

Oaths Act 1867

Statutory Declaration

I, **Timothy Carl Eltham** of c/- Corrs Chambers Westgarth, by email to

, in the State of Queensland do solemnly and sincerely declare that:

Background and experience

1 Outline your current professional role/s, qualifications and memberships. Please provide a copy of your most recent curriculum vitae.

1.1 Attached and marked **TCE-1** is a copy of my most recent curriculum vitae.

1.2 My curriculum vitae outlines my current professional roles, qualifications and memberships.

2 Outline all positions and appointments (permanent, temporary or acting) you have held in Queensland Health and describe your role(s).

2.1 Between 1996 and 1998 I was employed by Queensland Health as a Program Manager in the Project 300 Community Mental Health Program.

2.2 Program 300 was designed to resettle up to 300 long stay adult psychiatric patients into community care and my role as one of the three program managers was to arrange individual transition plans for patients leaving Baillie Henderson Hospital in Toowoomba and Mosman Hall Hospital in Charters Towers.

2.3 In June 2012, I was appointed to the position of Deputy Chair of the West Moreton Hospital and Health Service Board for a two year term. My roles are provided in paragraph 7.1.

3 Describe any work/professional experience you have had in the field of adolescent and adult mental health.

3.1 I have no work or professional experience in the field of adolescent mental health.



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(f) any consultations, meetings, dealings regarding the transition arrangements and the adequacy of the care, support and services that were to be provided to the transition patients, and on what date this occurred; and

28.10 I did not have any consultations, meetings or dealings regarding the transition arrangements and the adequacy of the care, support and services that were to be provided to the transition patients. I am not aware of any Board members having any such consultations, meetings or dealings.

(g) how care, support, service quality and safety risks were identified, assessed, planned for, managed and implemented during the transition.

28.11 I did not have any involvement in how care, support, service quality and safety risks were identified, assessed, planned for, managed and implemented during the transition. I am not aware of any Board members having any such involvement.

29 Are you aware of any circumstances of concern with respect to the transition of patients from the BAC? If yes, how, on what date and by what means did you become aware of these circumstances, and what did they involve, and what steps (if any) did you cause to be undertaken, and by whom?

29.1 I was not aware of any circumstances of concern with respect to the transition of BAC patients. As previously outlined, the WMHHS sought and obtained assurances that there was a process in place whereby a transition arrangement was developed for each patient on an individual basis. The specific details of those arrangements were a clinical and operational matter which was dealt with by the clinical team at BAC or, if higher level involvement was required, by Ms Kelly and/or Ms Dwyer and their teams.

30 Explain the nature and extent of your involvement and the Board's involvement in and contribution to the governance model put in place by the WMHHS to manage the oversight of the transition arrangements, including information relating to:

(a) the principal features of the governance model;


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- 30.1 I did not have any involvement in or contribution to the governance model put in place by the WMHHS to manage the oversight of the transition arrangements.
- 30.2 The principal features of the governance model were that transition arrangements were developed by the clinical team within BAC, with oversight by Mental Health Services, in particular the Executive Director Mental Health Services and her team, who in turn reported to the Health Service Chief Executive, who reported, or arranged for the EDMHSS to report, to the WMHHB on a monthly basis.

(b) when that model was put in place and, if it was varied, when it was varied and in what way and for what reason;

- 30.3 I have no personal knowledge of when the model was put in place. The WMHHB received reports in relation to the transition process and progress with transitions from September 2013 until BAC closed.
- 30.4 I am not aware of the governance model changing during the period of its operation.

(c) how and who chose the members of the Clinical Transitional Panel and the respective roles of the panel members;

- 30.5 The Board Meeting Agenda Paper for the meeting of the WMHHB on 29 November 2013 stated that the care planning for current BAC patients and those on the waitlist was being progressed by West Moreton HHS Clinical Care Transition Panels.
- 30.6 This was confirmed in the Board Meeting Agenda Paper for the meeting of the WMHHB on 20 December 2013.
- 30.7 I am not aware of how and who chose the members of the Clinical Care Transition Panels or the respective roles of panel members.

(d) the identities and members of the Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee, how and why they were chosen and by whom, and their respective roles and expertise;

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- 30.8 I do not know the identities and members of the Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee, how and why they were chosen and by whom, or their respective roles and expertise.

(e) the identities and members of the West Moreton Management Committee, how and why they were chosen and by whom, and their respective roles and expertise;

- 30.9 I am not aware of an entity called the West Moreton Management Committee. If such an entity exists or did exist, I do not know the identities and members of the committee, how and why they were chosen and by whom, and their respective roles and expertise.

(f) the identities of the members of the Chief Executive and Department of Health Oversight Committee, how and why they were chosen and by whom, and their respective roles and expertise.

- 30.10 I am not aware of the identities of the members of the Chief Executive and Department of Health Oversight Committee, how and why they were chosen and by whom, or their respective roles and expertise.

Communication of the decision

31 Who was responsible for communicating to the public the alternative model of care which was being developed and the plans being implemented for the transition of current patients of the BAC? How were these arrangements communicated?

- 31.1 The responsibility for the development of the alternative model of care which was being developed rested with the State-wide Adolescent Extended Treatment and Rehabilitation Steering Committee. Governance in respect of the alternative model of care rested with CHQHHS. It was a State-wide project. On that basis, my understanding is that CHQHHS and/or the Department of Health had responsibility for communicating to the public the alternative model of care which was being developed.
- 31.2 I am not aware how CHQHHS or the Department of Health communicated the

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alternative model to the public, save that I am aware CHQHHS published material on its website regarding adolescent mental health services including specific information regarding adolescent extended treatment and rehabilitation services.

- 31.3 The plans being implemented for the transition of current patients of BAC were patient-specific and not a matter for public dissemination. No one was responsible for communicating those plans to the public, as it was not appropriate that the plans be publicly communicated.

32 Who was responsible for communicating to the BAC staff the alternative model of care which was being developed and the plans being implemented for the transition of current patients of the BAC?

How were these arrangements communicated?

- 32.1 As Executive Director Mental Health and Specialised Services, Ms Kelly was responsible for communicating with BAC staff.
- 32.2 The Board Meeting Agenda Papers for the meetings of the WMHHSB on 27 September 2013, 29 November 2013 and 20 December 2013 noted that 'strategies have been implemented to communicate regularly and directly with BAC staff and parents/carers via Fact Sheets, meetings and personal phone calls'.

Dr Sadler

33 Who made the decision and what were the reasons for the decision (on 10 September 2013) to stand down Dr Sadler from his position as Director of the BAC?

- 33.1 The decision to stand down Dr Sadler from his position as Clinical Director BAC was made by Ms Dwyer.
- 33.2 The reasons for the decision, as advised to me by Ms Dwyer, were that Dr Sadler had not provided an adequate response to the [REDACTED] complaint which is referred to in my response to Question 17.

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33.3 Ms Dwyer advised me that the [REDACTED] advised her they approached Dr Sadler first and he had not responded sufficiently.

34 On what date, from whom and by what means, did you/the Board first become aware of the matters the subject of the decision to stand down Dr Sadler?

34.1 I refer to the paragraphs 17.1 to 17.11.

Post-closure

35 Were any procedures put in place by the Board (or required by the Board), or by you, to cause checks to be conducted to ensure adequate arrangements were in place for adolescents formerly patients of the BAC and those formerly on the BAC waiting list? If yes, what did those checks involve and when did they occur?

35.1 I did not put in place any procedures to cause checks to be conducted to ensure adequate arrangements were in place for adolescents formerly patients of the BAC and those formerly on the BAC waiting list. I am not aware of any such procedures being put in place or required by the WMHHB.

36 Were any new service options identified by the Board or recommended to the Board in the course of the closure of the BAC/as a consequence of the closure of the BAC? If yes, provide details.

36.1 The WMHHB did not identify any new service options in the course of the closure of the BAC or as a consequence of the closure of the BAC.

36.2 The ECRG made recommendations as to proposed new service elements and the State-wide Adolescent Extended Treatment and Rehabilitation Steering Committee was responsible for developing the new service model.

Other Matters

37 Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.

[REDACTED]

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[REDACTED]

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- 37.1 I have been advised that the Commission is interested in information as to why the decision was made not to proceed with the Redlands facility. I have no direct knowledge on this issue, however I was advised some time afterwards that the decision was made by staff within the office of the Minister for Health as a means to release funds for commitments made prior to the 2012 State election in relation to capital works projects for rural hospitals.

38 Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

- 38.1 All documents referred to in my witness statement are exhibited.

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

Taken and declared before me by)
TIMOTHY CARL ELTHAM at Brisbane)
 in the State of Queensland this)
Ninth day of *December*)
 Before me: *2015*)

[Redacted Signature]

Signature of authorised witness

[Redacted Signature]

Signature of declarant

A Justice of the Peace/
~~Commissioner for Declarations~~

Sarah Jane Sheehy
 Justice of the Peace (Qualified)



[Redacted Signature]

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STATUTORY DECLARATION OF TIMOTHY ELTHAM
INDEX OF EXHIBITS

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TCE-1	Curriculum Vitae	WMB.1007.0001.00008	1-3
TCE-2	Letter from Lawrence Springborg to Timothy Eltham dated 18 September 2012 Letter from Lawrence Springborg to Timothy Eltham dated 4 June 2013	WMB.1007.0001.00014 WMB.1007.0001.00010	4-5
TCE-3	West Moreton Health - West Moreton Hospital and Health Board Charter dated 27 July 2012 West Moreton Health - West Moreton Hospital and Health Board Charter dated 28 June 2013	WMB.1005.0001.00365 WMB.1005.0001.00007	6-17
TCE-4	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 14 December 2012	WMB.1000.0001.00145	18-26
TCE-5	Handwritten notes written by Timothy Eltham dated 14 December 2012	WMB.1007.0001.00001	27-28
TCE-6	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 22 February 2013	WMB.1000.0001.00209	29-33
TCE-7	Email from Tim Eltham to Mary Corbett, copied to Lesley Dwyer, Bob McGregor, Alan Fry, Melinda Parcell, Paul Casos and Julie Cotter dated 9 November 2012	WMS.0017.0001.05103	34-36
TCE-8	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 23 November 2012	WMB.1000.0001.00090	37-39
TCE-9	West Moreton Hospital and Health Board – Board Meeting Minutes dated 23 November 2012	WMB.1000.0001.00045	40-43
TCE-10	Email from Jacqueline Keller to Tim Eltham, copied to Lesley Dwyer and Sharon Kelly dated 10 September 2013, attaching: <ul style="list-style-type: none">• Briefing Note for Noting to the Director-General dated 9 September 2013• Document entitled 'Ministerial Statement Honourable Lawrence	WMS.0011.0001.18754 WMS.0011.0001.18755 WMS.0011.0001.18759 WMS.0011.0001.18780	44-54


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	<p>Springborg MP Minister for Health' dated 10 September 2013</p> <ul style="list-style-type: none"> Email from Sharon Kelly to Lesley Dwyer, copied to Bill Kingswell, Leanne Geppert, Peter Steer, Sdlo, Darren Neillie and William Brennan dated 10 September 2013 		
TCE-11	<p>Email from Lesley Dwyer to Tim Eltham dated 10 September 2013 attaching:</p> <ul style="list-style-type: none"> West Moreton Hospital and Health Service Media Statement from Lesley Dwyer dated 10 September 2013 	<p>WMS.0017.0001.01328 WMS.0017.0001.01330</p>	55-56
TCE-12	<p>Email from Tim Eltham to Mary Corbett, Bob McGregor, Alan Fry, Melinda Parcell, Paul Casas and Julie Cotter, copied to Jacqueline Keller and Lesley Dwyer dated 11 September 2013 attaching:</p> <ul style="list-style-type: none"> Briefing Note for Noting to the Director-General dated 9 September 2013 Document entitled 'Ministerial Statement Honourable Lawrence Springborg MP Minister for Health' dated 10 September 2013 	<p>WMS.0017.0001.00110 WMS.0017.0001.00131 WMS.0017.0001.00152</p>	57-66
TCE-13	<p>West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 27 September 2013</p>	WMB.1000.0001.00093	67-75
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TCE-19	Handwritten notes written by Timothy Eltham dated 26 April 2013	WMB.1007.0001.00003	105-109
TCE-20	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 24 May 2013	WMB.1000.0001.00049	110-133
TCE-21	Handwritten notes written by Timothy Eltham dated 24 May 2013	WMB.1007.0001.00011	134-136
TCE-22	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 26 July 2013	WMB.1000.0001.00001	137-139
TCE-23	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 23 August 2013	WMB.1000.0001.00109 at .00112	140-141
TCE-24	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 29 November 2013	WMB.1000.0001.00160 at .00169	142-144
TCE-25	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 20 December 2013	WMB.1000.0001.00197 at .00206	145-147


Timothy Carl Eltham


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Tim Eltham

CURRENT POSITIONS

Contract social planner preparing social plans for Ipswich City Council and Lockyer Valley and Somerset Regional Councils and a regional social plan for Ipswich and West Moreton region.

RECENT POSITIONS

Deputy Chair, West Moreton Hospital and Health Service Board.

Member, Regional Development Australia, Ipswich & West Moreton, 2009-2013

Board Member and Company Secretary, Kalbar & District Community Bank.

