

(f) Explain whether any alternatives were considered by the Board, should the recommendation to continue a Tier 3 service be ignored; and

- 23.14 It was not my understanding that the ECRG made a 'recommendation to continue a Tier 3 service'. I therefore do not accept that there was a recommendation to that effect which could be 'ignored'.
- 23.15 The ECRG described a Tier 3 service as 'an essential service component' and endorsed that such a service should be established. Section 3 of the ECRG report specifically recognised the prospect of BAC being closed in circumstances where no Tier 3 service is immediately available.
- 23.16 As noted above, the ECRG and the Planning Group reports confirmed it was possible to provide appropriate and safe services in the absence of a Tier 3 service. The WMHNB did not have information available to it at that time regarding what 'wrap around' services or other supports may be available, and therefore was not in a position to consider 'alternatives'. The WMHNB supported closure of BAC contingent on detail being provided in that regard, and that detail was provided in Agenda Papers and briefings at subsequent meetings of the WMHNB up to and including the meeting of the WMHNB on 20 December 2013.

(g) Explain what the Board understood by "a new long term adolescent treatment model".

- 23.17 I have been unable to identify this phrase being used in the ECRG report as provided to the WMHNB.
- 23.18 In general terms, my understanding of that term is that it would mean a model that embodied best practice for the long term treatment of seriously ill adolescents, and would include elements of both residential and community care options. One of the criticisms of BAC was that the length of stay of patients was not necessarily in the patient's best interests and a new model would likely include a reduced length of stay and a better mix of care, comprising a shorter residential component with the focus on transfer to community care.

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- 23.19 My understanding of the ECRG's recommendations was that the ECRG recommended a system comprising the service elements which are described in the document entitled 'Proposed Service Model Elements – Adolescent Extended Treatment and Rehabilitation Services (AETRS)' which was an attachment to the Board Committee Agenda Paper regarding BAC for the meeting of the WMHHB on 24 May 2013.
- 23.20 I am not in a position to state what understanding other members of the WMHHB may have had.

24 The Board meeting minutes from 24 May 2013 record that:

"The Board discussed the recommendation from the Planning Group that proposes the closure of the BAC and the issues that this presents. The Board recognised that the Barrett facility is no longer suitable but is concerned that there is currently no alternative for consumers. The Board noted the recommendations of the Barrett Adolescent Strategy Planning Group, and the need to move as rapidly as possible to an alternative model based on those recommendations ... DECISION: The Board approved the development of a communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC."

(a) Explain your recollection of this meeting.

- 24.1 I do not have a clear recollection of the meeting of the WMHHB on 24 May 2013. I recall there was a general discussion about the recommendations of the Planning Group and the matters outlined in paragraphs 23.6 to 23.11.

(b) Was that decision the Board's approval of the plan to close BAC?

- 24.2 The decision of the WMHHB on 24 May 2013 was not an approval of the plan to close BAC.
- 24.3 It was a decision to support the recommendations of WMHHS noting the actions which were to be taken to progress toward closing BAC which included briefing the Minister of Health and engaging with CHQHHS and MHAODB regarding planning for the future

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model of care.

(c) If not, had the Board approved the closure of the BAC, and did that decision assume the Board's approval to close the BAC?

- 24.4 The WMHHB had not approved the closure of BAC.
- 24.5 The decision recorded in the Minutes of the meeting of the WMHHB on 24 May 2013 did not assume the WMHHB's approval to close BAC.
- 24.6 The decision represented the WMHHB's approval of steps to be taken to support the proposed closure of BAC. Closure of BAC was a matter outside the power of the WMHHB.

(d) If not, was this decision of the Board's conditional/ contingent approval of the closure? If so, explain the conditions the Board placed on the approval to close the BAC.

- 24.7 The decision recorded in the Minutes of the meeting of the WMHHB on 24 May 2013 was not conditional/contingent approval of the closure of BAC.
- 24.8 The decision represented the WMHHB's approval of steps to be taken to support the proposed closure of BAC. Closure of BAC was a matter outside the power of the WMHHB.
- 24.9 The power of the WMHHB was in relation to the timing of closure of BAC, not the decision to close BAC.

25 The Board meeting minutes from 26 July 2013 record that:

"The Board noted that all references to the closure of the BAC in the agenda paper for Agenda Item 7.2 (Barrett Adolescent Centre Update) must be read as referring to the proposed closure of BAC in light of the fact no firm decision to close the facility has been made until alternative options for providing improved models of care have been identified."

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(a) Explain your recollection of this meeting.

25.1 I did not attend the meeting of the WMHHB on 26 July 2013. The Minutes record I was an apology for that meeting.

(b) Was this the Board's approval of the plan to close BAC?

