

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

Attribute	Details
	<p>Tier 2b: ¹Community Residential Service (24h/7d).</p> <ul style="list-style-type: none"> • <u>Existing Locations:</u> Nil services currently. Note: Cairns Time Out House Initiative for 18y+. • <u>Possible New Locations:</u> Sites where Day Programs are currently delivered; Townsville identified as a priority in order to meet the needs of North Queensland families. Funding from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process. • Day Program attendance as in Tier 2a during business hours. • This tier incorporates a bed-based residential and respite service for adolescents after-hours and on weekends (in the community). • There is potential for one or more of these services to provide 'family rooms', that will temporarily accommodate family members while their young person attends the Day Program or the Adolescent Acute Inpatient Unit (for example, in Townsville). • Integrated with local CYMHS (acute inpatient, day program and public community mental health teams). • Residential to be a partnership model for service delivery between a community-based service provider and QH – multidisciplinary staffing profile including clinical (Day Program) and community support staff (community-based provider). Partnership to include clinical governance, training and in-reach by CYMHS. • Residential component only provides accommodation; it is not the intervention service provider but will work closely with the intervention service provider to maintain consistency in the therapeutic relationship with the young person. • On-site extended hours visiting service from CYMHS Day Program staff. <p>Tier 3: Level 6 CSCF. Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)².</p> <ul style="list-style-type: none"> • <u>Possible Location:</u> S.E. Qld. Source of capital funding and potential site not available at current time³. Acknowledge accessibility issues for young people outside S.E. Qld.

¹ Note: The Department of Health takes a 'provider agnostic' view in determining non clinical support and accommodation services. Decisions to contract service providers will be determined by service merit, consumer need and formal planning and procurement processes.

² The Department of Health acknowledges the dedicated school and expertise provided by the Department of Education Training and Employment (DETE). The Department of Health values and supports partnership with DETE to ensure that adolescents have access to appropriate educational and vocational options to meet their educational/vocational needs.

³ Until funding and location is available for Tier 3, all young people requiring extended treatment and rehabilitation will receive services through Tiers 1 and 2a/b (i.e., utilising existing CYMHS community mental health, Day Programs and Acute Inpatient Units until the new Day Programs and residential service providers are established). It is emphasised that this is not proposed to be a clinically preferred or optimal solution, and significant risks are associated with this interim measure.

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

Attribute	Details
	<ul style="list-style-type: none"> • For young people whose needs could not be met by Tiers 1 and 2 above, due to risk, severity or need for inpatient extended treatment and care. These young people's needs are not able to be met in an acute setting. • In-patient therapeutic milieu, with capacity for family/carer admissions (i.e. family rooms). • All other appropriate and less restrictive interventions considered/tested first. • Proposal for approximately 15 beds – this requires formal planning processes. • Medium term admissions (approximately up to 12 months; however, length of stay will be guided by individual consumer need and will therefore vary). • Delivers integrated care with the local CYMHS of the young person. • Individualised, family and group rehabilitation programs delivered through day and evening sessions, available 7 days/week. These must include activity based programs that enhance the self esteem and self efficacy of young people to aid in their rehabilitation. As symptoms reduce, there is a focus on assisting young people to return to a typical developmental trajectory. • Consumers will only access the day sessions (i.e. Day Program components) of the service if they are an admitted consumer. • Programs maintain family engagement with the young person, and wherever possible adolescents will remain closely connected with their families and their own community. • Young people will have access to a range of educational or vocational support services delivered by on-site school teachers and will be able to continue their current education option⁴. There is an intentional goal that young people are integrated back to mainstream community and educational/vocational activities. • Flexible and targeted programs will be delivered across a range of contexts including individual, school, community, group and family.
Service specifications and other descriptors to illustrate service elements	
Target Age	<ul style="list-style-type: none"> • 13 - 17 years, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
Diagnostic Profile	<ul style="list-style-type: none"> • Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development. • Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment. • Mental illness is persistent and the consumer is a risk to themselves and/or others. • Medium to high level of acuity requiring extended treatment and rehabilitation.

⁴ The provision of education at this level requires focused consideration; an on-site school and education program is proposed as a priority.

BOARD COMMITTEE AGENDA PAPER

Suggested modelling attributes	
Average duration of treatment	<p>Tier 2a:</p> <p>Level 5 Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. <p>Tier 2b:</p> <p>Community Residential (24h/7d)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Access to a community residential service requires the young person to be actively participating in a program with CYMHS. <p>Tier 3:</p> <p>Level 6 Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Young people may be discharged from this Service to a Day Program in their local community.
Staffing Profile	<p>Tier 2a:</p> <p>Level 5 Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • Plus staffing from community sector. • DETE. <p>Tier 2b:</p> <p>Community Residential Service (24h/7d)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • Plus staffing from community sector. <p>Tier 3:</p> <p>Level 6 Statewide In-patient Extended Treatment and Rehabilitation Service (24h/7d)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • DETE.
Additional notes	
Referral Sources and Pathways	<p>While service provision across all Tiers of this AETRS continuum is based on interdisciplinary collaboration and cross-agency contribution, a referral to Tiers 2a, 2b and/or 3 will require a CYMHS assessment (i.e., single point of entry).</p> <p>Increased accessibility to AETRS for consumers and their families across the State is a key priority.</p>

BOARD COMMITTEE AGENDA PAPER

	<p>The Tier 3 statewide service will establish a Statewide Clinical Referral Panel. All referrals will be received and assessed by the Panel, which has statewide representation from multidisciplinary mental health clinicians and the community sector.</p>
Complexities of Presentation	<ul style="list-style-type: none">• Voluntary and involuntary mental health consumers.• The highest level of risk and complexity.

This document was endorsed by the Expert Clinical Reference Group of the Barrett Adolescent Strategy on 8 May 2013.
Please read in conjunction with the v5 Preamble.

Dr Leanne Geppert
Chair, Expert Clinical Reference Group

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board

Agenda Item Number: 4.3



Attachment: 3



Attachment 3

**Adolescent Extended Treatment and Rehabilitation Services (AETRS)
Planning Group Recommendations**

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

ECRG Recommendations	Planning Group 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.	Accept. The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	Accept. This body of work should be incorporated into the statewide planning and implementation process (as above).

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

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	Accept with caveats. Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework (<i>in draft</i>). However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

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

ECRG Recommendations	Planning Group Recommendations
<p>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.</p>	<p>Accept.</p>
<p>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.</p>	<p>Accept.</p> <p>While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit.</p> <p>The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.</p>
<p>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.</p>	<p>Accept.</p> <p>The ECRG and the Planning Group strongly supported this recommendation.</p>

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
<p>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.</p>	<p>Accept with caveats.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

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

ECRG Recommendations	Planning Group Recommendations
<p>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.</p>	<p>Accept with caveats.</p> <p>The Planning Group recommends removing “Band 7” from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>
<p>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).</p>	<p>Accept with caveat.</p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

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

ECRG Recommendations	Planning Group Recommendations
<p>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.</p>	<p>Accept.</p> <p>Note that this service could be provider agnostic.</p>

b) Governance should remain with the local CYMHS or treating mental health team.	Accept.
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	Accept.

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

ECRG Recommendations	Planning Group 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.	Accept.
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.	Accept.

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board

Agenda Item Number: 4.3



Attachment: 4



Attachment 4**MEDIA HOLDING STATEMENT**

Xxx 2013

Please attribute the following to West Moreton Hospital and Health Service Chief Executive, Ms Lesley Dwyer:

1. IF NO DECISION IS MADE

No decision about the future of Barrett Adolescent Centre has been made.

The Expert Clinical Reference Group has now concluded its investigation of options for a statewide model of care for young people requiring longer term mental health treatment.

The group has put forward seven recommendations for consideration, and these recommendations are now being considered by West Moreton Hospital and Health Service.

Our goal is to ensure no adolescent goes without the expert mental health care they require. Any decision made by the Health Service will take into account the need for a consistent, best-practice approach to caring for young people requiring longer term mental health treatment.

We must also consider the delivery of contemporary models of care for young mental health consumers in an environment that is safe for them and this may include partnerships with non-government organisations.

2. IF DECISION IS MADE TO CLOSE BAC

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require.

It has been determined that it is in the best interests of young people requiring longer term mental health treatment that Barrett Adolescent Centre (based at The Park Centre for Mental Health) will close. The Park is a high secure adult mental health facility. It is not a suitable place for adolescents. Our goal now is to ensure our youth are cared for in an environment that is best suited to them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

The Barrett Adolescent Centre will close by the end of September 2013. However, I can assure consumers, their families and the community that closure of the Barrett Adolescent Centre will not mean that this very important type of mental health care for young people will no longer be available in Queensland. On the contrary, it is planned to direct additional, new mental health resources to local communities across the State, so that young people have greater access to high quality mental health services closer to home. These additional resources will specifically support young people with longer term mental health needs.

The decision to close Barrett Adolescent Centre follows thorough investigations by an Expert Clinical Reference Group which put forward seven recommendations for a statewide service for young people requiring longer term mental health.

BOARD COMMITTEE AGENDA PAPER

West Moreton Hospital and Health Service has accepted all seven of the recommendations from the Expert Clinical Reference Group. The HHS will now work closely with other hospital and health services across the state, as well as other mental health care providers to action these recommendations and establish services that meet the needs of these young people. Under a new statewide model of care, Queensland's youth will continue to receive the excellent mental health care that they have always received.

ENDS

Media contact: 

"MC-20"

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 24 May 2013**Time:** 9.00am to 5.45pm**Location:**

Ipswich Hospice
 Care, 37 Chermerside
 Road, Eastern
 Heights

Members

Dr Mary Corbett, Chair

Timothy Eltham, Deputy Chair

Dr Robert McGregor, Board Member

Paul Casos, Board Member (Apology)

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

Ros Holloway, Director of Hospice Services, Ipswich Hospice Care

Rosie Laidlaw, Advance Care Planning Nurse Consultant, WMHHS

Melanie McBain, Nurse Unit Manager, Palliative Care and Oncology, Ipswich Hospital

Other Invitees

Matthew Bannan, Customer Service Manager, WorkCover Queensland (for Item 3.4 only)

Chris Thorburn, Acting Executive Director Corporate Governance and Strategy (for Items 4.1 and 4.2 only)

Sharon Kelly, Executive Director Mental Health and Specialised Services (for Item 4.3 only)

TOUR OF IPSWICH HOSPICE CARE

REDACTED

STAKEHOLDER SESSION

REDACTED

The stakeholder session closed at 10.20am.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****IN CAMERA SESSION****REDACTED****OPEN SESSION****1.0 MEETING OPENING**

The meeting opened at 11.10am.

1.1 Attendance

The apology of Paul Casos was recorded. There were no other apologies.

1.2 Adoption of Agenda

The agenda was adopted with no alterations. The Board noted the new format of the agenda.

1.3 Declaration of Interests**REDACTED****1.4 Confirmation of Minutes of Board Meeting 26 April 2013 and Meeting Summary**

The minutes of the meeting held on 26 April 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

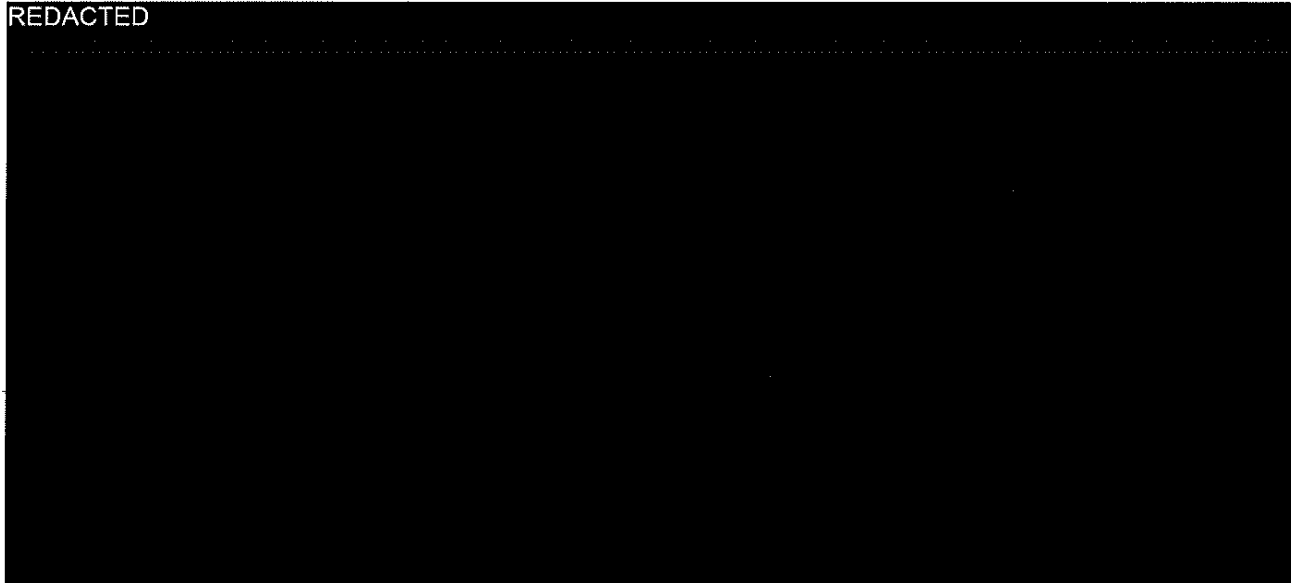
The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 SAFETY AND QAULITY**2.1 Not used for this meeting****2.2 Occupational Health and Safety Report****REDACTED**

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

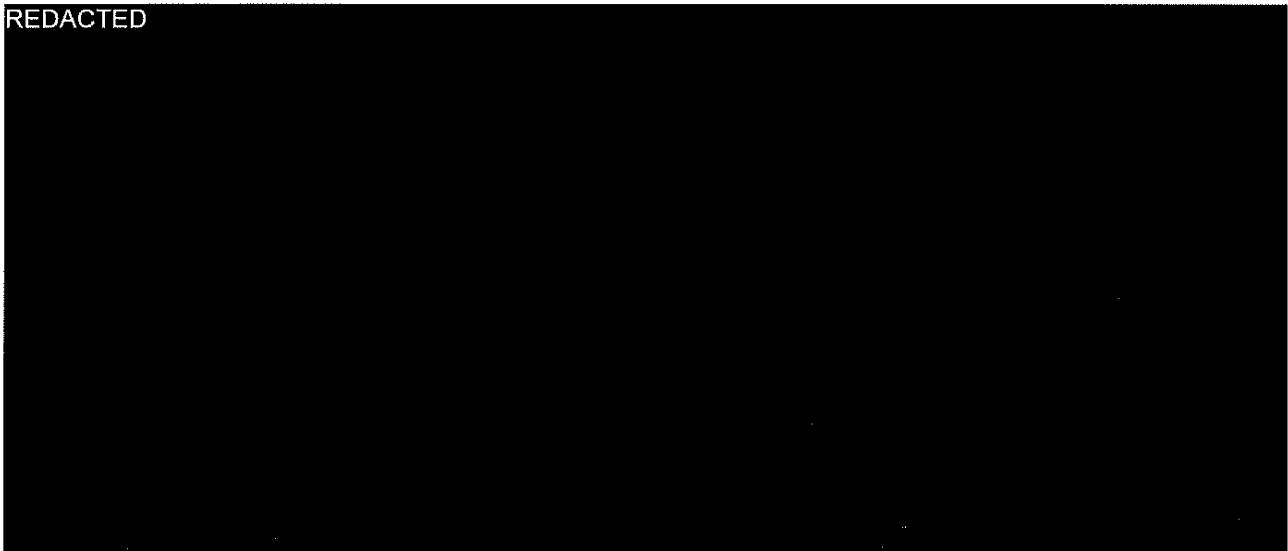
2.3 Patient Safety and Quality Report

REDACTED



2.4 Patient Safety and Quality Committee Report

REDACTED

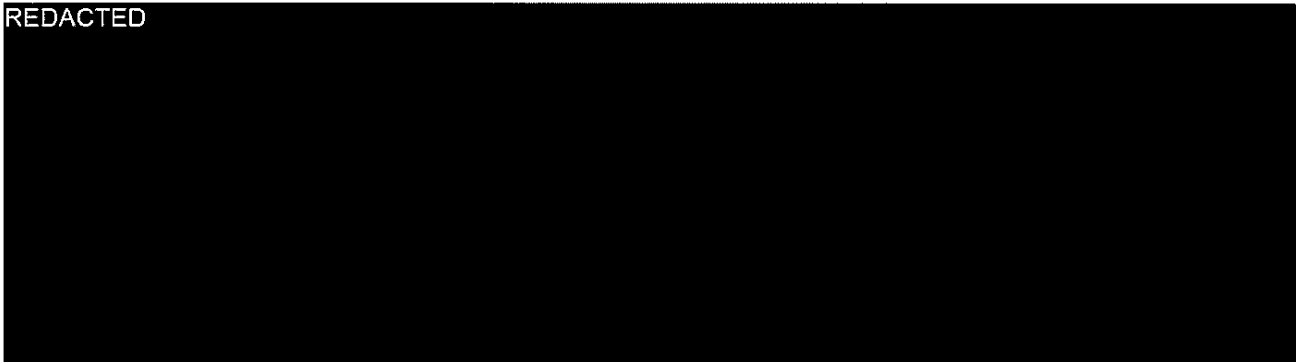


The meeting temporarily adjourned at 12.35pm, resuming at 1.05pm.

