

the receiving service.

**(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;**

29.3 I was not a member of, nor was I involved in establishing or appointing members to the Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee.

**(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;**

29.4 I am not aware of an entity by the name of the West Moreton Management Committee.

**(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.**

29.5 The WMHHS representative on the Chief Executive and Department of Health Oversight Committee was Lesley Dwyer. She held this role because she was the Health Service Chief Executive of WMHHS.

**Groups**

**30 Did Dr Corbett form part of, or have any involvement or input into the formation or work of the 'Expert Clinical Reference Group' (ECRG) with respect to the BAC and, if she did:**

- (a) who were the members of the ECRG;**
- (b) what was the expertise of each member; and**
- (c) what was the ECRG's function and who did the ECRG consult with?**

30.2 I did not form part of, or have any involvement or input into the formation or work of the Expert Clinical Reference Group (ECRG) with respect to BAC.

**31 In the event Dr Corbett did not have involvement in the ECRG, on what date, by**

..... [Redacted Signature] .....

**Dr Mary Corbett**

14493261/2

..... [Redacted Signature] .....

**Witness**

**what means, and for what purpose, was the ECRG report provided to Dr Corbett?**

- 31.1 I received a copy of the ECRG report as attachments 1 and 2 to a Board Committee Agenda Paper provided to the members of the WMHHB for the WMHHB Board Meeting held on 24 May 2013.
- 31.2 The purpose for which the report was provided to me was for consideration by WMHHB of recommendations contained in the Board Committee Agenda Paper to which it was attached. Those recommendations are set out in the Agenda Paper.

**32 Identify any circumstances or areas of concern regarding the recommendations contained in the ECRG report.**

- 32.1 I refer to my response to Question 22.

**33 Did Dr Corbett form part of, or have any involvement or input into the formation of the 'Planning Group' (PG) with respect to the BAC and, if she did:**

- (a) who were the members of the PG;
- (b) what was the expertise of each member;
- (c) what was the PG's function and who did the PG consult with?

- 33.2 I did not form part of, or have any involvement or input into the formation of the Planning Group with respect to the BAC.

**34 Did Dr Corbett form part of, or have any involvement or input into the formation of, the 'Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group' (SW AETRSSG) and/or the 'Statewide Adolescent Extended Treatment and Rehabilitation Service' (SWAETRS) (and say if these groups are the same or separate)?**

- 34.1 I did not form part of nor did I have any involvement or input into the formation of the State-wide Adolescent Extended Treatment and Rehabilitation Strategy Group or the State-wide Adolescent Extended Treatment and Rehabilitation Service.

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

page 40

**35 Who were the members of the SWAETRS and/or SWAETRSSG and what was the expertise of each member, and what was the function of each of the SW AETRS and SWAETRSSG?**

35.1 In view of my answer to question 34, I am unable to answer question 35.

**36 Did Dr Corbett form part of, or have any involvement or input into the formation of the 'Steering Committee' with respect to the BAC?**

36.1 I am not aware of an entity or committee known as the Steering Committee with respect to BAC. I have seen references to a State-wide Steering Committee, which I understand to be the SW AETRSSG.

**37 Who were the members of the Steering Committee and what was the expertise of each member, and what was the function of the Steering Committee?**

37.1 In view of my answer to question 36, I am unable to answer question 37.

**38 Did Dr Corbett form part of, or have any involvement or input into the formation of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Groups (Working Groups) and, if she did:**

- (a) what was the extent of that involvement;
- (b) who were the members of the Working Groups;
- (c) what was the expertise of each member;
- (d) what was the function of each of the Working Groups and who did the Working Groups consult with, about what topics, and on what date(s).

38.2 I did not form part of or have any input into the formation of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Groups.

**39 On what date, from whom and by what means, did Dr Corbett receive the views/recommendations of any or all of the ECRG, PG, SW AETRSSG, SW AETRS,**

..... [Redacted Signature] .....

**Dr Mary Corbett**

14493261/2

..... [Redacted Signature] .....

**Witness**



**Steering Committee and/or Working Groups, and for what purpose?**

39.1 I received the views and recommendations of the ECRG and the Planning Group when I received the Board Committee Agenda Paper for the WMHHB Board Meeting on 23 May 2012.

39.2 In relation to the SW AETRSSG, the SW AETRS, the Steering Committee (assuming this to mean the State-wide Steering Group otherwise known as the SW AETRSSG) and the Working Groups:

(a) The WMHHB received an Agenda Paper for the meeting of the WMHHB on 27 September 2013 which provided information regarding the Service Options Working Group. This Agenda Paper is Attachment MC-23.

(b) The WMHHB received an Agenda Paper for the meeting of the WMHHB on 29 November 2013 which provided information regarding progress of the SW AETR Implementation Strategy and the work of the Working Groups. This Agenda Paper is Attachment MC-26.

(c) The WMHHB received an Agenda Paper for the meeting of the WMHHB on 20 December 2013 which provided information regarding progress of the SW AETR Implementation Strategy. This Agenda Paper is Attachment MC-28 .

*Dr Sadler*

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

40.1 The decision to stand down Dr Sadler from his position as Director of BAC was made by the Health Service Chief Executive, Lesley Dwyer.

40.2 The reasons for the decision to stand down Dr Sadler as communicated to me were that he was being stood aside pending an investigation into [REDACTED]  
[REDACTED]

..... [REDACTED] .....

**Dr Mary Corbett**

..... [REDACTED] .....

**Witness**



█ This is what was communicated to me in an email from Tim Eltham on 11 September 2013 in his capacity as Acting Chair while I was absent overseas. Attached and marked **MC-35** is a copy of that email.

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

41.1 I first became aware of the matters the subject of the decision to stand down Dr Sadler when I received the email referred to in my answer to Question 40.

**Post-closure**

**42 Were any procedures put in place by the Board (or required by the Board) 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?**

42.1 The governance arrangements for the transitioned adolescents had transferred to the receiving services upon patient transition.

**43 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.**

43.1 Other than the particular new service options for the transitioning BAC adolescents, governance in respect of new service options for adolescents rested with CHQHHS from approximately mid 2013. WMHHS personnel continued to contribute to the development of service options through their involvement on State-wide committees such as the SW AETR committees, however all new services were to be, and are, offered through CHQHHS not WMHHS.

**Other Matters**

**44 Outline and elaborate upon any other information and knowledge (and the source of that knowledge) Dr Corbett has relevant to the Commission's Terms of**

.....  
█

**Dr Mary Corbett**

14493261/2

.....  
█

**Witness**

**Reference.**

44.1 Nil

**45 Identify and exhibit all documents in Dr Corbett's custody or control that are referred to in her witness statement.**

45.1 I confirm that all documents referred to in my statement are exhibited.

---



**Dr Mary Corbett**

14493261/2



**Witness**

EXHIBIT 41

46 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 )  
Dr Mary Corbett at Brisbane in the State )  
of Queensland this 23rd day )  
of OCTOBER 2015 )  
Before me: )  
DANIELLE LU EN TAY.



Signature of authorised witness

Solicitor.

A Justice of the Peace/  
Commissioner for Declarations



Signature of declarant



**BSTATUTORY DECLARATION OF MARY CORBETT**  
**INDEX OF EXHIBITS**

No	Document Description	Document number	Page
MC-1	Curriculum Vitae	WMB.1005.0001.00092	1-3
MC-2	Letter from Minister for Health to Mary Corbett dated 17 May 2012  Letter from Minister for Health To Mary Corbett dated 4 June 2013	WMB.1006.0001.00002  WMB.1006.0001.00001	4-7
MC-3	West Moreton Health – West Moreton Hospital and Health Board Charter dated 20 July 2012  West Moreton Health – West Moreton Hospital and Health Board Charter dated 28 June 2013	WMB.1005.0001.00365  WMB.1005.0001.00007	8-19
MC-4	Briefing Note for Briefing dated December 2012	WMS.0012.0001.24306  WMS.0012.0001.24308	20-22
MC-5	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 14 December 2012	WMB.1000.0001.00145	23-31
MC-6	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 28 June 2013	WMB.1000.0001.00073	32-34
MC-7	West Moreton Hospital and Health Board Meeting Minutes dated 28 June 2013	WMB.1000.0001.00119	35-41
MC-8	Briefing Note for Noting to Director-General dated 11 July 2013 including Briefing Note to the Honourable Lawrence Springborg MP Minister for Health, undated, attaching: <ul style="list-style-type: none"> <li>• <i>West Moreton Hospital and Health Service Expert Clinical Reference Group – Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS) dated 8 May 2013</i></li> <li>• <i>West Moreton Hospital and health Services Issues and Incident Manage</i></li> </ul>	WMS.0014.0001.02661  WMS.0014.0001.02668  WMS.0014.0001.02665	42-53

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**Mary Corbett**

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**Witness**

## EXHIBIT 41

	<i>Plan – Issues synopsis, undated</i>		
MC-9	Briefing Note for Briefing dated December 2013	WMS.1000.0005.00101	54-58
MC-10	Email chain between Sharon Kelly and Leslie Dwyer dated 8 November 2012	WMS.0017.0001.05103	59-61
MC-11	Email from Sharon Kelly to Lesley Dwyer forwarded to Mary Corbett on 9 November 2012	WMS.0017.0001.03428	62-64
MC-12	Email from Mary Corbett to Board Members dated 9 November 2012	WMS.5000.0020.00001	65-67
MC-13	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 23 November 2012	WMB.1000.0001.00090	68-70
MC-14	West Moreton Hospital and Health Board – Board Meeting Minutes dated 23 November 2012	WMB.1000.0001.00045	71-74
MC-15	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 25 January 2013	WMB.1000.0001.00004	75-77
MC-16	West Moreton Hospital and Health Board – Board Meeting Minutes dated 25 January 2013	WMB.1000.0001.00115	78-83
MC-17	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 26 April 2013	WMB.1000.0001.00032	84-88
MC-18	West Moreton Hospital and Health Board – Board Meeting Minutes dated 26 April 2013	WMB.1000.0001.00102	89-95
MC-19	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 24 May 2013	WMB.1000.0001.00049	96-119
MC-20	West Moreton Hospital and Health Board – Board Meeting Minutes dated 24 May 2013	WMB.1000.0001.00012	120-127
MC-21	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 23 August 2013	WMB.1000.0001.00109	128-132
MC-22	West Moreton Hospital and Health Board – Board Meeting Minutes dated 23 August	WMB.1000.0001.00077	133-139

.....  
  
**Mary Corbett**

.....  
  
**Witness**

## EXHIBIT 41

	2013		
MC-23	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 27 September 2013	WMB.1000.0001.00093	140-148
MC-24	West Moreton Hospital and Health Board – Board Meeting Minutes dated 27 September 2013	WMB.1000.0001.00020	149-154
MC-25	West Moreton Hospital and Health Board – Board Meeting Minutes dated 25 October 2013	WMB.1000.0001.00154	155-160
MC-26	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 29 November 2013	WMB.1000.0001.00160	161-181
MC-27	West Moreton Hospital and Health Board – Board Meeting Minutes dated 29 November 2013	WMB.1000.0001.00026	182-187
MC-28	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 20 December 2013	WMB.1000.0001.00197	188-199
MC-29	West Moreton Hospital and Health Board – Board Meeting Minutes dated 20 December 2013	WMB.1000.0001.00190	200-206
MC-30	West Moreton Hospital and Health Board – Board Committee Agenda Paper dated 31 January 2014	WMB.1000.0001.00133	207-218
MC-31	West Moreton Hospital and Health Board – Board Meeting Minutes dated 31 January 2014	WMB.1000.0001.00126	219-225
MC-32	Email from [AR AR] to WM HH Board dated 6 August 2013 Letter from Mary Corbett to [AR] [REDACTED] dated 9 August 2013 Email from WMHH Board to Mary Corbett, copied to Jacqueline Keller and Lesley Dwyer dated 20 November 2013 Letter from Mary Corbett to [AR] [REDACTED] [AR] dated November 2013 Email from [AR AR] to WMHH	WMS.0017.0001.02532 WMS.1007.0025.00008 WMS.0017.0001.03229 WMB.1003.0001.00002 WMS.0022.0002.00005	226-238

.....  
  
**Mary Corbett**

.....  
  
**Witness**



## EXHIBIT 41

	Board dated 26 November 2013		
MC-33	Email from Alison Earls to Lesley Dwyer and Health, copied to WMHH Board, Email from Lesley Dwyer to Alison Earls copied to MD09-WestMoreton-HSD dated 24 December 2013 attaching: <ul style="list-style-type: none"> <li>Letter from Lesley Dwyer to Alison Earls dated 24 December 2013</li> </ul>	WMS.0017.0001.00032 WMB.1005.0001.00001 WMB.1005.0001.00002	239- 246
MC-34	Executive Committee Meeting Agenda and Minutes dated 16 August 2013	WMS.1006.0001.00007	247- 252
MC-35	Email from Tim Eltham to Mary Corbett, Bob McGregor, Alan Fry, Melinda Pacell, Paul Casos and Julie Cotter dated 11 September 2013 attaching: <ul style="list-style-type: none"> <li>Briefing Note for Noting to Director-General dated 9 September 2013</li> <li>Document entitled 'Ministerial Statement Honourable Lawrence Springborg MP Minister for Health' dated 10 September 2013</li> </ul>	WMS.0017.0001.00110 WMS.0017.0001.00131 WMS.0017.0001.00152	253- 262



Mary Corbett



Witness

"MC-01"

**Curriculum Vitae - Mary Corbett PhD**

Phone [REDACTED]

**Professional Profile**

I have over 20 years experience as a Company Director, predominately in the areas of scientific R&D, primary industries and commercialisation. I am currently the Chair of West Moreton Hospital and Health Services (WMHHS), Chair of the Cotton Research and Development Corporation (CRDC) and a Board Member on Wound Management Innovation CRC (WMI CRC). I was previously Deputy Chair of Southbank Institute of Technology (SBIT), Deputy Chair of the Australia Agriculture College Corporation and have held Directorships on the Boards of Food Science Australia (FSA) for 5 years and the Sugar Research and Development Corporation (SRDC) for 6 years.

