

*Oaths Act 1867*

## Statutory Declaration

I, **MARY CORBETT** of care of Corrs Chambers Westgarth, by email to

[REDACTED] in the State of Queensland do solemnly and sincerely declare that:

### Background and Experience

- 1 The Commission understands that from approximately December 2012:**
- (a) the services then provided by the Barrett Adolescent Centre (the BAC) were under review and that alternative models of service were to be developed to replace the services then provided by BAC; and**
  - (b) the opening of the Extended Forensic Treatment and Rehabilitation Unit (the EFTRU) was proposed for early 2013.**

**Please state whether that is correct and, if not, why not. If that is correct then state:**

1.1 In relation to the statement in paragraph 1(a):

- (a) It is not correct that from approximately December 2012 the services then provided by the BAC were under review. A decision to close the BAC had been made by the Government some years previously.
- (b) It is correct that new, improved models of service were to be developed to replace the services then provided by BAC, which would be under the governance of Children's Health Queensland Hospital and Health Service.

1.2 In relation to the statement in paragraph 1(b), I recall that EFTRU was anticipated to open in 2013 but I cannot now recall the exact date at that time. I also recall that the anticipated opening date for EFTRU was delayed, but I am unable to say when this occurred.

- (c) whether any person/s within Queensland Health (QH), West Moreton Hospital and Health Service (WMHHS) and/or West Moreton Hospital and Health Board (WMHHSB) were responsible for coordinating the replacement of the BAC and the opening of**

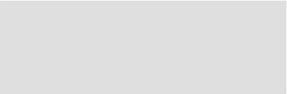
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MARY CORBETT

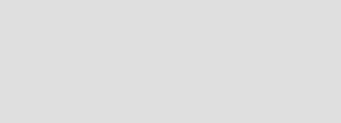
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EFTRU and, if so, identify those persons and the reports they produced or details of their work;

- (d) whether any person/s within QH, WMHHS or WMHHB was responsible for identifying and/or managing the risks associated with the opening of EFTRU and, if so, identify those persons and the reports they produced or details of their work;
- (e) whether any person/s within QH, WMHHS or WMHHB was responsible for identifying and/or managing the risks associated with the opening of EFTRU in the vicinity of BAC and, if so, identify those persons and the reports they produced or details of their work.

- 1.3 The new, Statewide models of service for adolescents was under the governance of CHQHHS.
- 1.4 It is my understanding that EFTRU was a component of the redevelopment and extension plan for The Park, as outlined in the Queensland Plan for Mental Health.
- 1.5 Development of the EFTRU service was at an advanced stage at the time the WMHHB came into being in July 2012. It is my expectation that risk assessment in respect of the service would have been undertaken at the planning stage and considered in the development of the model of care for EFTRU.
- 1.6 To the best of my knowledge, the MHAODB had and still has responsibility for approving models of care for mental health units.
- 1.7 I am not aware of the identity of individuals within QH or WMHHS responsible for identifying and/or managing the risks associated with the opening of EFTRU.
- 1.8 It was not the role of the WMHHB to identify and/or manage the risks associated with the development and opening of EFTRU, as this decision had been prior to the Board being established.
- 1.9 As to the identification and management of risks associated with the opening of EFTRU in the vicinity of BAC:
  - (a) That risk had also been identified prior to the formation of the WMHHB.
  - (b) When it became apparent that the opening of EFTRU was imminent but a number of

  
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patients remained at BAC, I recall there was discussion at the Board to the effect that this situation was not ideal, however the Board reiterated that the safe care of the adolescents was of primary importance. To that end, it was anticipated that the cross-over period would be short and that the initial cohort of patients to be accommodated at EFTRU would be small in number and chosen from an extremely conservative risk assessment process to minimise risk. In those circumstances, whilst co-location of EFTRU and BAC was not considered acceptable in any long term sense, it was considered lower risk for that short period, than prematurely discharging or transitioning BAC patients.

- (c) The risk mitigation steps put in place to manage risks associated with the cross-over period were advised to the WMHBB in a Board Paper for the meeting of the WMHBB on 23 August 2013. Attached and marked **MC-1** is a copy of that Board Paper.