3.0 STRATEGIC MATTERS (AGENDA ITEM 4.0)

3.1 2013-2017 Strategic Plan (Agenda Item 4.1)

REDACTED



West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.2 Future Service Capacity (Springfield/Mater) Update (Agenda Item 4.2)

REDACTED

4.0 FINANCE, AUDIT AND RISK (AGENDA ITEM 3.0)

4.1 Financial Performance Report (Agenda Item 3.1)

REDACTED

4.2 WorkCover Premiums Presentation (Agenda Item 3.3)

REDACTED

4.3 Financial Performance Report (Agenda Item 3.1) – continued

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

4.4 Finance Committee Report (Agenda Item 3.2)

REDACTED

4.5 Audit and Risk Committee Report

REDACTED

The meeting temporarily adjourned at 3.15pm, resuming at 3.25pm.

5.0 STRATEGIC MATTERS (AGENDA ITEM 4.0) - CONTINUED

5.1 Barrett Adolescent Centre

Sharon Kelly, Executive Director Mental Health and Specialised Services, joined the meeting. The Board discussed the recommendation from the Planning Group that proposes the closure of the Barrett Adolescent Centre (BAC) and the issues that this presents. The Board recognised that the Barrett facility is no longer suitable but is concerned that there is currently no alternative for consumers.

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

The Board noted the recommendations of the Barrett Adolescent Strategy Planning Group, and the need to move as rapidly as possible to an alternative model based on those recommendations.

ACTION: Minister to be updated regarding proposed closure, plan for development of alternatives and community engagement strategy.

ACTION: Minister's approval to be sought to not accept any further patients into BAC.

ACTION: WMHHS to engage with Children's Health Services and the Mental Health Alcohol and Other Drugs Branch re planning for future model of care.

ACTION: WMHHS to pursue discharge of appropriate current patients with appropriate 'wrap around' services.

DECISION: The Board approved the development of a communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC.

Sharon Kelly left the meeting.

5.0

GENERAL MATTERS

5.1 Chief Executive Report

REDACTED

5.2 HHS Performance Report

5.2

REDACTED

6.0 CORPORATE GOVERNANCE

6.1 Flying Minute – FMA Process and Ipswich Hospital Car Park (Interim Arrangements)

REDACTED

6.2 2013-14 Service Delivery Statement

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

6.3 Reportable Gifts and Benefits (Agenda Item 6.2)

REDACTED

7.0 MATTERS FOR NOTING

Correspondence

7.1 – 7.6 The Board noted the correspondence included in the Board papers.

Materials Uploaded to BoardEffect since 19 April 2013

○ 7 – 7.21 The Board noted the materials uploaded to BoardEffect since 19 April 2013.

Other

7.22 Chair delegate to Chairs Meeting on 2 July 2013

REDACTED

7.23 Update from 9th Annual Australasian Redesigning Health Care Summit

REDACTED

7.24 Clinical Senate

REDACTED

7.25 Board Calendar and Work Plan (including July 2013 to June 2014) (Agenda Item 7.24)

○ REDACTED

8.0 OTHER BUSINESS

8.1 Stakeholder Invitees to Next Board Meeting at Ipswich Hospital

REDACTED

8.2 Safety and Quality Visit Next Board Meeting

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

D MEETING FINALISATION

9.1 Review Actions

9.2 Meeting Evaluation

REDACTED



9.3 Next Meeting

The next meeting is scheduled for 28 June 2013 at Ipswich Hospital, Level 8 Conference Room.

9.4 Meeting Close

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

28/6/13
Date

"MC-21"

WMB.1000.0001.00109



**West Moreton Hospital
and Health Service**

Board Meeting

Aug 23, 2013 at 09:00 - 17:00

Conference Room

Level 8, Tower Block

Ipswich Hospital

BOARD MEETING AGENDA PAPER

Committee: Board			
Meeting Date:	23 August 2013	Agenda Item Number:	5.1
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: 14 August 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Current Significant Issues

1. Surplus from Financial Year 2013-14

REDACTED



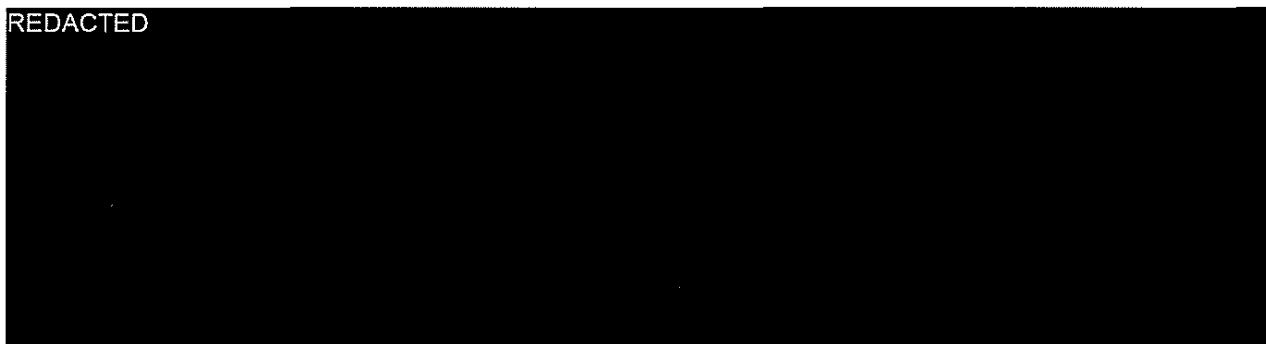
2. Budget Preparation

REDACTED



3. External audit

REDACTED



8. Statutory Authority Transition Progress

REDACTED

9. Executive Update

REDACTED

10. Events and Media

REDACTED

- Significant work was undertaken to prepare a communication and issues management strategy for the Barrett Adolescent Centre. The BAC announcement was made by the Minister on 5 August.

REDACTED

11. Queensland Institute of Clinical Redesign

REDACTED

12. Legionella Update

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	23 August 2013	Agenda Item Number:	7.1
Agenda Subject:	Barratt Adolescent Strategy		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED, Mental Health and Specialised Services		Date: 14 August 2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Background

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

Key Issues or Risks

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

West Moreton Hospital and Health Board
BOARD MEETING AGENDA PAPER

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

Consultation

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

Financial and Other Implications

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

Strategic and Operational Alignment

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

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Attachments

Nil

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 26 August 2013	Time: 9.00am to 5.25pm	Location: Ipswich Hospital
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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
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 Business Services (EDFBS)
Jacqui Keller, Corporate Counsel and Secretary (CCS)
Attendees at Safety Walk Around and Stakeholder Session
Madonna Britton, Nurse Unit Manager Ward 4F Surgical, Ipswich Hospital
Judy Blinco, Nurse Unit Manager Ward 5F Orthopaedic, Ipswich Hospital
Dr Ahmad Ali, Director of Urology, Ipswich Hospital
Dr Jason McDarra, Director of Orthopaedics, Ipswich Hospital
Other Attendees
Mark Mattiussi, Acting Executive Director Clinical Governance, Education and Research (EDCGER) (Items 2.3 and 2.4 only)

SAFETY WALK AROUND AND STAKEHOLDER SESSION

REDACTED



OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.20am

1.1 Attendance
All members were in attendance.

1.2 Adoption of Agenda

REDACTED



1.3 Declaration of Interests

REDACTED



West Moreton Hospital and Health Board
BOARD MEETING MINUTES

1.4 Confirmation of Minutes of Board Meeting 26 July 2013 and Meeting Summary

REDACTED

1.5 Actions Arising

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

REDACTED

2.0 SAFETY AND QUALITY

2.1 Safety and Quality Committee Report

REDACTED

2.2 Occupational Health and Safety Report

REDACTED

2.3 Patient Safety and Quality Report

REDACTED

2.4 Overview of Root Cause Analysis Process

REDACTED

2.5 Patient Story and Consumer Feedback Report

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.0 FINANCE, AUDIT AND RISK

3.1 Audit and Risk Committee Report

REDACTED

3.2 Finance Committee Report

REDACTED

3.3 Financial Performance Report

REDACTED

3.4 WMHHS Governing Board Budget

REDACTED

The meeting temporarily adjourned for lunch.

EXHIBIT 11
West Moreton Hospital and Health Board
BOARD MEETING MINUTES

3.5 Reinvestment of Community Dividend Overview (Agenda Item 3.4)

REDACTED

EDFBS left the meeting.

3.6 Communication Strategy for Reinvestment of Community Dividend (Agenda Item 3.5)

REDACTED

Dr Robert McGregor left the meeting.

3.7 Activity Funding (Agenda Item 3.6)

REDACTED

4.0 STRATEGIC MATTERS

For Decision

Nil.

For Discussion

4.1 Workforce Engagement Metrics

REDACTED

4.2 Communication Strategy for Ipswich Hospital Expansion.

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

4.3 Board Planning

REDACTED

5.0 GENERAL MATTERS

For Decision

Nil

For Discussion

5.1 Chief Executive Report

REDACTED

5.2 HHS Performance Report

REDACTED

Dr Robert McGregor rejoined the meeting.

6.0 CORPORATE GOVERNANCE

6.1 Executive Committee Report

REDACTED

6.2 Declarations of Interests

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

6.3 Deeds of Insurance and Access

REDACTED

7.0 **MATTERS FOR NOTING**

7.1 Barrett Adolescent Centre Update

The Board noted the contents of the agenda paper.

7.2 Risk Management Policy – Change of Format

REDACTED

7.3 Board Calendar and Work Plan

REDACTED

7.3 Correspondence

REDACTED

7.4 Materials Uploaded to BoardEffect since 19 July 2013

REDACTED

8.0 **OTHER BUSINESS**

8.1 Review of Stakeholder Feedback

REDACTED

8.2 Next Meeting – 27 September 2013 (Esk Health Service)

The Board noted that the next Board meeting will be held on 27 September 2013 at Esk Health Service.

8.3 Stakeholder Invitees to Next Board Meeting

REDACTED

8.4 Safety Walk Around Next Board Meeting

REDACTED

8.5 Press Release

REDACTED

CE left the meeting.

IN-CAMERA SESSION

REDACTED

9.0 **MEETING FINALISATION**

9.1 Review Actions

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

9.2 Meeting Evaluation

REDACTED

REDACTED


9.3 Relationship Building Meeting with Department of Health Senior Staff, Chairs and CEs

REDACTED

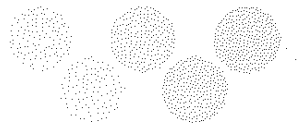
9.4 Meeting Close

The meeting closed at 5.25pm.

Minutes authorised by Chair as an accurate record of proceedings


Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

27/9/13
Date



**West Moreton Hospital
and Health Service**

Board Meeting

Addendum No.2

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

Esk Health Service

30 Highland Street, Esk

West Moreton Hospital and Health Board
BOARD MEETING AGENDA PAPER

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

Proposal

That the West Moreton Hospital and Health Board:

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

Background

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

Key Issues or Risks

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

4. Ongoing BAC Service Delivery
Consumer Complaint:



Current Response and Closure of BAC:

- g. Weekly operational oversight meetings are occurring with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (A/Clinical Director, CYMHS CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses.
- h. CHQ are supporting the current situation with an after hours psychiatric roster for the BAC.
- i. Personal communication continues with the parents/carers through both phone calls from the Clinical Director and email from the Executive Director, Mental Health & Specialised Services. The patient advocate has been identified as another contact for the parents/carer to provide an alternative neutral contact point.
- j. Department of Education Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- k. Both Dr Anne Brennan (A/Clinical Director, BAC) and Dr Elisabeth Hoehn (A/Clinical Director, CYMHS CHQ) have indicated that the uncertainty surrounding the date of closure and future changes to service delivery (including a reduction to beds and no new admissions) is exacerbating current consumer anxiety and frustration, which in turn has the potential to destabilise their mental state further.



- m. Based on the clinical concerns raised above and future change to service models and the intention to facilitate a smooth model transition in early 2014, no new consumers will be admitted as inpatients of the service but the service will provide a comprehensive outreach and clinical support model to the sector. Consequential to this the beds will close behind the discharged consumers.
- n. In consultation with Dr Bill Kingswell (Executive Director of the Mental Health Alcohol and Other Drugs Branch), this consequential closure of beds is not anticipated to place any additional burden on the adolescent acute bed stock in Queensland.
- o. Similarly, significant anxiety and concern has been reported by both BAC staff and parents/carers about the lack of formal notification from West Moreton HHS regarding the closure date of BAC. Given this information is already in the public domain, it is recommended that a formal notification be made as a matter of priority in order to manage the clinical risks becoming evident by this delay and the reputational risk for the HHS.
- p. To ensure comprehensive and transparent planning and to support implementation of the alternate service options in early 2014, an anticipated date of closure needs to be confirmed. It is proposed

BOARD MEETING AGENDA PAPER

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

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

Consultation

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

Financial and Other Implications

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

Strategic and Operational Alignment

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

Recommendation

That the West Moreton Hospital and Health Board:

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

Attachments

1. Briefing Note 9 September 2013.

West Moreton Hospital and Health Board

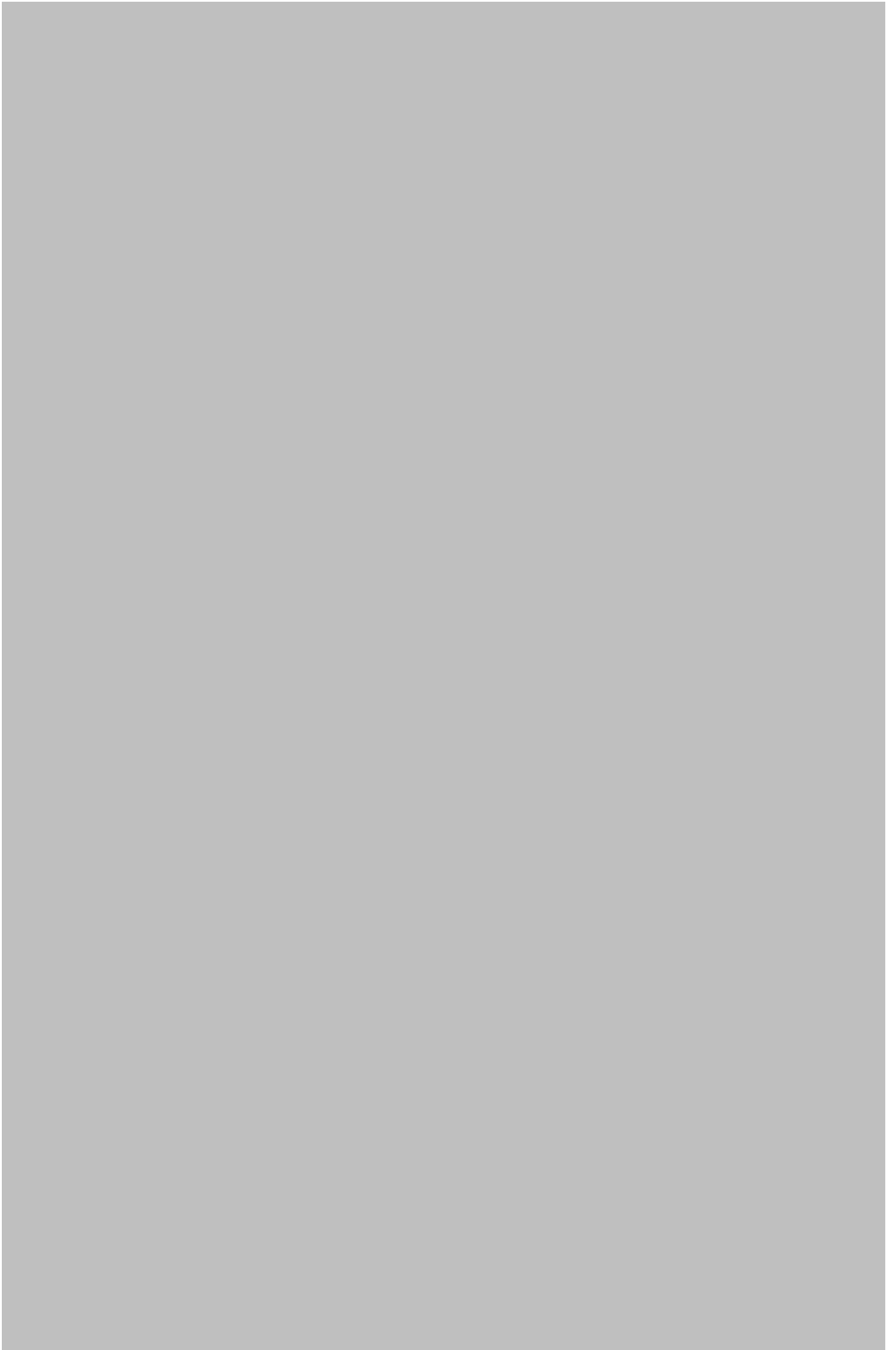
BOARD MEETING AGENDA PAPER ATTACHMENT

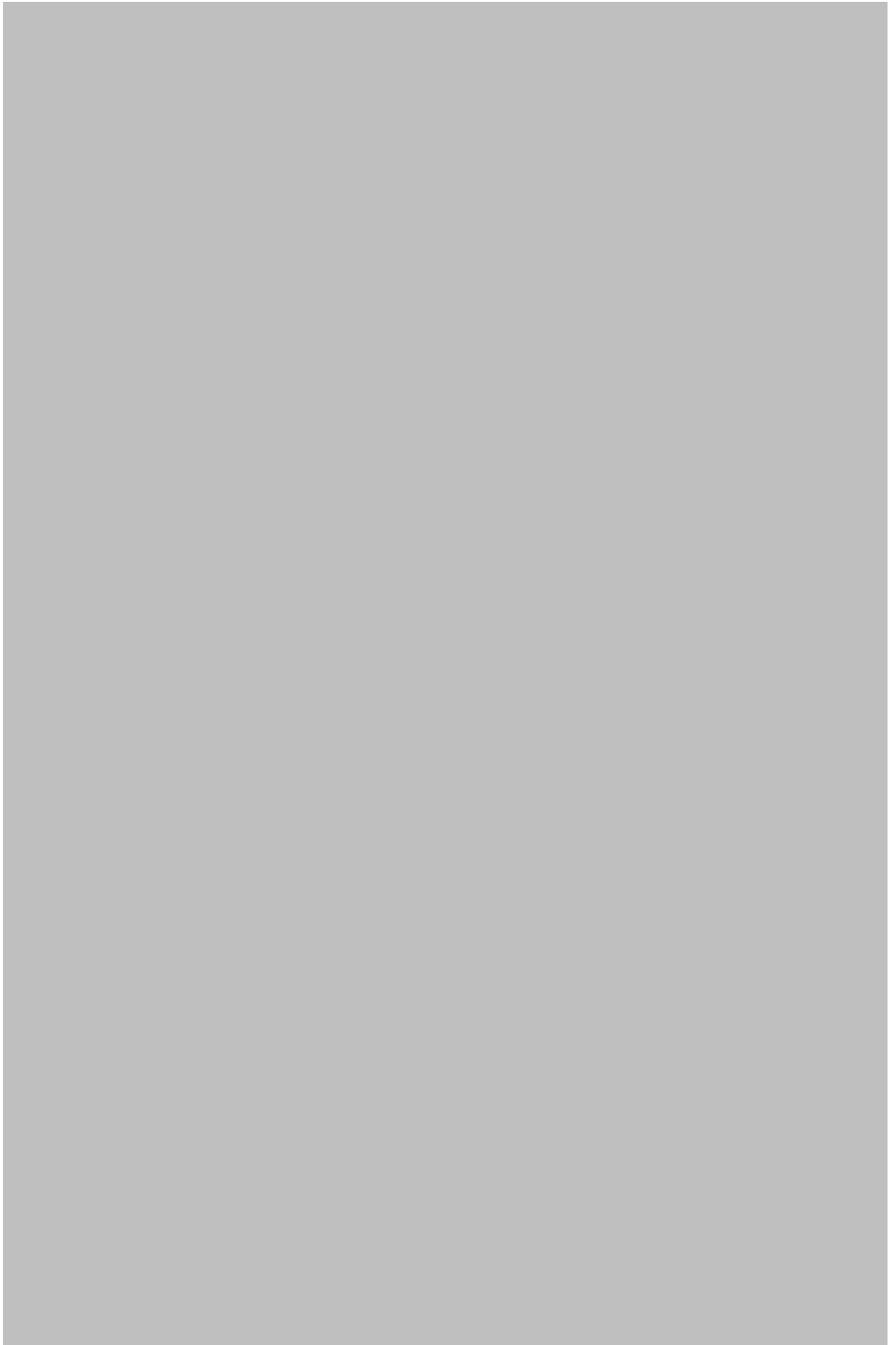
Committee: Board

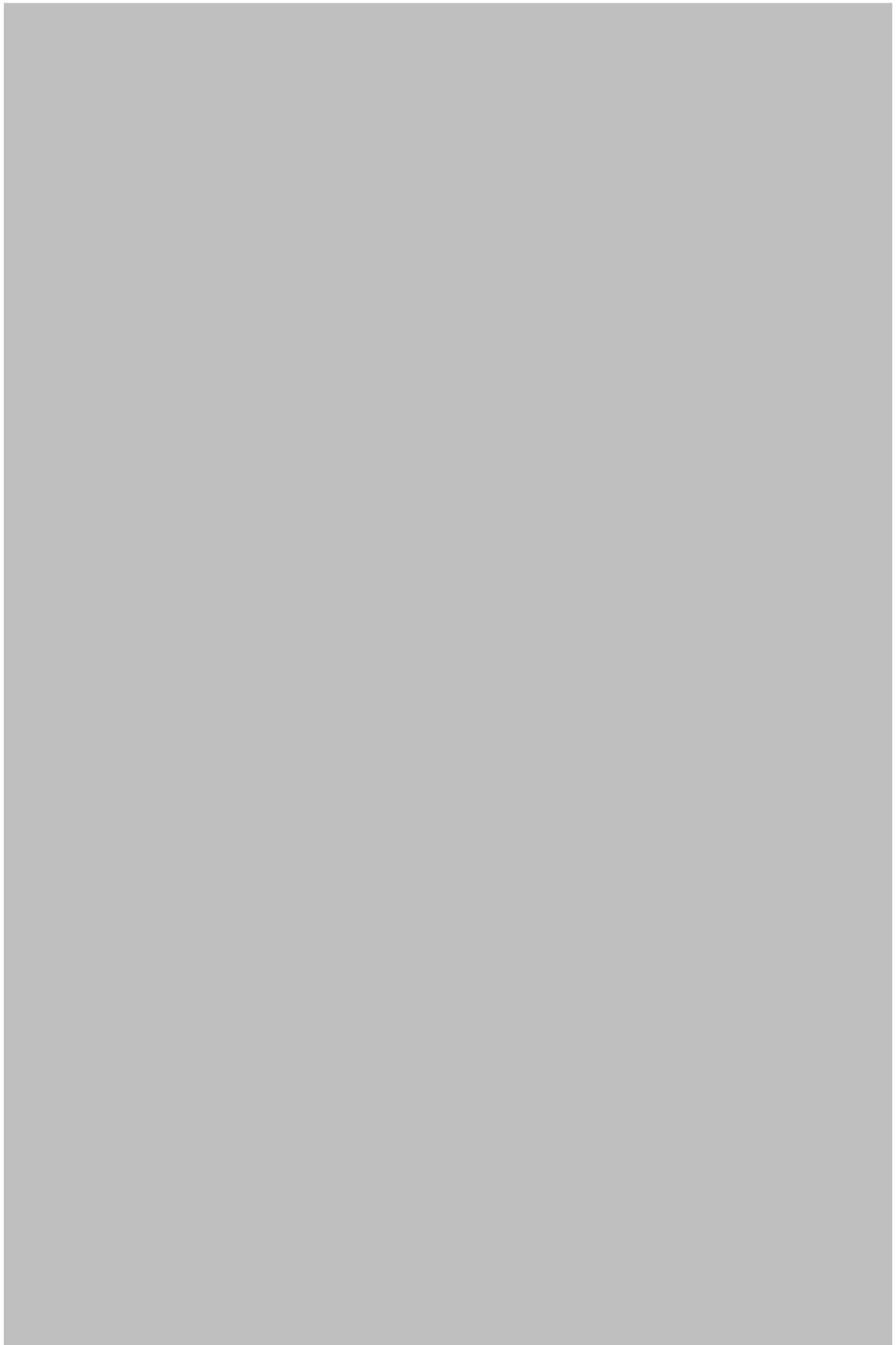
Agenda Item Number: 7.1

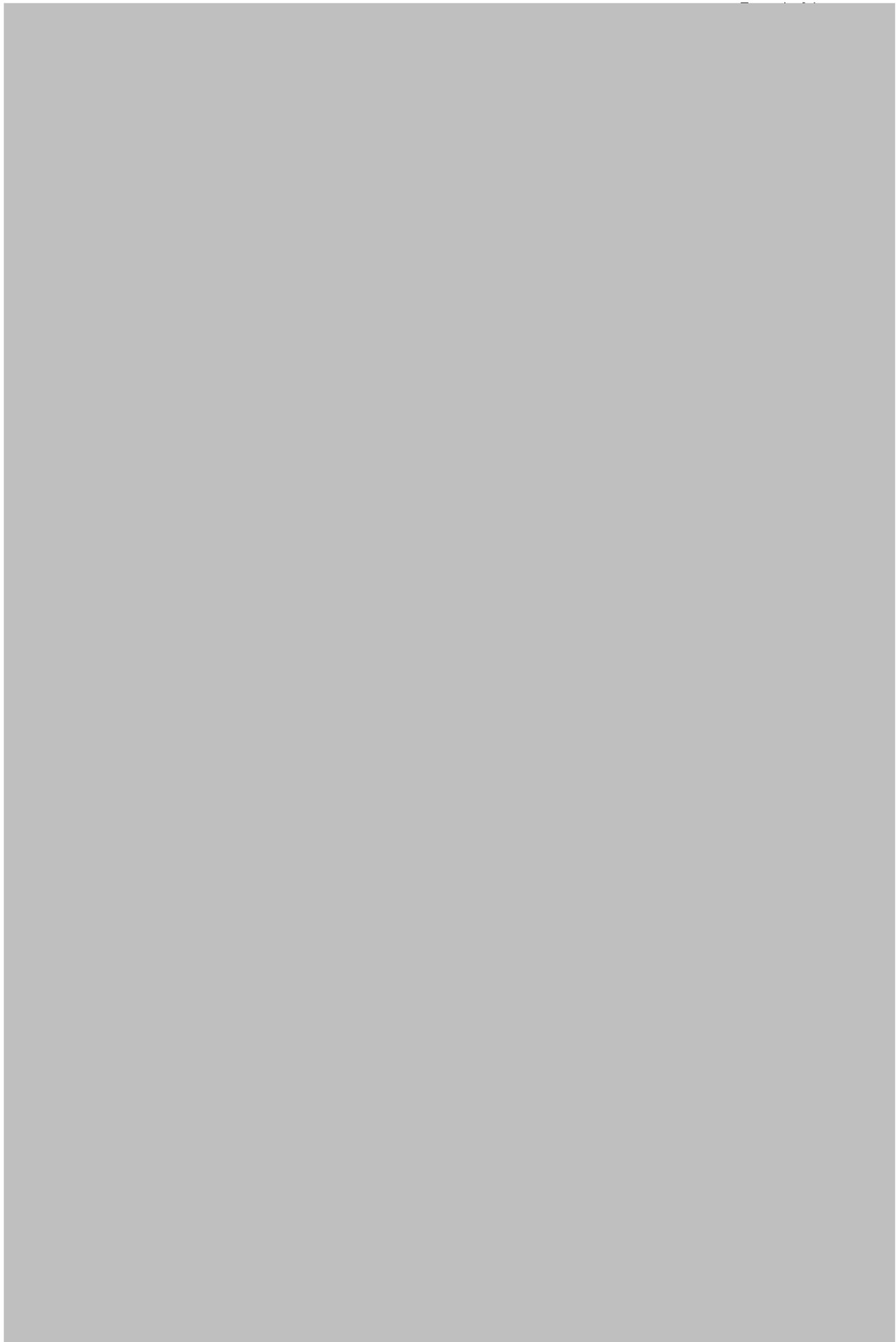
Attachment: Briefing note 9 September 2013











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

Date: Friday 27 September 2013 **Time:** 9.00am to 5.30pm **Location:** Esk Health Service

Members	Key
Dr Mary Corbett, Chair	MC
Timothy Eltham, Deputy Chair	TE
Dr Robert McGregor, Board Member	RM
Paul Casos, Board Member	PC
Melinda Parcell, Board Member	MP
Alan Fry OBE QPM, Board Member	AF
Professor Julie Cotter, Board Member	JC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	CE
Ian Wright, Executive Director Finance and Business Services	EDFBS
Jacqui Keller, Corporate Counsel and Secretary	CCS
Attendees at Stakeholder Session	
Sue Scheinpflug, West Moreton Oxley Medicare Local (WMOML)	SS
Peter Nord-Thompson, Esk Rural Reference Group	PN
Mayor Graeme Lehmann, Somerset Regional Council	GL
Other Attendees	
Dr Mark Mattiussi, Acting Executive Director Clinical Governance, Education and Research	EDCGER
Sharon Kelly, Executive Director Mental Health and Specialised Services (by videoconference)	EDMHSS
Chris Thorburn, Acting Executive Director Corporate Governance and Strategy (by videoconference)	EDCGS

SAFETY WALK AROUND

REDACTED

STAKEHOLDER SESSION

REDACTED

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 11.10am

- 1.1 Attendance
All members were in attendance.

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

1.2 Adoption of Agenda

REDACTED

1.3 Declaration of Interests

REDACTED

1.4 Confirmation of Minutes of Board Meeting 23 August 2013 and Meeting Summary

The minutes of the meeting held on 23 August 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

REDACTED

2.0 SAFETY AND QUALITY

2.1 Safety and Quality Committee Report

REDACTED

2.2 Occupational Health and Safety Report

REDACTED

2.3 Patient Safety and Quality Report

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.0 STRATEGIC MATTERS

3.1 Research Strategy – Update

REDACTED

3.2 Lead Clinician Group Update

REDACTED

4.0 GENERAL MATTERS (AGENDA ITEM 5.0)

4.1 Smoke Free Environment Policy – Minor Amendments (Agenda Item 5.1)

REDACTED

4.2 Chief Executive Report

REDACTED

4.3 HHS Performance Report

REDACTED

The meeting temporarily adjourned at 1.10pm, resuming at 1.55pm.

5.0 STRATEGIC MATTERS (AGENDA ITEM 3.0) - CONTINUED

5.1 Plan for Development of WMHHS's Values (Agenda Item 3.3)

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

5.2 WorkCover Strategy (Agenda Item 3.4)

REDACTED

6.0 FINANCE, AUDIT & RISK (AGENDA ITEM 4.0)

6.1 Finance Committee Report (Agenda Item 4.1)

REDACTED

RM left the meeting to take a phone call.

REDACTED

6.2 Financial Performance Report (Agenda Item 4.2)

REDACTED

RM rejoined the meeting.

REDACTED

The meeting temporarily adjourned at 3.10pm, resuming at 3.25pm.

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

7.0 CORPORATE GOVERNANCE (AGENDA ITEM 6.0)

7.1 Prevention and Management of Official Misconduct and Public Interest Disclosures Policy (Agenda Item 6.1)

REDACTED

8.0 MATTERS FOR NOTING (AGENDA ITEM 7.0)

8.1 WMHHS Operational Plan (Agenda Item 7.2)

REDACTED

8.2 Barrett Adolescent Centre Issues Update (Agenda Item 7.1)

EDMHSS joined the meeting by videoconference. EDMHSS provided the Board with an overview of the current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy and an overview of ongoing Barrett Adolescent Centre (BAC) service delivery. The Board discussed the proposal to announce a closure date for BAC, noting that the Board could not advise a firm date for closure in the absence of an alternative model. The Board supported the position that all parties are working towards early in 2014 for transfer to a more appropriate model, but that the closure of BAC is contingent on an appropriate model of care being developed and a clear plan being in place for the transition of current patients.

8.3 Prescribed Employer Update (Agenda Item 7.3)

REDACTED

8.4 Board Calendar and Work Plan (Agenda Item 7.4)

REDACTED

8.5 Correspondence (Agenda Item 7.5)

REDACTED

8.6 Materials Uploaded to BoardEffect since 16 August 2013 (Agenda Item 7.6)

REDACTED

8.7 Hospital Foundations Review: Options Paper (New Agenda Item)

REDACTED

8.7 Book "Jing Si Aphorisms" (New Agenda Item)

REDACTED

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

8.8 Invitations (New Agenda Item)

REDACTED

9.0 OTHER BUSINESS

9.1 Review of Stakeholder Feedback (Agenda Item 8.1)

REDACTED

9.2 Next Board Meeting (Agenda Item 8.2)

The Board noted that the next Board meeting will be held on 25 October 2013 at Ipswich Hospital.

9.3 Stakeholder Invitees to Next Board Meeting (Agenda Item 8.3)

REDACTED

9.4 Safety Walk Around Next Board Meeting (Agenda Item 8.4)

REDACTED

IN-CAMERA SESSION

The Board decided not to hold an in-camera session.

10.0 MEETING FINALISATION (AGENDA ITEM 9.0)

10.1 Review Actions (Agenda Item 9.1)

The Board reviewed the actions arising out of the meeting.

10.2 Meeting Evaluation (Agenda Item 9.2)

REDACTED

10.3 Meeting Close (Agenda Item 9.3)

The meeting closed at 5.30pm.

