, seven days per week care for young people with severe and complex mental health issues. This service provides extended treatment and rehabilitation with access to state of the art facilities, therapeutic programs and onsite schooling.

Office 19<sup>th</sup> Floor Queensland Health Building 147 - 163 Charlotte Street BRISBANE QLD 4000 Postal GPO Box 48 BRISBANE QLD 4001

Phone

The Queensland Mental Health Commission recently released its strategic plan committing the Department to develop a plan to deliver State funded mental health services. That plan will be underpinned by the National Mental Health Services Planning Framework and a mental health care type and classification now being developed by the Independent Hospital Pricing Authority. As we design and implement our State funded mental health service plan it is my intention to:-

- 1. Ensure you are engaged and consulted as part of that process; and
- 2. Ensure the extended treatment needs of adolescents with complex mental health conditions are properly considered as part of this process.

I also committed to considering the need for a wider range of support for parents. The Department funds a number of non-government organisations to provide carer support, for example, Mental Health Carer's Queensland, Stepping Stones, Aftercare and Centacare. All Hospital and Health Services offer a range of support for both individuals and groups. Some parents may have their own support, however, I am willing to facilitate additional support in the public or private sector for any parent who believes their needs are not being met.

Thank you for sharing your personal stories with me. I know this has been a very difficult time for many of the Barrett families and I appreciate your willingness to assist in the design of our future mental health services.

Should you have any questions or need the Department to arrange a multidisciplinary review of your child or find support for yourself or family, please contact Dr Bill Kingswell, Director of Mental Health, on telephone

Yours sincerely

Ian Maynard
Director-General
Queensland Health



Dr Bill Kingswell

Director of Mental Health

Telephone: File Ref:

DG076019

1 7 JAN 2015

Email:

Dear

Thank you for meeting me on the evening of 26 November 2014. I truly appreciate you taking the time to raise the issues and concerns that the closure of the Barrett Adolescent Centre (BAC) caused you and

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Should you have any questions or need the Department to arrange a multidisciplinary review of your child or find support for yourself or family, please contact Dr Bill Kingswell. Director of Mental Health, on telephone

Yours sincerely

lan Maynard Director-General Queensland Health



Dr Bill Kingswell

Director of Mental Health

Telephone: File Ref:

DG076022

12 JAN 2015

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Thank you both for meeting me on the evening of 26 November 2014. I truly appreciate you taking the time to raise the issues and concerns that the closure of the Barrett Adolescent Centre (BAC) caused you and

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IMA.900.001.0085

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Yours sincerely

Ian Maynard
Director-General
Queensland Health



Dr Bill Kingswell

Director of Mental Health

Telephone: File Ref:

DG076013

1 2 JAN 2015

Email:

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Director-General
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Dr Bill Kingswell

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Telephone:

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1 2 JAN 2015



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lan Maynard
Director-General
Queensland Health



Dr Bill Kingswell

Director of Mental Health

Telephone: File Ref:

DG076023

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Telephone: File Ref:

DG076016

17 JAN 2015

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**Queensland Health** 

THOOL

Trish Nielsen	

From: Cathie Schnitzerling Wednesday, 26 November 2014 8:27 PM Sent: Ian Maynard To: Cc: Cathie Schnitzerling Subject: BAC MEETING - 26 November Hi, Notes from Barrett meeting. Parents did most of the talking with just a few questions from Ian and Stephen at the end. Very positive and respectful meeting. They want to be consulted, want to help devise a new Tier 3 system, examine the mutli-disciplinary approach and support for parents. Cathie BAC MEETING -DG, STEPHEN STATHIS, on phone: Notes: Cathie Schnitzerling DG - acknowledge the challenging time for parents and devastation of working through the know what that feels like but want to convey on behalf of dept and myself and Stephen the sympathy for what you've been going through - intention tonight is to listen to what you have to say and address issues and concerns raised tonight if we can and if not to come back to you

66

EXHIBIT 83 IMA.900.001.0101

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EXHIBIT 83 IMA.900.001.0103

# INSTRUMENT OF APPOINTMENT HEALTH SERVICE INVESTIGATOR

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the Hospital and Health Boards Act 2011, Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by 16 September 2014 or such other date as agreed by me.