I have extensive Board sub-committee experience; I am Chair of the Executive Committee, Nominations Committee and a Member of the Finance Committee for WMHHS; I am Chair of the Remuneration Committee for CRDC, and was previously Chair of the Intellectual Property Committee; I am Chair of the Nominations Committee for WMI CRC. I was Chair of the Staff, Student and Community Voice Committee for SBIT. I was previously the Chair of the Audit Committee for SRDC and a member of the Audit and Risk Management Committee for FSA.

I have significant experience recruiting Board members, having served both as a Chair and a Member of a variety of Board Selection Committees; I was recently engaged as Chair of the Selection Committee for the Primary Industries Education Foundation for the third time, and was an independent member of the Board Selection Panel for Horticulture Innovation Australia Ltd.

My "everyday" role is as a professional facilitator and trainer, working primarily with senior executives to develop leadership capability, resilience and emotional intelligence.

**Professional Experience – Non-Executive Directorships**

<b>West Moreton Hospital and Health Services, QLD</b>	May 2012 – current
<b>Chair of the Board and Chair of the Executive Committee. Member of the Finance Committee, Chair of the Nominations Committee.</b>	
<b>Cotton Research and Development Corporation, NSW</b>	October 2008 – current
<b>Chair of the Board (2013- ) and Chair, Remuneration Committee</b>	
<b>Wound Management Innovation CRC.</b>	July 2013 – current
<b>Director, Board. Chair, Remuneration Committee,</b>	
<b>Southbank Institute of Technology, QLD</b>	May 2011 – June 2013
<b>A/Chair of the Board (from April '13), Deputy Chair from May '11 and Chair of the Staff, Student and Community Voice Committee</b>	
<b>Australian Agricultural College Corporation, QLD</b>	Aug 2010 – Aug 2012
<b>Deputy Chair of the Board</b>	
<b>Food Science Australia, North Ryde, NSW</b>	June 2004 – Sept 2009
<b>Director, Board: Member of Audit &amp; Risk Management Committee</b>	
<b>Sugar Research and Development Corporation, QLD</b>	March 2002 – April 2008
<b>Director, Board: Convenor of Audit Committee</b>	

## Other Relevant Appointments

Appointed Chair of the Board Selection Committee for the Primary Industries Education Foundation (2009, 2012, 2015)

Member of the QLD Health Contracts Advisory Committee (2015 –

Member of the Chief Health Officer's Report Advisory Committee (2013-14)

Appointed to the Board Selection Committee for the recruitment of:

- The Board of Horticulture Innovation Australia (2015)
- The Board of Grape and Wine Research and Development Committee in June 2011.
- The CEO of the Australian Fisheries Management Authority (AFMA) Dec 2010 and the Chairperson and Board Members (Commissioners) of the Australian Fisheries Management Authority (AFMA), Sept 2008
- The Board of the Rural Industries Research & Development Corporation (RIRDC), May 2008.

## Professional Experience

### **Australian Business Class, Brisbane, QLD**

1995 - current (full time since 2001)

#### **Managing Director, Owner**

Australian Business Class is an executive training and consulting organisation, specializing in the provision of tailored solutions to meet clients' needs. I work with a variety of public and private sector clients, spanning a wide range of industries. My expertise lies in the areas of strategy, leadership, developing Emotional Intelligence and building personal and organisational resilience.

### **Brisbane City Enterprises, Brisbane, QLD**

1998 – 2001 (3 years)

#### **Director, International Business (inc R&D Manager for Brisbane City Council)**

### **AGEN Biomedical Ltd, Brisbane, QLD 1989 – 1998 (9 years in total)**

#### **1996 – 1998 Director, Business Development**

1995 – 1996 Market Development Manager, Europe & China

1992 – 1995 Development Manager

1989 – 1992 Senior Product Development Scientist

## Education

Qualification – **PhD (Clinical Physiology)** Dundee University, Dundee, Scotland, 1989

Qualification – **BSc (2i) Applied Biology (Hons Biochemistry)**

(Caledonia University) Glasgow College of Technology, Glasgow, Scotland, 1985

## Professional Associations

Fellow of the Australian Institute of Company Directors

Associate Fellow of the Australian Institute of Management



## ***Curriculum Vitae - Mary Corbett PhD***

### **Professional Profile**

I have over 20 years experience as a Company Director, predominately in the areas of scientific R&D, primary industries and commercialisation. I am currently the Chair of West Moreton Hospital and Health Services (WMHHS), Chair of the Cotton Research and Development Corporation (CRDC) and a Board Member on Wound Management Innovation CRC (WMI CRC). I was previously Deputy Chair of Southbank Institute of Technology (SBIT), Deputy Chair of the Australia Agriculture College Corporation and have held Directorships on the Boards of Food Science Australia (FSA) for 5 years and the Sugar Research and Development Corporation (SRDC) for 6 years.

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My "everyday" role is as a professional facilitator and trainer, working primarily with senior executives to develop leadership capability, resilience and emotional intelligence.

### **Professional Experience – Non-Executive Directorships**

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<b>Chair of the Board (2013- ) and Chair, Remuneration Committee</b>	
<b><i>Wound Management Innovation CRC.</i></b>	July 2013 – current
<b>Director, Board. Chair, Remuneration Committee,</b>	
<b><i>Southbank Institute of Technology, QLD</i></b>	May 2011 – June 2013
<b>A/Chair of the Board (from April '13), Deputy Chair from May '11 and Chair of the Staff, Student and Community Voice Committee</b>	
<b><i>Australian Agricultural College Corporation, QLD</i></b>	Aug 2010 – Aug 2012
<b>Deputy Chair of the Board</b>	
<b><i>Food Science Australia, North Ryde, NSW</i></b>	June 2004 – Sept 2009
<b>Director, Board: Member of Audit &amp; Risk Management Committee</b>	
<b><i>Sugar Research and Development Corporation, QLD</i></b>	March 2002 – April 2008
<b>Director, Board: Convenor of Audit Committee</b>	

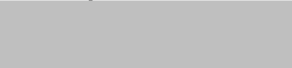
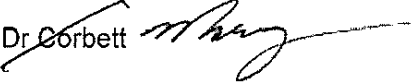


"MC-02"

**Queensland  
Government**

Office of the Minister for Health

17 MAY 2012

Dr Mary Corbett  
Dear Dr Corbett 



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 *Health and Hospitals Network Act 2011*, approved of your appointment as a member and chair of the West Moreton Local Health and Hospital Network (LHHN) Governing Council for a term of one year commencing 18 May 2012.

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

Attached for your information is a copy of your remuneration entitlements and functions sheet.

As you may be aware I am today introducing legislation to give effect to the establishment of the local Hospital and Health Boards which the networks will transition to.

Congratulations on your appointment and I look forward to meeting with you in the near future to share with you my vision for the rebuilding of Queensland Health that you will be such a pivotal part of.


Should you require any further information, please contact Karen Kerr, Acting Director, Performance & Accountability Division, Queensland Health, telephone (07)  or email 

The Department will also be forwarding you additional information by email in relation to background information and future processes to assist you in dealing with the inevitable media interest in your appointment.

Yours sincerely

  
**LAWRENCE SPRINGBORG MP**  
**Minister for Health**  


19th Floor State Health Building  
147-163 Charlotte Street Brisbane  
GPO Box 48 Brisbane  
Queensland 4001 Australia



### Remuneration - Governing Councils

The following sets out the fees and allowances payable to chairpersons of the Local Health and Hospital Network Governing Councils:

Category	Local Health and Hospital Network Governing Council	Full Day/Half Day Meeting Fee (\$)	Full Day/Half Day Special Assignment Fee (\$)
<b>Medium</b> (Category B1) Business activities related to complex and diverse operations and large budgets/resources; Focused impact on a specific target group or industry	West Moreton	\$663/\$332	\$553/\$277

*\*Note: Full day is more than 4 hours and half day is 4 hours or less*

Under the *Remuneration of Part-time Chairs and Members of Government Board, Committees and Statutory Authorities*, all necessary and reasonable expenses incurred while travelling on business and attending meetings in connection with the functions of the Local Health and Hospital Networks Governing Council may be paid to the Chairperson in accordance with the following arrangements:

- Economy class air travel is to be used;
- Motor vehicle allowance is to be in accordance with the Ministerial Directive on motor vehicle allowance operative at the time the expense was incurred; and
- Travelling expenses are to be in accordance with the Ministerial Directive on Domestic Travelling and Relieving Expenses operative at the time the expense was incurred.

Chairpersons are also entitled to be compensated where extensive travel occurs on the day before or after the meeting. They may be approved the payment of a special assignment fee in addition to the meeting fee on the following basis:

- 50% of the daily special assignment fee may be paid to members travelling between 4 and 8 hours;
- 100% of the daily special assignment fee may be paid to members who travel for more than 8 hours to or from a meeting or on board business.



### Functions of Hospital and Health Boards

Hospital and Health Boards will govern and control the Hospital and Health Services (HHS) for which the Board has been established. HHS are the principal providers of public health services. In governing the HHS, the Board is responsible for:

- entering into a service agreement with the Health Department's Chief Executive for the provision of public health services
- ensuring the operations of the HHS are carried out efficiently, effectively and economically
- ensuring legislative and compliance requirements, including reporting requirements are met
- contributing to, and implementing State-wide service plans that apply to the HHS and undertaking further planning that aligns with the State-wide plans
- monitoring and improving health services delivered by the HHS
- manage the performance of the HHS against performance criteria stated in the service agreement
- ensuring the development of local clinical governance arrangements
- ensuring assets are maintained and undertaking minor capital works
- undertaking major capital works as approved by the Department's Chief Executive
- to consult with health professionals, consumers and members of the community about the provision of health services
- to cooperate with other health service providers in planning and delivering health services in the area.

The Minister is proposing amendments to legislation that will allow greater management of health services at the hospital and health service level with oversight by the Board. It is also proposed that over time the management of land and buildings will be transferred to the Board to improve the ability of the Board to manage local services.

Also, 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 encourage you to take this opportunity to remind yourself of your fiduciary responsibilities as a member of a government agency. Some of the key documents you should be familiar with are:

- o *Health and Hospitals Network Act 2011*  
(<http://www.legislation.qld.gov.au/LEGISLTN/ACTS/2011/11AC032.pdf>)
- o Welcome Aboard: A guide for members of Queensland Government Boards, committees and statutory authorities  
(<http://www.premiers.qld.gov.au/publications/categories/policies-and-codes/handbooks/welcome-aboard.aspx>)
- o Annual report requirements for Queensland Government agencies  
(<http://www.premiers.qld.gov.au/publications/categories/guides/annual-report-guidelines.aspx>)
- o Financial reporting requirements for Queensland Government agencies  
(<http://www.treasury.qld.gov.au/office/knowledge/docs/fin-reporting-req/index.shtml>)



Hon Lawrence Springborg MP  
Minister for Health

MI190183

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

Dr Marv Corbett

4 JUN 2013

Dear Dr Corbett

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 Chair of the West Moreton Hospital and Health Board for a term from 18 May 2013 to 17 May 2016.

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

"MC-03"

West Moreton Health

○ WEST MORETON HOSPITAL AND HEALTH  
BOARD CHARTER

Queensland Health

## 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.



**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.

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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.

## EXHIBIT 41

## 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.

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Refer to the *Board Member Code of Conduct*.