President, KROP (Kalbar Community Association), 2005-2012

EDUCATION

Master of Science in Social Administration (London School of Economics) 1973

Bachelor of Arts (Monash) 1970

Trained Primary Teachers' Certificate (Victoria) 1964

PREVIOUS EXPERIENCE

Practicing social planner and social researcher with all three levels of government and the private sector, including five years with Delfin Lend Lease as Queensland Manager for Social Planning for their master planned communities.

Adjunct Research Fellow in the Urban Research Program, Griffith University.

CORE SKILLS

Community planning

Community research

Community building

Community engagement

Senior Associate, Eidos Institute, Brisbane.

Chief of staff to a former Queensland Minister for Education.

Assistant Director, Queensland Council of Social Service.

Senior Operational Auditor, Queensland Treasury Department

Lecturer in Social Planning and Community Work, University of Queensland.

EMPLOYMENT RECORD

2011 - present **Came out of retirement** to complete social plans for Ipswich, Lockyer Valley and Somerset Councils and to serve on the West Moreton Hospital and Health Services Board (2012 – 2014)

2006 - 2011 **Retired** from full-time employment to work voluntarily in my local community, to establish the Kalbar & District Community Bank and to set up *Communitas Pty Ltd*, a sole person part-time community planning consultancy.

2001 - 2006 **Delfin Lend Lease**, Queensland Manager of Community Services responsible for social planning in four of Queensland's largest master planned urban communities and two smaller regional communities.

1998 - 2001 **Queensland Government**, Chief of Staff to the Queensland Minister for Education, The Hon Dean Wells.

1996 - 1998 **Queensland Health**, Manager of Project 300 Community Mental Health Program responsible for setting up from scratch Queensland's first successful program for community care of long stay psychiatric patients.

1994 - 1996 **Queensland Council of Social Service**, Assistant Director in charge of finance, administration and information services.

1989 - 1996 **Accounting Software Brokers Pty Ltd**, Owner/manager of a consultancy working with small to medium enterprises in setting up their first computerised bookkeeping systems.

1984 - 1989 **Queensland Treasury Department**, Senior Operational Auditor, Internal Operational Audit Service.

1981 - 1984 **Queensland Department of Welfare Services**, Director of the Social Policy Research Unit.

1977 - 1981 **University of Queensland**, Lecturer in Social Planning and Community Work.

1974 - 1977 **Berwick City Council, Melbourne**, Director of Social Planning and Community Development.

1973 - 1974 **Commonwealth Bureau of Roads**, Social Impact Research Officer.

1971 - 1973 **Greater London Council**, Housing Research Officer and study at the London School of Economics.

1970 **Monash University**, full-time studies following National Service.

1968 - 1970 **Australian Army**, Staff Officer (National Service, rank of Captain).

1967 **Victorian Education Department**, Primary school teacher

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Tim Eltham



CURRENT POSITIONS

Contract social planner preparing social plans for Ipswich City Council and Lockyer Valley and Somerset Regional Councils and a regional social plan for Ipswich and West Moreton region.

RECENT POSITIONS

Deputy Chair, West Moreton Hospital and Health Service Board.

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PREVIOUS EXPERIENCE

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Adjunct Research Fellow in the Urban Research Program, Griffith University.

CORE SKILLS

	Senior Associate, Eidos Institute, Brisbane.
Community planning	Chief of staff to a former Queensland Minister for Education.
Community research	Assistant Director, Queensland Council of Social Service.
Community building	Senior Operational Auditor, Queensland Treasury Department
Community engagement	Lecturer in Social Planning and Community Work, University of Queensland.

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(19)



Hon Lawrence Springborg MP
Minister for Health

M1185 010

18 SEP 2012

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia

Mr Timothy Eltham
[Redacted]

Dear Mr Eltham *Tim*

I am pleased to advise that Her Excellency the Governor, acting by and with the advice of the Executive Council and under the provisions of the *Hospital and Health Boards Act 2011*, approved of your appointment as Deputy Chair of the West Moreton Hospital and Health Board for a term from 7 September 2012 to 17 May 2013.

Notification of your appointment has been published in the *Queensland Government Gazette*.

Should you require any further information, please contact Kerry Ann Ungerer, Acting Director, Office of the Health Statutory Agencies, Queensland Health, telephone (07) [Redacted] or email [Redacted]

Yours sincerely

[Redacted Signature]
LAWRENCE SPRINGBORG MP
Minister for Health



Hon Lawrence Springborg MP
Minister for Health

MI190183

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia

Mr Timothy Eltham

4 JUN 2013

Dear Mr Eltham

I am pleased to advise that Her Excellency the Governor, acting by and with the advice of the Executive Council and under the provisions of the *Hospital and Health Boards Act 2011*, approved your re-appointment as Member and Deputy Chair of the West Moreton Hospital and Health Board for a term from 18 May 2013 to 17 May 2014.

Notification of your re-appointment was published in the *Queensland Government Gazette* on 17 May 2013.

Attached for your information is a copy of your remuneration entitlements and a topic sheet regarding Board remuneration. A representative of your Hospital and Health Service will contact you in due course with further details regarding your appointment, including remuneration arrangements.

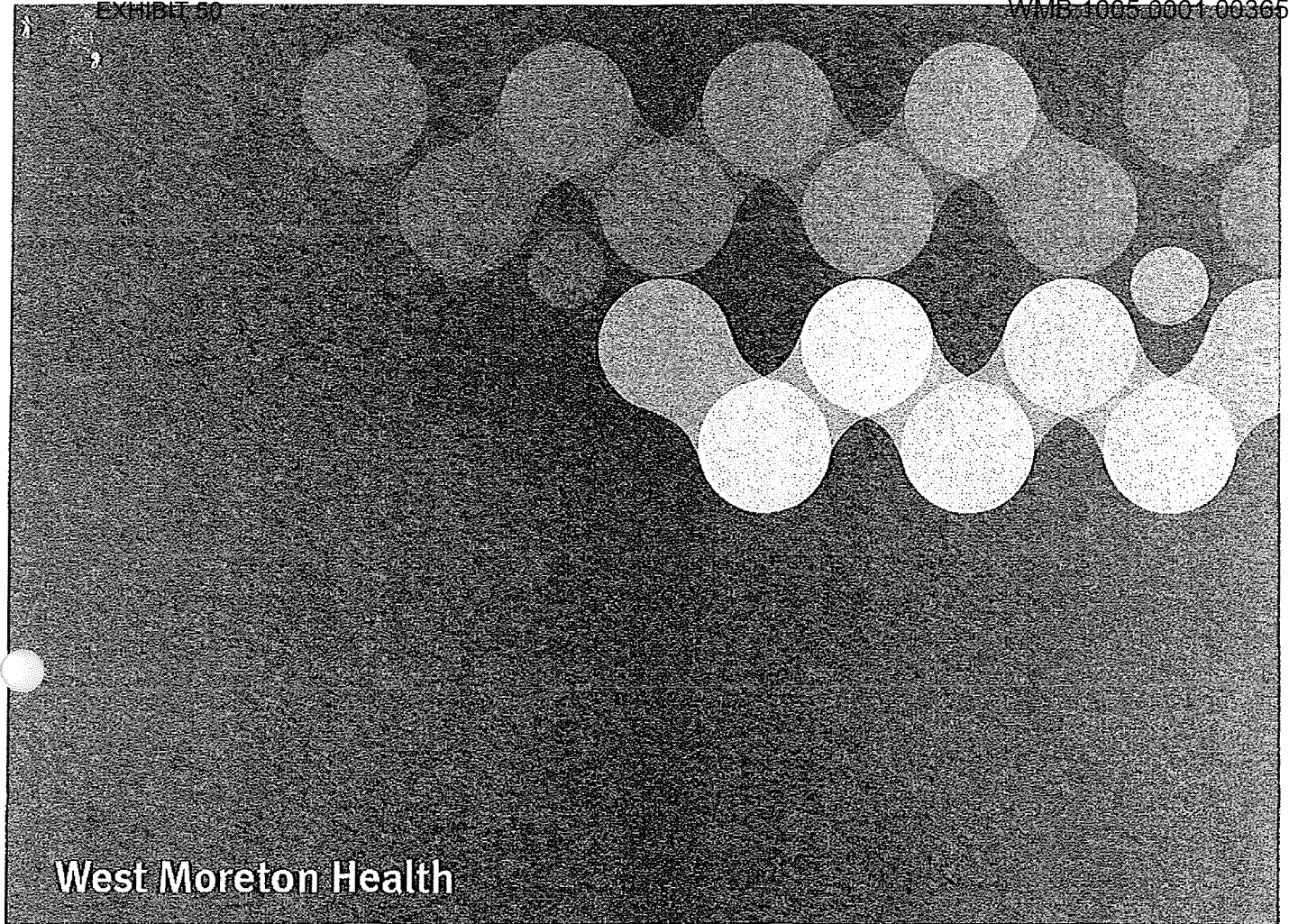
As you would be aware, members of Government agencies assume a public trust and confidence by virtue of their role in public administration. Good governance means that an organisation's leadership, its staff, the Government, the Parliament and the public can rely on the organisation to do its work well and with full probity and accountability.

I would like to congratulate you on your re-appointment and thank you for your ongoing commitment in serving the needs of your local community.

Should you require any further information in relation to this matter, I have arranged for Ms Kerry Ann Ungerer, Acting Director, Office of Health Statutory Agencies, Department of Health, on telephone [redacted] to be available to assist you.

Yours sincerely

[redacted]
LAWRENCE SPRINGBORG MP
Minister for Health



WEST MORETON HOSPITAL AND HEALTH BOARD CHARTER

West Moreton Hospital and Health Board Charter

1. Purpose

The Board Charter sets out the authority, role, operation, membership, functions and responsibilities of the Board of the West Moreton Hospital and Health Service (WMHHS – herein referred to as West Moreton). The Board Charter is an outline for corporate governance of members and the statutory obligations of WMHHS. The Board Charter is to be reviewed biannually by the members of the Board.

2. Legislative Obligations

The Board of West Moreton is responsible for the Governance activities of the organisation and derives its authority to act from the Hospital and Health Boards Act 2011, Division 2.

3. Board Management**a. Membership**

The Board comprises five or more members appointed by the Governor in Council on the recommendation of the State Minister of Health pursuant to Hospital and Health Boards Act 2011, Division 2.

- The Board should comprise members with a broad range of skills, expertise and experience to perform its functions effectively and efficiently: ie, persons with expertise in health, business, financial and human resource management.
- The Minister is obliged to advertise for expressions of interest from suitably qualified persons and consider the expressions of interest received.
- The Governor in Council, on the recommendation of the Minister, may appoint a member to be Chairperson or Deputy Chairperson.
- The Governor in Council, on the recommendation of the Minister, is responsible for selecting and approving candidates to fill any casual vacancies that may arise on the Board.
- A member of the Board holds office for a term of not more than four (4) years, stated in the member's instrument of appointment.
- A member is entitled to the fees and allowances fixed by the Governor in Council.
- The Board has systems in place to ensure that Directors receive the necessary support they require to perform their role effectively. Induction and orientation programs are in place for all newly appointed members, and continuing education and training is encouraged.
- The office of a member of a Board becomes vacant if the member resigns office by signed notice of resignation to the Minister or is removed from office as a member under section 28 of the Hospital and Health Boards Act 2011.
- All members have direct access to the Corporate Secretary. Members also have access to the senior management team through the Health Service Chief Executive (HSCE).
- In addition to regular reports by senior management to the Board meetings, members may seek briefings from senior management on specific matters and are entitled to request additional information at any time when they consider it appropriate.

b. Functions

The functions of the Board of a West Moreton are:

- to oversee and manage the Hospital and Health Service and
- to ensure that the services provided by the Hospital and Health Service comply with the requirements of the Act and the objectives of the Hospital and Health Service.

c. Delegations

The Board for a Health Service may delegate the Health Service's functions under the Act:

- to a committee of the Board if all of the members of the committee are Board members; or
- to the HSCE – sub delegations may be made to appropriately qualified HHS executive or employees with the approval of the Board.

West Moreton Hospital and Health Board Charter

d. Responsibilities

The Board is responsible for setting strategic direction, establishing goals and objectives for executive management and monitoring the organisation in line with current government health policies and directives and ensuring that adequate and appropriate community consultation is undertaken.

The key responsibilities of the Board include:

- appoint a Health Service Chief Executive Officer to manage the Health Service – this appointment is not effective until it is approved by the Minister.
- review and approve strategies, goals, annual budgets, and financial plans as designed by the Health Service in response to community and stakeholder input.
- monitoring financial performance on a regular basis.
- monitoring operational performance on a regular basis including compliance with clinical regulations and standards.
- ensuring that risk management systems are in place to cover all of the organisation's key risk areas including operational, financial, environmental and asset related risks.
- establishing objectives for and reviewing the performance of the Facility/Service Executive Directors.
- ensuring that West Moreton has policies and procedures to satisfy its legal and ethical responsibilities.
- Monitoring committee reporting on operational, financial and clinical performance.
- determining the desired culture for the Health Service to enhance its reputation with the community and stakeholders.
- reporting to and communicating with Government, the community and other stakeholders on the financial and operational performance of the organisation.

e. Relationship to Minister

- Operational interaction between the Board and the Minister will be via written communication.
- The Minister may give the Board a written direction about a matter relevant to the performance of its functions under the Act.
- The Board must comply with a direction given in writing by the Minister.

f. Relationship to System Manager

The relationship between the Board and the System Manager is defined by the Service Agreement between the two parties.