**2 Look at the document entitled 'Queensland Government Funded Services For Young People' (attached and marked QHD.006.002.8602).**

**(a) state whether this document was ever submitted on behalf of the Department of Health (and if so, on what date, by whom and to whom);**

2.1 I have no recollection of having seen this document prior to receiving it from the Commission attached to the Notice to provide this witness statement.

**(b) with respect to BAC and EFTRU services referred to in that document, state whether as at June 2013:**

**(i) the services then provided by the BAC were under review, and the date when alternative models of service were to be developed to replace the services then provided by BAC; and**

2.2 As at June 2013, the services at the BAC were not under review. As at that time the WMHBB had approved the development of a communication and implementation plan to support the previous decision to close BAC, as made prior to the establishing of the WMHBB in 2012.

2.3 As at June 2013, the date when alternative models of service were to be developed was not fixed and that process was ongoing.

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**(ii) the opening of the Extended Forensic Treatment and Rehabilitation Unit (the EFTRU) was proposed for June, July or August 2013.**

- 2.4 I cannot recall whether, as at June 2013, the opening of EFTRU was proposed for June, July or August 2013.
- 2.5 The Board Paper for the meeting of the WMHHS on 23 August 2013, which is exhibit MC-1 identifies that EFTRU opened on 29 July 2013.

**Please state whether that is correct and, if not, why not. If that is correct then state**

**(c) whether any person/s within QH, WMHHS or WMHHSB was responsible for coordinating the replacement of the BAC and the opening of EFTRU and, if so, identify those persons and the reports they produced or details of their work;**

- 2.6 I am not aware whether any person/s within QH, WMHHS or WMHHSB was responsible for coordinating the replacement of the BAC and the opening of EFTRU. In that regard:
- (a) Neither WMHHS nor WMHHS were responsible for 'co-ordinating the replacement of BAC' BAC was not being 'replaced' as such, rather alternative models of care were being developed for adolescent mental health extended treatment. This was developed and implemented under the governance of CHQHHS and the Department of Health.
- (b) The opening of EFTRU was under the clinical governance of the High Secure adult service within WMHHS. I assume that QH, through the MHAODB would have had significant involvement. I am not aware of the identity of particular individuals with that responsibility.

**(d) whether any person/s within QH, WMHHS or WMHHSB was responsible for identifying and/or managing the risks associated with the opening of EFTRU and, if so, identify those persons and the reports they produced or details of their work;**

- 2.7 Direct responsibility for identifying and managing the risks associated with the opening of EFTRU lay with the High Secure adult service within WMHHS, which had clinical governance of the EFTRU.

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2.8 I am not aware of, nor do I have access to, any reports or other work undertaken in this respect.

**(e) whether any person/s within QH, WMHHS or WMHHSB was responsible for identifying and/or managing the risks associated with the opening of EFTRU in the vicinity of BAC and, if so, identify those persons and the reports they produced or details of their work.**

2.9 I refer to paragraph 1.9 of this statement.

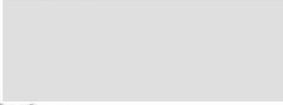
**3 Identify and exhibit all documents in your custody or control that are referred to in your witness statement.**

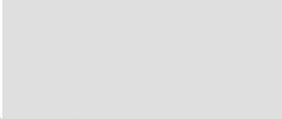
3.1 All documents referred to in my witness statement are exhibited.

3.2 Due to the short timeframe to respond to this statement coinciding with interstate travel, I have been unable to review documentation which may be pertinent to the questions relating to EFTRU.