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

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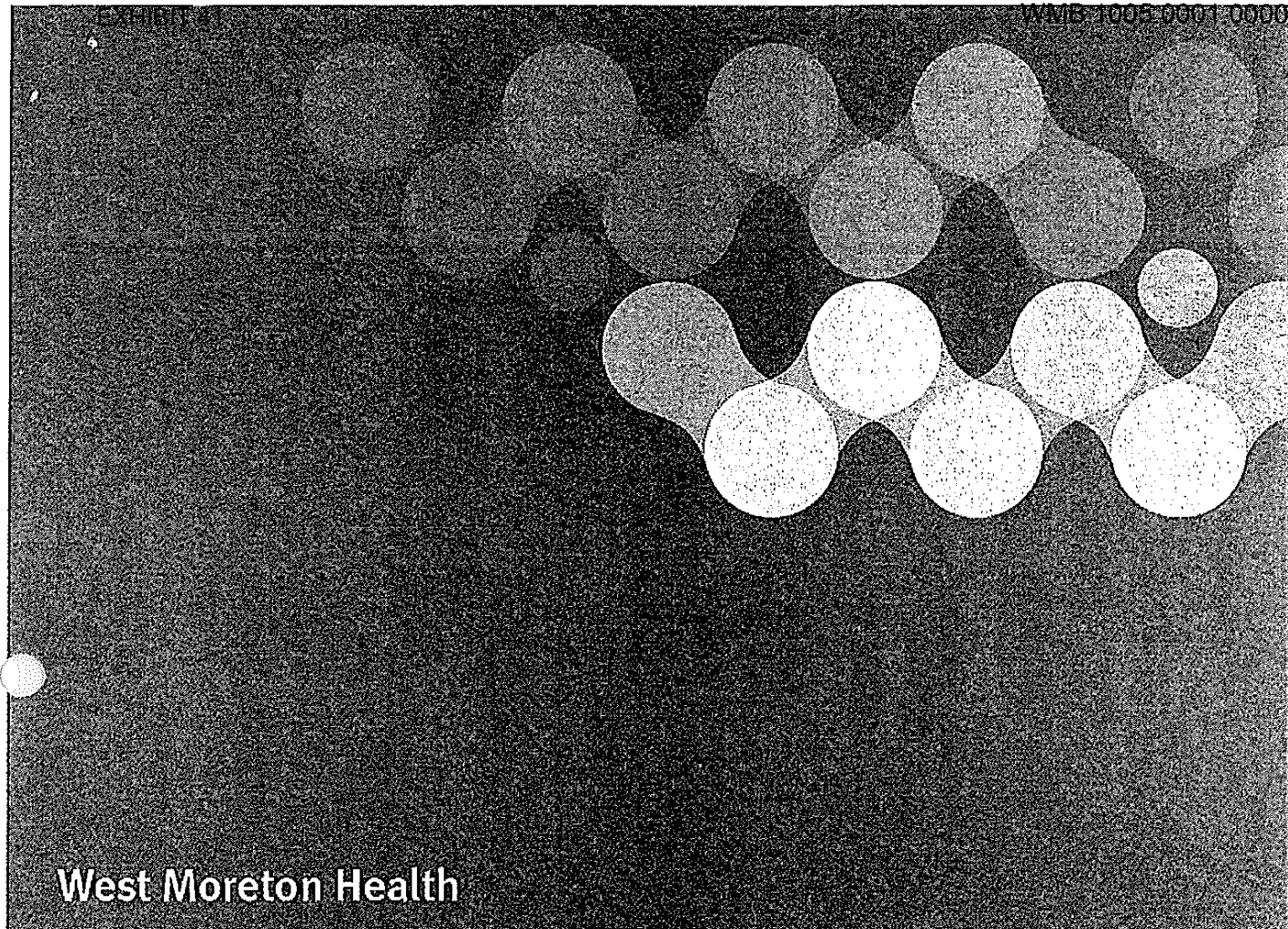
## Document history

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  
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EXHIBIT 41

West Moreton Hospital and Health Board Charter

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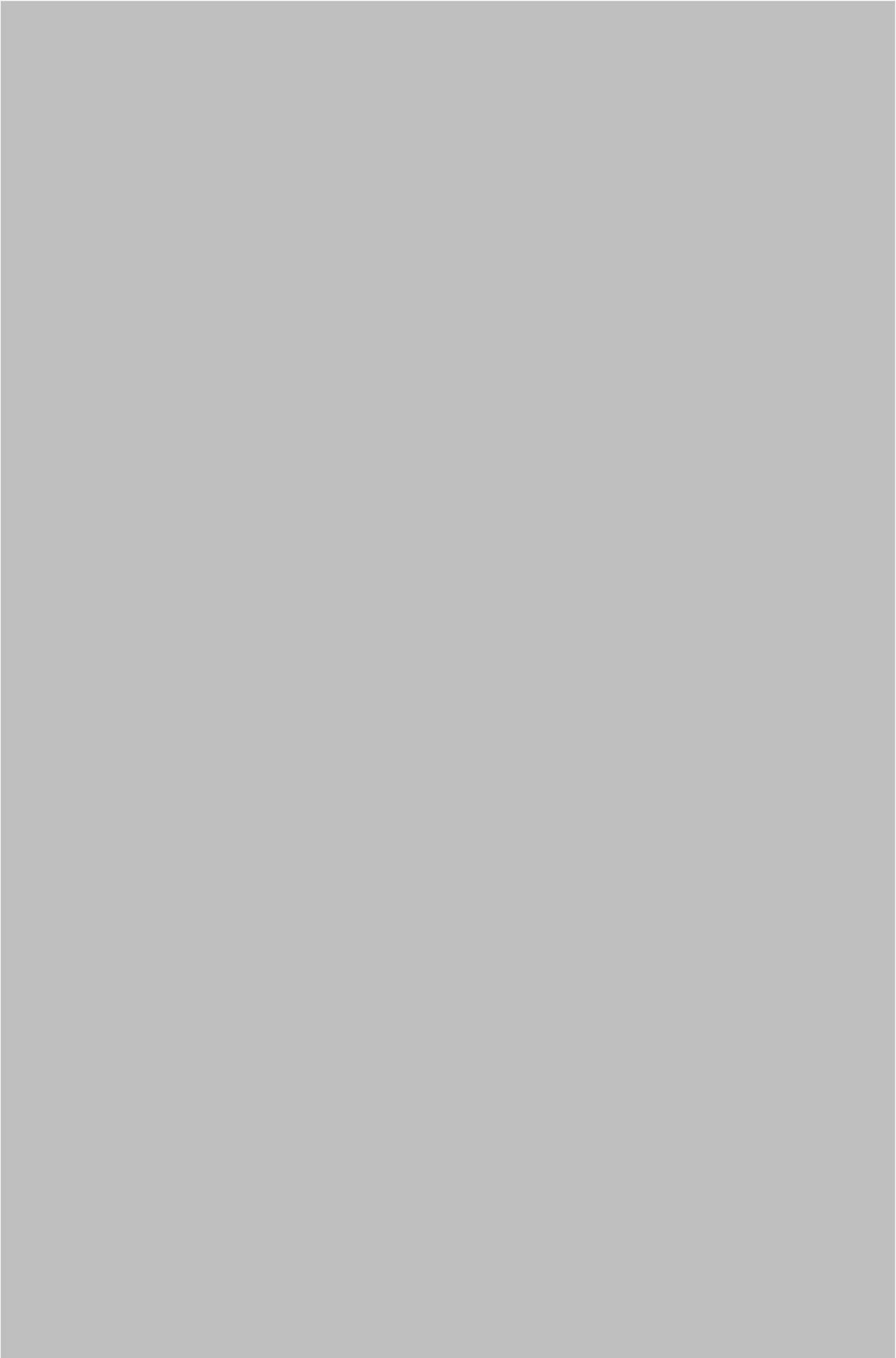
Version	Date	Changed by	Nature of amendment
1.0	18 July 2012	Kylie Beaver	First draft
1.1	28 June 2013	Jacqui Keller	Removal of references to Board member recruitment processes so that these may be more appropriately reflected in separate policy/procedures. Correction of committee names.

Previous versions are recorded and available for audit.

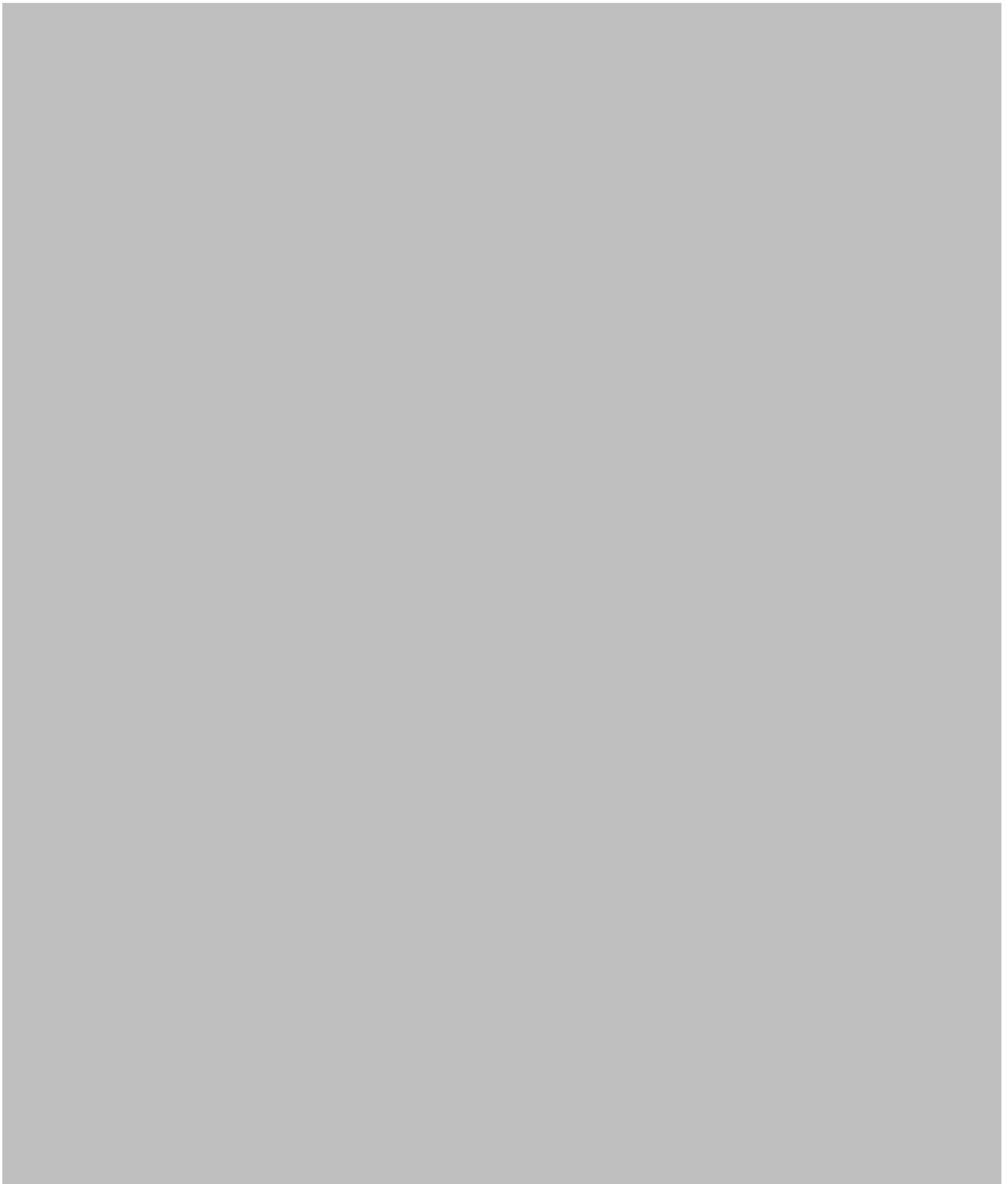
This Charter was approved at the Board meeting on 28 June 2013.

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 Dr Mary Corbett  
 Chair, West Moreton Hospital and Health Board

**"MC-04"**









**"MC-05"**

WMB.1000.0001.00145



**West Moreton Hospital  
and Health Service**

## **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**

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

**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.



- 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

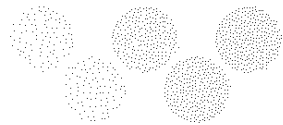
- There have been no events held since the last Board Report.
- The Hospital and Health Service has a communications and engagement plan to guide the current review and public interest in Barrett Adolescent Centre. This plan will be reviewed and updated accordingly as the working groups for Barrett continue 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 breast screen, 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.

“MC-06”

WMB.1000.0001.00073



**West Moreton Hospital  
and Health Service**

## Board Meeting

Addendum No. 1

Jun 28, 2013 at 09:00 AM - 05:15 PM

Conference Room

Level 8 Tower Block

Ipswich Hospital

**BOARD COMMITTEE AGENDA PAPER**

Committee: West Moreton Hospital and Health Board			
Meeting Date:	28 June 2013	Agenda Item Number:	7.3
Agenda Subject:	Barrett Adolescent Strategy – Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date:	24 June 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

**Proposal**

That the West Moreton Hospital and Health Board:

**Note** actions attend within month of June to align with Board decision in principle to close Barrett Adolescent Service.

**Note** the verbal briefing between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive is diarised for Monday 15 July.

**Background**

1. Refer to Board paper of 24 May agenda item 4.3

**Key Issues or Risks**

2. WMHHS to engage with Children's Health services and the Mental Health Alcohol and Other Drugs Branch re planning for future model of care for adolescent services.
  - a. A meeting was held Tuesday June 11<sup>th</sup> between Lesley Dwyer, Chief Executive WMHHS, Dr Peter Steer, Chief Executive Children's Health Services, Leanne Geppert, Acting Director of Strategy MH&SS and Sharon Kelly ED MH&SS WMHHS to agree the following:
    - i. In principle agreement reached that Children's HHS will partner with The Mental Health Branch to progress a statewide service model.
    - ii. Agreement that the timeliness of the development and implementation of a statewide service model is a priority for WMHHS as the decision to cease providing services at the Barrett Adolescent Service is contingent on a viable service model option being available.
  - b. A meeting was held Monday June 17<sup>th</sup> with the Director General (Dr O'Connell), DDG Health Services and Clinical Innovation (Dr Cleary), Lesley Dwyer, Sharon Kelly and Leanne Geppert.
    - i. In principle support of the plan for closure of Barrett Adolescent Service with an understanding the new model of service is identified and developed.
    - ii. Agreement of HSCI support for the shared model planning process.
3. WMHHS to pursue discharge of appropriate current patients from Barrett Adolescent Centre with appropriate 'wrap around' services.
  - a. As identified at The Board, until a decision is confirmed in regards to the plans for Barrett Adolescent Centre clinical services will continue to be provided and consumers discharged as appropriate. Any targeted discharge planning for current consumers that is related to closure of the service will raise concerns within the consumers, staff and families and potential wider community prior to a clear decision and communication strategy being in place and available.
4. Minister to be updated regarding proposed closure of Barrett Adolescent Centre, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC

## BOARD COMMITTEE AGENDA PAPER

- a. Meeting planned for Monday July 15<sup>th</sup> between Minister, Board Chair West Moreton HHS and Chief Executive West Moreton HHS.
- b. Communication plan and strategy in draft development at current time.
- c. Decision to not accept patients into BAC can only be advised to staff once decision to close the service and move to alternate model is known.