4. Role of the Chair

The Chair of the Board is elected on the recommendation of the Minister of Health following an advertised recruitment process.

The Chair holds office for a term of not more than four (4) years, stated in the member's instrument of appointment.

A Deputy Chair of the Board is elected on the recommendation of the Minister of Health.

The Chair of the Board's responsibilities are:

- Presiding over all meetings of the Board and, in the event of the Chair being absent, the Deputy Chair shall preside for the course of that meeting.
- Maintaining a regular dialogue and mentoring relationship with the HSCE and Senior Executives.
- Monitoring the performance of the Board and individual members as well as promoting the on-going effectiveness and development of the Board.
- Managing the evaluation and performance of the HSCE.
- Informing the Minister about significant issues and events.
- Delivering the annual report to the Minister and the community.

5. Role of the HSCE

The Board appoints the HSCE and delegates the administrative function of WMHHS to the HSCE and those officers to whom management is delegated.

The appointment is not effective until it is approved by the Minister and the HSCE must also be appointed as a health executive.

The HSCE is responsible for:

- The management, performance and activity outcomes of West Moreton.
- Providing strategic leadership and direction for the delivery of public sector health services in the WMHHS.
- To promote the effective and efficient use of available resources in the delivery of public sector health services in the Health Service.
- Developing service plans, workforce plans and capital works plans.
- Managing the reporting processes for performance review by the Board.
- Liaising with the executive team and receiving committee reports as they apply to established development objectives.
- The HSCE may delegate the Health Service chief executive's functions under this Act to an appropriately qualified Health Service health executive or Health Service employee.

6. Board Governance Mechanisms

a. Board meetings

The Board meets once a month, and members are expected by virtue of their appointment to attend at least 80% of all meetings held. The Board may also meet on other occasions between scheduled meetings to deal with specific matters as the need may arise.

b. Delegations

The Board is responsible for determining what powers and functions can be performed by executive and other staff on behalf of the Board. This is done by an Instrument of Delegation which is reviewed annually.

The Board delegates the responsibility for the day-to-day management of the Hospital and Health Service to the HSCE, who is assisted by the Chief Financial Officer and other Executives. The HSCE may sub-delegate the day-to-day running of the Hospital and Health Service to the senior executive team. The exercise of delegated authority is restricted to specific organisational functions and roles.

The HSCE must consult with the Chair on any matters which the HSCE considers are of such a sensitive, extraordinary or strategic nature as to warrant the attention of the Board regardless of value. The HSCE manages the WMHHS in accordance with the strategic business plans and policies approved by the Board to achieve the agreed goals.

The authorisation thresholds for the control of expenditure and capital commitments have been established and defined in Hospital and Health Boards Act 2011. Investment or expenditure initiatives, above the HSCE's approval threshold, must be submitted to the Board for approval.

c. Board Committees

The Board acknowledges contribution of facility and HHS-wide committees to assist in carrying out its functions and responsibilities. There may be a number of committees that undertake their roles in an advisory capacity and may make recommendations to the Board; however their deliberations do not bind the Board except where delegated authority exists. Minutes of Committee meetings are presented to the full Board.

West Moreton Hospital and Health Board Charter

Committees are:

- Audit Committee
- Finance and Risk Management Committee
- Safety and Quality Committee
- Executive Committee

d. Meeting procedures

It is the responsibility of the Corporate Secretary to ensure that meetings are serviced, business papers prepared and minutes recorded in a timely manner.

e. Evaluation of Performance

The Board will undertake an annual assessment of its performance, including its performance against the requirements of this Charter and the performance of individual Committees. Following each assessment, the Board will consider what, if any, actions need to be taken to improve its performance. The Board will annually review the composition of both the committee and charter.

f. Confidentiality of Information

All attendees at Board or Committee meetings are required, as officers and or fiduciaries of WMHHS, to keep confidential all information presented to (whether written or oral) or discussed at Board and Committee meetings.

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- A Board member who receives an enquiry about an issue of a political or sensitive nature concerning the activities of WMHHS must refer the matter to the Chair or the HSCE.

7. Role of the Corporate Secretary

The Corporate Secretary is responsible for:

- Preparing agendas and minutes.
- Organising Board meetings
- Organising Directors attendances
- Preparing the Board induction package
- Providing a point of reference for communications between the Board and West Moreton Executive
- Attending to all statutory filings, requirements and regulatory bodies

8. Members' Code of Conduct

Refer to the *Board Member Code of Conduct*.

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West Moreton Hospital and Health Board Charter

Where concerns raised relate to the Chair of the Board, the concerns should be raised directly with the Minister.

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- in the reasonable belief that the act or omission was in the exercise of a power or the discharge of a duty under the Act.

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12. References

West Moreton Hospital and Health Board Member Code of Conduct

13. Review of the Charter

The Charter will be reviewed six monthly.

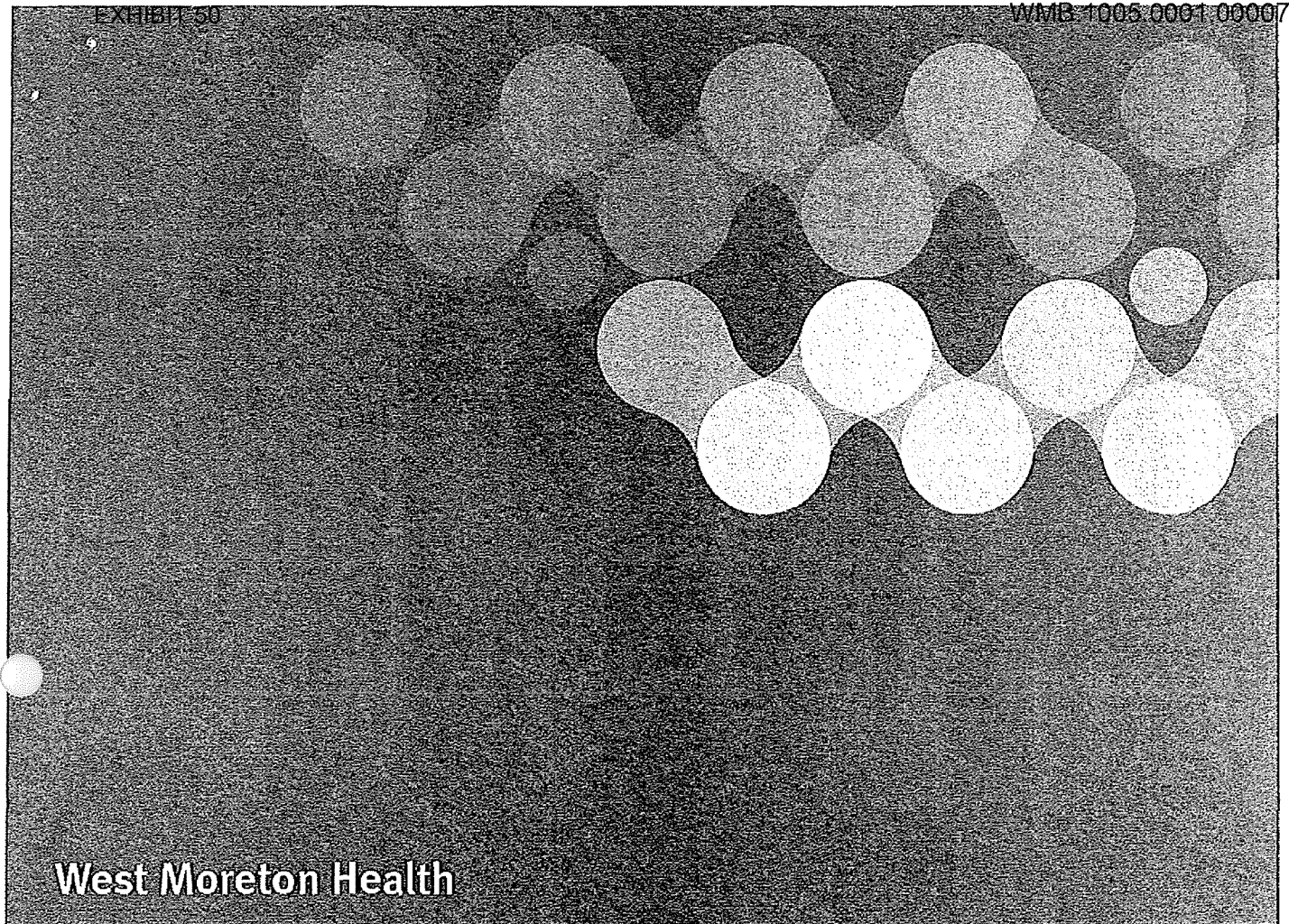
Document history

Version	Date	Changed by	Nature of amendment
1.0	18 July 2012	Kylie Beaver	First draft

Previous versions are recorded and available for audit.

This Charter was approved at the Board meeting on 27 July 2012.

Dr Mary Corbett
Chair, West Moreton Hospital and Health Board



West Moreton Health

WEST MORETON HOSPITAL AND HEALTH BOARD CHARTER

Queensland Health

West Moreton Hospital and Health Board Charter

1. Purpose

The Board Charter sets out the authority, role, operation, membership, functions and responsibilities of the Board of the West Moreton Hospital and Health Service (WMHHS – herein referred to as West Moreton). The Board Charter is an outline for corporate governance of members and the statutory obligations of WMHHS. The Board Charter is to be reviewed biannually by the members of the Board.

2. Legislative Obligations

The Board of West Moreton is responsible for the Governance activities of the organisation and derives its authority to act from the Hospital and Health Boards Act 2011, Division 2.

3. Board Management**a. Membership**

The Board consists of five or more members appointed by the Governor in Council, by gazette notice, on the recommendation of the Minister for Health pursuant to Hospital and Health Boards Act 2011, Division 2.

- A member of the Board holds office for a term of not more than four (4) years, stated in the member's instrument of appointment.
- A member is entitled to the fees and allowances fixed by the Governor in Council, and otherwise holds office under the conditions of appointment fixed by the Governor in Council.
- The Board has systems in place to ensure that members receive the necessary support they require to perform their role effectively. Induction and orientation programs are in place for all newly appointed members, and continuing education and training is encouraged.
- The office of a member of a Board becomes vacant if the member resigns office by signed notice of resignation to the Minister or is removed from office as a member under section 28 of the Hospital and Health Boards Act 2011.
- All members have direct access to the Corporate Secretary. Members also have access to the senior management team through the Health Service Chief Executive (HSCE).
- In addition to regular reports by senior management to the Board meetings, members may seek briefings from senior management on specific matters and are entitled to request additional information at any time when they consider it appropriate.

b. Functions

The functions of the Board of a West Moreton are:

- to oversee and manage the Hospital and Health Service and
- to ensure that the services provided by the Hospital and Health Service comply with the requirements of the Act and the objectives of the Hospital and Health Service.

c. Delegations

The Board for a Health Service may delegate the Health Service's functions under the Act:

- to a committee of the Board if all of the members of the committee are Board members; or
- to the HSCE – sub delegations may be made to appropriately qualified HHS executive or employees with the approval of the Board.

d. Responsibilities

The Board is responsible for setting strategic direction, establishing goals and objectives for executive management and monitoring the organisation in line with current government health policies and directives and ensuring that adequate and appropriate community consultation is undertaken.

The key responsibilities of the Board include:

- appoint a Health Service Chief Executive Officer to manage the Health Service – this appointment is not effective until it is approved by the Minister.

West Moreton Hospital and Health Board Charter

- review and approve strategies, goals, annual budgets, and financial plans as designed by the Health Service in response to community and stakeholder input.
- monitoring financial performance on a regular basis.
- monitoring operational performance on a regular basis including compliance with clinical regulations and standards.
- ensuring that risk management systems are in place to cover all of the organisation's key risk areas including operational, financial, environmental and asset related risks.
- establishing objectives for and reviewing the performance of the Facility/Service Executive Directors.
- ensuring that West Moreton has policies and procedures to satisfy its legal and ethical responsibilities.
- Monitoring committee reporting on operational, financial and clinical performance.
- determining the desired culture for the Health Service to enhance its reputation with the community and stakeholders.
- reporting to and communicating with Government, the community and other stakeholders on the financial and operational performance of the organisation.

e. Relationship to Minister

- Operational interaction between the Board and the Minister will be via written communication.
- The Minister may give the Board a written direction about a matter relevant to the performance of its functions under the Act.
- The Board must comply with a direction given in writing by the Minister.

f. Relationship to System Manager

The relationship between the Board and the System Manager is defined by the Service Agreement between the two parties.

4. Role of the Chair

The Chair of the Board is elected on the recommendation of the Minister of Health following an advertised recruitment process.

The Chair holds office for a term of not more than four (4) years, stated in the member's instrument of appointment.

A Deputy Chair of the Board is elected on the recommendation of the Minister of Health.

The Chair of the Board's responsibilities are:

- Presiding over all meetings of the Board and, in the event of the Chair being absent, the Deputy Chair shall preside for the course of that meeting.
- Maintaining a regular dialogue and mentoring relationship with the HSCE and Senior Executives.
- Monitoring the performance of the Board and individual members as well as promoting the on-going effectiveness and development of the Board.
- Managing the evaluation and performance of the HSCE.
- Informing the Minister about significant issues and events.
- Delivering the annual report to the Minister and the community.

5. Role of the HSCE

The Board appoints the HSCE and delegates the administrative function of WMHHS to the HSCE and those officers to whom management is delegated.