## Conditions of appointment

- 1. The appointment commences the date of this Instrument and will end on delivery of the required report.
- 2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the Hospital and Health Boards Act 2011 and is to prepare a joint report to me under section 199 of the Hospital and Health Boards Act 2011.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

1 4 AUG 2014

#### SCHEDULE 1

### **QUEENSLAND HEALTH**

# INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE

#### TERMS OF REFERENCE

## 1. Purpose

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

## 2. Appointment

Pursuant to section 190(1) of the *Hospital and Health Boards Act 2011* (HHBA), following my assessment that she has the necessary expertise and experience, I have appointed Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, as a health service investigator to conduct the investigation.

Ms Geddes is to conduct the investigation jointly with the other appointed Health Service Investigators, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health.

## 3. Scope of the investigation

The functions of the health service investigators are to:

- 3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:
  - 3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

- and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- (a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- 3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
- 3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the Individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients who have been associated with serious adverse events should be undertaken.
- 3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:
  - 3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and
  - 3.2.2. any other matter identified during the course of the investigation.

The investigation is to proceed in accordance with the principles of natural justice.

## 4. Power of the Health Service Investigators

The health service investigators have authority pursuant to section 194 of the HHBA to access any documentation under the control of the Department of Health and/or any relevant Hospital and Health Service (including West Moreton, Metro South and Children's Health Queensland Hospital and Health Services) relevant to this investigation which may assist the investigation including 'confidential information' as defined in the HHBA, noting and complying with the confidentiality obligations as a health service investigator pursuant to the HHBA. The investigators should make every reasonable effort to obtain any other material or documentation that is relevant to these terms of reference.

### 5. Conduct of the investigation

- 5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.
- 5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.
- 5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.
- 5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.
- 5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.
- 5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading 'Assessment of Evidence'.
- 5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.
- 5.8 The report is to be finalised by 16 September 2014 unless otherwise agreed with myself.
- 5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

# Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre

Authors: Associate Professor Beth Kotzé and Ms Tania Skippen

Date: 30<sup>th</sup> October 2014

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#### Authorisation

This report has been prepared in accordance with the Instrument of Appointment and Terms of Reference, both dated 14<sup>th</sup> August 2014 and both authorised by Mr Ian Maynard, Director-General Queensland Health, and revised 28<sup>th</sup> August 2014.

## **Scope and Purpose**

To provide expert clinical review and a report under section 199 of the Hospital and Health Boards Act 2011 (HHBA) for the Director-General, Queensland Health in line with the Terms of Reference.

The functions of the health service investigators were to:

- 1.1 Investigate the following matters relating to the management, administration and delivery of public sector health services:
  - 1.1.1 Asses the governance model put in place within Queensland Health (including the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
    - Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
  - 1.1.2 Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
  - 1.1.3 Advise if the healthcare transition plans developed for individual patients by the transitions team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
  - 1.1.4 Based on the information available to clinicians and staff between 6 August 2013 and closure of BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients who have been associated with serious adverse events should be undertaken.
- 2.1 Make findings and recommendations in a report under section 199 of the HHBA in relation to:

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- 2.1.1 The ways in which the management, administration or delivery of public sector health services, with particular regards to the matters identified in paragraph 1 above, can be maintained and improved: and
- 2.1.2 Any other matter identified during the course of the investigation.

#### **Process**

- 1. Extensive documentation was made available to the investigators; refer Index of Documentation (Appendix A), including patient files, policies and miscellaneous.
- Additional information confirming governance arrangements was provided to the investigators by Kristi Geddes, Investigator, following a meeting on 4 September 2014 with Executive Director Mental Health & Specialist Services at WMHHS and Director of Strategy Mental Health & Specialised Services WMHHS.
- 3. Written statement, senior BAC clinician, 13/10/14.
- 4. Interviews were conducted face-to-face over two days being 13<sup>th</sup> and 14<sup>th</sup> October 2014 (Appendix B: Schedule of Interviews).
- 5. Additional email communication senior BAC clinician 21/10/14 and 22/10/14.
- 6. Response letter from Metro North Hospital and Health Service 28.10.2014.
- 7. An extensive interrogation of the Documentation related to Transition Planning for the six clients with the highest complexity of needs and risk including those who have been associated with serious adverse events provides a reference for this report (Appendices C and D).

## Limitations

- Noting that transition is a process in which the communication and negotiations
  between the referring and receiving services are critical, this investigation was limited
  to review of the available documentation and interviews with key clinicians formerly
  from BAC. Staff of receiving services were not interviewed and limited
  documentation was available from these services. Education Department staff
  associated with the BAC were also not interviewed.
- was identified as having a key role in the transition planning process and was offered but declined an interview with the investigators. In assessing the impact of this as a limitation to the process of the investigation, the investigators considered the very large volume of material that was available and the level of confirmation across the material and re-confirmation during multiple interviews. It is the judgment of the investigators that they were able to build up a relatively complete picture at a relatively high level of certainty in regard to the perspective of the BAC staff on the transition process. The investigators do not regard the lack of an interview with this person as a key limitation in the process.