### Consultation

5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.

### Financial and Other Implications

6. Remains in alignment with previous papers on the topic.

### Strategic and Operational Alignment

7. The closure of Barrett Adolescent Service 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** actions attend within month of June to align with Board decision in principle to close Barrett Adolescent Service.

**Note** the verbal briefing between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive is diarised for Monday 15 July.

West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

"MC-07"

**Date:** Friday 28 June 2013**Time:** 9.00am to 6.15pm**Location:** Ipswich Hospital**Members**

Dr Mary Corbett, Chair  
 Timothy Eltham, Deputy Chair  
 Dr Robert McGregor, Board Member  
 Paul Casos, Board Member  
 Melinda Parcell, Board Member  
 Alan Fry OBE QPM, Board Member  
 Professor Julie Cotter, Board Member

**Ex-Officio Standing Invitees**

Lesley Dwyer, Health Service Chief Executive (CE)  
 Ian Wright, Executive Director Finance and Corporate (EDFC)  
 Jacqui Keller, Corporate Counsel and Secretary (CCS)

**Invitees to Morning Tea for Stakeholders and Staff**

Steph Shannon, Retired Paediatric Nurse (OAM)  
 John Gavranich, Director of Paediatrics, WMHHS  
 Janet Knowles, Representative – Ipswich Midwifery Group Practice  
 Janette Dale, A/Lead Chaplain, WMHHS  
 Trevor Fourmile, Senior Health Worker, WMHHS  
 Naomi Ford, Manager, Communications, WMHHS  
 Bev Coward, Volunteer, Ipswich Hospital  
 Colleen Julian, Volunteer, Ipswich Hospital

**Other Invitees**

Dr Tony O'Connell, Director-General, Department of Health (for Item 2.1 only)  
 Mark Matiussi, Acting Executive Director Clinical Governance, Education and Research (for Item 2.3 only) (EDCGER)  
 Chris Thorburn, Acting Executive Director Corporate Governance and Strategy (for Item 4.1 only) (EDCGS)  
 Dr Darren Neillie, Clinical Chair, Lead Clinician Group (for Item 4.2 only) (CCLCG)

**SAFETY WALK AROUND**

REDACTED

**MORNING TEA WITH STAFF AND STAKEHOLDERS**

REDACTED

**OPEN SESSION****1.0 MEETING OPENING**

REDACTED

1.1 Attendance  
 All Board members were in attendance.

1.2 Adoption of Agenda  
 The agenda was adopted with no alterations.

**West Moreton Hospital and Health Board  
BOARD MEETING MINUTES**

**1.3 Declaration of Interests**

REDACTED



**1.4 Confirmation of Minutes of Board Meeting 24 May 2013 and Meeting Summary**

The minutes of the meeting held on 24 May 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.

**1.5 Actions Arising**

The Board noted the action register and the items that had been actioned and included in the agenda papers.

**2.0 SAFETY AND QAULTY**

**2.1 Safety and Quality Presentation from Dr Tony O'Connell**

REDACTED



**2.2 Occupational Health and Safety Report**

REDACTED





West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

REDACTED

2.3 **Patient Safety and Quality Report**

REDACTED

The meeting temporarily adjourned at 12.40pm, resuming at 1.05pm.

3.0 **FINANCE, AUDIT AND RISK**

3.1 **Special Audit and Risk Committee Report**

REDACTED

West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

REDACTED

3.2 Finance Committee Report

REDACTED

3.3 Financial Performance Report

REDACTED

3.4 Queensland State Budget – What Does it Mean for WMHHS?

REDACTED

3.5 Service Agreement Deeds of Amendment (Windows 3 and 4)

REDACTED

4.0 STRATEGIC MATTERS

*For Discussion*

4.1 Lead Clinician Group Update (Agenda Item 4.2)

REDACTED

**West Moreton Hospital and Health Board  
BOARD MEETING MINUTES**

REDACTED

***For Decision***

**4.2 Future Service Capability (Springfield/Mater) Proposal (Agenda Item 4.1)**

REDACTED

**5.0 GENERAL MATTERS**

**5.1 Chief Executive Report**

REDACTED

**5.2 HHS Performance Report**

REDACTED

West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

REDACTED

5.3 Factors Affecting Patient Perception of Excellence

REDACTED

6.0 CORPORATE GOVERNANCE

6.1 Board Charter

REDACTED

6.2 Executive Committee Report

REDACTED

6.3 Flying Minute – 2013/14 and 2015/16 Service Agreement

REDACTED

7.0 MATTERS FOR NOTING

7.1 Budget Build Update

REDACTED

7.2 Annual Report Update

REDACTED

7.3 Barrett Adolescent Centre Update

The Board noted the contents of the agenda paper.

7.4 Board Calendar and Work Plan

REDACTED

7.5 - 7.7 Correspondence

REDACTED

7.8-7.17 Materials Uploaded to BoardEffect since 16 May 2013

REDACTED

8.0 OTHER BUSINESS

8.1 Review of Stakeholder Feedback

REDACTED

West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

REDACTED

8.2 Next Meeting – 26 July 2013

The Board discussed the location for the next Board meeting on 26 July 2013. The Board meeting will be held at Gatton.

8.3 Stakeholder Invitees to Next Board Meeting

REDACTED

8.3 Safety Walk Around Next Board Meeting

REDACTED

8.5 Other

REDACTED

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.


9.2 Meeting Evaluation

REDACTED

9.3 Meeting Close

The meeting closed at 6.15pm.

Minutes authorised by Chair as an accurate record of proceedings.

 <b>Dr Mary Corbett</b> Chair, West Moreton Hospital and Health Board	26/07/2013 Date
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"MC-08"

Page 1 of 4

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

## Briefing Note for Noting

Director-General

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

Date requested: 8 July 2013

Action required by: 15 July 2013

**SUBJECT: Barrett Adolescent Strategy Meeting**

### Proposal

That the Director-General:

**Note** a meeting has been scheduled for 4pm on Monday 15 July 2013 between the Minister for Health, Dr Mary Corbett (Chair, West Moreton HHB), Lesley Dwyer (Chief Executive, West Moreton HHS) and Sharon Kelly (Executive Director, Mental Health and Specialised Services, West Moreton HHS) to discuss the next stages of the Barrett Adolescent Strategy.

#### And

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

### Urgency

1. Urgent. There is growing concern amongst stakeholders of the Barrett Adolescent Strategy, including patients and carers, to receive communication about the future of the Barrett Adolescent Centre (BAC).

### Headline Issues

2. The top issues are:
  - The West Moreton Hospital and Health Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013.
  - West Moreton Hospital and Health Board approved the closure of BAC dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

### Blueprint

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

### Key issues

4. There is significant patient/carer, community, mental health sector and media interest about a decision regarding the future of the BAC.
5. A comprehensive communication plan has been developed.
6. The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type would provide an alternative care option for the adolescent target group currently accessing BAC.

### Background

7. BAC is a 15-bed inpatient service for adolescent mental health extended treatment and rehabilitation that is located at The Park – Centre for Mental Health (the Park).
8. The BAC cannot continue to provide services due to the Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of BAC is no longer fit-for-purpose. Alternative statewide service options are required.

<b>Department RecFind No:</b>	
<b>Division/HHS:</b>	
<b>File Ref No:</b>	

**Recommendation**

That the Director-General:

**Note** a meeting has been scheduled for 4pm on Monday 15 July 2013 between the Minister for Health, Dr Mary Corbett (Chair, West Moreton HHB), Lesley Dwyer (Chief Executive, West Moreton HHS) and Sharon Kelly (Executive Director, Mental Health and Specialised Services, West Moreton HHS) to discuss the next stages of the Barrett Adolescent Strategy.

**And**

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

**APPROVED/NOT APPROVED**

**NOTED**

\_\_\_\_\_  
**DR TONY O'CONNELL**  
Director-General

/ /

**To Minister's Office For Noting**

**Director-General's comments**


Author Dr Leanne Geppert	Cleared by: (SD/Dir) Sharon Kelly	Content verified by: (CEO/DDG/Div Head) Lesley Dwyer
A/Director of Strategy	Executive Director	Chief Executive
Mental Health & Specialised Services, WM HHS	Mental Health & Specialised Services, WM HHS	West Moreton HHS
8 July 2013	11 July 2013	<Tel number> <Mob number> <Date>



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

**Briefing Note**

The Honourable Lawrence Springborg MP  
Minister for Health

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

Date requested: 8 July 2013

Action required by: 15 July 2013

**SUBJECT: Barrett Adolescent Strategy Meeting**

**Recommendation**

That the Minister:

**Note** a meeting has been scheduled for 4pm on Monday 15 July 2013 with the West Moreton Board Chair, Chief Executive and Executive Director of Mental Health to discuss the next stages of the Barrett Adolescent Strategy.

**Note** The West Moreton Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013, and approved the closure of the Barrett Adolescent Centre dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

**Note** There is significant patient/carer, community, mental health sector and media interest about a timely decision regarding the future of the Barrett Adolescent Centre. A comprehensive communication plan has been developed.

**Note** Consultation about the proposed next stages of the Strategy has been limited to Commissioner for Mental Health, Children's Health Services and Department of Health.

**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.



Queensland Government

**Barrett Adolescent Strategy***Expert Clinical Reference Group***Proposed Service Model Elements  
Adolescent Extended Treatment and Rehabilitation Services (AETRS)****Preamble**

Mental health disorders are the most prevalent illnesses affecting adolescents today. Of particular note is the considerable evidence that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Despite this, funding for adolescent (and child) mental health services is not proportional to the identified need and burden of disease that exists.

In the past 25 years, a growing range of child and youth mental health services have been established by Queensland Health (and other service providers) to address the mental health needs of children and adolescents. These services deliver mental health assessment and treatment interventions across the spectrum of mental illness and need, and as a service continuum, provide care options 24 hours a day, seven days a week. No matter where an adolescent and their family live in Queensland, they are able to access a Child and Youth Mental Health Service (CYMHS) community clinic or clinician (either via direct access through their Hospital and Health Service, or through telehealth facilities). Day Programs have been established for adolescents in South Brisbane, Toowoomba and Townsville. Acute mental health inpatient units for adolescents are located in North Brisbane, Logan, Robina, South Brisbane and Toowoomba, and soon in Townsville (May/June 2013). A statewide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program (The Barrett Adolescent Centre [BAC]) is currently delivered at The Park Centre for Mental Health (TPCMH) for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offers an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

Consistent with state and national mental health reforms, the decentralisation of services, and the reform of TPCMh site to offer only adult forensic and secure mental health services, the BAC is unable to continue operating in its current form at TPCMh. Further to this, the current BAC building has been identified as needing substantial refurbishment. This situation necessitates careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG

v5 Endorsed by ECRG 08.05.2013

Page 1 of 6



Queensland Government

## Barrett Adolescent Strategy

Expert Clinical Reference Group

have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

The service model elements document proposes four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- **Tier 1** – Public Community Child and Youth Mental Health Services (existing);
- **Tier 2a** – Adolescent Day Program Services (existing + new);
- **Tier 2b** – Adolescent Community Residential Service/s (new); and
- **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).

The final service model elements document produced was cognisant of constraints associated with funding and other resources (e.g., there is no capital funding available to build BAC on another site). The ECRG was also mindful of the current policy context and direction for mental health services as informed by the National Mental Health Policy (2008) which articulates that '*non acute bed-based services should be community based wherever possible*'. A key principle for child and youth mental health services, which is supported by all members of the ECRG, is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social and community networks.

The ECRG comprised of consumer and carer representatives, and distinguished child and youth mental health clinicians across Queensland and New South Wales who were nominated by their peers as leaders in the field. The ECRG would like to acknowledge and draw attention to the input of the consumer and carer representatives. They highlighted the essential role that a service such as BAC plays in recovery and rehabilitation, and the staff skill and expertise that is inherent to this particular service type. While there was also validation of other CYMHS service types, including community mental health clinics, day programs and acute inpatient units, it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focussed on here. It is understood that BAC cannot continue in its current form at TPCMH. However, it is the view of the ECRG that like the Community Care Units within the adult mental health service stream, a design-specific and clinically staffed bed-based service is essential for adolescents who require medium-term extended care and rehabilitation. This type of care and rehabilitation program is considered life-saving for young people, and is available currently in both Queensland and New South Wales (e.g., The Walker Unit).

The service model elements document (attached) has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services in Queensland.



Queensland Government

## **Barrett Adolescent Strategy**

*Expert Clinical Reference Group*

There are seven key messages and associated recommendations from the ECRG that need to underpin the reading of the document:

### **1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework**

- The proposed service model elements document is a conceptual document, not a model of service. Formal consultation and planning processes have not been completed as part of the ECRG course of action.
- In this concept proposal, Tier 2 maps to the Clinical Services Capability Framework for Public and Licensed Private Health Facilities Version 3.1 (CSCF) Level 5 and Tier 3 maps to CSCF Level 6.

#### **Recommendations:**

- a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.
- b) Formal planning including consultation with stakeholder groups will be required.

### **2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component**

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.
- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.