The appointment is not effective until it is approved by the Minister and the HSCE must also be appointed as a health executive.

The HSCE is responsible for:

West Moreton Hospital and Health Board Charter

- The management, performance and activity outcomes of West Moreton.
- Providing strategic leadership and direction for the delivery of public sector health services in the WMHHS.
- To promote the effective and efficient use of available resources in the delivery of public sector health services in the Health Service.
- Developing service plans, workforce plans and capital works plans.
- Managing the reporting processes for performance review by the Board.
- Liaising with the executive team and receiving committee reports as they apply to established development objectives.
- The HSCE may delegate the Health Service chief executive's functions under this Act to an appropriately qualified Health Service health executive or Health Service employee.

6. Board Governance Mechanisms

a. Board meetings

The Board meets once a month, and members are expected by virtue of their appointment to attend at least 80% of all meetings held. The Board may also meet on other occasions between scheduled meetings to deal with specific matters as the need may arise.

b. Delegations

The Board is responsible for determining what powers and functions can be performed by executive and other staff on behalf of the Board. This is done by an Instrument of Delegation which is reviewed annually.

The Board delegates the responsibility for the day-to-day management of the Hospital and Health Service to the HSCE, who is assisted by the Chief Financial Officer and other Executives. The HSCE may sub-delegate the day-to-day running of the Hospital and Health Service to the senior executive team. The exercise of delegated authority is restricted to specific organisational functions and roles.

The HSCE must consult with the Chair on any matters which the HSCE considers are of such a sensitive, extraordinary or strategic nature as to warrant the attention of the Board regardless of value. The HSCE manages the WMHHS in accordance with the strategic business plans and policies approved by the Board to achieve the agreed goals.

The authorisation thresholds for the control of expenditure and capital commitments have been established and defined in Hospital and Health Boards Act 2011. Investment or expenditure initiatives, above the HSCE's approval threshold, must be submitted to the Board for approval.

c. Board Committees

The Board acknowledges contribution of facility and HHS-wide committees to assist in carrying out its functions and responsibilities. There may be a number of committees that undertake their roles in an advisory capacity and may make recommendations to the Board; however their deliberations do not bind the Board except where delegated authority exists. Minutes of Committee meetings are presented to the full Board.

Committees are:

- Audit and Risk Committee
- Finance Committee
- Safety and Quality Committee
- Executive Committee

d. Meeting procedures

It is the responsibility of the Corporate Secretary to ensure that meetings are serviced, business papers prepared and minutes recorded in a timely manner.

e. Evaluation of Performance

The Board will undertake an annual assessment of its performance, including its performance against the requirements of this Charter and the performance of individual Committees. Following each assessment, the Board will consider what, if any, actions need to be taken to improve its performance. The Board will annually review the composition of both the committee and charter.

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West Moreton Hospital and Health Board Charter

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Document history

Version	Date	Changed by	Nature of amendment
1.0	18 July 2012	Kylie Beaver	First draft
1.1	28 June 2013	Jacqui Keller	Removal of references to Board member recruitment processes so that these may be more appropriately reflected in separate policy/procedures. Correction of committee names.

Previous versions are recorded and available for audit.

This Charter was approved at the Board meeting on 28 June 2013.



Dr Mary Corbett
Chair, West Moreton Hospital and Health Board



Board Meeting

Board Meeting - 14 December 2012

Dec 05, 2012 at 11:00 AM - 05:00 PM

Queensland Health Building

Level 3 Videoconferencing Room

147-163 Charlotte Street

Brisbane,

BOARD COMMITTEE AGENDA PAPER

Committee:			
Meeting Date:	14 December 2012	Agenda Item Number:	2.3
Agenda Subject:	Mental Health Strategy		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	X For Noting

Proposal

That the West Moreton Hospital and Health Board:

Note The meeting date and proposed content of meeting with the Minister for Health

Background

1. A meeting between the Minister and the Chair of West Moreton Hospital and Health Board, Chief Executive West Moreton Hospital and Health Service (WMHHS) and Executive Director, Mental Health and Specialised Services (MH&SS) is scheduled for 14 December 2012.

Key Issues or Risks

2. It is intended to brief the Minister on the proposed changes to and current significant issues in MH&SS ie
 - a. A Business Case for Change has been developed and identifies a revised overarching organisational structure to promote the delivery of contemporary mental health and offender health services in WMHHS.
 - b. In realising the efficient use of affordable resources, there will be an impact on some existing roles and responsibilities and some current systems and processes across the whole of the MH&SS.
 - c. In addition to the impact of the Business Case for Change, there are a number of concurrent issues impacting on the MH&SS, such as the future model of care to replace services provided by Barrett Adolescent Centre, revised processes for Limited Community Treatment, the future commissioning of Extended Forensic Treatment and Rehabilitation beds and increasing Own Source Revenue for WMHHS through accommodation fees.
3. Attachment 1 contains the proposed speaking points to be covered in the meeting with the Minister for Health.

Consultation

4. Relevant stakeholders are being consulted in accordance with their respective engagement levels (ie information, consultation and active participation) and their level of influence/impact on specific areas.

Financial and Other Implications

5. Any proposed organisational changes or efficiencies have been assessed against the current West Moreton 2012/13 Service Agreement with the System Manager and will ensure the intent of schedule 9 (Mental Health and Alcohol and Other Drugs Treatment Services) remains intact.
6. The Business Case for Change has been developed outlining the scope of change, processes for communicating and managing staff, managing sensitivities and risks and the transition to the new organisational structure.
7. Any change to staffing, cultural practice or models of care will have a significant resultant industrial focus, in particular at The Park – Centre for Mental Health.

Strategic and Operational Alignment

8. The proposed changes and directions in MH&SS are consistent with the elements of West Moreton HHS's strategy map.
9. The proposed change is aiming to achieve the future vision to provide high quality, safe and responsive mental health and specialised services, reflecting contemporary models of care. This will require a range of organisational redesign, staffing changes, cultural levers and operational efficiencies.

Recommendation

10. That the West Moreton Hospital and Health Board:

Note The meeting date and proposed content of meeting with the Minister for Health.

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

APPROVED	NOT APPROVED	NOTED
Chair, West Moreton Hospital and Health Board		/ /
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified		

Meeting with Minister for Health - 14 December 2012

In attendance from West Moreton Hospital and Health Service:

- Dr Mary Corbett, Chair, West Moreton Hospital and Health Board,
- Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service and
- Sharon Kelly, Executive Director, Mental Health and Specialised Services.

Proposed Talking Points for Executive Director Mental Health and Specialised Services

Introduction

Historically, the mental health services within West Moreton Hospital and Health Service (WMHHS) has functioned, been managed and resourced as distinct separate services which includes a range of statewide responsibilities such as forensic medicine. This has led to a disconnect between services that has not had strong integrated leadership, and reduced opportunities for efficiency with significant cultural barriers to any proposed changes.

The future vision to provide high quality, safe and responsive services, reflecting contemporary models of care and ensuring highly specialised components of The Park are safe and meeting community expectations, requires a range of organisational redesign, staffing changes, cultural levers and operational efficiencies. Barriers and behaviours within the Mental Health Services must be addressed for future success.

In West Moreton Hospital and Health Service (WMHHS), the newly created division of Mental Health & Specialised Services currently consists of:

- Integrated Mental Health Services (IMHS),
 - acute inpatient and older person unit 44 beds
 - Range of community based programs
- The Park- Centre for Mental Health (The Park)
 - High Secure Inpatient Services 70 + 20 new Beds
 - Secure rehabilitation services 34 beds
 - Extended Treatment and Rehabilitation 43 beds
 - Barratt Adolescent Centre 15 beds
- Queensland Centre for Mental Health Research
- Queensland Centre for Mental Health Learning
- Offender Health Services (OHS)
 - 1467 beds across Brisbane Correctional, Wolston Prison and Brisbane Women's Prison
- The Drug Court Program (which will cease by 30 June 2013).

Current challenges and opportunities

1.Service Redesign

Rationale

- It is proposed to develop a revised single integrated organisational structure for MH&SS, WMHHS. Integration will allow consistency of effort, efficiencies of resources increased quality and governance focus and opportunities to challenge cultural norms.

Major Changes

- Acknowledging and enforcing a patient focused service will result in reporting structure changes that will see the patient advocate and safety and quality roles report directly to the Executive Director.
- Leadership and senior organisational structural changes will be made that will result in changes to senior medical, nursing and Allied Health structures and staffing reductions.
- Addressing current staffing inefficiencies and duplication of effort will result in reductions to no longer required positions.
- Challenging current effort and clinical practices across a range of inpatient areas to ensure quality, contemporary care will result in practice and cultural changes and potential reduction in staffing.
- Changes to current overtime and rostering practices have already commenced but will need strong ongoing multi level support to make lasting changes to poor cultural practice. Changing practice has resulted in changes to individual's income.
- Introduction of nursing skill mix changes in 2013 will see a reduction in registered nurses across The Park with commensurate increase in Enrolled Nurses.
- Security of the facility has been reviewed and potential models are yet to be finalised. One option that would ensure efficiency, patient staff and community safety and best practice security for The Park is for contracting out of the service.
- It is proposed major redesign to structures and staffing within the Offender Health Services will result in improved primary health care focus and care for prisoners. Any change within the Correctional centres will have a significant industrial focus and require close partnership and consultation between Corrections and Health.

Risks/actions moving forward

- Any proposed organisational changes or efficiencies have been assessed against the current West Moreton 2012/13 Service Agreement with the System Manager and will ensure the intent of schedule 9 (Mental Health and Alcohol and Other Drugs Treatment Services) remains intact.
- A detailed Business Case for Change has been developed outlining the scope of change, processes for communicating and managing staff, managing sensitivities and risks and the transition to the new organisational structure.
- Any change to staffing, cultural practice or models of care will have a significant resultant industrial focus, in particular at The Park.

2. Leave for special notification forensic patients (SNFP)**Rationale**

- Post the recent absconding of two SNFP from The Park the leave entitlements of particular patients received a great deal of attention subsequently resulting in a range of new processes being implemented or enhanced.

Major changes

- A review panel under the delegation of the CE WMHHS has assessed all indicated patients and been provided a new risk assessment with recommendations from the panel for re-establishing leave.
- Protocols and processes for security and searches of patients has been audited and improved practices in place.

- An ongoing process for patient leave and transfer is being established

Risks/actions moving forward

- Further actions may take place on understanding the intent and finalisation of current proposed changes to legislation.
- Forms of patient monitoring have been investigated.

3. Incident/issues Communications

Rationale

- With the establishment of the Hospital and Health Services governing Boards, a revised communication process was required. Particular significant event issues highlighted the need to ensure all stakeholders remain connected and informed in a timely manner.

Major changes

- Notification process of patient absences (particularly SNFPs) have been reviewed Initial meeting held with Deputy Commissioner Police and MHAOD branch to formulate shared response and information sharing requirements

Risks/actions moving forward

- A working party will develop communication/ information sharing pathway that are reflective of proposed MH Act changes

4. Barratt Adolescent Centre (BAC)

Rationale

- As the Redlands Unit Project has ceased and there is no longer a capital allocation to relocate BAC, an alternative contemporary, statewide model(s) of care must be developed to replace the services currently provided by BAC.

Major changes

- An expert Clinical Reference Group consisting of experienced multidisciplinary child and youth mental health clinicians has been formed to recommend alternative model(s).
- The West Moreton Hospital and Health Service Board has approved the governance of this process which will occur in partnership with Mental Health Alcohol and Other Drugs Branch.
- While there has been significant media interest and stakeholder angst, this is being managed through a communication and stakeholder engagement plan.

Risks/actions moving forward

- With the development of alternative models(s), a number of assumptions exist:
 - services currently provided by BAC will not remain on the campus of The Park post June 2013.
 - endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the *Queensland Plan for Mental Health 2007-2017*.
 - there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care.

- existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.
- the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care.
- It is possible that the project may be constrained by a number of factors including:
 - resistance to change by internal and external stakeholders
 - insufficient recurrent resources available to support a preferred model of care
 - insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements)
 - a delay in achieving an endorsed model of care.

5. Extended Forensic Treatment and Rehabilitation Service (EFTRU) opening early 2013- new 20 bed unit

Rationale

- The EFTRU has been designed to meet the needs of High Secure Inpatient Service (HSIS) consumers who no longer require the physical/procedural security of high security.
- There are a number of HSIS consumers who can be managed in less restrictive settings however remain within the HSIS perimeter due to the slow rate of Limited Community Treatment (LCT) progression.
- These consumers routinely access approved unescorted grounds and community leave.

Major changes

- The Model of Service Delivery in EFTRU will be about supporting skills development which can be generalised to community settings such as supported/independent living arrangements and community care units.
- EFTRU will be a part of The Park's Authorised Mental Health Service and not HSIS.
- As it is an open setting ie no external security fence (other than a domestic residential type fence) there will be the ability to transfer consumers back to HSIS should they become unwell. Consumers in EFTRU will be well engaged with the clinical team and their risk profile will be well understood and monitored.

Risks/actions moving forward

- EFTRU is situated outside of the HSIS campus and so will not have the same level of physical and procedural security as HSIS.
- The clinical team has developed a very comprehensive risk assessment process that will involve the Director of Mental Health who will give the final approval for the transfer of a consumer's Forensic Order from HSIS to The Park.
- Thomas Embley have introduced a similar service and lessons learnt from their processes will be considered in the opening of this service.