Minutes authorised by Chair as an accurate record of proceedings

[Redacted Signature]

Dr Mary Corbett

Chair, West Moreton Hospital and Health Board

25 11/13

Date

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Date:	Friday 25 October 2013	Time:	9.00am to 5.00pm	Location:	Ipswich Hospital
Members					Key
Dr Mary Corbett, Chair					MC
Timothy Eltham, Deputy Chair					TE
Dr Robert McGregor, Board Member					RM
Paul Casos, Board Member					PC
Melinda Parcell, Board Member					MP
Alan Fry OBE QPM, Board Member					AF
Professor Julie Cotter, Board Member					JC
Ex Officio Standing Invitees					
Lesley Dwyer, Health Service Chief Executive					CE
Ian Wright, Executive Director Finance and Business Services					EDFBS
Jacqui Keller, Corporate Counsel and Secretary					CCS
Other Attendees					
Dr Mark Mattiussi, A/Executive Director Clinical Governance, Education and Research (Item 2.2 only)					EDCGER
Chris Thorburn, A/Executive Director Corporate Governance and Strategy (Items 2.3, 3.1 and 7.1 only)					EDCGS
Nasa Walton, Chief Information Officer (Item 3.4 only)					CIO

SAFETY WALK AROUND REDACTED

IN-CAMERA SESSION REDACTED

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.30am.

- 1.1 Attendance
All members were in attendance.
- 1.2 Adoption of Agenda
The agenda was adopted with no alterations.
- 1.3 Declaration of Interests

REDACTED

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

REDACTED

1.4 **Confirmation of Minutes of Board Meeting 27 September 2013 and Meeting Summary**
The minutes of the meeting held on 27 September 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.

REDACTED

2.0 **SAFETY AND QUALITY**

2.1 **Occupational Health and Safety Report**

REDACTED

2.2 **Patient Safety and Quality Report**

REDACTED

2.3 **Patient Story and Consumer Feedback Report**

REDACTED

3.0 **STRATEGIC MATTERS**

3.1 **Stakeholder Engagement Strategy**

REDACTED

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

REDACTED

3.2 Hospital Foundations Review

REDACTED

3.3 Prescribed Employer

REDACTED

3.4 ICT Strategy (Preliminary Views)

REDACTED

The meeting was temporarily adjourned for lunch at 1.05pm, and resumed at 1.35pm.

4.0 FINANCE, AUDIT & RISK

4.1 Finance Committee Report

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

[Redacted content]

4.2 Financial Performance Report

REDACTED

[Redacted content]

4.3 Innovation Fund

REDACTED

[Redacted content]

5.0 GENERAL MATTERS

5.1 Chief Executive Report

REDACTED

[Redacted content]

CE also provided the Board with an update on the proposed closure of Barrett Adolescent Centre (BAC) and the transition planning that is occurring for the remaining patients.

[Redacted content]

5.2 HHS Performance Report

REDACTED

[Redacted content]

6.0 CORPORATE GOVERNANCE

6.1 Executive Committee Report

REDACTED

[Redacted content]

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

The meeting temporarily adjourned at 3.35pm for afternoon tea, resuming at 3.50pm.

7.0 MATTERS FOR NOTING

7.1 WMHHS Strategic Plan 2013-17 Progress Update

REDACTED

7.2 Barrett Adolescent Centre Issues Update

The Board noted that this update had been provided with the Chief Executive Report.

7.3 Plan for Development of WMHHS's Values

REDACTED

7.4 Financial Comparative Analysis – Forensic Mental Health Hospitals (Update).

REDACTED

7.5 Board Calendar and Work Plan

REDACTED

7.6 Correspondence

REDACTED

7.7 Materials Uploaded to BoardEffect since 20 September 2013

REDACTED

8.0 OTHER BUSINESS

8.1 Next Meeting – Friday 29 November 2013

The Board discussed the location of the next meeting on Friday 29 November 2013. It was decided that the next meeting would be held at The Park Centre for Mental Health.

8.2 Safety Walk Around Next Board Meeting

REDACTED

8.3 Press Release

REDACTED

8.4 Service Agreement Deed of Amendment – Window 1

REDACTED

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

CE and EDFBS left the meeting.

IN-CAMERA SESSION

REDACTED

9.0 MEETING FINALISATION

- 9.1 Review Actions
The Board reviewed the actions arising out of the meeting.
- 9.2 Meeting Evaluation
The Board conducted a meeting evaluation.
- 9.3 Meeting Close
The meeting closed at 5.00pm.

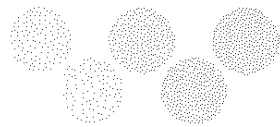
Minutes authorised by Chair as an accurate record of proceedings


Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

6 11/2/13
Date

“MC-26”

WMB.1000.0001.00160



**West Moreton Hospital
and Health Service**

Board Meeting

Nov 29, 2013 at 09:00 - 17:00

Conference Room, Yuggera Building
The Park Centre for Mental Health

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	2.4
Agenda Subject:	Patient Story and Consumer Feedback Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Chris Thorburn	Position: A/Executive Director Corporate Governance and Strategy		Date: 20 November 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 checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

REDACTED

Compliment

REDACTED

Complaint

REDACTED

BOARD MEETING AGENDA PAPER

REDACTED



Attachments

REDACTED



West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.4

Attachment: Consumer Feedback Report



Consumer Feedback Summary Report for October 2013

The following is an overview of Consumer Feedback (CF) received and recorded in the PRIME CF database for West Moreton Hospital and Health Service (WMHHS) for October 2013 reporting period:

1. Number of Complaints and Compliments Received:

REDACTED



REDACTED



2. Complaint Severity Ratings from 1 February 2013 – 31 October 2013 (9 month period):

REDACTED



West Moreton Hospital and Health Board
BOARD MEETING AGENDA PAPER

REDACTED



Courtesy Bus Service

REDACTED



Barrett Centre Closure

Seven of the sixteen complaints rated as moderate are related to the closure of the Barrett Adolescent Centre where the main emphasis of the feedback was predominantly about the uncertainty of the future care and the models of care to be provided.

A coordinated communication strategy is being managed by mental health and specialised services. Advice also includes that further information can be found at website www.health.qld.gov.au/westmoreton/html/bac which is updated regularly.

3. Complaint Issues:

REDACTED



REDACTED



REDACTED



October 2013 Reporting Issue Categories

For the month of October WMHHS received 61 complaints. The complaint issues for October 2013 reporting period have remained relatively similar to the overall annual themes. The 20 issues identified in relation to the Environment / Facility Management reflects the number of matters received in relation to the courtesy bus and the closure of the Barrett Adolescent Centre.

4. Compliment - October 2013

REDACTED



5. Complaint KPIs

REDACTED



REDACTED



REDACTED



6. Adjustment Report for the Period of July 2013 to September 2013

REDACTED



West Moreton Hospital and Health Board
BOARD MEETING AGENDA PAPER

Adjustment for August 2013

REDACTED

- The Park received 6 complaints in August - 5 complaints related to the Barrett Adolescent Centre closure – previously nil reported for August 2013

Adjustment for September 2013

REDACTED

- The Park received 5 complaints in September – 4 complaints related to the Barrett Adolescent Centre closure – previously nil reported for September 2013

7. **Other issues identified in reporting of Consumer Feedback Information for the WMHHS**

REDACTED

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	3.3
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Dr Leanne Geppert	Position: A/ED Mental Health and Specialised Services		Date: 20 November 2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

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

Background

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

Key Issues or Risks

3. Statewide Project
 - a. The Statewide Steering Committee chaired by CHQ has convened seven times since 26 August 2013.
 - b. Two working groups have been established - Service Options and Finance/HR.
 - c. The Service Options Working Group conducted a one half-day forum on 1 October 2013 and consisted of statewide, multidisciplinary clinician representation. The work of this group is currently being finalised out of session. Parent and carer input to the service options has been received through written submissions, and two of these parents have met with the Statewide Steering Committee to present their submission in person.
 - d. The first meeting of the Finance/HR Working Group was held on 22 October 2013 and was attended by representatives from West Moreton and CHQ HHSs. Further feedback and direction from the Statewide Steering Committee has been provided and this working group is no longer required and will not be reconvened. The financial transfer process will be progressed through

BOARD MEETING AGENDA PAPER

direct collaboration by the West Moreton and CHQ HHSs. All HR issues will be managed by West Moreton HHS.

- e. The care planning for current BAC consumers and those on the waitlist is being progressed by West Moreton HHS Clinical Care Transition Panels.
- f. A draft joint communication strategy between West Moreton HHS and CHQ has been developed and there is an agreement for the HHSs to work closely together when meeting with BAC parents/carers and media.



BOARD MEETING AGENDA PAPER**Consultation**

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

Financial and Other Implications

7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project.
8. There are ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

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

Recommendation

That the West Moreton Hospital and Health Board:

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

Attachment

1. West Moreton HHS Transitional Service Options Overview

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

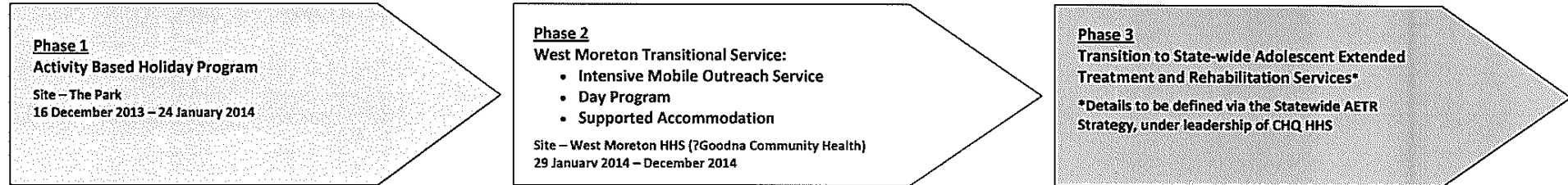
Committee: Board

Agenda Item Number: 3.3

Attachment: West Moreton HHS Transitional Service
Options Overview



WM HHS Transitional Service Options Plan
Recovery oriented treatment and rehabilitation for young people, aged 15 – 21years, with severe and persistent mental health problems that are unable to be cared for within existing service options



Phase 1
Activity Based Holiday Program
Site – The Park
16 December 2013 – 24 January 2014

Target population
Current BAC inpatients and day patients (as clinically safe and indicated)
Severe and persistent mental health problems – rehabilitation
Medium to high level of acuity

Referral Process
BAC Assessment and Referral

Overview of service / treatment
Qld Health delivered program
Activity and socialisation focus
Monday to Thursday school hours

Staffing Required
Core staff:- Aftercare team (clinical and other) + BAC staff

Length of Program Delivery
Up to length of Christmas School Holidays 2013/14

Governance
WM HHS and Aftercare

Phase 2
West Moreton Transitional Service:

- Intensive Mobile Outreach Service
- Day Program
- Supported Accommodation

Site – West Moreton HHS (?Goodna Community Health)
29 January 2014 – December 2014

Target population
Current BAC inpatients and day patients (voluntary status) 15y-21y
New patients meeting criteria from other HHSs – previously eligible for referral to BAC
Severe and persistent mental health problems – rehabilitation
Medium to high level of acuity
Patients can receive any of the treatment options, packaged as indicated by clinical presentations

Referral Process
CYMHS Assessment and Referral
State-wide Clinical Referral Panel (WM HHS lead)

Overview of service / treatment
Intensive Mobile Outreach Service: 7 days / extended hours
Delivered in least restrictive environment and utilising a recovery model – range of flexible outreach services for engagement, treatment & rehabilitation to assist young people to meet their developmental tasks in the context of recovery from mental health presentations
Day Program: Monday to Thursday school hours and school terms
Delivered in a therapeutic milieu – range of facilities in community Individual, family and group therapeutic & rehabilitation programs
In-reach DETE
Supported Accommodation: 7 days
Delivered in a therapeutic milieu – domestic style facility
In-reach West Moreton clinical team

Staffing Required
Core staff:- Aftercare team (clinical and other) + identified WM clinician/s

Length of Program Delivery
IMOS & Day Program: Up to 12 months, Supported Accom: Up to 6 months

Governance
WM HHS and Aftercare

Phase 3
Transition to State-wide Adolescent Extended Treatment and Rehabilitation Services*
***Details to be defined via the Statewide AETR Strategy, under leadership of CHQ HHS**

Target population
As per State-wide Adolescent Extended Treatment and Rehabilitation Strategy

Governance
CHQ HHS

- Key Issues:**
- Individual transition plans to 'home' HHS will continue as priority – continue to engage other HHSs in planning process
 - Need to focus on individual recovery – orientated packages of care, that reintegrate and reconnect young people to their communities, family, school/vocation and local mental health services
 - Clinical safety and risk mitigation are key priorities in decision-making
 - Imperative at all levels to ensure no gap to service delivery for BAC consumers
 - Interface between QH and DETE is high priority – Alignment between QH and DETE model of service delivery will require immediate negotiation

BOARD MEETING AGENDA PAPER

Committee: Board			
Meeting Date:	29 November 2013	Agenda Item Number:	5.2
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: 21 November 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Current Significant Issues

1. Current Financial Position 2013-14

REDACTED



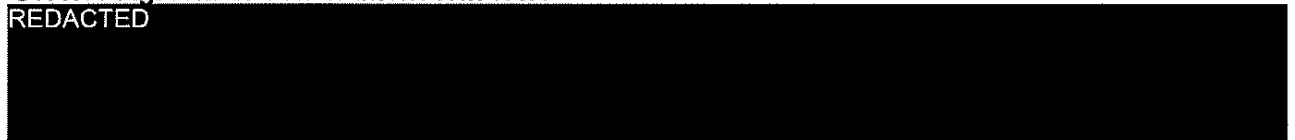
2. Activity Targets

REDACTED




3. Service Agreement Amendment Windows

REDACTED



4. Backlog Maintenance

REDACTED



8. Statutory Authority Transition Progress

REDACTED



9. Industrial Relations Legislation changes

REDACTED



10. Correspondence

- Board members will note that correspondence has been received from a parent of a current adolescent of Barrett Adolescent raising issues relating to certainty for an alternate model for state-wide adolescent services.
- An update on Barrett Adolescent Centre is provided at agenda item 3.3 which outlines the current status and communication with parents and carers
- The Chief Executive has spoken with this parent and has arranged to meet [redacted] early next week with the Chief Executive of Children's Health Queensland to provide factual information.

11. Events and Media

General update

REDACTED



BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	7.4
Agenda Subject:	Correspondence		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Annette Allan	Position: Senior, Executive Support Officer		Date: 22 November 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 correspondence received.

Attachments

REDACTED

3. Email from AR regarding Barrett Adolescent Centre Closure.

REDACTED

From: " AR AR [REDACTED]
To: [REDACTED]
CC: [REDACTED]
Date: 19/11/2013 4:04 pm
Subject: FW: Attention: Mary Corbett - Barrett Adolescent Centre Closure

Dear Ms Corbett,

I last corresponded with you in early August this year. In your reply to me, you stated:

"Children's Health Queensland will provide the leadership for development of a new model for adolescent services. In the meantime the Barrett Adolescent Centre will continue to provide services until this model is operational."

Ms Corbett, on 07 November I met with Dr Peter Steer CEO CHQ, Dr Stephen Stathis (Clinical Director CYMHS) and Ingrid Adamson (Project Officer Statewide Adolescent Extended Treatment and Rehabilitation Services - SW AETRS). I believe they are doing their best to come up with the best plan for the new model of services. However Dr Steer advised an operational service would be 12 months away. WMHHS is still stating that a flexible date for closure of Barrett Adolescent Centre is early January 2014, but that Barrett won't close until young people are placed into alternative services. However constantly over recent months we have been led to believe that 'new services' would be in early 2014. Even the Letter I received from the Premier on 07 November stated "young people requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014." This will not be the case, according to Dr Steer. If those 'new services' referred to are what is available in Townsville, there will be 8 beds (half Barrett's capacity) and a day program only 4 days per week. This will do nothing to reduce the waiting list, still means young people will have to travel - just in a different direction, and will still result in young people going without the extended treatment and rehabilitation they desperately need. This is still not the 'new contemporary service options' on which CHQ is working.

Closing Barrett now will expose young people with severe and complex mental health conditions to increased risk and misery. The Expert Clinical Review Group (ECRG) recognised this by stating in Recommendation 3: "interim service provision if BAC closes and Tier 3 is not available is associated with risk." In 3 (a) the ECRG stated "a Tier 3 service alternative to be available in a timely manner if BAC is closed." I do not regard 12 months until a Tier 3 service is available as 'timely': it is certainly not timely if you are a parent who can't sleep at night wondering if your child will be alive in the morning or you are watching your child torture themselves. CHQ is doing their best to develop the new model but it is going to take time - time that doesn't seem to have been accounted for in the decision to close Barrett. This now seems to be completely independent of the process to close Barrett. But WMHHS is responsible for the closure of Barrett - as the Minister constantly reminds us when asked to comment on the issue. The closure of Barrett will have extremely disturbing consequences for young people and their families across the whole of Queensland. I wish to put those consequences in context and make very clear what those consequences are.

In a recent meeting Dr Stathis advised the current waiting list for Barrett is 18 months. The community would never stand for that type of waiting time for young people with cancer - they would consider it cruel and inhumane and there would be a public outcry. But there is such a waiting list, on which there are young people who are suicidal - actively trying to kill themselves. Some of the young people on the waitlist will be [REDACTED]

[REDACTED] and they don't receive treatment in time - hurting themselves because they find the mental and emotional pain of living unbearable. Other young people on the list will have anxiety so debilitating that they cannot leave their home - may barely leave their room and have no contact with their peers or society: anxiety so severe that it causes them to shake and vomit at the slightest exposure to daily life. There may be others who suffer from severe eating disorders leaving them facing a daily fight against starving to death as well as against the feelings that have driven them to such extremes. And there are other adolescents who have a mixture of these symptoms .