**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 )  
MARY CORBETT at Brisbane in the )  
State of Queensland this 22nd )  
day of 22nd to March 2016 )  
Before me: )

  
.....  
Signature of authorised witness  
*SOLICITOR*

  
.....  
Signature of declarant

A Justice of the Peace/  
Commissioner for Declarations

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

<b>No</b>	<b>Document Description</b>	<b>Document number</b>	<b>Page</b>
MC-1	Board Meeting Agenda Paper for Board meeting on 23 August 2013	WMB.1000.0001.00112-3	1 - 2



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**BOARD MEETING AGENDA PAPER**

<b>Committee:</b>	<b>Board</b>		
<b>Meeting Date:</b>	23 August 2013	<b>Agenda Item Number:</b>	7.1
<b>Agenda Subject:</b>	Barratt Adolescent Strategy		
<b>Action required:</b>	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
<b>Author:</b> Sharon Kelly	<b>Position:</b> ED, Mental Health and Specialised Services		<b>Date:</b> 14 August 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 implementation of the Barrett Adolescent Strategy

**Background**

1. Investigations into contemporary model of care for Adolescents requiring extended treatment and rehabilitation mental health care were commenced in November 2012 utilising a range of strategies
2. The Board supported in principle the recommendations of the Expert Clinical Reference Group at its May 2013 meeting with some further high level communication and risk mitigation strategies prior to progressing to announcement and implementation.
3. Progress presented to The Board July meeting and community announcement occurred by The Minister for Health, Mr Lawrence Springborg on Tuesday 6 August.

**Key Issues or Risks**

4. Communication Strategy
  - a. in depth communication plan developed for announcement with endorsement by strategic partners and Minister office.
  - b. All steps in plan adhered to and undertaken within 3 days of announcement
  - c. Key notes :-
    - i. Staff were advised prior to announcement by ED MH&SS and Chief Executive WMHHS. Included in the meeting were the Department of Education Director and HR staff.
    - ii. All current consumers and their carers were individually spoken to prior to announcement publically with positive responses.
    - iii. Key themes were the positive response to the statewide governance changes to Children Health Queensland; the commitment to ensure current and future consumers will be supported into contemporary models.
    - iv. Media has been underwhelming in negativity and all concerns raised by individuals are being attended to as a priority.
5. Patient discharge strategy
  - a. all current consumers have an up to date discharge plan
  - b. a number of consumers were identified for discharge over the next four months
  - c. the treating team have already commenced discussions with each of the family carer's to identify what resources or care may be required by the consumer post December 2013.
  - d. Consumers on the wait list have been identified and correspondence provided outlining the process to occur.
  - e. Receiving HHS services are engaged in each of these consumers as well to identify what care or alternate services may be required post closure of the BAC facility.
  - f. Current negotiations are occurring with the Clinical Director regarding the appropriateness or requirement for short term admissions for some on the wait list.
6. Risk management of service whilst EFTRU has opened and adolescents remain on campus
  - a. Extended Forensic Treatment and Rehabilitation Unit opened to first consumers 29 July 2013.

**EXHIBIT 986**  
**BOARD MEETING AGENDA PAPER**

- b. First tranche of consumers was direct transfer from the Extended Treatment Rehabilitation unit, already locate on the premises. (aim to test facility etc and staff learning prior to a more significant secure cohort being admitted)
  - c. Planning for each month a further increase in consumers transferred from the High Secure unit will occur depending on their acuity and consequent full capacity anticipated by January 2014.
  - d. Each consumer is risk assessed as to their ability to manage in the new environment.
  - e. As a risk mitigation strategy adolescent consumers are not allowed ground access without escort during this transition phase.
7. Transition of governance
- a. Initial meetings have been had with the Children's Health Queensland and MHAOD branch
  - b. A field trip to Victoria to consider alternate models in action is occurring over the 14 August to 16 August by senior clinicians CHQ and representatives of WMHHS.
  - c. Implementation plan and progression by CHQ for the first meeting of the implementation group under way.
  - d. The implementation group will report to an oversight group which is Chaired by Deputy Director General Dr Michael Cleary and will have representation from the appropriate HHSs who provide adolescent services.

**Consultation**

8. Significant consultation has occurred during the process with internal and external stakeholders.

**Financial and Other Implications**

9. Budgets attached to the BAC will be removed once the full transition has occurred in early 2014.
10. Ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

**Strategic and Operational Alignment**

11. 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 implementation of the Barrett Adolescent Strategy

**Attachments**

Nil