25.2 As I was not present at the meeting, I am not able to comment on discussions or resolutions of that meeting.

(c) Was this the Board's implicit approval to close the BAC?

25.3 As I was not present at the meeting, I am not able to comment on discussions or resolutions of that meeting.

(d) Was this the Board's conditional/ contingent approval of the closure? If so, explain the conditions the Board placed on the approval to close the BAC.

25.4 As I was not present at the meeting, I am not able to comment on discussions or resolutions of that meeting.

26 The Board meeting minutes from 27 September 2013 record that:

"The Board discussed the proposal to announce a closure date for BAC, noting that the Board could not advise a firm date for closure in the absence of an alternative model. The Board supported the position that all parties are working towards early in 2014 for transfer to a more appropriate model, but that the closure of BAC is contingent on an appropriate model of care being developed and a clear plan being in place for the transition of current patients."

(a) Was the approval by the Board to close the BAC contingent on an appropriate model of care being developed and a clear plan being in place for the transition of current patients?

26.1 The reference in the Minutes of the September meeting of the WMHHB to 'closure of BAC' means the physical closing of the facility, not a decision whether or not the facility,

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which was a decision already made by the Minister for Health in about early August 2013.

- 26.2 The WMHBB's position was and remained that the closing of the BAC facility was contingent on an appropriate model of care being developed and a clear plan for the transition of current patients.

(b) If so, on what date, and by what means, was the Board satisfied that an appropriate model of care had been developed?

- 26.3 The ECRG report provided an outline of an appropriate model of care. Governance in relation to the development of that model of care rested with CHQHHS and MHAODB. A State-wide Adolescent Extended Treatment and Rehabilitation Steering Committee was established under the governance of CHQHHS with responsibility for this.
- 26.4 The WMHBB received updates as to the progress of the work being undertaken by this State-wide committee, in the Board Meeting Agenda Papers referred to in paragraph 22.2.
- 26.5 The WMHBB had no oversight responsibilities or control in respect of it. I cannot speak for other Board members but from my perspective, these reports satisfied me that an appropriate structure was in place, with appropriate governance, for the development of future models of care. I had that level of assurance by about the time of the November 2013 meeting of the WMHBB.
- 26.6 In the Board Meeting Agenda Paper for the meeting of the WMHBB on 20 December 2013, it was reported that 'the Statewide Steering Committee chaired by CHQ continues, with the proposed future model in final draft'.
- 26.7 The November and December 2013 Board Meeting Agenda Papers stated that the new State-wide service options may take a further 12 months to be fully established but confirmed that interim service options were being developed by WMHHS in consultation with the Department of Health and CHQHHS to ensure there was no gap in service.

(c) What was the appropriate model of care to be developed, and what steps

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were taken by the Board to develop that model?

26.8 The appropriate model of care to be developed was a matter for the State-wide Adolescent Extended Treatment and Rehabilitation Steering Committee, under the governance of CHQHHS.

26.9 The WMHHS did not take steps to develop that model, as the governance responsibility for developing the model rested with CHQHHS, not WMHHS and therefore the WMHHS had neither a role nor a right to be involved.

(d) What steps or process for follow up were undertaken by the Board to ensure that an appropriate model of care had been developed and implemented?

26.10 The WMHHS received monthly updates, via the Board Meeting Agenda Papers referred to in paragraph 22.2.

(e) On what date, and by what means, was the Board satisfied that there was a clear plan in place for the transition of current BAC patients?

26.11 As noted in the Minutes, the WMHHS directed Ms Kelly at the Board meeting on 27 September 2013 that closure of the BAC facility was contingent on a clear plan being in place for the transition of current patients. This meant an individual care plan for each patient.

26.12 Thereafter, at each meeting of the WMHHS, an update was provided by either Ms Kelly or Ms Dwyer as to the progress of transition planning.

26.13 I expected that each patient would have a plan which included what arrangements had been negotiated with the receiving HHS or other provider, details of housing support/arrangements and confirmation that an adequate discussion had taken place with the parent or carer of the patient as to the patient's care.

26.14 I recall that at the October 2013 meeting, I was not yet satisfied that sufficient detail was being given. It was not clear to me whether the arrangements had not been made or that the reporting up to the WMHHS was not that comprehensive.

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- 26.15 I recall a more comprehensive briefing was provided at the November meeting and I recall that at that time I became satisfied that there was a clear transition process in place which was addressing the necessary matters.

(f) What was the clear plan in place for the transition of current BAC patients?

- 26.16 The WMHHB did not receive reports with the specific clinical or personal details of particular patients. I do not consider it would have been appropriate or necessary for the WMHHB to receive those details. The clinical details and the processes of transition were managed at the BAC level by the clinical team. Mental Health Services had a governance and oversight responsibility for that process. The governance role of the WMHHB was at a higher level again. What the WMHHB required was a reporting of the structures which were in place to manage transitions and a general reporting as to, for example, the number of patients transitioned and the number remaining etc

(g) What steps or process for follow up were undertaken by the Board to ensure that there were clear plans in place for the transition of current BAC patients?