All of the young people on this waiting list have parents, brothers and sisters, cousins or grandparents. These people will watch their child's torment -- day in, day out - knowing that it could be 18 months before they get help. But if you add another 12 months until the new model is operational - and then add the number of extra young people in that time that will develop the need for a Tier 3 service, the number of people deeply affected by this is more significant and the waiting list will be longer. The extra tragedy is that some of the young people on the waiting list could have already come to Barrett to be treated but intake was stopped months ago.

If you put yourself in the shoes of the families - of these young people - could you wait another 12 months for the chance of help?

And if anecdotal evidence is not sufficient, the statistics[1] don't lie. For the period 2010 - 2012,

- 48 young people aged between 15 and 17 committed suicide and
- 15 young people aged between 10 and 14 committed suicide

with suicide the leading cause of death for 15 - 17 year olds [2] and third for 10 - 14 year olds. In the 15 - 17 yr age group, this is more than the figures for death from cancer, diseases of the nervous system, congenital and chromosomal disorders and drowning combined.

Not just numbers - these are 63 young people - sons/daughters, nieces/nephews, grandsons/granddaughters. And these are only the numbers for which suicide could be verified as the cause of death. This does not account for suicide attempts that did not result in death. Although severe and complex mental health problems will not be the cause of all of these, what if - at a conservative estimate - only one quarter had severe and complex mental health needs? That is 15 young people who, with access to the right mental health services, might still be alive. The impact of a single death - on family members, friends, teachers, sporting teams, people in the neighbourhood - resonates through a community wreaking irreparable damage. But if you multiply that single death by 10 or 15, the serious effect that will have on so many lives is overwhelming .

If you knew that in the next 12 months, some young people will attempt suicide and some [REDACTED], would you not do what you could to save them? Well the statistics say they will. They will because Barrett Centre will close before another Tier 3 facility is ready. The closure of the one place that could have saved some of these young people will have far-reaching ramifications.

And for those that don't attempt suicide, there are other dangers:

Intentional self-harm has been rated the third highest cause of hospital admission for 15 - 17 year olds in 2011 -2012, behind transport incidents and falls[3] (again - these are only the verified incidents) with at least

- 764 young people aged 15 - 17 years and
- 108 young people aged 10 - 14 yrs

hospitalised for intentional self-harm injuries, excluding admissions to psychiatric hospitals. That's approximately 870 young people who hurt themselves on purpose so severely that they had to be admitted to hospital. 870 families that had to watch scars accumulate on their child's body, powerless to do anything to prevent more from appearing.

So together, more than 900 young people were reported to have self-harmed or suicided in the period 2010 - 2012. If only 10% of that number needed a Tier 3 service and could have accessed that service, then 90 young people's lives and the lives of their families could have been very different. And none of these numbers account for young people with eating disorders and other psychiatric conditions that don't lead to suicide or hospitalisation for self-harm.

The closure of Barrett is also affecting the current young patients and their families. Whatever the alternatives offered, parents are having to knowingly choose an option that will compromise their treatment and recovery. Changing clinicians and therapists mid-treatment cannot happen without a consequence - even if that consequence is a stagnation of recovery. Parents only hope that is the worst outcome they face. For some it could be significant regression in their recovery because of the distress of changing environments, clinicians and therapists and feeling like they have to start all over again. If you were one of these parents, could you accept that this was not something you chose, but was being forced upon you and your child?

If you, the Board members of WMHHS could save a life, would you do so? If you could help save young people from a torturous existence, would you do so? You can. If it was your child, your niece/nephew, would you stand by and let someone close down the only place that could give your child the chance - the hope - of a normal life and a future?

Ms Corbett, will you stand by your statement to me that Barrett adolescent centre "will continue to provide services until [the new model] is operational"? It is very clear what the consequences of closing it will be for young people and their families across the whole state. There must be an ONGOING extended residential treatment and recovery service. There can be no gap between the end of one Tier 3 service and the availability of

another. The ECRG alerts you to this risk.

On behalf of those mothers and fathers and grandparents and sisters and brothers and friends and all of those connected to these vulnerable young people, I implore you to keep Barrett open. If you close it, you are condemning some of these young people to physical pain and scarring, mental torture and possibly death, by denying them the treatment they desperately need. I can think of nothing more important that you could do as a Board than to guarantee Barrett will stay open. The consequences of its closure are simply too unbearable to think about.

Regards,

[Redacted signature]

[1] From <http://www.ccypcg.qld.gov.au/pdf/publications/reports/snapshot2013/snapshot-2013-demographics.pdf>
<<http://www.ccypcg.qld.gov.au/pdf/publications/reports/snapshot2013/snapshot-2013-demographics.pdf>>

[2] Equal with transport accidents

[3] As per 1

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 29 November 2013 **Time:** 9.00am to 5.00pm

Location: The Park - Centre for Mental Health

Members	Key
Dr Mary Corbett, Chair	MC
Timothy Eltham, Deputy Chair	TE
Dr Robert McGregor, Board Member	RM
Paul Casos, Board Member	PC
Melinda Parcell, Board Member	MP
Alan Fry OBE QPM, Board Member	AF
Professor Julie Cotter, Board Member	JC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	CE
Ian Wright, Executive Director Finance and Business Services	EDFBS
Jacqui Keller, Corporate Counsel and Secretary	CCS
Other Attendees	
Dr Mark Mattiussi, A/Executive Director Clinical Governance, Education and Research (Item 2.2 only) – by teleconference	EDCGER
Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services (Item 3.1 only)	DSMHSS
Chris Thorburn, A/Executive Director Corporate Governance and Strategy (Items 3.2, 3.4 and 3.5 only)	EDCGS

VISIT TO QUEENSLAND CENTRE FOR MENTAL HEALTH RESEARCH

REDACTED

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.38am.

1.1 Attendance
 All members were in attendance.

1.2 Adoption of Agenda
 The Board noted the full agenda and discussed matters that could be noted if time was constrained. The agenda was otherwise adopted with no alterations.

1.3 Declaration of Interests

REDACTED

1.4 Confirmation of Minutes of Board Meeting 25 October 2013 and Meeting Summary

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

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 QUALITY

2.1 Occupational Health and Safety Report

REDACTED

2.2 Patient Safety and Quality Report

REDACTED

2.3 Safety and Quality Committee Report

REDACTED

2.4 Patient Story and Consumer Feedback Report

REDACTED

The Board noted the information provided regarding complaints received with respect to the courtesy bus service and the proposed closure of Barrett Adolescent Centre. REDACTED

REDACTED

3.0 STRATEGIC MATTERS

3.1 Prescribed Employer – Response on Department Remaining Payer

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.2 Process for Annual Review of WMHHS Strategic Plan

REDACTED

3.3 Draft Health Service Plan (Agenda Item 3.4)

REDACTED

3.4 Medicare Local Partnership Protocol (Agenda Item 3.5)

REDACTED

3.5 Barrett Adolescent Centre Update (Agenda Item 3.3)

DSMHSS joined the meeting and provided the Board with an update on the progress of the State-wide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy. DSMHSS briefed the Board on the proposed new model and the arrangements being put in place to transition to the new model. The Board indicated its support for the proposed new model. The Board requested regular updates on the transition arrangements and implementation of the proposed new model to monitor that they continue to meet patient needs. DSMHSS left the meeting.

The meeting was temporarily adjourned for lunch at 1.20pm, and resumed at 1.50pm.

4.0 FINANCE, AUDIT & RISK

4.1 Audit and Risk Committee Report

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

4.2 Finance Committee Report

REDACTED

4.3 Financial Performance Report

REDACTED

The meeting temporarily adjourned for afternoon tea for approximately 15 minutes.

5.0 GENERAL MATTERS

5.1 WMHHS Executive Recruitment

REDACTED

5.2 Chief Executive Report

REDACTED

5.3 HHS Performance Report

REDACTED

5.4 Queensland Mental Health Commission – Stakeholder Forum

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

6.0 CORPORATE GOVERNANCE

6.1 Board Member Recruitment Procedure

REDACTED

7.0 MATTERS FOR NOTING

7.1 Industrial Relations Framework

REDACTED

7.2 Board Calendar and Work Plan

REDACTED

7.3 Stakeholder Engagement Opportunities

REDACTED

7.6 Correspondence

REDACTED

7.7 Materials Uploaded to BoardEffect since 18 October 2013

REDACTED

8.0 OTHER BUSINESS

8.1 Next Meeting – Friday 20 December 2013

REDACTED

8.2 Safety Walk Around Next Board Meeting

REDACTED

8.3 Press Release

The Board agreed that press releases arising out of this meeting should focus on:
 (a) the psychiatrist who is visiting from Victoria to assist with the State-wide Project: Adolescent
 Extended Treatment and Rehabilitation Implementation Strategy; and

REDACTED

IN-CAMERA SESSION

The Board did not hold an in-camera session.

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.

9.2 Meeting Evaluation

The Board conducted a meeting evaluation.

9.3 Meeting Close

The meeting closed at 4.30pm.

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Minutes authorised by Chair as an accurate record of proceedings

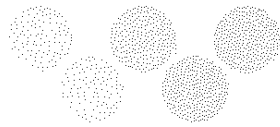

Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

20112113

Date

"MC-28"

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**West Moreton Hospital
and Health Service**

Board Meeting

Dec 20, 2013 at 09:00 - 17:00

Tutorial Room

Jubilee Building

Ipswich Hospital

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	20 December 2013	Agenda Item Number:	2.3
Agenda Subject:	Patient Story and Consumer Feedback Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Chris Thorburn	Position: ED Corporate Governance and Strategy	Date: 11 December 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 checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note the respective patient reflections of services provided by the West Moreton Hospital and Health Service.

Note the Consumer Feedback Report for November 2013.

Attachments

1. Compliment and Complaint
2. Consumer Feedback Report November 2013

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

Attachment: Compliment and Complaint



Compliment

REDACTED



Complaint

REDACTED



West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

Attachment: Consumer Feedback Report



Consumer Feedback Summary Report for November 2013

The following is an overview of Consumer Feedback (CF) received and recorded in the PRIME CF database for West Moreton Hospital and Health Service (WMHHS) for the November 2013 reporting period:

1. Number of Complaints and Compliments Received:

REDACTED



REDACTED



2. Complaint Severity Ratings from 1 December 2012 – 30 November 2013:

REDACTED



REDACTED

Courtesy Bus Service

REDACTED

Barrett Adolescent Centre Closure

Twenty two of the twenty eight complaints rated as moderate are related to the closure of the Barrett Adolescent Centre where the main emphasis of the feedback was predominantly about the uncertainty of the future care and the models of care to be provided. Mental Health and Specialised Services Division continue to monitor and manage this matter.

3. Complaint Issues:

REDACTED

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING AGENDA PAPER

November 2013 Reporting Issue Categories

REDACTED

Access – twenty two of the thirty recorded access issues relate to the Barrett Adolescent Centre under the subcategory of service availability

REDACTED

4. Compliments

REDACTED

5. Complaint KPIs

Acknowledged within 5 days (KPI 100%):

REDACTED

REDACTED

Resolved within 35 days (KPI 80%):

REPORT

November
2013

REDACTED

REDACTED

7. Other issues identified in reporting of Consumer Feedback Information for the WMHHS

REDACTED



8. Patient Opinion

REDACTED



BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	20 December 2013	Agenda Item Number:	7.2
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED Mental Health and Specialised Services	Date: 11 December 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

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

Background

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

Key Issues or Risks

3. Statewide Project
 - a. The Statewide Steering Committee chaired by CHQ continues, with the proposed future model in final draft.
 - b. The care planning for current BAC consumers and those on the waitlist is being progressed by West Moreton HHS Clinical Care Transition Panels.
 - c. CHQ has recently launched their web presence in relation to the new models.

Current Response and Closure of BAC:

- c. Weekly oversight meetings are ongoing with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (Program Director, Child and Youth Mental Health Services [CYMHS] CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses. A West Moreton HHS Communications team member will also attend these meetings on a regular basis.
- d. Department of Education, Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- e. A flexible closure date of the end of January 2014 for the BAC Building has been announced. This date is dependent on all patients having appropriate transition plans in place and continuity of service delivery.
- f. Dr Sandra Radovini (a renowned child and youth psychiatrist from Victoria) visited West Moreton HHS on 10 and 11 December 2013 to share her experiences of delivering extended mental health treatment and rehabilitation services in Victoria. During her visit, Dr Radovini met with some parents/carers of BAC consumers, and in a separate function, she met with invited child and youth specialists from across Queensland.
- g. As West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established, West Moreton HHS has commenced planning interim service options as was presented at the last Board meeting for current BAC patients and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. Consultation has occurred with the Department of Health and CHQ. The current proposal has been endorsed by the Director General and funding supported and will commence with the holiday program elements from Monday 16 December.
- h. The Chairs of both West Moreton HHS and CHQ met with the Minister and a joint announcement with the Minister in regard to the future model of statewide adolescent services and the transition of the current BAC services is scheduled for 10 January 2014.

Staff within the Barrett Adolescent Centre

- i. As of this week, all staffing positions within the BAC have been declared redundant to Service.
- j. Unions were advised of this process some weeks ago and will continue to be engaged.
- k. The process followed will ensure all staff are considered for any current vacancies within the workplace including opportunities for retraining.
- l. Any staff who are not able to be placed in this process will proceed to redeployment and final redundancy.
- m. As the BAC will potentially close prior to the process being completed, all staff will be placed within the mental health pool and rostered across the facility to support other staff to take outstanding annual leave.

Consultation

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

Financial and Other Implications

7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project.
8. There are ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

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

Recommendation

That the West Moreton Hospital and Health Board:

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

Attachment

Nil

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 20 December 2013 **Time:** 9.00am to 5.00pm **Location:** Ipswich Hospital

Members	Key
Dr Mary Corbett, Chair	MC
Timothy Eltham, Deputy Chair	TE
Dr Robert McGregor, Board Member	RM
Paul Casos, Board Member	PC
Melinda Parcell, Board Member	MP
Alan Fry OBE QPM, Board Member	AF
Professor Julie Cotter, Board Member	JC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive (Apology, except Agenda Item 5.2)	CE
Ian Wright, Executive Director Finance and Business Services	EDFBS
Jacqui Keller, Corporate Counsel and Secretary	CCS
Other Attendees	
Linda Hardy, A/Health Service Chief Executive and Executive Director Clinical Services	A/CE

VISIT TO ORAL HEALTH SERVICES

The Board visited Oral Health Services at Limestone Street, Ipswich. The Board witnessed the work of the service and heard among other things of the achievements of the service in reducing waiting lists, the results achieved in the recent workforce survey, the challenges faced through the growth of the school aged population, and issues caused by central stores.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.50am.

1.1 Attendance

All members were in attendance. The apology of Lesley Dwyer, Health Service Chief Executive was noted (other than in respect of Agenda Item 5.2 Chief Executive Report). Linda Hardy, A/Health Service Chief Executive attended the meeting in her place.

1.2 Adoption of Agenda

The Board discussed the Agenda, noting that a few of the agenda items will be for discussion rather than decision. The Agenda was otherwise adopted with no alterations.

1.3 Declaration of Interests

No additional interests or changes to interests were declared. No conflicts of interest were declared with respect to matters on the agenda.

1.4 Confirmation of Minutes of Board Meeting 29 November 2013 and Meeting Summary

The minutes of the meeting held on 29 November 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to the meeting held on 29 November 2013 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.

REDACTED

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

REDACTED

2.0 SAFETY AND QUALITY

2.1 Occupational Health and Safety Report

REDACTED

2.2 Patient Safety and Quality Report

REDACTED

2.3 Patient Story and Consumer Feedback Report

REDACTED

2.4 Safety and Quality Workshop

REDACTED

3.0 STRATEGIC MATTERS

3.1 Medicare Local Partnership Protocol

REDACTED

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

REDACTED

3.2 Strategic ICT Investment Plan 2013-18

REDACTED

3.3 Draft Health Service Plan and Consultation Strategy

REDACTED

3.4 WMHHS Values

REDACTED

The meeting temporarily adjourned for lunch at 1.00pm, reconvening at 1.30pm.

4.0 FINANCE, AUDIT AND RISK MATTERS

4.1 Audit and Risk Committee Report

REDACTED

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

REDACTED

4.2 Finance Committee Report

REDACTED

4.3 Financial Performance Report

REDACTED

4.4 REDACTED

REDACTED

4.5 Review of Delegation for Special Payments

REDACTED

5.0 GENERAL MATTERS

5.1 Innovation Fund

REDACTED

5.2 HHS Performance Report (Agenda Item 5.3)

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

The meeting temporarily adjourned at 3.05pm for afternoon tea, reconvening at 3.10pm.