#### Context

- On 6<sup>th</sup> August 2013 Minister for Health, Mr Lawrence Springborg announced the closure of the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service (WMHHS)<sup>1</sup>. A planning process to develop new service options for the population of the State was announced under the governance of Children's Health Queensland (CHQ)<sup>2</sup>. A governance process to manage the transition of current individual patients of BAC was developed.
- The concentrated and focused process for managing the transition of individual patients from the care of BAC to alternative options commenced in September 2013<sup>3</sup> with the expectation that the service would close in January 2014.
- The investigators note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.
- The published literature regarding transitional care for adolescents provides guidance and principles in relation to the planning and outcomes for this group:
  - Optimal transition may be defined as adequate transition planning, good information transfer between teams and continuity of care following transition.
  - Predictors of positive transition include individual factors such as severe mental illness and treatment and care issues such as medication and inpatient care.
  - o Neurodevelopmental disorders, personality disorders, complex needs and emotional/neurotic disorders can be associated with less favorable outcomes.
  - o Other factors associated with poor outcomes include if the process is seen simply as an administrative event.
  - o It is better to undertake transitional care in the context of relative stability for the young person rather than crisis.
  - o Transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition. The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviors.
  - o Models for collaboration that support transition include: shared care/joint working across services and liaison models.
  - Barriers to transitional care include: lack of alignment between referral thresholds and criteria between Child and Youth Mental Health Services (CYMHS) and Adult Mental Health Services<sup>4</sup>.

<sup>3</sup> Refer interview with Senior BAC clinician (6).

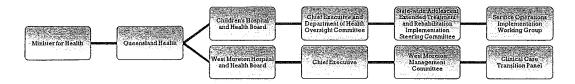
<sup>&</sup>lt;sup>1</sup> Refer: letter dated 24<sup>th</sup> August 2014 from Health Service Chief Executive West Moreton Hospital and Health Service to Qld Health Chief Psychiatrist.

<sup>&</sup>lt;sup>2</sup> This process was identified as out of scope by the investigators because it concerned strategic forward planning at the population level rather than care planning for the individual patients of BAC.

<sup>3</sup> Provides a significant of the individual patients of BAC.

#### Governance

The figure below outlines the governance structure in place from August 2013 to January 2014 covering the transition phase for BAC patients<sup>5</sup>.



The governance structure overseen by Children's Health Queensland was focussed on and responsible for the future of mental health services for adolescents in Queensland post the closure of BAC and the governance structure overseen by WMHHS was focussed on and primarily responsible for the transition and discharge of patients from BAC up until its closure<sup>6</sup>:

- (a) the West Moreton Management Committee had membership from various stakeholders and met once a week to address any concerns raised during the transition process and assist in developing solutions;
- (b) the following was in place to ensure communication between the two governance structures, primarily between the WMHHS Management Committee and CHQ Steering Committee:
  - (i) mutual committee membership by a number of practitioners from each HHS, including three senior health service executives:
  - (ii) informal input sought and received on the drafting and development of key material;
  - (iii) informal and open communication and sharing of documentation;
  - (iv) regular formal reporting by both committees to the Department of Health and Minister for Health; and
  - (v) formal monthly reporting from Clinical Care Transition Panel to Steering Committee.
- The clinically driven process was supported by a formal governance structure comprising:
  - O Clinical Care Transitional Panel:
    - Chaired by a senior clinician BAC.

<sup>&</sup>lt;sup>4</sup> Singh SP, et al 2005, 2009, 2010

<sup>&</sup>lt;sup>5</sup> Refer additional information provided by Kristi Geddes, Investigator

<sup>&</sup>lt;sup>6</sup> Refer additional information provided by Kristi Geddes, Investigator