Queensland Government

## Barrett Adolescent Strategy

Expert Clinical Reference Group

### Recommendation:

- a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

### 3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

- Interim arrangements (after BAC closes and before Tier 3 is established) are at risk of offering sub optimal clinical care for the target group, and attention should be given to the therapeutic principles of safety and treatment matching, as well as efficient use of resources (e.g., inpatient beds).
- In the case of BAC being closed, and particularly if Tier 3 is not immediately available, a high priority and concern for the ECRG was the 'transitioning' of current BAC consumers, and those on the waiting list.
- Of concern to the ECRG is also the dissipation and loss of specialist staff skills and expertise in the area of adolescent extended care in Queensland if BAC closes and a Tier 3 is not established in a timely manner. This includes both clinical staff and education staff.

### Recommendations:

- a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.
- b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.
- c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.

### 4. Duration of treatment

- A literature search by the ECRG identified a weak and variable evidence base for the recommended duration of treatment for inpatient care of adolescents requiring mental health extended treatment and rehabilitation.
- Predominantly, duration of treatment should be determined by clinical assessment and individual consumer need; the length of intervention most likely to achieve long term sustainable outcomes should be offered to young people.
- As with all clinical care, duration of care should also be determined in consultation with the young person and their guardian. Rapport and engagement with service providers is pivotal.

### Recommendation:

- a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a



Queensland Government

## Barrett Adolescent Strategy

Expert Clinical Reference Group

suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.

### 5. Education resource essential: on-site school for Tiers 2 and 3

- Comprehensive educational support underpins social recovery and decreases the likelihood of the long term burden of illness. A specialised educational model and workforce is best positioned to engage with and teach this target group.
- Rehabilitation requires intervention to return to a normal developmental trajectory, and successful outcomes are measured in psychosocial functioning, not just absence of psychiatric symptoms.
- Education is an essential part of life for young people. It is vital that young people are able to access effective education services that understand and can accommodate their mental health needs throughout the care episode.
- For young people requiring extended mental health treatment, the mainstream education system is frequently not able to meet their needs. Education is often a core part of the intervention required to achieve a positive prognosis.

#### Recommendations:

- a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.
- b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

### 6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

- There is no true precedent set in Queensland for the provision of residential or bed-based therapeutic community care (by non-government or private providers) for adolescents (aged up to 18 years) requiring extended mental health care.
- The majority of ECRG members identified concerns with regard to similar services available in the child safety sector. These concerns were associated with:
  - Variably skilled/trained staff who often had limited access to support and supervision;
  - High staff turn-over (impacting on consumer trust and rapport); and
  - Variable engagement in collaborative practice with specialist services such as CYMHS.



Queensland Government

**Barrett Adolescent Strategy***Expert Clinical Reference Group***Recommendations:**

- a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.
- b) Governance should remain with the local CYMHS or treating mental health team.
- c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

**7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)**

- Equity of access for North Queensland consumers and their families is considered a high priority by the ECRG.

**Recommendations:**

- a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.
- b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.



## Issues synopsis

### SITUATION ANALYSIS:

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
  - The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation; and
  - In the future, the Park will become exclusively a secure and forensic mental health facility..
- It was planned to build the Adolescent Extended Treatment and Rehabilitation Unit Redlands, adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and capital funding is no longer available for a rebuild of BAC.
- It has become imperative that:
  - alternative contemporary service options be identified to replace the services currently provided by BAC; and
  - an implementation plan be developed to achieve these outcomes.

### MEDIA PROGNOSIS

- This issue has already attracted significant negative media attention and will continue to do so for some time.
- There is a perception that adolescents requiring longer term mental health inpatient treatment will no longer be able to access that type of treatment. There is also a perception by some that any model other than BAC would be sub-standard.
- To reassure the community it is necessary to reiterate that care for these adolescents will continue, and that any service options put forward will be based on best practice and will provide patients with the highest quality care that is appropriate to their individual needs.

### MAJOR ISSUES AND RESPONSES / FAQs

#### Has the expert clinical reference group made any recommendations?

The expert clinical reference group met for the last time on 24 April 2013, and submitted their seven recommendations to the overarching Planning Group. These recommendations identified the key components and considerations for how Queensland can best meet the mental health needs of

adolescents requiring longer term mental health care. These recommendations have also been considered by the West Moreton Hospital and Health Board, and other key stakeholders.

**Has a decision been made about the future of Barrett Adolescent Centre?**

It has been determined that alternative statewide service options will be developed for adolescents requiring longer term mental health care. BAC will cease operations at end of December 2013.

**Who is developing these new service options?**

The options will be developed collaboratively between West Moreton Hospital and Health Service, Children's Health Queensland and the Department of Health. Other key stakeholders will be involved in this process, including consumer and carer representatives.

**What will these options look like?**

It is likely that they will comprise a variety of treatment options including inpatient care, and individual, family, and group therapy sessions.

**What about the current BAC consumers?**

The adolescents currently admitted to BAC will continue to receive the highest quality care that is most appropriate for them. The care for these young people and their families will continue to be a priority for West Moreton Hospital and Health Service.

**Are young people going to miss out?**

We want to make sure young mental health consumers receive the right treatment, in the right place, and at the right time. The new statewide service options will focus on the specific needs of the young people within this target group.

**Is this just another budget cut ?**

No, this is not about cost cutting. All recurrent funding from the BAC will support the new statewide service options. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and closer to their homes.

**What about the school on site?**

Education is a valuable and integral component in our provision of best practice mental health care for adolescents. The Education Department is responsible for the provision of educational services to this target group and will continue to be engaged in the process in order to meet the needs of these young people.

## **CURRENT STATUS**

Media is aware of an impending decision regarding the future of Barrett Adolescent Centre.

## **KEY MESSAGES**

- Adolescents requiring longer term mental health treatment will continue to receive the high quality of care suited to their individual needs.
- BAC will close at end of December 2013 when alternate service options will become available.
- The Park is secure and forensic adult mental health facility. As part of The Park, this means BAC is not an appropriate environment for the treatment of adolescents.

## **RECOMMENDED APPROACH**

- Media holding statement in the first instance
- Media statement announcing decision
- Media statements – progress updates
- FAQs
- Letters to stakeholders
- Standard Ministerial response

"MC-09"

Page 1 of 5

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	BR058108

## Briefing Note for Noting

Director-General

Requested by: Senior Departmental  
Liaison Officer

Date requested: 3 December 2013

Action required by: 10 December 2013

**SUBJECT: Barrett Adolescent Centre**

### Proposal

That the Director-General:

Note update on the Barrett Adolescent Centre (BAC) and the media announcement scheduled for Friday 10 January 2014 at 10.30am.

And

Provide this brief to the Minister for information.

### Urgency

1. Urgent – The Ministers Office has requested an urgent update on BAC including a time and date for a media announcement.

### Headline Issues

2. The top issues are:

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

### Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?

- Providing Queenslanders with value in health services – value for taxpayers' money.
- Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

### Key issues

4. An opportunity for a media announcement has been identified for the Minister and Board Chairs of West Moreton and CHQ HHS's on Friday 10 January 2014 at 10.30am. A joint media statement from West Moreton and CHQ HHS's will be provided closer to the date and time.
5. West Moreton HHS in consultation with CHQ, Department of Health and a non government service provider continues to process the planning of the transition service options for current BAC Consumers and other eligible adolescents. The proposal (subject to final approval) consists of the following elements to be delivered in partnership with a non government service provider:

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	BR058108

- i. Activity Based Holiday Program (Phase 1 – From mid December 2013 until end January 2014);
  - ii. West Moreton HHS Transition Service incorporating an intensive mobile outreach service, day program and supported accommodation (Phase 2 – From February 2014 until December 2014); and
  - iii. Transition to Statewide Adolescent Extended Treatment and Rehabilitation Services (Phase 3 mid to late 2014).
6. CHQ HHS has advised that the model of care under development is nearing completion, with work being undertaken to finalise the details of all options. Detailed implementation planning will then commence enhancing existing service provision, and establishing new care options. Some service options will be available earlier than others, and implementation will be ongoing as funding and resources are made available.

**Background**

- 7. The new statewide service options are being developed as a priority and will be rolled out as a priority across the next 6 - 12 months. In order to ensure there is no gap to service delivery, West Moreton HHS commenced planning interim service options for current BAC Consumers and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation.

**Consultation**

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

**Attachments**

- 11. Nil

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	BR058108

**Recommendation**

That the Director-General:

**Note** update on the Barrett Adolescent Centre (BAC) and the media announcement scheduled for Friday 10 January 2014 at 10.30am.

**And**

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

APPROVED/NOT APPROVED

NOTED

\_\_\_\_\_  
IAN MAYNARD  
Director-General

/ /

To Minister's Office For Noting

**Director-General's comments**


Author	Cleared by: (SD/Dir)	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Laura Johnson	Dr Leanne Geppert	Sharon Kelly	Lesley Dwyer
Project Officer	A/Director of Strategy	Executive Director	Chief Executive
Mental Health and Specialised Services West Moreton Hospital and Health Service	Mental Health and Specialised Services West Moreton Hospital and Health Service	Mental Health and Specialised Services West Moreton Hospital and Health Service	West Moreton Hospital and Health Service

\_\_\_\_\_

9 December 2013    December 2013    || December 2013

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	BR058108

## Briefing Note

The Honourable Lawrence Springborg MP  
Minister for Health

---

Requested by:

Date requested:

Action required by:

---

**SUBJECT:**

---

### Recommendation

That the Minister:

**Note** the Barrett Adolescent Centre (BAC) facility, West Moreton Hospital and Health Service (HHS) has a flexible closure date of end of January 2014. This date may change dependent on all consumers having appropriate transition plans in place.

**Note** West Moreton HHS in consultation with CHQ, Department of Health and a non government service provider continues to process the planning of the transition service options for current BAC Consumers and other eligible adolescents. The proposal (subject to final approval) consists of the following elements to be delivered in partnership with a non government service provider:

- i. Activity Based Holiday Program (Phase 1 – From mid December 2013 until end January 2014);
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Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	BR058108

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.



**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

**From:** Lesley Dwyer  
**Sent:** 9 Nov 2012 05:58:16 +1000  
**To:** Mary Corbett  
**Subject:** Fwd: pertinent points for consideration of Barrett Adolescent Centre

Given Tim's email - this might be useful as contextual information for the Board members.

L

Lesley Dwyer  
 Chief Executive  
 West Moreton Hospital and Health Service  
 Ph. [REDACTED]

Begin forwarded message:

**From:** "Sharon Kelly" [REDACTED]  
**Date:** 8 November 2012 3:32:22 PM AEST  
**To:** "Sdlo Sdlo" [REDACTED], "Shelley-Lee Waller" [REDACTED]  
**Cc:** "Jagmohan Gilhotra" <[REDACTED]> "Leanne Geppert" [REDACTED] "Michael Cleary" [REDACTED] "Lesley Dwyer" [REDACTED] "MD09-WestMoretonSouthBurnett-HSD" [REDACTED]  
**Subject:** pertinent points for consideration of Barrett Adolescent Centre

Phillip,

as was just mentioned on the telephone conference, below are some pertinent points we would like you to consider in your "emergent" brief to the Minister's office.

Points for consideration to provide short advice to Minister office:-

- There is a clear national and State policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks
- The National Mental Health Service Planning Framework currently being developed by the Commonwealth Government, due for completion in July 2013 does not include provision for non-acute adolescent inpatient services as per the current model at Barrett. The Framework does include subacute community based services for adolescents
- Planning is required to align with the National Mental Health Service Planning Framework that recommends subacute community based services for adolescents

- The deinstitutionalisation of services currently provided at The Park Centre for Mental Health is part of the reform agenda under the *Queensland Plan for Mental Health 2007-2017* (QPMH) and will result in only forensic and secure services being provided at the facility by July 2013.
- Concerns have been raised about the co-location of Barrett Adolescent Centre (BAC) with adult forensic and secure services delivered by TPCMH
- The BAC delivers an extended treatment model of care that consists of both extended inpatient and day patient programs including education components.
- Under the QPMH, it was determined that the development of a new model of care for BAC was required
- The Redlands Adolescent Extended Treatment Unit (RAETU), funded under the QPMH, was intended to replace BAC. This project has ceased due to unresolved environmental issues and budget overruns and hence is no longer a sustainable capital works project for Queensland Health
- Recent sector advice proposes a re-scoping of the BAC service model and governance structure to ensure a contemporary evidence based model of care is being provided for adolescents with serious mental illness.
- The average bed occupancy rate for BAC is 43%. This is less than half of the 15 beds currently available in this unit
- The age and condition of the building has been identified by the Australian Council on Healthcare Standards as unsafe, necessitating urgent replacement
- Alternative services for this group of consumers will need to be considered immediately and will require a collaborative approach. The options to be considered may include the following:
  - Additional day programs attached to current adolescent acute units; and
  - Utilisation of non-government sector services for adolescents; and
  - The use of existing, unoccupied adolescent acute beds will also need to be considered where no other alternatives exist. Currently, acute child and adolescent beds are located in mental health services at the Gold Coast, Logan, Mater Child and Youth, Royal Brisbane and Women's Hospital, Toowoomba and Townsville (opening 2013) mental health services.

in considering least disruption to the young people and their families the HHS has been considering the planned closure of BAC during the Christmas period as a natural progression to service closure, if alternate models and capacity can be identified within the next 2 months.



Regards

Sharon

Sharon Kelly  
 Executive Director  
 Mental Health and Specialised Services

West Moreton Hospital and Health Service

T: [REDACTED]  
E: [REDACTED]

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**"MC-12"**

**From:** Mary Corbett  
**Sent:** 23 Oct 2015 10:49:17 +1000  
**To:** Jacqueline Keller  
**Subject:** Fwd: Barrett

----- Forwarded message -----

**From:** **Mary Corbett**  
**Date:** Friday, 9 November 2012  
**Subject:** Barrett  
**To:** Julie Cotter "Parcell,  
Melinda" Paul Casos

Hi Folks,

Just some further background on the Barrett centre – not sure if you saw Lesely on the ABC last night, but I think she did a very good job.