5.3 Ipswich Hospital Expansion Open Day

REDACTED

6.0 **CORPORATE GOVERNANCE**

6.1 Declaration of Gifts and Benefits

REDACTED

7.0 **MATTERS FOR NOTING**

7.1 Barrett Adolescent Centre Update (Agenda Item 7.2)

CE joined the meeting by teleconference. CE provided the Board with an update on the implementation of the Statewide Adolescent Extended Treatment and Rehabilitation Strategy, including the transition of remaining patients at Barrett Adolescent Centre towards suitable alternative services.

8.0 **GENERAL MATTERS (CONTINUED)** (Agenda Item 5.0)

8.1 Chief Executive Report (Agenda Item 5.2)

REDACTED

CE left the meeting.

9.0 **MATTERS FOR NOTING (CONTINUED)** (Agenda Item 7.0)

9.1 Ipswich Hospital Expansion Open Day (Agenda Item 5.4)

REDACTED

9.2 Plan for Development of People Plan (Agenda Item 7.1)

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

9.2 Centralisation of Government Employee Housing (Agenda Item 7.3)

REDACTED

9.3 Service Agreement – Window 2 Amendments (Agenda Item 7.4)

REDACTED

9.4 Board Calendar and Committee Calendar (Agenda Item 7.5)

REDACTED

9.5 Stakeholder Engagement Opportunities

REDACTED

9.6 Correspondence

REDACTED

9.7 Materials Uploaded to BoardEffect since 22 November 2013

REDACTED

10.0 OTHER BUSINESS (AGENDA ITEM 8.0)

10.1 Boonah Hydrotherapy Pool (New Agenda Item)

REDACTED

10.2 Next Meeting (Agenda Item 8.1)

The Board noted that the next meeting will be held on Friday 31 January 2014 at Boonah Hospital.

10.3 Safety Walk Around Next Board Meeting (Agenda Item 8.2)

REDACTED

10.4 Press Release (Agenda Item 8.3)

The Board agreed not to issue a press release with respect to any outcomes of this meeting.

11.0 MEETING FINALISATION (AGENDA ITEM 9.0)

11.1 Review Actions (Agenda Item 9.1)

The Board reviewed the actions arising out of the meeting.

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

11.2 Meeting Evaluation (Agenda Item 9.2)
The Board conducted a meeting evaluation.

11.3 Meeting Close (Agenda Item 9.3)
The meeting closed at 4.45pm.

IN-CAMERA SESSION

The Board held an in-camera session following the meeting.

Minutes authorised by Chair as an accurate record of proceedings

[Redacted]	31/1/14
Dr Mary Corbett Chair, West Moreton Hospital and Health Board	Date

“MC-30”

WMB.1000.0001.00133



**West Moreton Hospital
and Health Service**

Board Meeting

Jan 31, 2014 at 09:00 AM

Boonah Health Service

Conference Room

11-17 Leonard Street

Boonah,

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	31 January 2014	Agenda Item Number:	1.6
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: 24 January 2014	
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Draft Resolution

It is proposed that the West Moreton Hospital and Health Board **note** this Chief Executive Report.

Accordingly, no resolution is proposed.

1. Background

REDACTED

2. Health Service Plan

REDACTED

REDACTED

8. Other matters

Recent death of a Medical Colleague

REDACTED

Barrett Adolescent Centre

A brief has been prepared for the Minister to advise him that in effect the centre has closed as there has not been a formal announcement of the Statewide model for adolescent services.

As of 1 February the Queensland Children's HHS has assumed responsibility for provision of services however we continue to provide time limited clinician support for former Barrett consumers now placed in other services.

Ipswich Regional Leaders Forum

REDACTED

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	31 January 2014	Agenda Item Number:	2.3
Agenda Subject:	Patient Story and Consumer Feedback Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Chris Thorburn	Position: Executive Director Corporate Governance and Strategy		Date: 21 January 2014
<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 checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Draft resolution

REDACTED

Executive Summary

REDACTED

Background

REDACTED

Recommendation and Considerations

REDACTED

Financial and Other Implications

REDACTED

Strategic and Operational Alignment

REDACTED

Risk Analysis

REDACTED

Consultation

REDACTED

Draft Resolution

REDACTED

Attachments

1. Consumer Feedback Summary Report for December 2013
2. Compliment and Complaint

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

Attachment: 1. Consumer Feedback Summary Report
for December 2013



BOARD MEETING AGENDA PAPER

Attachment 1

Consumer Feedback Summary Report for December 2013

The following is an overview of Consumer Feedback received and recorded in the PRIME CF database for West Moreton Hospital and Health Service for the December 2013 reporting period:

1. Number of Complaints and Compliments Received:

REDACTED

REDACTED

REDACTED

2. Complaint Severity Ratings from 1 January 2013 – 31 December 2013:

REDACTED

BOARD MEETING AGENDA PAPER

Courtesy Bus Service

REDACTED

Barrett Adolescent Centre Closure

During the month of December one complaint was received regarding access related to the impending closure of the existing service. Mental Health and Specialised Services Division continue to monitor and manage this matter.

3. Complaint Issues:

REDACTED

December 2013 Reporting Issue Categories

The complaint issues for December 2013 reporting are:

REDACTED

Access – complaints related to access this month were divided between referral, waiting lists (surgery and appointment) and one each for waiting time, refusal to admit or treat and the impending closure of the Barrett Adolescent Centre.

REDACTED

BOARD MEETING AGENDA PAPER

4. Compliments

REDACTED

5. Complaint KPIs

Acknowledged within 5 days (KPI 100%):

REDACTED

Resolved within 35 days (KPI 80%):

REPORT

December 2013

REDACTED

REDACTED

6. Feedback received via Patient Opinion

REDACTED

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

Attachment: 2. Compliment and Complaint



BOARD MEETING AGENDA PAPER

Attachment 2

Compliments

REDACTED



Complaint

REDACTED



West Moreton Hospital and Health Board

Message from the Chair

Dr Mary Corbett

On behalf of the Board, I hope you all had a wonderful festive season. Thank you again for all you have achieved in 2013 and I look forward to continuing our journey together in 2014. It is timely to reflect on what an impressive year we had in 2013.



Our staff have excelled in meeting our patients' needs, significantly reducing the number of elective surgery patients who have waited longer than recommended times – a real achievement. Our emergency department continues to meet and exceed national targets, and in November was awarded for having delivered the most successful redesign project at the Department of Health Clinical Access and Redesign Unit's inaugural 'Leading by example' Forum. Ipswich Hospital's special care nursery is leading the field with hand hygiene compliance – 100%! Other areas are also performing well in hand hygiene including intensive care unit (84%), Ward 4A (80%) and Children's Sunshine Ward (87%). Congratulations to everyone, the Board and I are extremely proud of the work you have all undertaken to improve the way we provide healthcare to our community. We are well on our way to meeting our aim of providing better health, better care and better value for our patients.

To celebrate our successes in 2013 and say "Thank You", the Board and executive team hosted a series of barbecues for staff. The first of these was held at The Park Centre for Mental Health Treatment, Education and Research (The Park) on 9 December. Other barbecues were held on 16 December 2013 at Boonah, Esk, Gatton and Laidley health services. The final barbecue was held on 19 December 2013 at Ipswich Hospital and I was delegated the important task of serving up the lettuce!

Our November Board meeting was held at The Park. We were delighted to visit the Queensland Centre for Mental Health Research and hear about the excellent work being carried out by Professor John McGrath, Professor Bryan Mowry, Dr Geoffrey Waghorn and Professor Harvey Whiteford. For those of you who may not be aware, Prof McGrath was last year awarded the prestigious John Cade Fellowship for Mental Health Research, and in October last year Prof Whiteford was appointed Chair of the new Queensland Mental Health and Drug Advisory Council. We are extremely lucky to have this talented team of clinicians in our hospital and health service.

At our December Board meeting we visited Oral Health Services at Limestone Street, Ipswich. The Board witnessed the work of the service and heard, among other things, the achievements of the service in reducing waiting lists, the results achieved in the recent workforce survey and the challenges faced through the growth of the school aged population. The Board also noted the work underway regarding the development of an ICT plan and a health service plan and discussed the information provided in the HHS Performance Report with respect to achievement of NEAT, NEST and specialist outpatient performance targets.

As part of the Board's commitment to ensuring a smooth transition for staff, consumers and parents/carers of the Barrett Adolescent Centre (BAC) to a new statewide model of care for young people, WMHHS invited a leading child and youth psychiatrist from Victoria, Dr Sandra Radovini, to speak with BAC staff as well as parents and carers. This was an opportunity for staff and parents/carers to learn about the Victorian experiences of providing care to young people with complex mental health issues. Children's Health Queensland Hospital and Health Service has been continuing its work to develop the new statewide model of care for adolescents requiring longer term mental health treatment. This new model of care is due to begin in early 2014.

The judging of applications for the WMHHS Innovation Fund has occurred and the successful applications were approved at the Board meeting on 20 December 2013. I was really thrilled to hear that almost 50 submissions were lodged, and the Board is looking forward to seeing the ideas you have to improve patient experiences in our facilities. An announcement of the successful applicants will be made on Friday, 24 January 2014.

Congratulations to Board Member Dr Robert McGregor who was named Queensland's Senior Australian of the Year. Dr McGregor, who also serves on the Ipswich Hospital Foundation and St Andrews Hospital (Ipswich) boards, has devoted nearly four decades to his role as consultant paediatrician at Ipswich Hospital. Many of his current patients are the children or even grandchildren of former patients. I am sure you will join with me in wishing Dr McGregor the best of luck in the Australian Senior of the Year awards, which will be presented in Canberra on the Australia Day long weekend in January 2014.

Nominations for the 2014 West Moreton Hospital and Health Service Australia Day Achievement Awards have now been assessed. The awards recognise the significant contribution staff (individuals and teams) make to the improvement and delivery of health services in WMHHS (and Queensland) in special projects or core duties. An announcement of the successful applicants will also be made on Friday, 24 January 2014.

Significant work has been undertaken to progress the development of the WMHHS values. On behalf of the Board I would like to thank the Lead Clinician Group for their initial work, plus all staff who have contributed by providing feedback online and through attendance at a number of workshops. It is never an easy task to collate and communicate such an important part of our organisation's culture. The Board and executive held a workshop in December 2013 to review and refine the work already undertaken, and I look forward to sharing more about this with you in the near future.

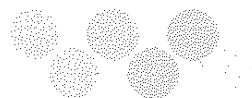
The Board is keen to meet WMHHS staff, and to learn about the services and care provided by the Hospital and Health Service. If you or your department/ward is interested in hosting a future Board "Walk Around" in 2014, please email [REDACTED]

Our next Board meeting will be held at Boonah on 31 January 2014.

Kind Regards

Dr Mary Corbett
Chair
West Moreton Hospital and Health Board

January 2014



West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 31 January 2014	Time: 9.00am to 5.00pm	Location: Boonah Health Service
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Members	Key
Dr Mary Corbett, Chair	MC
Timothy Eltham, Deputy Chair	TE
Dr Robert McGregor, Board Member	RM
Paul Casas, Board Member	PC
Melinda Parcell, Board Member	MP
Alan Fry OBE QPM, Board Member	AF
Professor Julie Cotter, Board Member	JC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	CE
Ian Wright, Executive Director Finance and Business Services	EDFBS
Jacqui Keller, Corporate Counsel and Secretary	CCS
Other Attendees	
Mark Waters, A/Executive Director Clinical Governance, Research and Education	A/EDCGER
Mark Mattiussi, Executive Director Clinical Governance, Research and Education	EDCGER
Chris Thorburn, Executive Director Corporate Governance and Strategy	EDCGS

SAFETY AND QUALITY AT BOONAH HEALTH SERVICE

REDACTED

MORNING TEA AND STAKEHOLDER SESSION WITH BOONAH COMMUNITY REFERENCE GROUP

REDACTED

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.40am.

- 1.1 Attendance
All members were in attendance.
- 1.2 Adoption of Agenda
The agenda was adopted with no alterations.
- 1.3 Declaration of Interests

REDACTED

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

REDACTED

- 1.4 **Confirmation of Minutes of Board Meeting 20 December 2013 and Meeting Summary**
The minutes of the meeting held on 20 December 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.

REDACTED

- 1.6 **Chief Executive Report**

REDACTED

2.0 SAFETY AND QUALITY

- 2.1 **Occupational Health and Safety Report**

REDACTED

- 2.2 **Patient Story and Consumer Feedback Report (Agenda Item 2.3)**

REDACTED

- 2.3 **Patient Safety and Quality Report (Agenda Item 2.2)**

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

2.4 Safety and Quality Committee Report

REDACTED

3.0 STRATEGIC MATTERS

3.1 Preliminary Discussion of Berwick Report – “A promise to learn, a commitment to act” (Agenda Item 3.2)

REDACTED

3.2 Senior Medical Workforce Individual Contracts (Agenda Item 3.3)

REDACTED

The meeting temporarily adjourned for lunch at 1.00pm, reconvening at 1.35pm.

3.3 Development of Research Strategy (Agenda Item 3.4)

REDACTED

4.0 SAFETY AND QUALITY (CONT.) (AGENDA ITEM 2.0)

4.1 Long Stay Younger Patients with a Disability Residing in Public Health Facilities (Agenda Item 2.5)

REDACTED

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

5.0 STRATEGIC MATTERS (CONT.) (AGENDA ITEM 3.0)

5.1 Medicare Local Partnership Protocol (Agenda Item 3.1)

REDACTED

5.2 Delivery of WMHHS Strategic Plan 2013-2017 (Agenda Item 3.5)

REDACTED

5.3 Prescribed Employer (Agenda Item 3.6)

REDACTED

6.0 FINANCE, AUDIT AND RISK (AGENDA ITEM 4.0)

6.1 Finance Committee Report (Agenda Item 4.1)

REDACTED

6.2 Financial Performance Report (Agenda Item 4.2)

REDACTED

6.3 2013/14 – 2015/16 Service Agreement Deed of Amendment (Window 2) (Agenda Item 4.3)

REDACTED

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****7.0 GENERAL MATTERS (AGENDA ITEM 5.0)****7.1 Ipswich Hospital Expansion Open Day (Agenda Item 5.1)**REDACTED
**7.2 HHS Performance Report (Agenda Item 5.2)**REDACTED
**7.3 Results from Queensland Public Service Employee Opinion Survey (Agenda Item 5.3)**REDACTED


The meeting temporarily adjourned at 3.40pm for afternoon tea, resuming at 3.55pm.

8.0 CORPORATE GOVERNANCE (AGENDA ITEM 6.0)

Nil

9.0 MATTERS FOR NOTING (AGENDA ITEM 7.0)**9.1 Review of Medicare Locals (Agenda Item 7.1)**REDACTED
**9.2 Queensland Mental Health Commission – “A plan for mental health and substance misuse reform: what we’ve heard.” (Agenda Item 7.2)**REDACTED
**9.3 WMHHS Health Service Plan 2013-27 (Agenda Item 7.3)**REDACTED


West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

9.4 Events and Media (Agenda Item 7.4)

REDACTED

9.5 Workforce Relations Report (Agenda Item 7.5)

REDACTED

9.6 Board Calendar and Committee Calendar (Agenda Item 7.6)

REDACTED

9.7 Board Work Plan – 2014 (Agenda Item 7.7)

REDACTED

9.8 Stakeholder Engagement Opportunities (Agenda Item 7.8)

REDACTED

9.9 Correspondence (Agenda Item 7.9)

REDACTED

9.10 Materials Uploaded to BoardEffect since 13 December 2013 (Agenda Item 7.10)

REDACTED

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

10.1 Next Meeting – Friday 28 February 2014 – Ipswich Hospital (Agenda Item 8.1)

The Board noted that the next meeting will be held on Friday 28 February 2014 at Ipswich Hospital.

10.2 Safety Walk Around Next Board Meeting – Cardiology Department (Agenda Item 8.2)

REDACTED

10.3 Press Release (Agenda Item 8.3)

REDACTED

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

11.1 Review Actions

The Board reviewed the actions arising out of the meeting.

11.2 Meeting Evaluation

The Board conducted a meeting evaluation.

11.3 Meeting Close

The meeting closed at 4.45pm

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

IN-CAMERA SESSION

The Board held an in-camera session. The Board discussed the Recruitment, Selection and Nomination of Board Members Procedure, and agreed to delete any references to the Chief Executive being consulted in the process.

To do: CCS to update Recruitment, Selection and Nomination of Board Members Procedure to delete references to consultation with the Chief Executive.

Minutes authorised by Chair as an accurate record of proceedings	
[Redacted]	28 12 14
Dr Mary Corbett Chair, West Moreton Hospital and Health Board	Date

"MC-32"

From: [REDACTED]
Sent: 6 Aug 2013 14:57:52 +1000
To: WMHH Board
Subject: FW: Barrett Adolescent Centre - proposed closure

06 August 2013

Dear Mr Fry, Mr Casos, Dr McGregor, Ms Purcell, Professor Cotter

I write to you as a concerned parent and community member regarding the closure of the Barrett Adolescent Centre. I believe closing the centre would make a particular group of young people with very specific mental health needs extremely disadvantaged in their efforts to not only learn to manage their mental health conditions, but to have meaningful lives and function to their potential, as contributing members of society.