6. Accommodation fees for consumers at The Park-Centre for Mental Health

Rationale

- In 2011/2012, West Moreton Health Service District wrote off \$2.3 M in total of accumulated bad debt. Previous years averaged \$350,000 in write offs.
- Total accommodation fees invoiced for 2011/2012 was \$1.3M. Previous years averaged \$1.4M.
- Since 1 July 2012, accommodation fees for patients at The Park-Centre for Mental Health (The Park) are charged as per *Health Service Directive – Own Source Revenue* (Directive #QH-HSD-2012).
- Prior to 1 July 2012, fees and charges were charged in accordance with the previous Administration of Part 4 – Health Services Regulation. These guidelines outline that 66.67% of a patient's Centrelink payment should be charged for patients receiving extended treatment and rehabilitation. The guidelines also outline the process for approval of waivers and the writing off of bad debt.
- It is not uncommon for an involuntary patient to refuse to pay for accommodation. At The Park there are currently 136 involuntary inpatients, which equates to 92% of the total 148 inpatients.

Major Changes

- Significant collaboration and effort has been made this financial year to promote the payment of patient fees. A number of patients who were previously not paying fees are now making part payments.
- Currently:
 - 21 patients are on full waivers
 - 15 patients are refusing to pay
 - 38 patients have committed to part payments
 - 74 patients have committed to paying in full

Risks/actions moving forward

- West Moreton HHS is continuing to examine ways of increasing its own source revenue through increasing compliance with the payment of accommodation charges at The Park.
- The previous guidelines and the current Directive are silent on whether involuntary patients (under the *Mental Health Act 2000*) can be forced to pay for accommodation.
- As per the *Mental Health Act 2000*, an involuntary patient's right to make decisions about other health care issues (non mental health treatment) and financial and personal matters is not affected by being an involuntary mental health patient.

HEALTH SERVICE CHIEF EXECUTIVE REPORT FOR THE BOARD

- In addition, support from a Corporate Mentor is to provide the Board with a report in relation to the HHS progress and suitability to request re-evaluation. West Moreton did not formally appoint a Corporate Mentor and I would suggest that the Paxton Partner's financial integrity report be provided.
- It is intended that a workshop in late January be undertaken by the Executive, facilitated by Ernst and Young to complete the re-assessment. An extension will be sought from the system manager. Initially discussions indicate that this will be granted.

6. Matters For Noting**6.1. Events and Media**

- There have been no events held since the last Board Report.
- The Hospital and Health Service has a communications and engagement plan to guide the current review and public interest in Barrett Adolescent Centre. This plan will be reviewed and updated accordingly as the working groups for Barrett continue to meet.
- Alice Gaston officially finishes Friday, 14 December 2012. Alice has been with the organisation for six years heading communications and media. Whilst we will not be replacing the three media and communications jobs straight away a plan is in place to realign the functions to the Board Support Officer and the new Senior Executive Support Officer.
- Media interest continues in the Barrett Adolescent Centre, at a local, state and national level with the most recent interviews occurring with The Project.
- Media regarding changes at West Moreton continue to be of local interest and so does the Model of Care Review for Esk Health Service.

6.2 New Mobile Breast Cancer Screening Service Commencing in New Year

- Women in the Ipswich region will have access to a new mobile breast cancer screening service in the New Year. The mobile van will be at Riverlink on 16 January 2013 and will operate until 13 February 2013.
- This service will offer a convenient choice for women and the Ipswich BreastScreen Service hopes it will encourage new women to attend as well as reminding women to continue having regular screening mammograms after their first breastscan, as early detection has been proven to save lives.
- Women aged 50-69 are particularly encouraged to attend, however the service is also available for women aged 40-49 and women over 70.

BOARD MEETING

14/12/2012

Minister and D/G.

* REDACTED
*
7

MARY REPORT BACK.

* REDACTED

WATER SPRINGFIELD

REDACTED

MEDICARE LOCAL PROTOCOL

REDACTED

CLINICIAN ENGAGEMENT STRATEGY

REDACTED

PETER OSBORNE - ORAL HEALTH SERVICES

REDACTED

(2)

MENTAL HEALTH STRATEGY

Main thrust is changing the culture of the workforce, which is mainly one of entitlement eg. look at the inflated overtime. Lynne's recent audit revealed many discrepancies between overtime claimed and actually worked.

In the short term will crack down on the overtime. Change models of care to employ fewer expensive nurses and more cheaper ones.

Barratt now being looked at by an expert group.

- * Need a store of positive stories about the Park ready to trot.
- Also might be worthwhile doing a separate briefing for the Mayor & Tully.

CHIEF EXECUTIVE REPORT

REDACTED

HACC Services

REDACTED



Board Meeting - 22 February 2013

22. Feb 2013 at 09:00 - 17:00

Laidley Hospital

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board			
Meeting Date:	22 February 2013	Agenda Item Number:	3.2.5
Agenda Subject:	Turnaround Plan Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Linda Hardy	Position: Executive Director Performance Strategy & Planning		Date: 14 February 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

○ **REDACTED**

Background

○ **REDACTED**

Key Issues or Risks

- 4. The value of strategies within the Turnaround Plan for the month of February has decreased \$315K to \$11.841M total due to the exclusion of the Barrett Adolescent Centre saving strategies within the Mental Health Division.

5. It should be noted that alternate strategies have been developed and are being implemented within the Mental Health Division to offset the original Barrett Adolescent Centre part year savings \$592K. **REDACTED**

REDACTED

7. Turnaround Plan Progress Overview

REDACTED

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

Consultation

REDACTED

Financial and Other Implications

REDACTED

Strategic and Operational Alignment

REDACTED

Recommendation

REDACTED

WEST MORETON HOSPITAL & HEALTH SERVICE
Feb-13
TURNAROUND PLAN

REDACTED

REDACTED

Please note decrease in MOHRI FTE from 190.88 to 180.10 relates to the exclusion of Barrett FTE (Mental Health) and introduction of alternative Mental Health reduction FTE strategies.

Feb-13

The image shows a document page where almost all content has been obscured by a large, solid black rectangular redaction box. The word "REDACTED" is printed in white, uppercase letters at the top left corner of the page. The rest of the page is blank except for this redacted area.

From: Tim Eltham
Sent: 9 Nov 2012 00:34:36 +1000
To: Mary Corbett
Cc: Lesley Dwyer; Bob McGregor; Alan Fry; Melinda Parcell; Paul Casos; Julie Cotter
Subject: Re: Barrett adolescent unit

Mary

My understanding of the situation with the Barrett Centre is that there has been a long term plan, going back many years, to close the Barrett Centre at The Park (mainly because it's a decrepit building no longer fit for purpose) and replace it with a new purpose built facility in Redlands. Plans were already well advanced in that regard and as recently as 12 months ago, I was being told in meetings at The Park that Queensland Health had acquired a site in Redlands and designs for the new facility were well advanced. I have no idea what's happened with that plan since the advent of the new government, but if that project has now been canned, I don't see why we should have to carry the can for closing a facility that everyone knows

has been planned to close for many years and replaced with something better in another location. The psychiatrist who vented his spleen at the Child Protection Inquiry would surely have known all of this. My guess it is that the System Manager has not given us funding for the Barrett Centre because it's closing, but neglected to provide consequential funding to Metro South either; hence there are no funds allocated anywhere for the service that the Barrett centre has been providing. Absolutely shameful if that is the case.

Regards

TIM

On 8/11/2012 6:42 PM, Mary Corbett wrote:

Folks

There may be some media speculation around the closure of this unit. A psychiatrist outside West Moreton made some comments on

this and Lesley has been contracted by the ABC. It is currently under review due to a number of emergent issues. Obviously from the Boards perspective we have made no decision but it would be part of our overall considerations.

Regards
Mary

Sent from my iPad



Board Meeting

Board Meeting - 23 November 2012

Nov 23, 2012 at 09:00 AM - 05:00 PM

Boonah Hospital

Leonard Street

Boonah, QLD 4310

HEALTH SERVICE CHIEF EXECUTIVE REPORT FOR THE BOARD**Board Meeting Date:****23 November 2012****1. Current Significant Issues****1.1 Financial integrity and budget**

REDACTED

REDACTED

1.2 Other Items**1.2.1 Potential Closure of the Barrett Adolescent Unit**

- The Barrett Adolescent Centre is a service that has been provided at The Park – Centre for Mental Health facility for over 30 years for adolescents suffering significant mental health illness as both an inpatient and a day service inclusive of an Education Queensland school on site.
- In accordance with the Statewide Mental Health Plan, The Park - Centre for Mental Health is to become an adult forensic centre, anticipating July 2013. It will no longer be appropriate to have young teenagers on a campus for adults in a medium to high security setting. In August 2012 the Health Minister endorsed that the capital build funding would no longer be made available for the Adolescent Extended Treatment Unit - Redlands and these funds were reallocated within the health portfolio.

EXHIBIT 50

West Moreton Hospital and Health Service

HEALTH SERVICE CHIEF EXECUTIVE REPORT FOR THE BOARD

- In light of the new centre that was to be built at Redlands no longer being an option and the current condition of the Barrett Adolescent Centre building at The Park - Centre for Mental Health being no longer fit for purpose and the plans for the adult forensic centre we had commenced high level discussions with the System Manager and senior Park staff some weeks ago.
- Information was provided to the media via an external source that has raised the issues within the community and broader sector prior to us being able to implement a planned approach to the consultation and decision making.
- Actions to progress this review:
 - Staff have been briefed on potential issues and advised that no formal decision has been made by the WMHH Board.
 - A meeting was held on Thursday, 15 November 2012 with key Child and Youth Psychiatrists, WMHHS Chief Executive and Executive Director Mental Health and Specialised Service and System Manager with agreement reached that a Planning Group be formed to lead the planning, consultation and development of options and final recommendation for decision. This Planning Group will be supported by a clear communication strategy, a consumer consultation strategy and an expert clinical reference group with appointed membership from representative groups as well as interstate and national experts.
 - An action plan will be developed with the Planning Group by Wednesday, 21 November 2012 and provided to the Board for endorsement.

1.2.2 Suspension of Limited Community Treatment Orders (LCT) following Leave Without Permission of two Consumers at The Park

REDACTED



1.2.3 Processing Voluntary Redundancies

REDACTED



West Moreton Hospital and Health Board MINUTES

Committee: West Moreton Hospital and Health Board

Date: Friday, 23 November
2012

Time: 9am to 5.10pm

Location: Conference Room
Boonah Hospital

Members

Dr Mary Corbett, Chair

Timothy Eltham, Deputy Chair

Dr Robert McGregor, Board Member

Paul Casos, Board Member

Melinda Parcell, Board Member

Professor Julie Cotter, Board Member

Alan Fry OBE QPM, Board Member

Ex Officio Standing Invitees

Lesley Dwyer, Health Service Chief Executive (CE)

Ian Wright, Executive Director Finance and Corporate (EDFC)

Shannon Ryall Secretariat

Invitees

Linda Hardy, Executive Director Performance Strategy and Planning (EDPSP)

STAFF AND STAKEHOLDER MEETING

REDACTED

BOARD IN CAMERA

REDACTED

1.0 MEETING OPENING

1.1 Attendance

All Members were in attendance.

1.2 Adoption of Agenda

The agenda was adopted with no alterations.

1.3 Register of Director's Interests

1.4 No amendments or declarations were made.

1.5 Confirmation of Minutes

The minutes of the meeting held on 26 October 2012 were confirmed as a true and accurate record of proceedings. The summary minutes for publication were also approved. The Board discussed the creation of a list of stakeholders who should be sent the Board Summary.

1.6 Actions Arising

The Board noted the actions that had been actioned and included in the agenda papers.

2.0 STRATEGIC MATTERS

2.1 WMHHS Clinician Engagement Framework

REDACTED

West Moreton Hospital and Health Board MINUTES

REDACTED

2.2 Mater Springfield Proposal

REDACTED

2.3 Draft Medicare Local Protocol

REDACTED

3.0 GENERAL MATTERS

3.1 For Decision

3.1.1 Audit and Risk Committee Charter

REDACTED

3.2 For Discussion

3.2.1 Occupational Health and Safety Report

REDACTED

3.2.2 Safety and Quality Report

REDACTED

3.2.3 Health Service Chief Executive Report

The CE spoke to the items addressed in the HSCE report and discussion ensued on the following items:

a) Barrett Adolescent strategy

REDACTED

3.2.4 Financial Performance Report

REDACTED

West Moreton Hospital and Health Board
MINUTES

REDACTED

3.2.5 HHS Performance Report

REDACTED

3.2.6 Turnaround Plan Update

REDACTED

4.0 CORPORATE GOVERNANCE AND COMMITTEES

4.1 Board Committees

4.1.1 Executive Committee

REDACTED

4.1.2 Audit and Risk Committee

REDACTED

4.1.3 Finance Committee

REDACTED

4.1.4 Safety and Quality Committee

REDACTED

5.0 MATTERS FOR NOTING

EXHIBIT 50

WMB.1000.0001.00048

West Moreton Hospital and Health Board
MINUTES

5.1 Correspondence

REDACTED

5.2 Board Calendar and Work Plan

REDACTED

5.3 Key Stakeholder List

REDACTED

5.4 Overpayments Summary

REDACTED

6.0 MEETING FINALISATION

6.1 Review Actions

6.2 Meeting Evaluation

6.3 Next Meeting

6.4 Meeting Close

The meeting closed at 5.10pm

The Board undertook a meeting evaluation.