Points for consideration to provide short advice to Minister office:-

- There is a clear national and State policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks
- The National Mental Health Service Planning Framework currently being developed by the Commonwealth Government, due for completion in July 2013 does not include provision for non-acute adolescent inpatient services as per the current model at Barrett. The Framework does include subacute community based services for adolescents
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- Alternative services for this group of consumers will need to be considered immediately and will require a collaborative approach. The options to be considered may include the following:
- ℞• Additional day programs attached to current adolescent acute units; and
  - ℞• Utilisation of non-government sector services for adolescents; and
  - ℞• The use of existing, unoccupied adolescent acute beds will also need to be considered where no other alternatives exist. Currently, acute child and adolescent beds are located in mental health services at the Gold Coast, Logan, Mater Child and Youth, Royal Brisbane and Womenâ€™s Hospital, Toowoomba and Townsville (opening 2013) mental health services.

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*Mary Corbett*

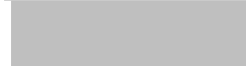
 Australian Business Class





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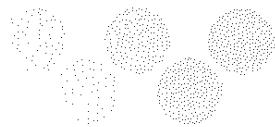
*Mary Corbett*



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**"MC-13"**

WMB.1000.0001.00090



**West Moreton Hospital  
and Health Service**

## Board Meeting

Board Meeting - 23 November 2012

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

Boonah Hospital

Leonard Street

Boonah, QLD 4310

**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.

- 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**

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

[Redacted Signature]

14/12/12

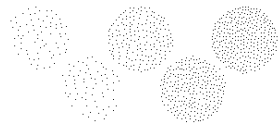
Dr Mary Corbett  
Chair, West Moreton Hospital and Health Board

Date



“MC-15”

WMB.1000.0001.00004



**West Moreton Hospital  
and Health Service**

## **Board Meeting - 25 January 2013**

Jan 25, 2013 at 10:00 AM

The Park Centre for Mental Health

Anderson House Boardroom

EXHIBIT 11  
West Moreton Hospital and Health Board  
**BOARD COMMITTEE AGENDA PAPER**

Committee: West Moreton Hospital and Health Board			
Meeting Date:	25 January 2013	Agenda Item Number:	2.4
Agenda Subject:	Update on Barrett Adolescent Centre		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting

**Proposal**

That the West Moreton Hospital and Health Board:

**Note** The update of the Barrett Adolescent Strategy

**Background**

1. A project plan titled Barrett Adolescent Strategy was tabled by the Chief Executive at the meeting of the West Moreton Hospital and Health Board on 23 November 2012.

**Key Issues or Risks**

2. The project plan identifies five areas of risk. With respect to each of the identified risk areas:
  - a. Time frames in the gant chart are on track.
  - b. The Expert Clinical Reference Group has not as yet agreed on a preferred model of care, as they have only met twice.
  - c. Endorsement of the preferred model of care is not planned to occur until late February 2013.
  - d. Communication of project objectives has occurred and the communication strategy within the project plan is being implemented.
  - e. Endorsement of the implementation plan is not planned to occur until late March 2013.

**Consultation**

3. The Expert Clinical Reference Group (ECRG) has met twice and from 7 January 2013 it will meet on a weekly basis.
4. The ECRG has terms of reference and is seeking approval from the Planning Group to expand its membership to include consumer and carer representation.
5. The ECRG is using a structured approach to address service elements and is undertaking a service analysis across the adolescent mental health continuum.
6. The Planning Group has met on four occasions in 2012 and will meet fortnightly from 18 January 2013.
7. The Planning Group has oversighted the development of a stakeholder engagement plan, terms of reference for the ECRG, a media protocol and fact sheets (posted on the internet).
8. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.

**Financial and Other Implications**

9. It is not possible at this stage to indicate financial implications in the absence of a likely preferred model.
10. However, as noted in the Project Plan, It is assumed that the 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.

**Strategic and Operational Alignment**

11. Both the ECRG and the Planning Group are mindful that the final endorsed model(s) of care will
  - a. need to clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland.
  - b. be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models and
  - c. replace the existing services provided by Barrett Adolescent Centre.

**Recommendation**

12. That the West Moreton Hospital and Health Board:

**Note** The update of the Barrett Adolescent Strategy

**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		

West Moreton Hospital and Health Board  
MINUTES

## Committee: West Moreton Hospital and Health Board

<b>Date:</b> Friday, 25 January 2013	<b>Time:</b> 10.00am to 5.20pm	<b>Location:</b> The Park Centre for Mental Health Anderson House
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## 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)

Melissa Fellows Secretariat

## Invitees

Mr Greg Fowler, Senior Health Advisor to Annastacia Palaszczuk MP

Ms Sharon Kelly, Executive Director Mental Health &amp; Specialised Services (EDMHSS)

Prof John McGrath, QCMHR

## BOARD IN CAMERA

REDACTED

## 1.0 MEETING OPENING

## 1.1 Attendance

Tim Eltham was an apology for the meeting.

## 1.2 Adoption of Agenda

The agenda was adopted with no alterations.

## 1.3 Register of Director's Interests

REDACTED

## 1.4 Confirmation of Minutes &amp; Meeting Summary

The minutes of the meeting held on 14 December 2012 were confirmed as a true and accurate record of proceedings, with the inclusion of Neil Hamilton-Smith as an attendee at the in camera sessions. The Board approved the Board Meeting Summary.

## 1.5 Actions Arising

West Moreton Hospital and Health Board  
**MINUTES**

REDACTED



## 2.0 STRATEGIC MATTERS

### 2.1 Strategic Plan Review and Consultation

REDACTED



### 2.2 Queensland Centre for Mental Health Research (QCMHR)

REDACTED



### 2.3 Barrett Adolescent Centre

The Board noted the paper provided regarding the update of the Barrett Adolescent Strategy. The EDMHSS provided an overview of the project plan.

### 2.4 Lead Clinician Group (update provided by Dr Bob McGregor at Actions Arising)

### 2.5 Wolston Park Golf Club

REDACTED



## 3.0 GENERAL MATTERS

### 3.1 For Decision

3.1.1 Policies – Nil for approval

West Moreton Hospital and Health Board  
MINUTES

REDACTED

3.2 For Discussion

3.2.1 Occupational Health and Safety Report

REDACTED

3.2.3 Health Service Chief Executive Report

REDACTED

3.2.4 Financial Performance Report

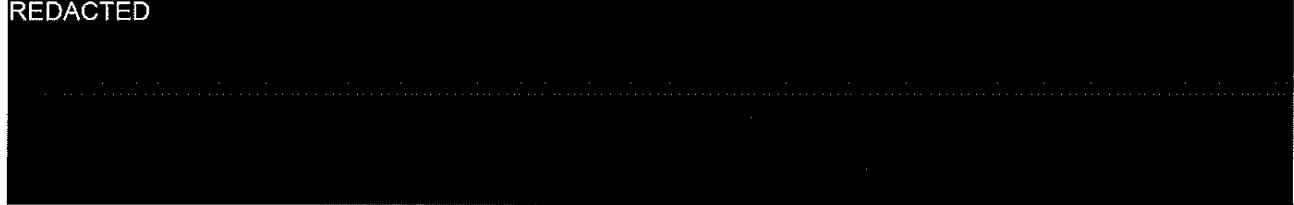
REDACTED

3.2.5 Turnaround Plan Update

REDACTED

3.2.6 HHS Performance Report

REDACTED

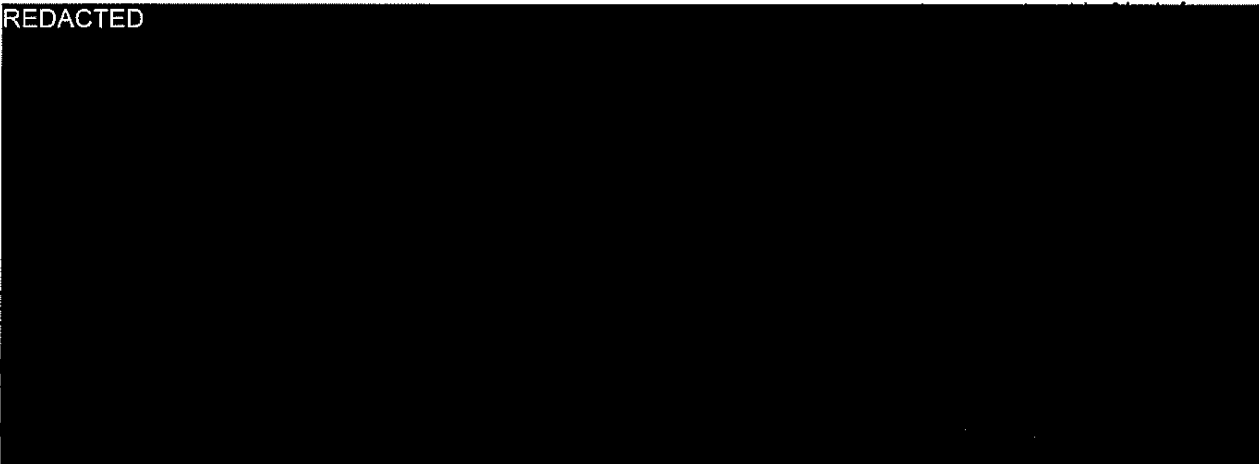


4.0 CORPORATE GOVERNANCE AND COMMITTEES

4.1 Board Committees

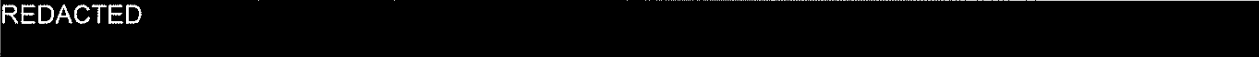
4.1.1 Executive Committee

REDACTED



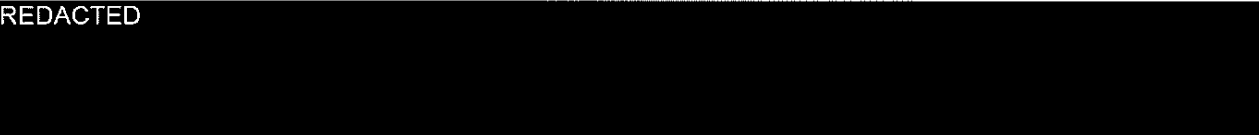
4.1.2 Audit and Risk Committee

REDACTED



4.1.3 Finance Committee

REDACTED



4.1.4 Safety and Quality Committee

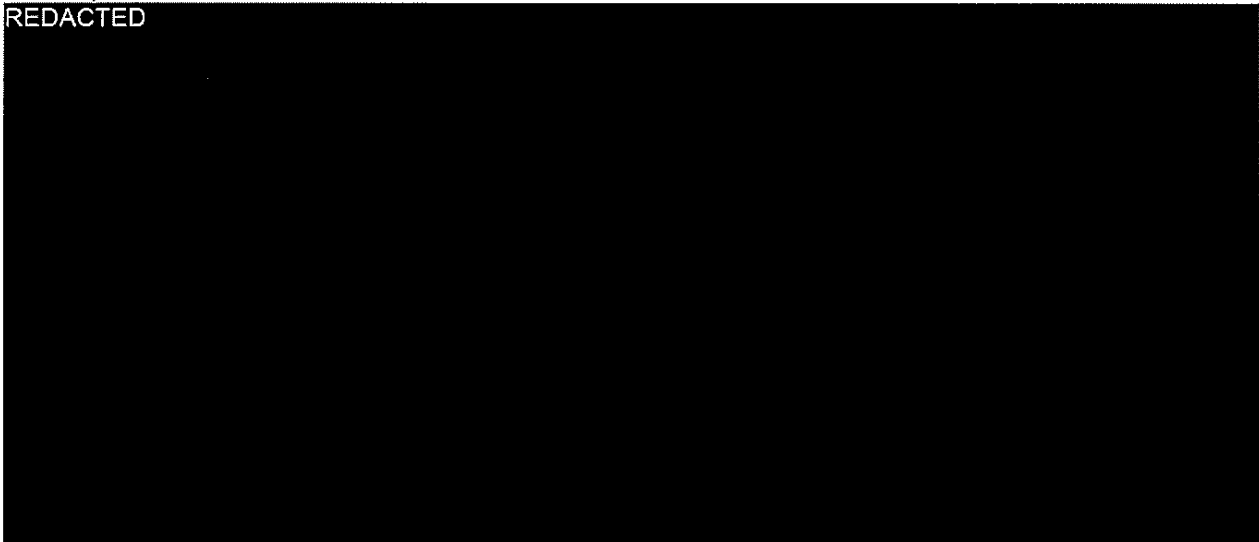
REDACTED



5.0 MATTERS FOR NOTING

5.1 Correspondence

REDACTED



6.0 MEETING FINALISATION

6.1 Review Actions

West Moreton Hospital and Health Board  
**MINUTES**

6.2 Meeting Evaluation – Discussions held regarding formatting of Board paper template.

REDACTED

6.3 Next Meeting – Feb 22<sup>nd</sup> at Laidley Hospital.


REDACTED

6.4 Meeting Close

The meeting closed at 5.20pm

The Board undertook a meeting evaluation.