- 26.17 The WMHHB received an update via the Board Meeting Agenda Papers and verbal presentations to the Board meetings by either Ms Dwyer or Ms Kelly, at each meeting from the September 2013 meeting of the WMHHB.

(h) If the Board was not satisfied that an appropriate model of care was developed and or clear plans were in place for the transition of current BAC patients, was any step taken by you or the Board (stating which) to delay the closure to ensure that those contingencies were in place?

- 26.18 By the December 2013 meeting, the WMHHB was satisfied that:
- (a) An appropriate model of care had been developed to final draft stage and that to the extent that it was envisaged that some elements would not be available immediately, interim service options were drafted.
 - (b) Clear plans were in place for the transition of current BAC patients, and indeed

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the majority of BAC patients had been transitioned.

- 26.19 The remaining BAC patients had been transitioned by the time of the January 2014 meeting of the WMHHB. There was never a need to consider delaying closure of BAC, as the WMHHB had made it clear since at least September 2013 that BAC would not close whilst any patient remained at the facility. The [REDACTED] and BAC was then closed.

(i) If not, why was nothing done by the Board to delay the closure until an appropriate model of care and clear plans were in place if the Board's approval was contingent on this?

- 26.20 Not applicable.

(j) What steps did you take to ensure that an 'alternative model' was in place, or to ensure an appropriate model of care was developed or to ensure that a 'clear plan' was in place for the transition of the current patients?

- 26.21 I refer to paragraphs 26.3 to 26.18.

(k) What was that 'alternative model' and 'clear plan'?

- 26.22 I refer to paragraphs 26.3 to 26.18.

Transition Arrangements

27 Explain the role of the Board (if any) with respect to the identification, development and implementation of arrangements for the transitioning of patients from the BAC.

- 27.1 I refer to paragraph 26.15.

28 Explain the nature and extent of your involvement and the Board's involvement in the transition arrangements for the transition of patients from the BAC (and the dates when this occurred and by what means), including:

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(a) decisions made concerning funding arrangements for any additional services to be provided by WMHHS/any decisions made concerning the ceasing of funding to be provided by WMHHS;

28.1 Neither I nor the WMHHB had any role in decisions made concerning funding arrangements for any additional services to be provided by WMHHS or any decisions made concerning the ceasing of funding to be provided by WMHHS.

(b) any input or recommendations made by you and the Board (and to whom, and on what date) regarding the transition arrangements and the extent to which that input/recommendations were accepted or rejected;

28.2 Neither I nor the WMHHB had any input or recommendations regarding the transition arrangements. Details of the role of the WMHHB in relation to oversight of the transition arrangements is set out in paragraph 26.15.

(c) any consultation(s) with:

(i) representatives of the WMHHS (and when), and the nature of those consultation(s);

28.3 Other than the presentations to the WMHHB by Ms Kelly and Ms Dwyer which are detailed in the Minutes, I did not have any consultations with representatives of the WMHHS. I am not aware of any Board members having any such consultations.

(ii) experts and stakeholders (and when), and the nature of those consultation(s);

28.4 I did not have any consultations with experts and stakeholders regarding transition arrangements for the transition of BAC patients. I am not aware of any Board members having any such consultations.

(iii) alternative services/care providers for patients of the BAC (and when), and the nature of those consultation(s);

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28.5 I did not have any consultations with alternative services or care providers for BAC patients. I am not aware of any Board members having any such consultations.

(iv) parents of patients of the BAC (and when), and the nature of those consultation(s); and

28.6 I did not have any consultations with parents of BAC patients. The Board papers for the meeting of the WMHBB on 29 November 2013 included an email from a parent to Dr Corbett at the email address of the WMHBB. Dr Corbett may have had some interactions with that parent as a result of that communication, but I am not aware of the details of any such interactions, when they occurred or whether she had contact with any other parents. I am not aware of any other Board members having any consultations with parents of BAC patients.

(v) staff working at the BAC (and when), and the nature of those consultation(s).

28.7 I did not have any consultations with staff working at BAC. I am not aware of any Board members having any such consultations.

(d) who was responsible for the transition arrangements, including with respect to responding to or addressing any concerns raised during the transition process;

28.8 A transition team of clinicians at BAC was responsible for the transition arrangements, including with respect to responding to or addressing any concerns raised during the transition process.

(e) the information, material, advice, processes, considerations and recommendations that related to or informed the transition arrangements;

28.9 I have no personal knowledge of the information, material, advice, processes, considerations and recommendations that related to or informed the transition arrangements.

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