The Expert Panel Report was completed in April 2013. As of 24 July neither the opposition nor the new Mental Health Commissioner, let alone parents desperate for answers, have been shown this report and the government is still refusing to release the report. In an article last week, the Mental Health Commissioner said she was going to request a copy of the report. That it wasn't already provided for her is unfathomable. Meanwhile our children get up each day and do their best at the centre to improve their capacity to manage their mental health, as do the staff (as well as wondering about their employment future) and as parents, we hold our breath and wait each day hoping that we don't get the notice that Barrett is closing. This has been going on since December last year.

Stated in your Strategic Directions and Strategies, within the West Moreton Health (WMH) Strategic Plan are the following key points:

- 1.1.3. Empower local communities to have a greater say and influence over their hospital and health service
- 2.3. Deliver patient-centred highly reliable care
- 2.1. Establish a person-centred approach to care, placing the individual at the centre of all decisions

I ask that you please read my letter with these in mind.





Minister Springborg says the government is going to pursue a more collaborative, coordinated, community based service model that is more engaged and interactive with Government services. I am **totally supportive** of this, particularly the distribution of these services more widely so that regional and rural areas of Queensland have better access to youth mental health services. Mr Springborg also talked about choosing 'evidence based' models. Again, in principle, this sounds appropriate, however Minister Springborg stated in a recent interview that Barrett had done a very good job over the years, but Barrett doesn't appear to be included in the model of mental health care he is promoting. I have some very specific concerns with this:

1. The gap between the treatment and support the young people are currently getting at Barrett and what is currently available in the community is **monumental**. To close Barrett and expect these young people to access the treatment, services and support they currently get – and NEED - in the community is impossible. Even if the new model of collaborative services was up and running, these young people would still require Barrett's services, with a move to the community based services being a carefully managed transitional stage of their treatment plan. Without this community based structure in place, transition from treatment at Barrett to community care would cause enormous mental, emotional and clinical issues in what is already a huge battle for them. It will be a very long time involving large amounts of money, considerable consultation, negotiation and debate on exactly the best way for this model to be delivered – which services where, which staff, coordinating government and non-government time frames etc. etc. To close Barrett now and expect the already stretched community services to cater for the specific needs of patients from Barrett would be disastrous if not impossible.
2. The implications of the geography of Queensland (the distances and population distribution) on these services must not be overlooked. At best, some young people in areas of Queensland will still need to travel to access services and/or the services will need to travel to the young people, which means consistent, frequent availability of services will still be difficult to provide. It will be a reality that, as for other health services, some people will have to travel and maybe stay away from home to access the type and intensity of service required to meet their particular mental health needs. To say that young people shouldn't have to travel to get the kind of treatment Barrett can provide doesn't reflect reality and is idealistic. Even with the well-coordinated delivery of services Mr Springborg describes, it would still not provide what Barrett can provide, nor could more 'acute'

services in more regional areas, as the Minister seems to be inferring when he said in an interview that there “has to be” an inpatient service, and then specified ‘Acute’ inpatient .

The government would never consider closing a single, unique, specialist treatment facility for people with chronic, specific medical conditions to do with the heart, brain or cancer, in favour of delivering a different model of care to these people closer to their home, but a level of care that didn’t and couldn’t meet the level and complexity of care they require. I would argue that none of these patients would choose this care as an option over travelling to Brisbane to give their loved ones the best chance at survival and leading a normal life. But this is what the Government is offering to do for young people with very specific mental health needs by closing Barrett.

3. **Early intervention** is essential for treatment of mental health conditions and a key principle in The National Mental Health Strategy, The Roadmap for National Mental Health Reform 2012 - 2022 (to which Campbell Newman was a signatory as a member of COAG) and the Queensland Plan for Mental Health 2007 – 2017. For some young people, mental health conditions first arise in teenage years. For others, the teenage years complicate and exacerbate already existing mental health conditions. Regardless, without early intensive treatment and support, these young people are at extremely high risk, if not the certainty, of being lost in and/or floating around between the community and acute services for years to come with potentially dire consequences including greater reliance on welfare and support services and potentially death. Talk to any of the Barrett parents and they will tell you that Barrett has either saved their child's life now or in the future. Talk to previous inpatients and they will tell you the same. If Barrett closes, these young people will most likely require significant support and intervention from community and government services in their adulthood at a much higher and more intensive level, potentially for the rest of their lives, than they would otherwise require if their treatment at Barrett is allowed to continue. This is in distinct contradiction to the ‘recovery based’ system and objectives proposed in the Queensland Plan.

The objectives outlined in The Roadmap and Queensland Plan focus are about providing the necessary structures and support to ensure future quality of life and participation in all aspects of community so people with mental health problems can live full and meaningful lives. Barrett is about early intervention and the best chance that the young people have of achieving these life objectives in the long term.

4. Barrett is much more than ‘inpatient’ facility. It is not an end point. It is teaching the young people skills to manage and maintain their mental health in a safe and supportive environment with their peers so they can ultimately re-integrate into society and utilise the community services the

government is supposedly going to develop in Queensland. Barrett provides an important interim step for these young people, with a range of integrated, collaborative services in the one place, with the facility to re-establish or continue their education in an Education Queensland school, explore and access vocational options and various strategies and activities that keep them connected to the general community. It is the crucial next step for some patients exiting acute care



Barrett provides individual treatment and treatment plans, looking at the whole young person – their mental health, educational, vocational, social and recreational areas of their life. Without Barrett, there will be a significant void in mental health service delivery for young Queenslanders



5. The argument that Barrett is inappropriately placed within the grounds of 'The Park' mental health precinct and the safety of patients is in question. That, and the contention that the building is old and inappropriate for this kind of service is hard to accept when it is the Government that stopped the building of a new, purpose built facility. Yes, the building is old and could be better designed,



safety of the young people at Barrett was at such high risk to justify closure of the facility, the Government would have allowed the new facility to be built, found alternative accommodation by now or failed in their duty of care to patient safety in the provision of the service in the current location.

The new facility that was planned as part of the Queensland Mental Health Plan 2007 – 2017 – Redland Adolescent Extended Treatment Unit - would have been completely compatible with the kind of mental health service structure the Government is now proposing - "adjacent to the Redland Bay hospital campus, which ... supports the Bayside Mental Health Service – a service consisting of an inpatient unit, community teams and the Child and Youth Mental Health Service". This sounds like a collaborative, integrated model, incorporating community based services, just as the Minister is now advocating. The Unit proposed was for "extended treatment and rehabilitation

... for adolescents with severe and complex mental health disorders. It utilizes a holistic approach to recovery, incorporating schooling and associated sporting and leisure activities into the program ... purpose build to ensure a safe and therapeutic environment ... benefits of the new site including improved ambience offered by a new facility, considerable access to the natural environment and community, lifestyle and recreation activities." The young people that need this kind of service still exist – their needs haven't changed and neither has their need for the type of service Barrett provides. The project was developed with community and consumer consultation and fitted perfectly and intentionally with the 'Recovery Model' which is still a focus of the current Queensland Plan. The Unit was essential then and is still essential now – however the Minister is promoting the new model – minus this essential and integral component. Without it there will be an enormous gap in mental health services for young people in Queensland.

In conclusion, The Roadmap's Vision states: *"people with mental illness, as well as their families and carers, have easy access to, and the discretion to choose from a comprehensive range of support services ..."*. Priority 1 – Promote person centred approaches, states: *"This approach allows people flexibility, choice and control over their recovery pathway, and responds to each individual's unique needs, circumstances, life-stage choices and preferences."* Priority 4 in the document is: Focus on early detection and intervention: *"timely intervention can significantly reduce the severity, duration and recurrence of mental illness and its associated social disadvantage For this approach to be effective, governments and service providers need to ensure that appropriate services are available ..." and "are correctly identified and referred, and that they (and their families, carers and other support people, if appropriate) are helped to access the services that best meet their needs."*

By closing Barrett, the government is reducing the choices for treatment and completely ignoring the unique needs of this group of young people. I readily acknowledge the limitations of budgets and the need to justify expenditure by setting targets and measuring outcomes. But the patients aren't numbers – they are young people who want a future like any other young person. I have not mentioned the impact on parents and families if Barrett closes because I have not wanted to detract from the focus on retaining Barrett for the well-being of its current and future patients. However the closure of Barrett will have far-reaching and serious implications on parents, carers and families. The treatment available at Barrett will make a world of difference and potentially a lifetime of difference to these young people and their families, for whom Barrett has been a life-line and, in some cases, a final opportunity for hope.

Having a mental illness wasn't their choice, but the Government and WMH can choose to keep Barrett open.

Regards,





West Moreton Hospital and Health Service

Enquiries to: WMHHS Board
Telephone: [Redacted]
Facsimile: [Redacted]
Our Ref: WMB61

[Redacted]

Via email: [Redacted]

Dear [Redacted]

Thank you for your email dated 6 August 2013 regarding your concerns about the Barrett Adolescent Centre.

Thank you for taking the time to raise your concerns with us and showing your support for the service. As announced on 6 August 2013 there will be changes to the governance of Mental Health extended treatment and rehabilitation for adolescents. Children's Health Queensland will provide the leadership for development of a new model for adolescent services. In the meantime the Barrett Adolescent Centre will continue to provide services until this model is operational.

[Redacted]

I am aware that you have also written to both Lesley Dwyer and Ms Sharon Kelly and I know that they will be providing a detailed response to your concerns.

Yours sincerely

[Redacted Signature]

Dr Mary Corbett
Chair
West Moreton Hospital and Health Board

9 August 2013

Office
West Moreton Hospital and Health Board
Ipswich Hospital
Chelmsford Avenue
Ipswich Qld 4305

Postal
PO Box 73
Ipswich Qld 4305

Phone [Redacted] Fax [Redacted]

From: WMHH Board
Sent: 20 Nov 2013 12:30:00 +1000
To: Mary Corbett
Cc: Jacqueline Keller; Lesley Dwyer
Subject: Attention: Mary Corbett - Barrett Adolescent Centre Closure
Attachments: header.htm\@01cee541.009c20b0
Importance: High

Dear Mary,

For your information, please see below correspondence that has been received into WMHHBoard regarding BAC.

Please note Lesley has also received this correspondence which was sent to our MD09 account. An additional email also attached for your reference addressed to Board members has also been received.

Lesley would like to discuss the below with you when you are available.

If there is a suitable time that she can call please let me know and I can arrange.

Thanks
Annette

West Moreton Hospital and Health Board Secretariat

PO Box 73, Ipswich, QLD 4305
Chelmsford Ave, Ipswich, QLD 4305
www.health.qld.gov.au

>>> " [REDACTED] < [REDACTED] 19/11/2013 4:04 pm >>>

Dear Ms Corbett,

I last corresponded with you in early August this year. In your reply to me, you stated:

"Children's Health Queensland will provide the leadership for development of a new model for adolescent services. In the meantime the Barrett Adolescent Centre will continue to provide services until this model is operational."

Ms Corbett, on 07 November I met with Dr Peter Steer CEO CHQ, Dr Stephen Stathis (Clinical Director CYMHS) and Ingrid Adamson (Project Officer Statewide Adolescent Extended Treatment and Rehabilitation Services – SW AETRS). I believe they are doing their best to come up with the best plan for the new model of services. However Dr Steer advised an operational service would be **12 months away**. WMHHS is still stating that a flexible date for closure of Barrett Adolescent Centre is early January 2014, but that Barrett won't close until young people are placed into alternative services. However constantly over recent months we have been led to believe that 'new services' would be in early 2014. Even the Letter I received from the Premier on 07 November stated "young

people requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014." This will not be the case, according to Dr Steer. If those 'new services' referred to are what is available in Townsville, there will be 8 beds (half Barrett's capacity) and a day program only 4 days per week. This will do nothing to reduce the waiting list, still means young people will have to travel – just in a different direction, and will still result in young people going without the extended treatment and rehabilitation they desperately need. This is still not the 'new contemporary service options' on which CHQ is working.

Closing Barrett now will expose young people with severe and complex mental health conditions to increased risk and misery. The Expert Clinical Review Group (ECRG) recognised this by stating in Recommendation 3: "interim service provision if BAC closes and Tier 3 is not available is associated with risk." In 3 (a) the ECRG stated "a Tier 3 service alternative to be available in a timely manner if BAC is closed." I do not regard 12 months until a Tier 3 service is available as 'timely': it is certainly not timely if you are a parent who can't sleep at night wondering if your child will be alive in the morning or you are watching your child torture themselves. CHQ is doing their best to develop the new model but it is going to take time – time that doesn't seem to have been accounted for in the decision to close Barrett. This now seems to be completely independent of the process to close Barrett. But WMHHS is responsible for the closure of Barrett – as the Minister constantly reminds us when asked to comment on the issue. The closure of Barrett will have extremely disturbing consequences for young people and their families across the whole of Queensland. I wish to put those consequences in context and make very clear what those consequences are.

In a recent meeting Dr Stathis advised the current waiting list for Barrett is 18 months. The community would never stand for that type of waiting time for young people with cancer – they would consider it cruel and inhumane and there would be a public outcry. But there is such a waiting list, on which there are young people who are suicidal – actively trying to kill themselves. Some of the young people on the waitlist will be [REDACTED] and they don't receive treatment in time – hurting themselves because they find the mental and emotional pain of living unbearable. Other young people on the list will have anxiety so debilitating that they cannot leave their home – may barely leave their room and have no contact with their peers or society: anxiety so severe that it causes them to shake and vomit at the slightest exposure to daily life. There may be others who suffer from severe eating disorders leaving them facing a daily fight against starving to death as well as against the feelings that have driven them to such extremes. And there are other adolescents who have a mixture of these symptoms .

All of the young people on this waiting list have parents, brothers and sisters, cousins or grandparents. These people will watch their child's torment – day in, day out – knowing that it could be 18 months before they get help. But if you add another 12 months until the new model is operational – and then add the number of extra young people in that time that will develop the need for a Tier 3 service, the number of people deeply affected by this is more significant and the waiting list will be longer. The extra tragedy is that some of the young people on the waiting list could have already come to Barrett to be treated but intake was stopped months ago.

If you put yourself in the shoes of the families – of these young people – could you wait another 12 months for the chance of help?

And if anecdotal evidence is not sufficient, the statistics [1] don't lie. For the period 2010 – 2012,

- 48 young people aged between 15 and 17 committed suicide and
- 15 young people aged between 10 and 14 committed suicide

with suicide the **leading cause of death for 15 – 17 year olds [2]** and **third for 10 – 14** year olds. In the 15 – 17 yr age group, this is more than the figures for death from cancer, diseases of the nervous system, congenital and chromosomal disorders and drowning **combined**.

Not just numbers – these are 63 young people – sons/daughters, nieces/nephews, grandsons/granddaughters. And these are only the numbers for which suicide could be verified as the cause of death. This does not account for suicide attempts that did not result in death. Although severe and complex mental health problems will not be the cause of all of these, what if – at a conservative estimate – only one quarter had severe and complex mental health needs? That is 15 young people who, with access to the right mental health services, might still be alive. The impact of a single death – on family members, friends, teachers, sporting teams, people in the neighbourhood – resonates through a community wreaking irreparable damage. But if you multiply that single death by 10 or 15, the serious effect that will have on so many lives is overwhelming .

If you knew that in the next 12 months, some young people will attempt suicide and some [redacted], would you not do what you could to save them? Well the statistics say they will. They will because Barrett Centre will close before another Tier 3 facility is ready. The closure of the one place that could have saved some of these young people will have far-reaching ramifications.

And for those that don't attempt suicide, there are other dangers:

Intentional self-harm has been rated the third highest cause of hospital admission for 15 – 17 year olds in 2011 -2012, behind transport incidents and falls [3] (again – these are only the verified incidents) with at least

- 764 young people aged 15 – 17 years and
- 108 young people aged 10 – 14 yrs

hospitalised for intentional self-harm injuries, excluding admissions to psychiatric hospitals. That's approximately 870 young people who hurt themselves **on purpose** so severely that they had to be admitted to hospital. 870 families that had to watch scars accumulate on their child's body, powerless to do anything to prevent more from appearing.

So together, more than 900 young people were reported to have self-harmed or suicided in the period 2010 – 2012. If only 10% of that number needed a Tier 3 service and could have accessed that service, then 90 young people's lives and the lives of their families could have been very different. And none of these numbers account for young people with eating disorders and other psychiatric conditions that don't lead to suicide or hospitalisation for self-harm.

The closure of Barrett is also affecting the current young patients and their families. Whatever the alternatives offered, parents are having to knowingly choose an option that will compromise their

treatment and recovery. Changing clinicians and therapists mid-treatment cannot happen without a consequence – even if that consequence is a stagnation of recovery. Parents only hope that is the worst outcome they face. For some it could be significant regression in their recovery because of the distress of changing environments, clinicians and therapists and feeling like they have to start all over again. If you were one of these parents, could you accept that this was not something you chose, but was being forced upon you and your child?

If you, the Board members of WMHHS could save a life, would you do so? If you could help save young people from a torturous existence, would you do so? **You can.** If it was your child, your niece/nephew, would you stand by and let someone close down the only place that could give your child the chance – the hope – of a normal life and a future?

Ms Corbett, will you stand by your statement to me that Barrett adolescent centre “**will continue to provide services until [the new model] is operational**”? It is very clear what the consequences of closing it will be for young people and their families across the whole state. There must be an ONGOING extended residential treatment and recovery service. There can be no gap between the end of one Tier 3 service and the availability of another. The ECRG alerts you to this risk.