Minutes authorised by Chair as an accurate record of proceedings

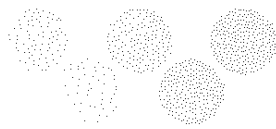
	22/2/13.
Dr Mary Corbett Chair, West Moreton Hospital and Health Board	Date





**"MC-17"**

WMB.1000.0001.00032



**West Moreton Hospital  
and Health Service**

## **Board Meeting**

Apr 26, 2013 at 09:00 AM - 05:00 PM

Level 8 Conference Room

Tower Block

Ipswich Hospital

**BOARD COMMITTEE AGENDA PAPER**

<b>Committee: West Moreton Hospital and Health Board</b>			
<b>Meeting Date:</b>	<b>26 April 2013</b>	<b>Agenda Item Number:</b>	<b>2.4</b>
<b>Agenda Subject:</b>	<b>Barrett Adolescent Centre</b>		
<b>Action required:</b>	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
<b>Author:</b> Sharon Kelly	<b>Position:</b> Executive Director Mental Health & Specialised Services		<b>Date:</b> 17 April 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

**Proposal**

That the West Moreton Hospital and Health Board:

**Note** The update of the Barrett Adolescent Strategy

**Background**

1. A project plan titled Barrett Adolescent Strategy was tabled by the Chief Executive at the meeting of the West Moreton Hospital and Health Board on 23 November 2012.

**Key Issues or Risks**

2. The project plan identifies five areas of risk. With respect to each of the identified risk areas:
  - a. Time frames have been extended to allow the Expert Clinical Reference Group (ECRG) to provide their report.
  - b. It is anticipated the draft outcomes will be presented to the Planning Group on 26 April 2013.
  - c. The Centre's current consumers are continuing to receive the care that is most appropriate for them.
  - d. Stakeholder communication continues.
  - e. Chief Executive, Lesley Dwyer and Executive Director Mental Health & Specialised Services, Sharon Kelly, have visited a non-Government sector model in Cairns that potentially could be replicated for the provision of services.
  - f. Both the consumer and carer representatives of the ECRG have been engaged throughout the process to ensure a wider viewpoint.

**Consultation**

3. The ECRG continues to meet regularly to develop the proposed model into the future.
4. The Planning Group has oversighted the development of a stakeholder engagement plan, terms of reference for the ECRG, a media protocol and fact sheets (posted on the internet).
5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
6. Chief Executive of Children's Health Queensland Hospital and Health Service, Peter Steer, has been engaged and consulted as the process has continued in light of their over-arching Statewide responsibility for Youth Mental Health Services.

**Financial and Other Implications**

7. It is not possible at this stage to indicate financial implications in the absence of a likely preferred model.
8. However, as noted in the Project Plan, it is assumed that the 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.

**Strategic and Operational Alignment**

9. Both the ECRG and the Planning Group are mindful that the final endorsed model(s) of care will
- a. need to clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland.
  - b. be evidenced based, sustainable, align with Statewide Mental Health Policy, service planning frameworks and funding models whilst acknowledging no capital funding is available.
  - c. replace the existing services provided by Barrett Adolescent Centre.

**Recommendation**

10. That the West Moreton Hospital and Health Board:

**Note** The update of the Barrett Adolescent Strategy

**Attachments**

1. Nil.

**BOARD COMMITTEE AGENDA PAPER**

Committee: West Moreton Hospital and Health Board			
Meeting Date:	26 April 2013	Agenda Item Number:	3.3.1
Agenda Subject:	Chief Executive Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Lesley Dwyer	Position: Chief Executive	Date: 19 April 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			

**Current Significant Issues**

**Financial integrity and budget**

REDACTED

**Projected End of Year Financial Position**

REDACTED

**External audit**

REDACTED

**Financial Readiness Project**

REDACTED

**Service Agreement Amendment Windows**

REDACTED

REDACTED



- 41. Expect further queries from Qld Times re: WMHHS budget & redundancies, as well as Barrett Adolescent Centre

**Strategic Services and Partnerships Committee**

REDACTED



**Health Promoting Hospitals**

REDACTED



**Ipswich Hospital Expansion**

REDACTED



West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

**Date:** Friday 26 April 2013**Time:** 9.00am to 5.45pm**Location:** Ipswich Hospital,  
Level 8 Conference  
Room**Members**

Dr Mary Corbett, Chair

Timothy Eltham, Deputy Chair

Dr Robert McGregor, Board Member

Paul Casos, Board Member

Melinda Parcell, Board Member

Alan Fry OBE QPM, Board Member

Professor Julie Cotter, Board Member

**Ex Officio Standing Invitees**

Lesley Dwyer, Health Service Chief Executive (CE)

Ian Wright, Executive Director Finance and Corporate (EDFC)

Jacqui Keller, Corporate Counsel and Secretary (CCS)

**Invitees to Stakeholder Session**

Mr Ian Berry MP, State Member for Ipswich

Mr Sean Choat MP, State Member for Ipswich West

Mr Carl Wulff, Chief Executive Officer, Ipswich City Council

**Other Invitees**

Sharon Kelly, Executive Director Mental Health and Specialised Services (EDMHSS) (Items 2.4 and 2.5 only)

Alan Millward, Executive Director Workforce (EDW) (Items 2.1 and 2.2 only)

Dr Peter Osborne, Director Oral Health Services (DOHS) (Item 2.6 only)

Professor Geoff Mitchell, Professor of General Practice and Palliative Care, The University of Queensland (GM)  
(Item 2.3 only)

David Roberts, Partner, Ernst &amp; Young (as observer)

Sean Lowry, Senior Manager, Ernst &amp; Young (as observer)

**STAKEHOLDER SESSION**

REDACTED

**IN CAMERA SESSION**

REDACTED

West Moreton Hospital and Health Board  
BOARD MEETING MINUTES

REDACTED

**OPEN SESSION**

**1.0 MEETING OPENING**

The meeting opened at 11.05am.

**1.1 Attendance**

The apology of Dr Bob McGregor was recorded. There were no other apologies.

**1.2 Adoption of Agenda**

The agenda was adopted with no alterations.

**1.3 Declaration of Interests**

REDACTED

**1.4 Confirmation of Minutes and Meeting Summary**

REDACTED

**1.5 Confirmation of Minutes – Board Risk Management and Board Planning Workshops**

REDACTED

**1.6 Actions Arising**

The Board noted the action register and the items that had been actioned and included in the agenda papers.

**2.0 STRATEGIC MATTERS**

*For Decision*

**2.1 Workforce Engagement Strategy**

REDACTED

*For Discussion*

**2.2 Partnership Opportunities with The University of Queensland (Agenda Item 2.3)**

REDACTED



West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

REDACTED

2.3 Barrett Adolescent Centre (Agenda Item 2.4)

EDMHSS joined the meeting and provided an update on the Barrett Adolescent Strategy, namely that the Planning Group is awaiting the report from the Expert Clinical Reference Group, which it will then form into a number of recommendations. The Board discussed the community engagement that is taking place and that is planned with respect to the strategy.

**ACTION:** Strategy re the future of Barrett Adolescent Centre to be developed and brought back to Board for approval.

2.4 Financial Comparative Analysis – Forensic Mental Health Hospitals Vic, NSW, Qld (Agenda Item 2.5)

REDACTED

2.5 Oral Health Services (Agenda Item 2.6)

REDACTED

2.6 Human Resource Management Transformation Roadmap (Agenda Item 2.2)

REDACTED

2.7 Springfield/Mater Proposal Update

REDACTED

West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

2.8 2012-2013 Annual Report Process and Timeline

REDACTED

3.0 GENERAL MATTERS

*For Decision*

3.1 Policies

3.1.1 Smoke Free Environment Policy

REDACTED

*For Discussion*

3.2 Safety Report

3.2.1 Occupational Health and Safety

REDACTED

3.2.2 Patient Safety and Quality

REDACTED

3.3 Management Reports

3.3.1 Chief Executive Report

REDACTED

3.3.2 Financial Performance Report

**West Moreton Hospital and Health Board  
BOARD MEETING MINUTES**

REDACTED

**3.3.3 HHS Performance Report**

REDACTED

**ADJOURNMENT OF OPEN SESSION AND RESUMPTION OF IN-CAMERA SESSION**

REDACTED

**RESUMPTION OF OPEN SESSION**

**4.0 CORPORATE GOVERNANCE AND COMMITTEES**

**4.1 Corporate Governance**

**4.1.1 Flying Minute – Consultation Draft Revised Strategic Plan**

REDACTED

**4.1.2 Flying Minute – Refurbishment of the Trumpy Home**

REDACTED

**4.1.3 Flying Minute – Replacement of Air Conditioning at Gatton Hospital**

REDACTED

**4.2 Committees**

**4.2.1 Finance Committee**

REDACTED

**5.0 MATTERS FOR NOTING**

**5.1 Correspondence**

REDACTED

**6.0 SAFETY AND QUALITY TOUR (Agenda Item 7.0)**

REDACTED

**West Moreton Hospital and Health Board  
BOARD MEETING MINUTES**

**7.0 MATTERS FOR NOTING (Continued – Agenda Item 5.0)**

**7.1 Other (Agenda Item 5.2)**

**7.1.1 Medicare Local Strategy Update (Agenda Item 5.2.1)**

REDACTED

**7.1.2 Ernst & Young Risk Management Workshop (Agenda Item 5.2.2)**

REDACTED

**7.1.3 Asset Workshop (Agenda Item 5.2.3)**

REDACTED

**7.1.4 Palliative Care Report (Agenda Item 5.2.4)**

REDACTED

**7.1.5 Maternity Services Review (Agenda Item 5.2.5)**

REDACTED

**7.1.6 Board Calendar and Work Plan (Agenda Item 5.2.6)**

REDACTED

**8.0 OTHER BUSINESS (Agenda Item 6.0)**

**8.1 Stakeholder Invitees to Next Board Meeting (Agenda Item 6.1)**

REDACTED

**8.2 Other Business**

REDACTED

West Moreton Hospital and Health Board  
**BOARD MEETING MINUTES**

REDACTED

9.0 **MEETING FINALISATION (Agenda Item 8.0)**

9.1 Review Actions (Agenda Item 8.1)

9.2 Meeting Evaluation (Agenda Item 8.2)

REDACTED

9.3 Next Meeting (Agenda Item 8.3)

The next meeting is scheduled for 24 May 2013, with the location to be decided.

9.4 Meeting Close (Agenda Item 8.4)

The meeting closed at 5.45pm.

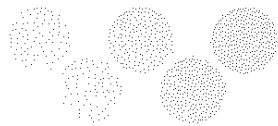
Minutes authorised by Chair as an accurate record of proceedings

  
Dr Mary Corbett  
Chair, West Moreton Hospital and Health Board

24/5/13  
Date

**“MC-19”**

WMB.1000.0001.00049



**West Moreton Hospital  
and Health Service**

## **Board Meeting**

May 24, 2013 at 09:00 - 17:00

Ipswich Hospice  
37 Chermside Road  
Eastern Heights

**BOARD COMMITTEE AGENDA PAPER**

Committee: West Moreton Hospital and Health Board			
<b>Meeting Date:</b>	24 May 2013	<b>Agenda Item Number:</b>	4.3
<b>Agenda Subject:</b>	Barrett Adolescent Strategy - Recommendations		
<b>Action required:</b>	<input checked="" type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input type="checkbox"/> For Noting
<b>Author:</b> Sharon Kelly	<b>Position:</b> Executive Director, Mental Health & Specialised Services	<b>Date:</b> 15 May 2013	
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

**Proposal**

That the West Moreton Hospital and Health Board:

**Note** the attached recommendations of the Expert Clinical Reference Group (ECRG) (Attachments 1 and 2).

**Approve** recommendations from Barrett Adolescent Strategy Planning Group (Attachment 3).

**Approve** development of a communication and implementation plan, inclusive of finance strategy, to support the closure of Barrett Adolescent Centre (BAC) on 30 September 2013.

**Approve** media statement (Attachment 4).

**Note** the need for a verbal briefing (at the earliest convenience) between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive.

**Background**

1. A project plan titled Barrett Adolescent Strategy was tabled by the Chief Executive at the meeting of the West Moreton Hospital and Health Board (the Board) on 23 November 2012.
2. Project updates were provided to the Board on 25 January and 26 April 2013.
3. A Planning Group has oversighted an ECRG of senior child and youth mental health experts to develop a Service Model Elements document according to the project plan.
4. Membership of the ECRG included multidisciplinary clinicians, a consumer representative, a carer representative, an inter-state clinician, and a representative of the Department of Education, Training and Employment. The ECRG met between 1 December 2012 and 24 April 2013.
5. The Park is designated to become an adult secure forensic facility within the Queensland Plan for Mental Health 2007-17. This process will progress to the next stage when the Extended Forensic Treatment and Rehabilitation Unit opens on 28 July 2013. The provision of adolescent services within the future forensic environment is not considered appropriate or safe, and poses a potential risk to adolescent consumers.
6. The current BAC is an aged facility that has been designated not-fit-for-purpose in the provision of inpatient services into the future. The state-funded capital project to build a replacement facility for BAC in Redlands has ceased due to unresolvable building and environmental barriers, and none of this capital funding is available to build the facility elsewhere.

**Key Issues or Risks**

7. The ECRG submitted a *Preamble* and the *Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Services* document (refer Attachments 1 and 2) to the Chair of the Planning Group on 8 May 2013. These documents were reviewed by the Planning Group on 15 May 2013.
8. The Planning Group accepted all recommendations of the ECRG, with some caveats for note (refer Attachment 3).
9. The Service Model Elements document (and the associated recommendations for an alternative model of service) allows for the safe and timely closure of BAC.
10. Given 10 out of 16 young people from the current BAC inpatient group are aged 17 years or over, and that the length of stay is up to 2 years in several cases, it is considered clinically adequate to provide a four month timeframe to complete discharge planning and aim to close BAC 30 September 2013.