Minutes authorised by Chair as an accurate record of proceedings

Dr Mary Corbett

Chair, West Moreton Hospital and Health Board

Date

14/11/2012

From: Jacqueline Keller
Sent: 10 Sep 2013 20:17:41 +1000
To: [REDACTED]
Cc: Lesley Dwyer; Sharon Kelly
Subject: Barrett Adolescent Centre
Attachments: BR057555 MD09 BARRETT ADOLESCENT CENTRE.doc, Min Stat_BAC 130910v2.doc, update regarding the Barrett Adolescent issues.txt

Dear Tim

Further to your earlier discussions with Lesley regarding Barrett Adolescent Centre, please find attached the following:

1. Brief to the Acting Director-General
2. Ministerial Statement
3. Update provided to SDLO

I understand that you will be briefing the other Board members. Please let me know if you require anything further.

Kind regards
Jacqui

Jacqui Keller
Corporate Counsel and Secretary
Legal Services
Office of the Chief Executive

West Moreton Hospital and Health Service

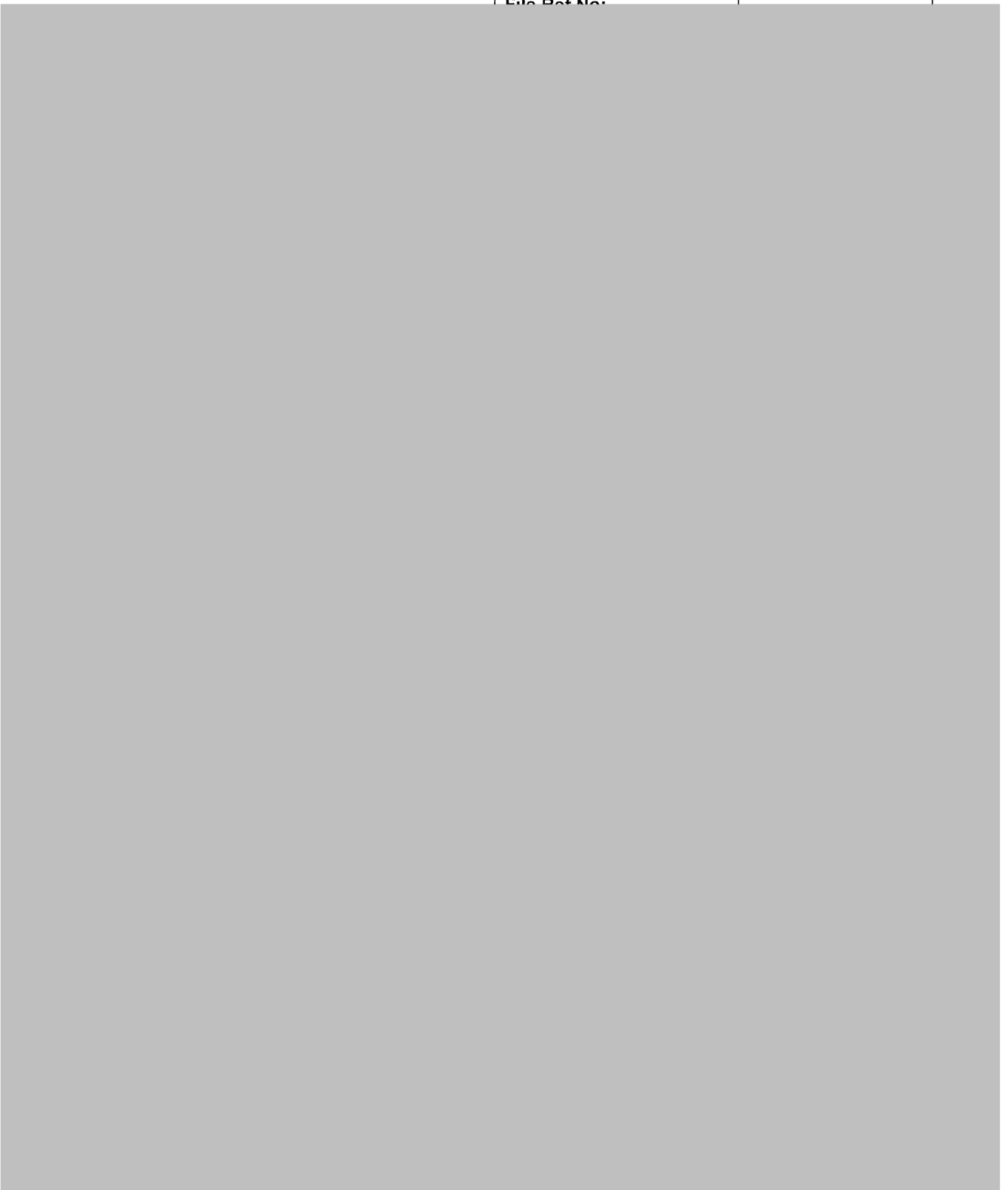
T: [REDACTED]
E: [REDACTED]
Level 8 Tower Block, Ipswich Hospital
Chelmsford Ave, Ipswich, QLD 4305
PO Box 73, Ipswich, QLD 4305
www.health.qld.gov.au

Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	

Briefing Note for Noting

Director-General

Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	



Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	



DR MICHAEL CLEARY
A/Director-General

/ /

To Minister's Office For Noting

A/Director-General's comments

Author
Sharon Kelly

Executive Director

MHSS, West Moreton Hospital & Health Service

9 September 2013

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

Chief Executive

West Moreton Hospital & Health Service

9 September 2013

Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

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

Date requested: 9 September 2013

Action required by: 9 September 2013

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

/ /

/ /

Minister's comments

Briefing note rating

1 ☐ ☐

2 ☐ ☐

3 ☐ ☐

4 ☐ ☐

5 ☐ ☐

1 = (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.

**MINISTERIAL STATEMENT
HONOURABLE LAWRENCE SPRINGBORG MP
MINISTER FOR HEALTH**

MINISTER—

BARRETT ADOLESCENT CENTRE

Madam Speaker,

It has been brought to my attention that there have been ongoing serious failures in clinical governance in the Barrett Adolescent Centre.

There have been a number of clinical incidents within the Centre over a period of 12 months that have not improved following corrective action. This includes actions such as changes in some clinical leadership positions and changes to practice and policy within the Barrett Adolescent Centre.

And today, I am advised that West Moreton Hospital and Health Service has stood aside a senior member of the clinical team following allegations of misconduct.

West Moreton Hospital and Health Service has acted immediately on these allegations pending the outcome of any investigations.

I know that West Moreton Hospital and Health Service is taking these allegations very seriously and is providing support to all those directly involved.

Madam Speaker, I'm advised the family involved are extremely distressed by this incident, and deservedly so.

The family has also requested that their privacy be protected at this time.

The allegations have been referred to the Queensland Police Service for its consideration as well as the Crime and Misconduct Commission, and the Australian Health Practitioner Regulation Agency.

I am very disappointed to be hearing about these allegations.

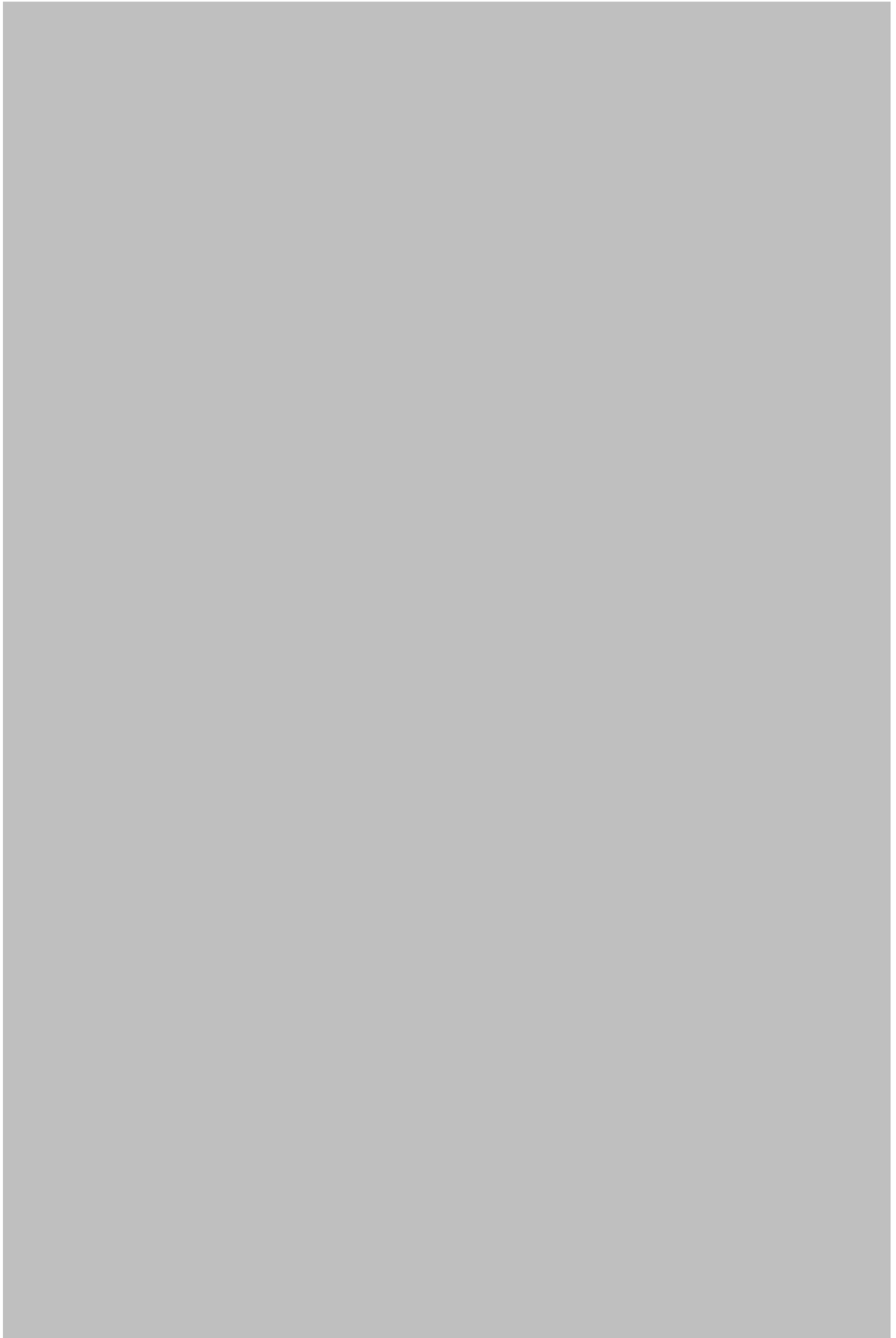
Clearly, if these allegations are correct, this is not acceptable.

Arrangements have been made for Children's Health Queensland Hospital and Health Service to provide senior psychiatric support to Barrett Adolescent Centre during this time. West Moreton HHS is committed to providing the highest standard of mental health care to this group of young people with high needs. In

some instances that might need to occur in existing adolescent mental health services in other HHSs.

Cleared by: Sharon Kelly, Executive Director Mental Health and Specialised Services, WMHHS
10 September 2013

Cleared by: Lesley Dwyer, Chief Executive, WMHHS



T: [REDACTED]
E: [REDACTED]

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Road, Wacol, Qld 4076
Locked Bag 500, Sumner Park BC, Qld 4074

www.health.qld.gov.au

From: Lesley Dwyer
Sent: 10 Sep 2013 09:29:43 +1000
To: [REDACTED]
Subject: Fwd: HOLDING STATEMENT officer stood down 130910.doc
Attachments: HOLDING STATEMENT officer stood down 130910.doc, TEXT.htm

Lesley Dwyer
Chief Executive
West Moreton Hospital and Health Service
Ph. 0405539620

Begin forwarded message:

From: "Naomi Ford" [REDACTED]
Date: 10 September 2013 9:07:30 AM AEST
To: "Bill Kingswell" [REDACTED] "Leanne Geppert"
[REDACTED] "Lesley Dwyer" [REDACTED]
[REDACTED] "Sharon Kelly" [REDACTED]
Subject: HOLDING STATEMENT officer stood down 130910.doc

Hi Bill

Please find attached draft statement. Lesley Dwyer has yet to endorse.

Regards
Naomi

Naomi Ford
Communication & Community Engagement
West Moreton Hospital & Health Service
P: [REDACTED]
M: [REDACTED]
E: [REDACTED]

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and Facebook:

<https://www.facebook.com/pages/West-Moreton-Hospital-and-Health-Service/390111887692956>

West Moreton Hospital and Health Service Media Statement

10 September 2013

Statement from West Moreton Hospital and Health Service Chief Executive, Ms Lesley Dwyer:

Failures in clinical governance in the Barrett Adolescent Centre has been brought to our attention and West Moreton Hospital and Health Service has stood aside a senior member of the clinical team pending the outcome of any investigations.

☐ The allegations have been referred to Queensland Police Service for its consideration.

We take these allegations very seriously and we are providing support to the young person and their family.

Clearly, if these allegations are correct, this is not acceptable.

Arrangements have been made for Children's Health Queensland Hospital and Health Service to provide senior psychiatric support to Barrett Adolescent Centre during this time.