- Key members: internal to BAC: multidisciplinary senior clinicians responsible for patient care and Acting Principal of the school.
- Reported to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee and the West Moreton Management Committee.
- Met twice-weekly and on an ad hoc basis to focus on day to day patient care and planning for transition. An issues log was maintained and provided to the investigators by a senior clinician BAC.
- Agendas and minutes were provided to investigators (Appendix A). No formal Terms of Reference available.
- o The West Moreton Management Committee<sup>7</sup>:
  - Chaired by senior manager.
  - Key members: range of senior clinician and management representatives from the health service, representative from CHQ and MHAOD Branch.
  - Reported to the Chief Executive WMHHS and Chief Executive and Department of Health Oversight Committee.
  - Met weekly from September 2013 until January 2014.
- o Chief Executive and Department of Health Oversight Committee:
  - Key members: Deputy Director General Department Health, Health Service Chief Executives from key hospital and health services; Executive Director MHAOD Branch and other key representatives from CHQ.
- The clinically driven process was supported by additional and specific resourcing:
  - o Project Officer<sup>8</sup> appointed to support the Clinical Care Transitional Panel and the Barrett Adolescent Update Meeting.
    - Role to schedule agenda to ensure all patients reviewed in a timely way and record keeping.
  - o Brokerage funds were provided where required to support the transition period and frequently offered up to June 2014<sup>9</sup>.
- The closure of BAC was supported by a formal communication plan in effect from September 2013 to February 2014. This was managed by the Project Officer (above).

<sup>7</sup> This meeting appears to have had an alternative meeting name: Barrett Adolescent Update Meeting.

The reviewers were advised during the interview with senior clinician BAC that a Project Officer was appointed to support the process of transition planning and the governance.

<sup>9</sup> Refer Appendix C -

The scope included families and carers, community, staff of BAC, hospital/health services, industrial organisations etc.

• The Queensland Health Procedure Document 201000447, Inter-district Transfer of Mental Health Consumers within South Queensland Service Districts, effective 8/11/10 and active at the time of the closure of BAC, provides guidance in relation to transitional care, notably including: the roles and responsibilities of transferring and receiving services; and consideration of potential shared care arrangements.

## **Findings**

15the.

The process of transitional planning occurred in an atmosphere of crisis consequent to the announcement of the closure and the

in the context of an unrelated matter, with escalation of distress in a number of the adolescents and staff of BAC. There appears to have been a contagion effect of distress and anxiety amongst the adolescents and an increase in incidents on the unit. However whilst the general atmosphere of crisis contributed to the complexity of the situation, it does not appear to have detrimentally affected the process of transitional care planning for the patients.

- The closure date set an artificial/administrative deadline for transition, although all formal communication such as letters to parents and fact sheets/updates suggested that BAC would remain open until all transitions were completed. Whilst on the one hand there was a relatively long period of approximately 5 months to develop and enact the transition plans, on the other hand there was a sense of time-pressure for the BAC clinical staff because of the complexity of the planning process.
- Transitional care planning was led by a small multidisciplinary team of clinicians headed by the Acting Clinical Director BAC. Their task was enormous as they were required to review and supervise current care plans, manage incidents and crises, seek out information about service options that many times was not readily available, negotiate referrals, coordinate with the education staff and manage communication with patients and their families/carers. The team was dedicated to these tasks, with the day to day supervision of the young people undertaken by the Care Coordinators.
- The process of managing the transition of individual patients was centered on individualised and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers. <sup>10</sup>
- In relation to the patient cohort, it is noted:

 $<sup>^{10}</sup>$  Refer Appendices C and D for transition planning evidence and detailed review.

- The young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability. unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse. In short, this was a cohort in the main characterised by high, complex and enduring clinical and support needs
- Organising transitional care for such a complex group would have been a very significant challenge even under ideal conditions. Each very complex young person required highly individualised care assessment and planning. These are not the kind of individuals who readily 'fit' with service systems because of the scope and intensity of their needs. The model of care in existence at BAC had promoted prolonged inpatient care and the forthcoming closure required the rapid development of care pathways to community care.
- The BAC team undertook an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process. Despite the pressure of a looming deadline, there was evidence that the first and critical emphasis of care was to establish and provide good clinical care including addressing physical health needs such as blood lithium levels and diet/weight management. 11
- The process of communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained. As would be expected during a time of heightened emotions and anxiety about the future, there appears to have been some misunderstandings at times along the way but these appear to have been in each case dealt with promptly and appropriately. The misunderstandings arose, for example, in circumstances of unopened emails by parents/carers<sup>12</sup> or unexpected emerging clinical need requiring immediate action by the BAC clinical team<sup>13</sup>, with communication following as time permitted. There is evidence of parent information sessions, letters to parents, individual email responses to parents and phone calls to support timely communication. Fact Sheets, FAQ sheets and the Executive Review Committee recommendations were also provided to parents/carers and made publicly available on the WMHHS website.
- The transition plans, without exception, were thorough and comprehensive. In some instances it was not possible to identify a variety of options for each care domain for each client, but in each case at least one reasonable option was able to be identified matched to a particular care domain 14. At times there was considerable delay in settling on the final option - but this reflected the considerable work involved in