**BOARD COMMITTEE AGENDA PAPER**

11. The closure of BAC is not dependent on the next stages of progressing and consulting on a statewide service model; instead, the closure process is relevant to the needs of the current and wait-list consumer group of BAC, and the capacity for 'wrap-around' care in their local community services. The Planning Group noted this was feasible to commence now.

**Consultation**

12. The Planning Group has overlooked the development of a stakeholder engagement plan, terms of reference for the ECRG, a media protocol and fact sheets (posted on the internet).
13. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
14. An updated media statement is attached for approval (refer Attachment 4).
15. The next phase of statewide consultation and service planning for adolescent extended treatment and rehabilitation services is proposed to be collaboratively led by Children's Health Services and the Mental Health Alcohol and Other Drugs Branch.
16. It is proposed that West Moreton HHS will develop a new communication and implementation plan with regard to the closure of BAC to ensure sensitive and comprehensive communication with consumers, families, staff, key stakeholders, and the community.

**Financial and Other Implications**

17. It is not possible at this stage to detail financial implications. It is proposed that West Moreton HHS convene a finance working group (as part of a broader implementation plan) to define the operational funds associated with the BAC, and to submit a plan to the Board for the transfer of these funds to the HHSs that will deliver the alternative service/s. The Mental Health Alcohol and Other Drugs Branch is a recommended working group member.
18. Historically, intentions to close BAC have generated significant consumer, staff and community concern, and have attracted media attention. It is anticipated that this will be partially addressed through the recommendations of the ECRG and Planning Group, and the identification of alternative, local service delivery.

**Strategic and Operational Alignment**

19. Both the ECRG and the Planning Group have been mindful that the final endorsed model(s) of care:
- need to clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland; and
  - be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models.
20. 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**

21. **Note** the attached recommendations of the Expert Clinical Reference Group (ECRG) (Attachments 1 and 2).
- Approve** recommendations from Barrett Adolescent Strategy Planning Group (Attachment 3).
- Approve** development of a communication and implementation plan, inclusive of finance strategy, to support the closure of BAC on 30 September 2013.
- Approve** media statement (Attachment 4).
- Note** the need for a verbal briefing (at the earliest convenience) between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive.

**Attachments**

- Preamble
- Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Service
- Recommendations of the Planning Group
- Media Statement



**Committee: West Moreton Hospital and Health Board**

**Agenda Item Number: 4.3**



**Attachment: 1**



**Attachment 1****Proposed Service Model Elements  
Adolescent Extended Treatment and Rehabilitation Services (AETRS)****Preamble**

Mental health disorders are the most prevalent illnesses affecting adolescents today. Of particular note is the considerable evidence that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Despite this, funding for adolescent (and child) mental health services is not proportional to the identified need and burden of disease that exists.

In the past 25 years, a growing range of child and youth mental health services have been established by Queensland Health (and other service providers) to address the mental health needs of children and adolescents. These services deliver mental health assessment and treatment interventions across the spectrum of mental illness and need, and as a service continuum, provide care options 24 hours a day, seven days a week. No matter where an adolescent and their family live in Queensland, they are able to access a Child and Youth Mental Health Service (CYMHS) community clinic or clinician (either via direct access through their Hospital and Health Service, or through telehealth facilities). Day Programs have been established for adolescents in South Brisbane, Toowoomba and Townsville. Acute mental health inpatient units for adolescents are located in North Brisbane, Logan, Robina, South Brisbane and Toowoomba, and soon in Townsville (May/June 2013). A statewide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program (The Barrett Adolescent Centre [BAC]) is currently delivered at The Park Centre for Mental Health (TPCMH) for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offers an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

Consistent with state and national mental health reforms, the decentralisation of services, and the reform of TPCMh site to offer only adult forensic and secure mental health services, the BAC is unable to continue operating in its current form at TPCMh. Further to this, the current BAC building has been identified as needing substantial refurbishment. This situation necessitates careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

The service model elements document proposes four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- **Tier 1** – Public Community Child and Youth Mental Health Services (existing);
- **Tier 2a** – Adolescent Day Program Services (existing + new);
- **Tier 2b** – Adolescent Community Residential Service/s (new); and
- **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).

The final service model elements document produced was cognisant of constraints associated with funding and other resources (e.g., there is no capital funding available to build BAC on another site). The ECRG was also mindful of the current policy context and direction for mental health services as informed by the National Mental Health Policy (2008) which articulates that *'non acute bed-based services should be community based wherever possible'*. A key principle for child and youth mental health services, which is supported by all members of the ECRG, is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social and community networks.

The ECRG comprised of consumer and carer representatives, and distinguished child and youth mental health clinicians across Queensland and New South Wales who were nominated by their peers as leaders in the field. The ECRG would like to acknowledge and draw attention to the input of the consumer and carer representatives. They highlighted the essential role that a service such as BAC plays in recovery and rehabilitation, and the staff skill and expertise that is inherent to this particular service type. While there was also validation of other CYMHS service types, including community mental health clinics, day programs and acute inpatient units, it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focussed on here. It is understood that BAC cannot continue in its current form at TPCMH. However, it is the view of the ECRG that like the Community Care Units within the adult mental health service stream, a design-specific and clinically staffed bed-based service is essential for adolescents who require medium-term extended care and rehabilitation. This type of care and rehabilitation program is considered life-saving for young people, and is available currently in both Queensland and New South Wales (e.g., The Walker Unit).

The service model elements document (attached) has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services in Queensland.

There are seven key messages and associated recommendations from the ECRG that need to underpin the reading of the document:

**1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework**

- The proposed service model elements document is a conceptual document, not a model of service. Formal consultation and planning processes have not been completed as part of the ECRG course of action.
- In this concept proposal, Tier 2 maps to the Clinical Services Capability Framework for Public and Licensed Private Health Facilities Version 3.1 (CSCF) Level 5 and Tier 3 maps to CSCF Level 6.

**Recommendations:**

- a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.
- b) Formal planning including consultation with stakeholder groups will be required.

**2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component**

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.

- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

**Recommendation:**

- a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

**3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk**

- Interim arrangements (after BAC closes and before Tier 3 is established) are at risk of offering sub optimal clinical care for the target group, and attention should be given to the therapeutic principles of safety and treatment matching, as well as efficient use of resources (e.g., inpatient beds).
- In the case of BAC being closed, and particularly if Tier 3 is not immediately available, a high priority and concern for the ECRG was the 'transitioning' of current BAC consumers, and those on the waiting list.
- Of concern to the ECRG is also the dissipation and loss of specialist staff skills and expertise in the area of adolescent extended care in Queensland if BAC closes and a Tier 3 is not established in a timely manner. This includes both clinical staff and education staff.

**Recommendations:**

- a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.
- b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.
- c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.

**4. Duration of treatment**

- A literature search by the ECRG identified a weak and variable evidence base for the recommended duration of treatment for inpatient care of adolescents requiring mental health extended treatment and rehabilitation.
- Predominantly, duration of treatment should be determined by clinical assessment and individual consumer need; the length of intervention most likely to achieve long term sustainable outcomes should be offered to young people.
- As with all clinical care, duration of care should also be determined in consultation with the young person and their guardian. Rapport and engagement with service providers is pivotal.

**Recommendation:**

- a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.

**BOARD COMMITTEE AGENDA PAPER****5. Education resource essential: on-site school for Tiers 2 and 3**

- Comprehensive educational support underpins social recovery and decreases the likelihood of the long term burden of illness. A specialised educational model and workforce is best positioned to engage with and teach this target group.
- Rehabilitation requires intervention to return to a normal developmental trajectory, and successful outcomes are measured in psychosocial functioning, not just absence of psychiatric symptoms.
- Education is an essential part of life for young people. It is vital that young people are able to access effective education services that understand and can accommodate their mental health needs throughout the care episode.
- For young people requiring extended mental health treatment, the mainstream education system is frequently not able to meet their needs. Education is often a core part of the intervention required to achieve a positive prognosis.

**Recommendations:**

- a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.
- b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

**6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration**

- There is no true precedent set in Queensland for the provision of residential or bed-based therapeutic community care (by non-government or private providers) for adolescents (aged up to 18 years) requiring extended mental health care.
- The majority of ECRG members identified concerns with regard to similar services available in the child safety sector. These concerns were associated with:
  - Variably skilled/trained staff who often had limited access to support and supervision;
  - High staff turn-over (impacting on consumer trust and rapport); and
  - Variable engagement in collaborative practice with specialist services such as CYMHS.

**Recommendations:**

- a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.
- b) Governance should remain with the local CYMHS or treating mental health team.
- c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

**7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)**

- Equity of access for North Queensland consumers and their families is considered a high priority by the ECRG.

**Recommendations:**

- a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.
- b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.

**BOARD COMMITTEE AGENDA PAPER**

**Committee: West Moreton Hospital and Health Board**

**Agenda Item Number: 4.3**



**Attachment: 2**



West Moreton Hospital and Health Board  
**BOARD COMMITTEE AGENDA PAPER**

**Attachment 2**

<b>Proposed Service Model Elements</b>	
<b>Adolescent Extended Treatment and Rehabilitation Services (AETRS)</b>	
<b>Attribute</b>	<b>Details</b>
<b>Service Delivered</b>	<p>The aim of this platform of services is to provide medium term, recovery oriented treatment and rehabilitation for young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.</p> <p>The AETRS continuum is offered across a range of environments tailored to the individual needs of the young person with regard to safety, security, structure, therapy, community participation, autonomy and family capacity to provide care for the young person.</p> <p>The AETRS functions as part of the broader, integrated continuum of care provided for young Queenslanders, that includes acute inpatient, day program and community mental health services (public, private and other community-based providers).</p>
<b>Over-arching Principles</b>	<p>The delivery of an Adolescent Extended Treatment and Rehabilitation Service continuum will:</p> <ul style="list-style-type: none"> <li>• develop/maintain stable networks</li> <li>• promote wellness and help young people and their families in a youth oriented environment</li> <li>• provide services either in, or as close to, the young person's local community</li> <li>• collaborate with the young person and their family and support people to develop a recovery based treatment plan that promotes holistic wellbeing</li> <li>• collaborate with other external services to offer continuity of care and seamless service delivery, enabling the young person and their family to transition to their community and services with ease</li> <li>• integrate with Child and Youth Mental Health Services (CYMHS), and as required, Adult Mental Health Services</li> <li>• recognise that young people need help with a variety of issues and not just illness</li> <li>• utilise and access community-based supports and services where they exist, rather than re-create all supports and services within the mental health setting</li> <li>• treat consumers and their families/carers in a supportive therapeutic environment provided by a multidisciplinary team of clinicians and community-based staff</li> <li>• provide flexible and targeted programs that can be delivered across a range of contexts and environments</li> <li>• have the capacity to deliver services in a therapeutic milieu with family members; support and work with the family in their own environment; and keep the family engaged with the young person and the mental health problems they face</li> <li>• have capacity to offer intensive family therapy and family support</li> <li>• have flexible options from 24 hour inpatient care to partial hospitalisation and day treatment with ambulant approaches; step up/step down</li> <li>• acknowledge the essential role that educational/vocational activities and networks have on the recovery process of a young person</li> </ul>



**Proposed Service Model Elements  
Adolescent Extended Treatment and Rehabilitation Services (AETRS)**

Attribute	Details
	<ul style="list-style-type: none"> <li>engage with a range of educational or vocational support services appropriate to the needs of the young person and the requirements of their treatment environment, and encourage engagement/reengagement of positive and supportive social, family, educational and vocational connections.</li> </ul>
<p><b>Key Distinguishing Features of an AETRS</b></p>	<p>Services are accessed via a tiered, least-restrictive approach, and may involve combinations of service types across the tiers.</p> <p><b>Tier 1:</b> <b>Public Community Mental Health Services (Sessional)</b></p> <ul style="list-style-type: none"> <li><u>Existing Locations:</u> All Hospital and Health Services (HHSs).</li> <li>Access ambulatory care at a public community-based mental health service, within the local area.</li> <li>Interventions should consider shared-care options with community-based service providers, e.g. General Practitioners and <i>headspace</i>.</li> </ul> <p><b>Tier 2a: Level 5 CSCF.</b> <b>Day Program Services (Mon – Fri business hours).</b></p> <ul style="list-style-type: none"> <li><u>Existing Locations:</u> Townsville (near completion), Mater, Toowoomba, Barrett Adolescent Centre (BAC).</li> <li><u>Possible New Locations:</u> Gold Coast, Royal Children’s Hospital CYMHS catchment, Sunshine Coast. Funds from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process.</li> <li>Individual, family and group therapy, and rehabilitation programs operating throughout (but not limited to) school terms.</li> <li>Core educational component for each young person – partnership with Education Queensland and vocational services required. This may be provided at the young person’s school/vocational setting, or from the day program site.</li> <li>Flexible and targeted programs with attendance up to 5 days (during business hours) a week, in combination with integration into school, community and/or vocational programs.</li> <li>Integrated with local CYMHS (acute inpatient and public community mental health teams).</li> <li>Programs are delivered in a therapeutic milieu (from a range of settings including day program service location, the family home, school setting etc.).</li> <li>Programs will support and work with the family, keeping them engaged with the young person’s recovery.</li> <li>Consumers may require admission to Adolescent Acute Inpatient Unit (and attend the Day Program during business hours).</li> <li>Proposal of 12 - 15 program places per Day Program (final places and budget should be determined as part of formal planning process).</li> </ul>