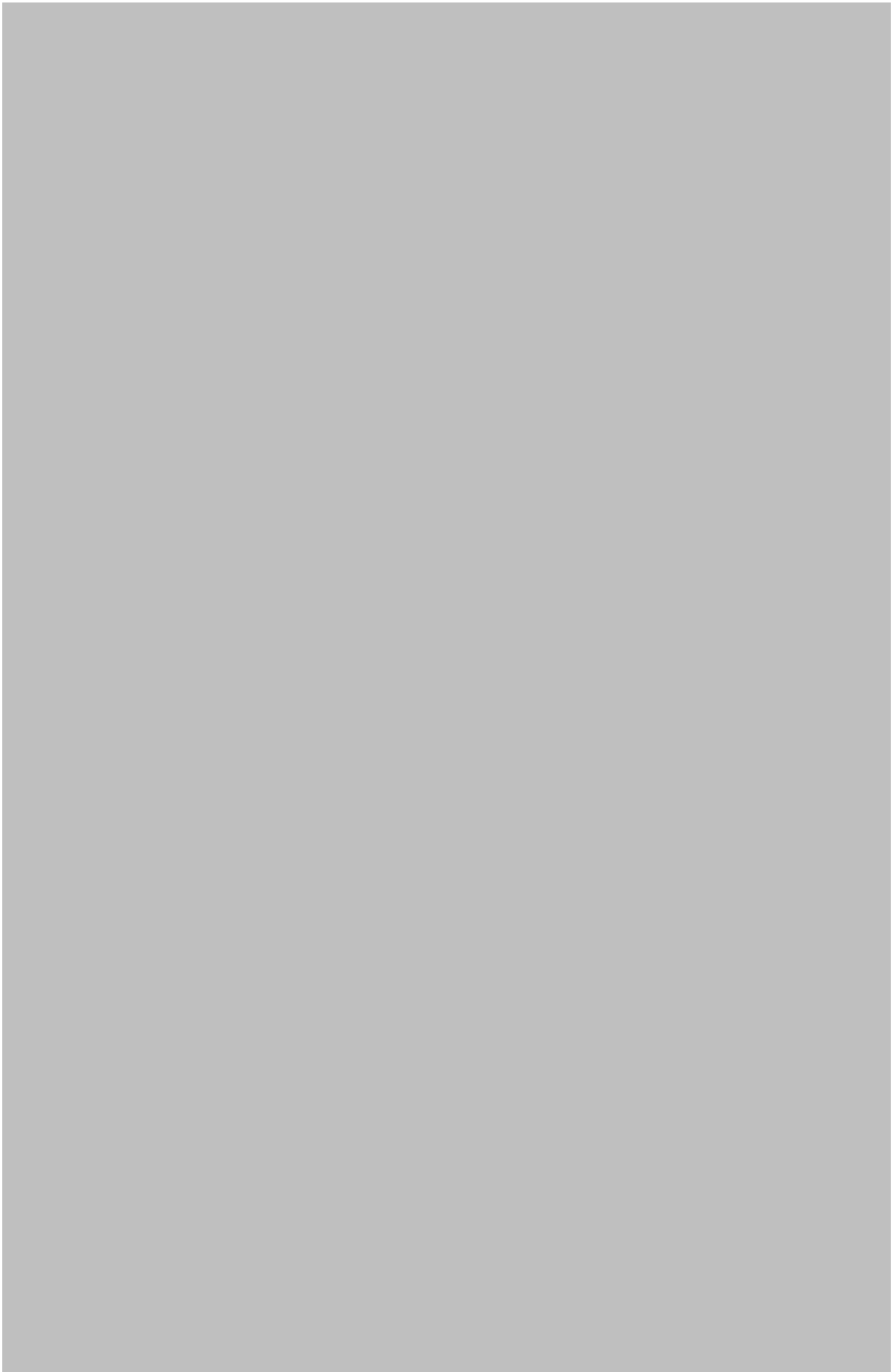
ENDS

☐ Media contact: 

Are you following us on Twitter or Facebook?

www.twitter.com/wm_health

<https://www.facebook.com/pages/West-Moreton-Hospital-and-Health-Service/390111887692956>



when Lesley and Sharon Kelly will be able to provide the Board with a more comprehensive update on the Centre's clinical regime and its prevailing culture.

I am fully satisfied that this serious matter has been handled promptly and effectively once the Executive were made aware of the situation. Should you have any questions, I am more than happy to respond as best I can but I think most of the information we need at this point is contained in this email and the attachments. As media responses are drafted, I will send them on to you on the off chance that you are asked a question or two by concerned people in the community. As far as the media is concerned however, all comments and responses to questions will go out over Lesley's name.

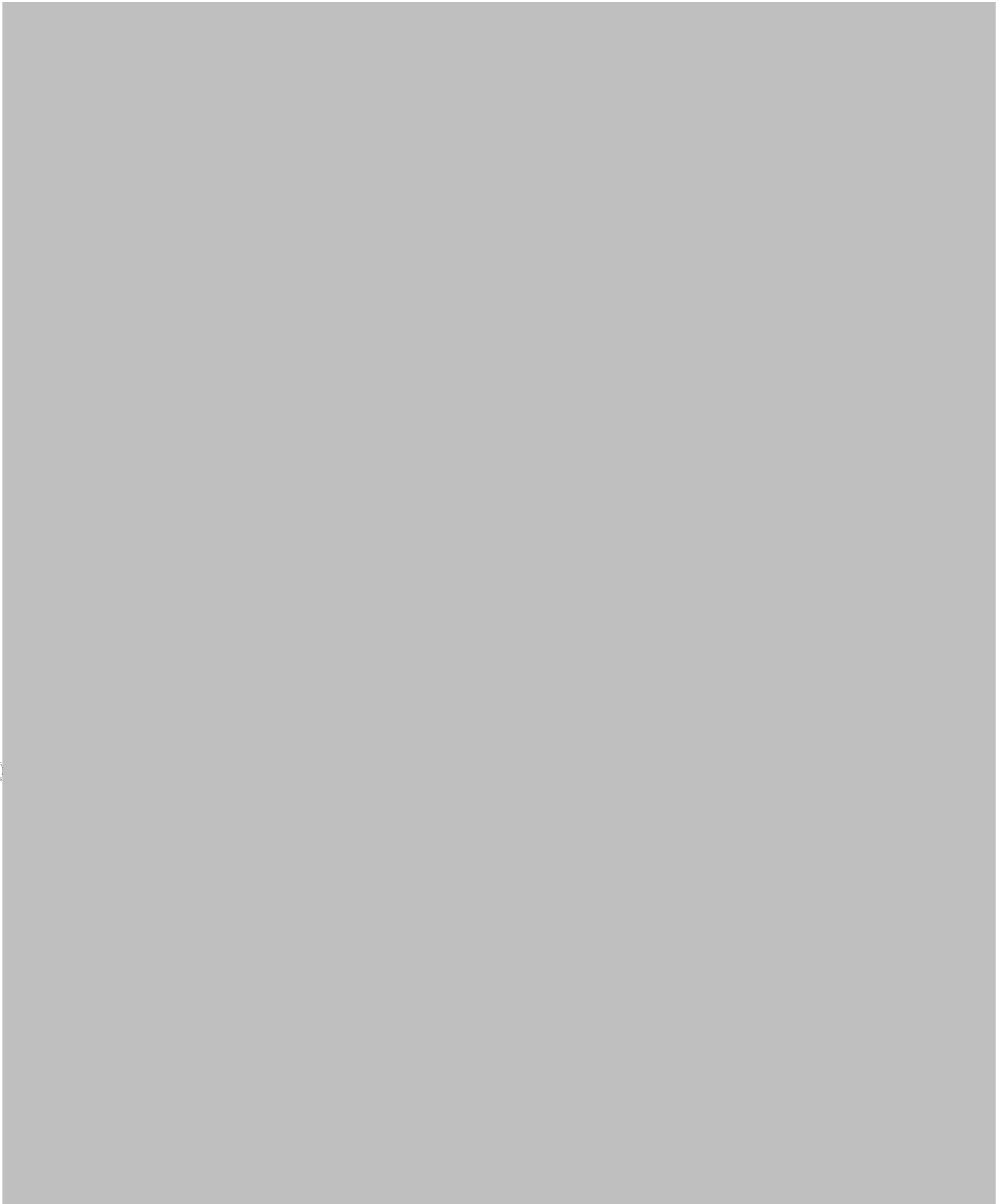
Regards

TIM ELTHAM
Acting Chair

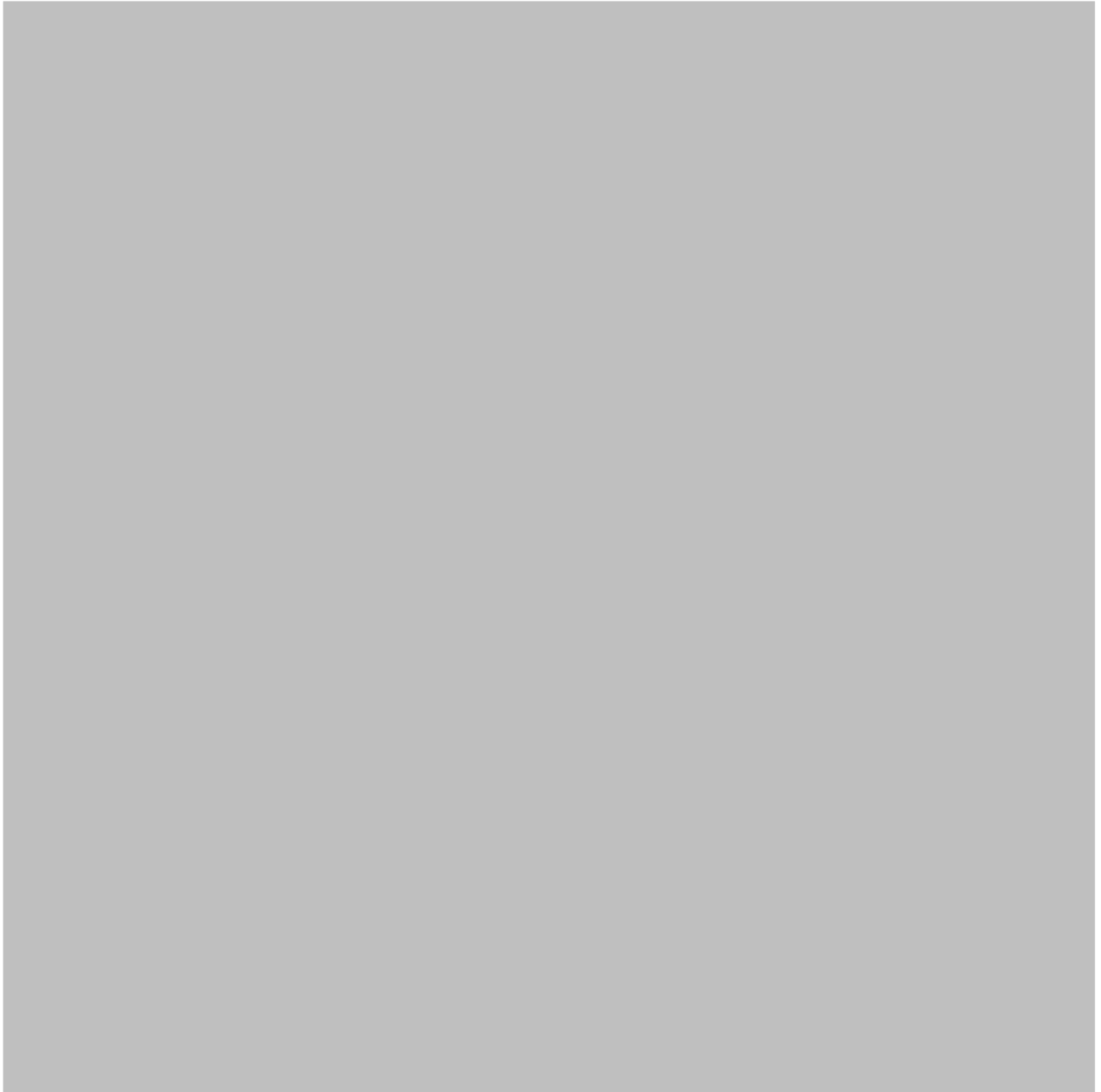
Department RecFind No:	
Division/HHS:	
File Ref No:	

Briefing Note for Noting

Director-General



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



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



DR MICHAEL CLEARY
A/Director-General

/ /

To Minister's Office For Noting

A/Director-General's comments

Author	Content verified by:
Sharon Kelly	(CEO/DDG/Div Head)
	Lesley Dwyer
Executive Director	Chief Executive
MHSS, WM HHS	WM HHS

9 September 2013

9 September 2013

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

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Lesley Dwyer
CE, West Moreton HHS

Date requested: 9/9/2013

Action required by: 9/9/2013



APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

/ /

/ /

Minister's comments

Briefing note rating

1 ☐ ☐ 2 ☐ ☐ 3 ☐ ☐ 4 ☐ ☐ 5 ☐ ☐

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

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**MINISTERIAL STATEMENT
HONOURABLE LAWRENCE SPRINGBORG MP
MINISTER FOR HEALTH**

MINISTER—

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Madam Speaker,

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some instances that might need to occur in existing adolescent mental health services in other HHSs.