<sup>11</sup> Refer Appendix D -12 Refer Appendix D -

<sup>13</sup> Refer Appendix D -

<sup>14</sup> See for example, Appendix D –

identifying a range of suitable options and working through processes of negotiation with receiving agencies<sup>15</sup>.

- In a number of instances the young people had psychiatric disorders that on their own did not cross the threshold to service in the community mental health system. <sup>16</sup> It is noteworthy that there were examples of successful negotiations that led to services accepting the referrals by exception <sup>17</sup>. The investigators did not find any example where it was not possible to organise a reasonable system of care for an individual.
- The inevitable challenges arose during this process, such as the changes in established long-term relationships between the clinicians of BAC and the young people; the differences between the culture and approach to care provided in services for adolescents and the culture and approach to care in adult services; the impact of the young person's developmental stage and maturity on their health-seeking attitudes and behaviors; and, adolescent's resistance to transfer from a service where they felt safe and 'connected' in a relatively closed environment to a community system of care and, in the case of transfer to an adult system, the different expectations of their maturity and health-seeking behaviour and the different expectations of involvement of their family.
- Whilst there was some drop-out from some aspects of the care organised, the
  investigators did not identify any examples where a young person was completely lost
  to care, nor where a core component of care was completely missing.
- There were numerous examples of the BAC staff working in a collaborative way with receiving agencies, as evidenced by the number of times young people were escorted to the other agencies<sup>19</sup>, the detailed discussions and documentation in relation to risk management<sup>20</sup>, maintaining contact post-transfer of care<sup>21</sup> and joint working by staff across the agencies<sup>22</sup>. These activities would be considered best-practice in transitional care and in the main appear to have been implemented.

<sup>15</sup> Refer Appendix D –

16 See for example, Appendix D –

17 See for example, Appendix D –

18 Refer Appendix –

19 See for example, Appendix D –

20 See for example, Appendix D –

21 See for example, Appendix D –

22 See for example, Appendix D –

23 Refer Appendix D –

Refer Appendix D –

- There were examples where brokerage funding was very necessary and secured from Health to facilitate a high quality transition<sup>24</sup>.
- The investigators confirm that:



- the health care transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
- o the transition plans for individual patients were appropriate and took into consideration patient care, patient support, patient safety, and service quality.
- Further the investigators commend the work of the transition team for the quality and comprehensiveness of the plans and for their efforts that included 'going the extra mile' to secure the range of services required by the young people.
- The investigators confirm that the governance model put in place within Queensland Health to manage the oversight of the health care transition plans was appropriate.
  - The governance arrangements supported collaborative clinical decisionmaking at the local level and provided an appropriate pathway for escalation of clinical and transition planning issues.
  - o Cross membership of committees was designed to support communication flow and membership was sufficiently senior to facilitate authoritative decision-making and action (eg: sourcing of brokerage funds and funds for family members to travel to participate in transition planning meetings<sup>25</sup>).
  - Available minutes and agendas of meetings indicate regular frequency of meetings and the involvement of carers and patients in decision-making.
  - o The investigators noted that some transitional planning documentation was incomplete/missing and there was a delay in the appointment of the Project Officer, however it is the view of the investigators that these were minor issues and did not have a material impact on the planning for or transition of the patients.
  - o In relation to the time-frames given for the process of transition planning to be developed and enacted, it is noted that the deadline was achieved albeit with a sense of pressure and urgency for the clinical staff especially towards the end. The investigators did not identify, however, an individual case in which more

Refer Appendices C and D –

<sup>&</sup>lt;sup>25</sup> Refer Appendix D –

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time might have resulted in BAC staff providing a better transition plan or process.

## Recommendation

• The investigators make a general mental health system recommendation. Transitional mental health care for young people is internationally recognized as a complex and often difficult process and poor outcomes such as disengagement from care are well-documented. The BAC process demonstrates positive learnings in relation to good quality transitional planning. It is recommended that these learnings be considered for distillation into the development of a state policy (or review of the current transfer of care policy) that supports mental health transition for vulnerable young people.