Cleared by: Sharon Kelly, Executive Director Mental Health and Specialised Services, WMHHS
10 September 2013

Cleared by: Lesley Dwyer, Chief Executive, WMHHS



Board Meeting

Addendum No.2

Sep 27, 2013 at 09:00 - 17:00

Esk Health Service

30 Highland Street, Esk

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	27 September 2013	Agenda Item Number:	7.1
Agenda Subject:	Barrett Adolescent Centre Issues Update		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED Mental Health and Specialised Services		Date: 25 September 2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Background

1. Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy
 - a. Community statement made by Minister for Health, Mr Lawrence Springborg on 6 August 2013 that new service options for adolescent extended treatment and rehabilitation will be available in early 2014 and Children's Health Queensland (CHQ) will hold governance of new service options.
 - b. Statewide project established and governed by CHQ to progress the implementation of new service options. West Moreton working as a partner in this process.
 - c. The foundation work for the statewide implementation project is the work completed through the Barrett Adolescent Strategy (November 2012 – April 2013), which culminated in the 7 recommendations of the Expert Clinical Reference Group being supported by the West Moreton Hospital and Health Board in May 2013, based on extensive consultation and no gap to service provision for the adolescent target group.
2. Ongoing Barrett Adolescent Centre (BAC) Service Delivery
 - a. BAC is a 15-bed inpatient service located at The Park that also offers day program services.
 - b. The Barrett Adolescent Strategy was a statewide project that commenced in response to the BAC facility not meeting building standards and due to The Park becoming an adult-only, secure forensic facility by 2014.
 - c. BAC will close early 2014, in line with the progress of the statewide project and the implementation of new service options.

Key Issues or Risks

3. Statewide Project
 - a. Statewide Steering Committee has convened three times since 26 August 2013 and is chaired by CHQ.
 - b. Two working groups have been established - Service Options and Finance/HR.
 - c. The work of the Service Options Working Group will be conducted via two half-day forums, the first of which is scheduled for 1 October 2013 and has statewide, multidisciplinary representation. Consumer and carer input will also be invited through written submissions.
 - d. The Finance/HR Working Group is anticipated to convene in the next two weeks.
 - e. Consumer needs are being addressed by West Moreton HHS through a Clinical Care Transition Panel that will evaluate each individual case separately and work with other key stakeholders regarding clinical care options.
 - f. A joint communication strategy between West Moreton HHS and CHQ is being developed, and will encompass a range of strategies such as a monthly Fact Sheet for all stakeholders including parents/carers.

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

4.

Current Response and Closure of BAC:

- g. Weekly operational oversight meetings are occurring with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (A/Clinical Director, CYMHS CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses.
- h. CHQ are supporting the current situation with an after hours psychiatric roster for the BAC.
- i. Personal communication continues with the parents/carers through both phone calls from the Clinical Director and email from the Executive Director, Mental Health & Specialised Services. The patient advocate has been identified as another contact for the parents/carer to provide an alternative neutral contact point.
- j. Department of Education Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- k. Both Dr Anne Brennan (A/Clinical Director, BAC) and Dr Elisabeth Hoehn (A/Clinical Director, CYMHS CHQ) have indicated that the uncertainty surrounding the date of closure and future changes to service delivery (including a reduction to beds and no new admissions) is exacerbating current consumer anxiety and frustration, which in turn has the potential to destabilise their mental state further.
- l. There are currently 18 BAC patients (12 inpatients and 6 day patients). The A/Clinical Director and multidisciplinary team have reviewed all consumer cases, and in line with individual clinical needs, 4 of the inpatients will be ready for discharge within 2 weeks to day patient status.
- m. Based on the clinical concerns raised above and future change to service models and the intention to facilitate a smooth model transition in early 2014, no new consumers will be admitted as inpatients of the service but the service will provide a comprehensive outreach and clinical support model to the sector. Consequential to this the beds will close behind the discharged consumers.
- n. In consultation with Dr Bill Kingswell (Executive Director of the Mental Health Alcohol and Other Drugs Branch), this consequential closure of beds is not anticipated to place any additional burden on the adolescent acute bed stock in Queensland.
- o. Similarly, significant anxiety and concern has been reported by both BAC staff and parents/carers about the lack of formal notification from West Moreton HHS regarding the closure date of BAC. Given this information is already in the public domain, it is recommended that a formal notification be made as a matter of priority in order to manage the clinical risks becoming evident by this delay and the reputational risk for the HHS.
- p. To ensure comprehensive and transparent planning and to support implementation of the alternate service options in early 2014, an anticipated date of closure needs to be confirmed. It is proposed

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

that 26 January 2014 is identified, noting some flexibility will be retained around the date if individual supports are not in place for current BAC consumers.

- q. Staffing support for all staff within the BAC continues with regular professional contact and operational support. All staff have been kept informed of the strategy and information as has been appropriate. Once a date is confirmed for staff there are a range of HR processes that will be instigated, including the offering of voluntary redundancies if no alternate commensurate roles are available. It is acknowledge that some staff are already seeking alternate positions and as such we are appointing long term casual contract staff to maintain the service.

Consultation

- 5. Comprehensive consultation continues with Department of Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.
- 6. Strategies have also been implemented to communicate regularly and directly with BAC staff and parents/carers via Fact Sheets, meetings and personal phone calls.

Financial and Other Implications

- 7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project, and is anticipated to be completed early 2014.
- 8. Ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

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

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Attachments

- 1. Briefing Note 9 September 2013.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

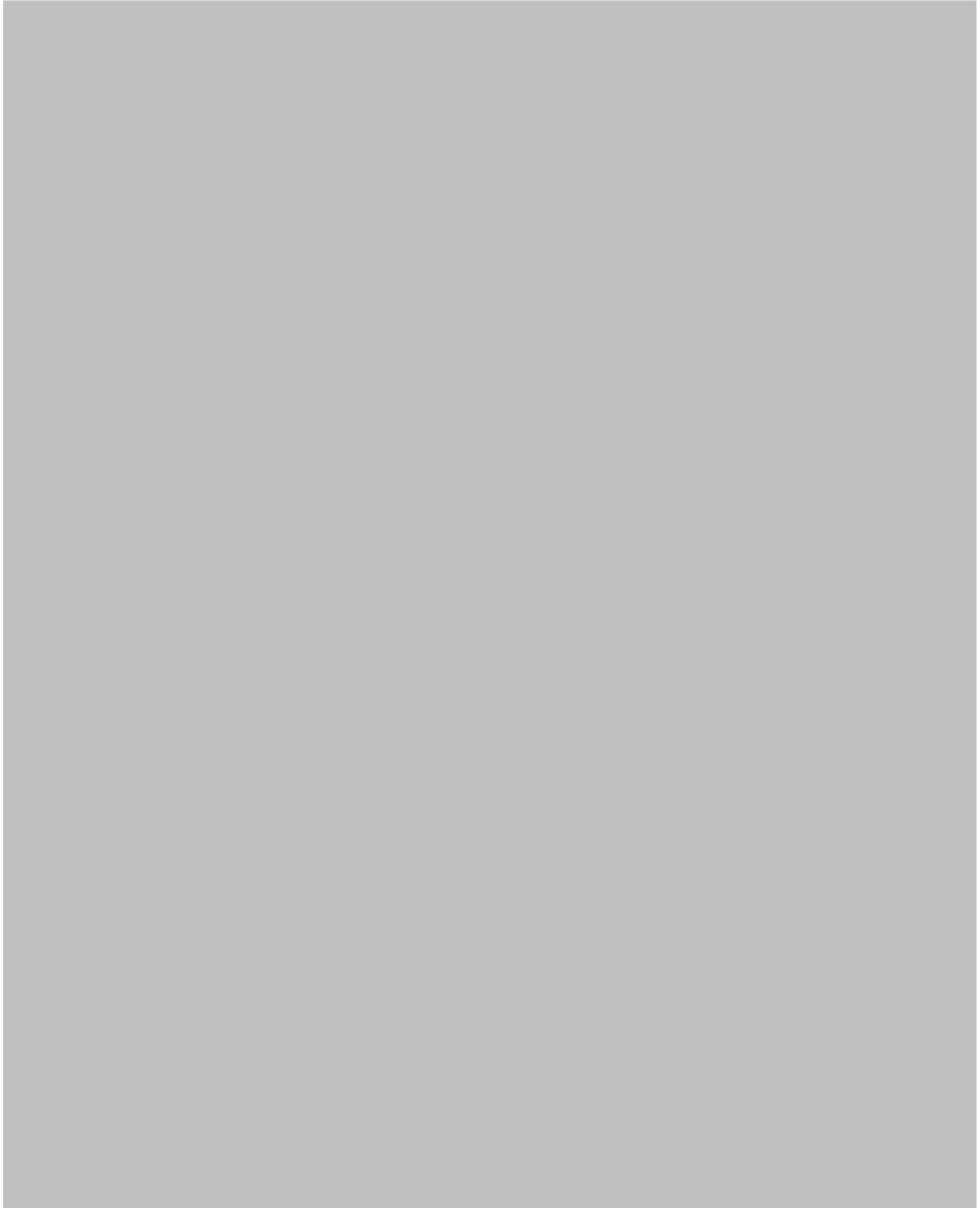
Agenda Item Number: 7.1

Attachment: Briefing note 9 September 2013

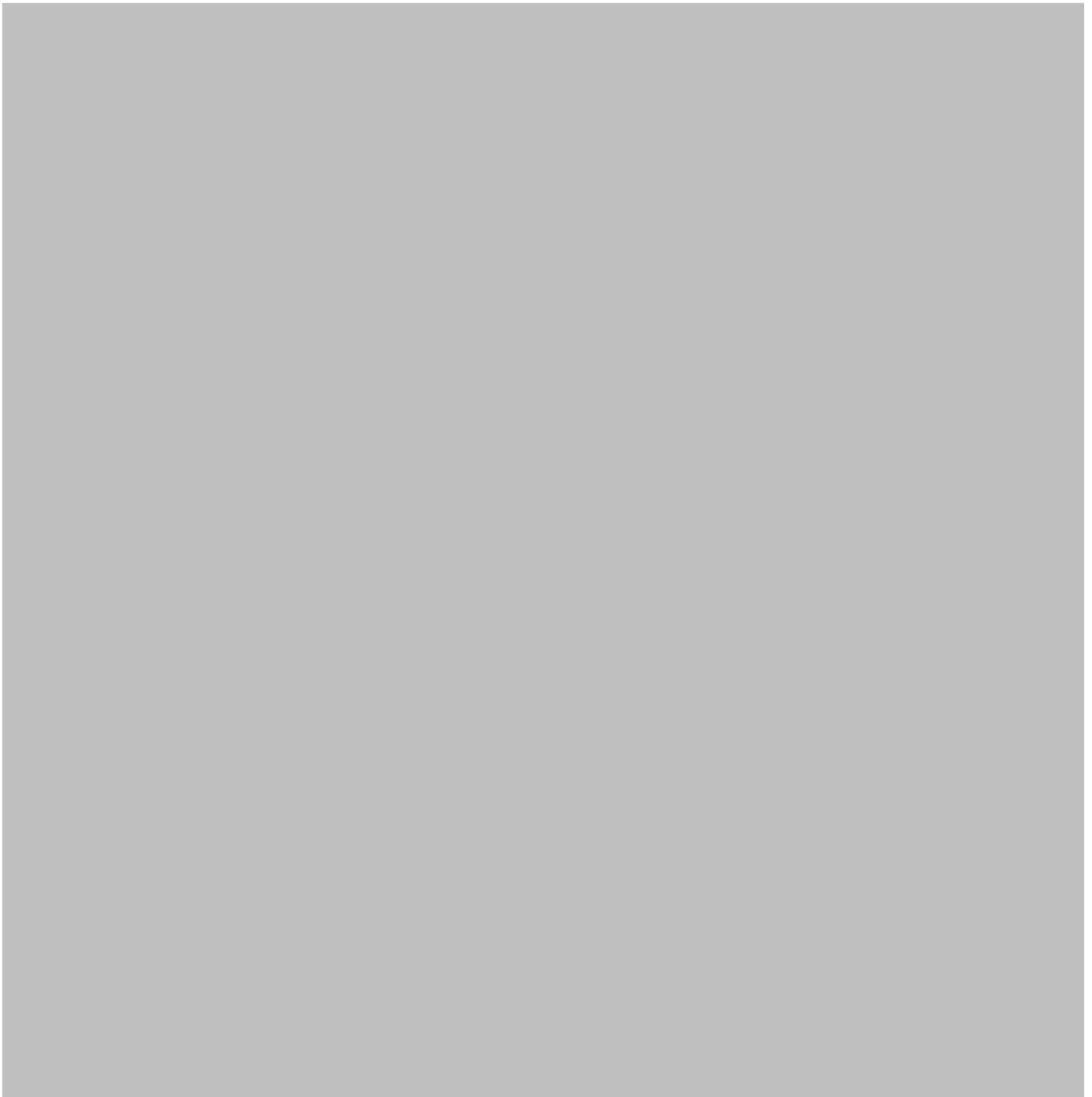
Department RecFind No:	
Division/HHS:	
File Ref No:	

Briefing Note for Noting

Director-General



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



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



DR MICHAEL CLEARY
A/Director-General

/ /

To Minister's Office For Noting ☐

A/Director-General's comments

Author	Content verified by:
Sharon Kelly	(CEO/DDG/Div Head)
	Lesley Dwyer
Executive Director	Chief Executive
MHSS, WM HHS	WM HHS
9 September 2013	9 September 2013