On behalf of those mothers and fathers and grandparents and sisters and brothers and friends and all of those connected to these vulnerable young people, I implore you to keep Barrett open. If you close it, you are condemning some of these young people to physical pain and scarring, mental torture and possibly death, by denying them the treatment they desperately need. I can think of nothing more important that you could do as a Board than to guarantee Barrett will stay open. The consequences of its closure are simply too unbearable to think about.

Regards,



[1] From <http://www.ccypcg.qld.gov.au/pdf/publications/reports/snapshot2013/snapshot-2013-demographics.pdf>

[2] Equal with transport accidents

[3] As per 1



West Moreton Hospital and Health Service

Enquiries to: **WMHHS Board**
Telephone: [Redacted]
Facsimile:
Our Ref:

[Redacted]

Dear [Redacted]

Thank you for your email dated 19 November 2013 regarding your concerns about the Barrett Adolescent Centre closure.

I understand that Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service (HHS) has been in contact with you to organise a time to meet with her and Dr Peter Steer, Chief Executive, Children's Health Queensland HHS to discuss the issues detailed in your email. West Moreton HHS will provide a more detailed response to your concerns once this meeting has taken place.

Yours sincerely

Dr Mary Corbett
Chair
West Moreton Hospital and Health Board
/11/2013

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Phone [Redacted] **Fax** [Redacted]

Prepared by: Laura Johnson
Project Officer
MH&SS
[REDACTED]
20/11/2013

Submitted through: Dr Leanne Geppert
A/Executive Director
MH&SS
[REDACTED]
/11/2013

Cleared by: Lesley Dwyer
Chief Executive
West Moreton Hospital and Health
[REDACTED]
/11/2013

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Phone

Fax
[REDACTED]

From: [REDACTED]
Sent: 26 Nov 2013 13:05:43 +1000
To: WMHH Board
Cc: MD09-WestMoreton-HSD
Subject: Closure of Barrett Adolescent Centre

Dear Ms Corbett and Board Members

Yesterday I met with Lesley Dwyer, Dr Peter Steer - CEO Children's Health Queensland, and Dr Stephen Stathis, Clinical Director Child and Youth Mental Health Services. They advised me of the future services available to young people with severe and complex mental health problems. They have assured me that there will be no gap in services once Barrett Adolescent Centre closes, and that future needs will be met in the first instance by the Pilot programme they are commencing in February 2014, which as Dr Stathis described, will provide the full continuum of care – day programme, supported accommodation, bed-based rehabilitation (inpatient), utilising current acute wards for acute care.

As always, Lesley has been accessible, allocated time within her busy schedule to discuss my concerns and reassured me that there will be a positive outcome for young people. I am grateful for her availability during this process.

I thank you for any time you may have taken to consider the issues I raised in my recent email.

Regards,
[REDACTED]

"MC-33"

From: Alison Earls
Sent: 17 Dec 2013 17:59:39 +1000
To: Lesley Dwyer;Health
Cc: WMHH Board;Rebecca
 Levingston; [REDACTED] Tony Moore;Greg Fowler;Reception;Bundamba
 Electorate Office; [REDACTED]
Subject: Removal of final patients from the Barrett Adolescent Centre

Dear Ms Dwyer and Mr Springborg

As this difficult year draws to a close, it was almost reassuring to hear from Barrett Adolescent Centre staff that the *remaining* few patients were *relatively* stable after a tumultuous 2013. Those young people and the staff that care for them have endured uncertainty, instability and turmoil that was wholly unnecessary due to the government's threat, and then decision, to close the Wacol facility. With the pressure that has put on everyone involved with Barrett, there's no doubt that, over the last 14 months, significant damage has been done to the progress that has been/could have been made by those teenagers. It's truly miraculous that some of that damage was not fatal.

As I'm sure you're aware, it has always been of significant concern to those directly connected to Barrett and to those who have supported its great work through the years that the current patients would be 'transitioned' to new treatment options **long before the new statewide model of care for Adolescent Mental Health Extended Treatment and Rehabilitation was ready.** And the fact that carers were only presented with the proposed model less than a week ago (11 December) is a clear indication that the statement made in the WMHHS/CHQ FAQ Factsheet released in August that "*We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014*" was either extremely ambitious or – and this is hopefully not the case – intentionally misleading.

In recent months, talk of West Moreton HHS 'emptying' the facility of patients at the end of the school year but keeping the Centre officially open – but *without* 'consumers' – to adhere to the earlier promises that "*some time in early 2014 that Centre will be closing*" (Lawrence Springborg, ABC Radio, 6 August 2013) has been continually quashed by WMHHS officials with the usual reassurances that there would be **no gap** in services for those requiring extended treatment and rehabilitation.

However, I have now heard from a number of sources that **those final 'hard to place' patients are likely to be moved to acute facilities within a matter of days.** This is **extremely disturbing.** I am aware that the official explanation for this is that the removal of these last patients is based on clinical advice relating to each individual case but, even if one is to disregard anecdotal accounts that these patients' health has not deteriorated so significantly that this kind of disruption is the only option, it's hard to forget that the reason that they were at the Barrett Centre in the first place is because **acute facilities had proven to be ineffective.** Whatever their current condition, I have learnt enough to know that, were the Barrett Centre not imminently closing, **those young people would remain in a fully staffed Tier 3 EXTENDED TREATMENT facility.** They would NOT be returned to the restrictive environment

of an acute ward where the focus must often be prevention of immediate harm, rather than improvement. I want to clarify that I am not, in any way, criticising the excellent clinicians who deal directly on a daily basis with these severely suffering adolescents. The professionals too find themselves victims of this closure as their expert decisions must reflect the reality of the situation – that the Wacol centre will cease operation before replacement treatment options are available. And, based on the government's own explanations, the only clinical reason that might exist for this closure is not with adolescent mental healthcare in mind but that of adult forensic patients who require expanded facilities. I do not for one minute believe that one person's suffering should take priority over another. I do however believe that there are many ways that the needs of **both** the adolescents with severe mental health issues AND the adult forensic patients could have been addressed. If the state government had made the welfare of the human beings in this scenario – all patients, carers, families and staff – their **priority**, things would have been done very differently. But, unfortunately for so many people, there seem to have been other agendas at play

I'm writing this not because I expect any action – though a change in the accelerated transition plans would clearly bring the focus back to the wellbeing of patients and their families (as well as the creation of positive work environments for dedicated staff) – but merely to indicate that the greater public is aware of what has transpired/will transpire and what is likely to be at the heart of these decisions (or more importantly, what is NOT the motivation for substantial changes in the treatment of 'at risk' young people).

Although I entered into advocating for the Barrett Centre with as objective an approach as possible – open to the idea that all those in the many tiers of this government could be motivated by the provision of high quality essential services to the people of this state – this year has taught me to expect nothing from the state health department in the way of changes to potentially harmful practices as a result of public outcry, evidence-based research or expert advice. I would be very happy to be proven wrong on this and urge you to take the action that would do so. But if these transition plans are not halted or adjusted, it is in the public's interest to know what can happen in relation to lifesaving healthcare services in Queensland and it is in the interests of the West Moreton HHS Board to know how its organisation operates 'at the coalface' and how that is perceived by the consumers of its services. So, as you can see, I'm passing this email on to some members of the media as well as the state Opposition and the West Moreton HHS Board. If those responsible cannot ensure the best possible healthcare for the most vulnerable young people in our community, then those who oversee them and those who have access to the wider population may be able to assist in assuring that that is done in the near future – if not by this government, then by the government that takes over after the next state election.

I know I am not alone in expressing my serious concern on these recent developments. But Barrett patients are unfortunately feeling very alone as a result of actions taken to 'move them on' from the only facility that has made a positive difference to the manifestations of their debilitating illness – whatever the consequences. I will take every opportunity to assure those patients and their families that there are people who will continue to support them. It is always hoped that our government will take appropriate action to do the same.

Alison Earls



EXHIBIT 41

From: Alison Earls
Sent: 17 Dec 2013 17:59:39 +1000
To: Lesley Dwyer;Health
Cc: WMHH Board;Rebecca
 Levingston; [REDACTED] Tony Moore;Greg Fowler;Reception;Bundamba
 Electorate Office; [REDACTED]
Subject: Removal of final patients from the Barrett Adolescent Centre

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of an acute ward where the focus must often be prevention of immediate harm, rather than improvement. I want to clarify that I am not, in any way, criticising the excellent clinicians who deal directly on a daily basis with these severely suffering adolescents. The professionals too find themselves victims of this closure as their expert decisions must reflect the reality of the situation – that the Wacol centre will cease operation before replacement treatment options are available. And, based on the government's own explanations, the only clinical reason that might exist for this closure is not with adolescent mental healthcare in mind but that of adult forensic patients who require expanded facilities. I do not for one minute believe that one person's suffering should take priority over another. I do however believe that there are many ways that the needs of **both** the adolescents with severe mental health issues AND the adult forensic patients could have been addressed. If the state government had made the welfare of the human beings in this scenario – all patients, carers, families and staff – their **priority**, things would have been done very differently. But, unfortunately for so many people, there seem to have been other agendas at play

I'm writing this not because I expect any action – though a change in the accelerated transition plans would clearly bring the focus back to the wellbeing of patients and their families (as well as the creation of positive work environments for dedicated staff) – but merely to indicate that the greater public is aware of what has transpired/will transpire and what is likely to be at the heart of these decisions (or more importantly, what is NOT the motivation for substantial changes in the treatment of 'at risk' young people).

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I know I am not alone in expressing my serious concern on these recent developments. But Barrett patients are unfortunately feeling very alone as a result of actions taken to 'move them on' from the only facility that has made a positive difference to the manifestations of their debilitating illness – whatever the consequences. I will take every opportunity to assure those patients and their families that there are people who will continue to support them. It is always hoped that our government will take appropriate action to do the same.

EXHIBIT 41

Alison Earls



From: Lesley Dwyer
Sent: 24 Dec 2013 13:43:34 +1000
To: [REDACTED]
Cc: MD09-WestMoreton-HSD
Subject: Response to email in regard to Barrett Adolescent Centre
Attachments: Letter from MD09 for LESLEY.doc

Dear Ms Earls
Please find attached my response to your email to both the Minister for Health and myself on the 17 December 2013.
Kind regards
Lesley Dwyer

Lesley Dwyer
Chief Executive

West Moreton Hospital and Health Service

T: [REDACTED]
E: [REDACTED]
PO Box 73, Ipswich, QLD 4305



West Moreton Hospital and Health Service

Enquiries to: MD09
 Telephone: [REDACTED]
 Facsimile: [REDACTED]
 Our Ref:

Ms Alison Earls
 [REDACTED]

Dear Ms Earls

Thank you for your email dated 17 December 2013, in relation to closure of the Barrett Adolescent Centre (BAC) and the transfer of consumers.

I appreciate your ongoing concern for the wellbeing of the consumers receiving services from BAC. Like you, I remain committed to meeting the health needs of these young people, and ensuring that they have access to the best possible services and outcomes.

As you are aware, good progress of the future statewide service model continues to be made through the Statewide Adolescent Extended Treatment and Rehabilitation Strategy Steering Committee and a range of working groups. The work of these groups is nearing completion. Additionally, West Moreton Hospital and Health Service (HHS) has worked with Children's Health Queensland (CHQ) HHS to develop interim transitional service options while the future services are being established. This service model for supported residential care and life skills program will be a pilot for some elements of the new services being developed at a statewide level. The focus will be on recovery oriented treatment for young people with severe and persistent mental health problems. Details of these initiatives have been presented to parents/carers of BAC on 11 December 2013, seeking their highly valued input and we will finalise this work early 2014.

To further support the young people of BAC over the 2013/2014 school holiday period, we have commenced a partnership with Aftercare to deliver an activity program during December and January. Aftercare is an established non government organisation in our local area that has immense experience working with young people with complex needs, and the feedback so far has been very positive.

As we head towards the closure of the BAC facility at the end of January 2014, we continue to focus on the specific needs of each individual young person at the Centre. Each young person has their own individual transition plan and there is an ongoing commitment to ensure that no adolescent will be transferred from the BAC until an appropriate care plan is in place for them. Regular contact with the parents/carers around these processes has also occurred.

Further information with regard to the Barrett Adolescent Strategy can be found at website www.health.qld.gov.au/westmoreton/html/bac, which will continue to be updated regularly.

Thank you again for your concern in this matter.

Yours sincerely

Lesley Dwyer
 Chief Executive
 West Moreton Hospital and Health Service

24/12/2013

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Phone [REDACTED] **Fax** [REDACTED]

West Moreton Hospital and Health Board AGENDA

"MC-34"

Committee: Executive Committee

Date:	Friday, 16 August 2013	Time:	9.00am to 10.30am	Location:	Ipswich Hospital, Jubilee Building, Training Room
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Members	Key
Dr Mary Corbett, Chair	MC
Dr Robert McGregor	RM
Paul Casos	PC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	LD
Annette Allan, Secretariat	AA
Other Invitees	
Sharon Kelly, Executive Director Mental Health and Specialised Services (for Item 2.1 only)	SK
Chris Thorburn, A/Executive Director Corporate Governance and Strategy (for Items 2.1 and 4.1 only)	CT
Naomi Ford, Communications Advisor (for Items 2.1 and 4.1 only)	NF
Jacqueline Keller, Corporate Counsel and Secretary	JK

1.0	Meeting Opening	9.00 to 9.10am
1.1	Attendance	MC (verbal)
1.2	Adoption of Agenda	MC
1.3	Declaration of Interests	MC (verbal)
1.4	Previous Minutes	MC
1.5	Actions Arising	MC

2.0	Strategic or Critical Emergent Issues	
2.1	Barrett Adolescent Centre <ul style="list-style-type: none"> • Communication Strategy • Patient Discharge Strategy • Risk Management – EFTRU and Barrett Adolescent Centre 	CT/NF/SK

3.0	WMHHS Service Agreement and Performance	
	Nil	

4.0	Engagement Strategies and Protocols	
4.1	Community Reference Groups <ul style="list-style-type: none"> • Terms of Reference • Availability of Funds • Strategy for Recruitment and Formation 	CT/NF

5.0	Service Plans and Other Plans	
	Nil	

6.0	Other Business	
6.1	Executive Appointments – Update	LD (verbal)

7.0	Meeting Finalisation	10.25 – 10.30am
7.1	Review Actions	MC (verbal)
7.2	Meeting Evaluation	MC (verbal)
7.3	Next Meeting – Friday 11 October 2013, 9.00 – 10.30am	MC (verbal)
7.4	Meeting Close	MC (verbal)

EXECUTIVE COMMITTEE MEETING AGENDA PAPER

Committee:	Executive Committee		
Meeting Date:	16 August 2013	Agenda Item Number:	2.1
Agenda Subject:	Barratt Adolescent Centre		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED Mental Health and Specialised Services		Date: 8/8/2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board Executive Committee:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Background

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

Key Issues or Risks

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

EXECUTIVE COMMITTEE MEETING AGENDA PAPER

6. Risk management of service whilst EFTRU has opened and adolescents remain on campus:
 - a. EFTRU opened to first consumers 29 July 2013.
 - b. First tranche of consumers was direct transfer from the Extended Treatment Rehabilitation unit, already locate on the premises. (aim to test facility etc and staff learning prior to a more significant secure cohort being admitted)
 - c. Planning for each month a further increase in consumers transferred from the High Secure unit will occur depending on their acuity and consequent full capacity anticipated by January 2014.
 - d. Each consumer is risk assessed as to their ability to manage in the new environment.
 - e. Adolescent consumers are not allowed ground access without escort during this transition phase.

Consultation

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

Financial and Other Implications

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

Strategic and Operational Alignment

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

Recommendation

That the West Moreton Hospital and Health Board Executive Committee:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Attachments

Nil

**West Moreton Hospital and Health Board
MINUTES**

Committee: Executive Committee

Date: Friday 16 August 2013 **Time:** 9.00 – 10.30am **Location:** Tutorial Room, Jubilee Building

Members	Key
Dr Mary Corbett, Chair	MC
Dr Robert McGregor	RM
Paul Casos	PC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	CE
Annette Allan, Secretariat	AA
Other Attendees/Invitees	
Jacqueline Keller, Corporate Counsel and Secretary	CCS
Chris Thorburn, Executive Director, Corporate Governance and Strategy (Item 4.1 only)	EDCGS

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 Declaration of Interests

Nil

1.4 Previous Minutes

The minutes of the meeting held on 7 June 2013 were confirmed as a true and accurate record of proceedings.

1.5 Actions arising

The Committee noted the items actioned and the progress of the outstanding actions.

Detailed discussion was raised on Service Plan development with Ipswich City Council.

RECOMMENDATION: The Committee recommends that the Board approve West Moreton Hospital and Health Service and Ipswich City Council engaging in strategic master planning discussions.

2.0 Strategic or Critical Emergent Issues

2.1 Barrett Adolescent Centre

CE advised the Committee that the Executive Director Mental Health and Specialised Services (EDMHSS) was required to attend to urgent matters and was unable to attend the meeting. The Committee noted the apology.

An update on the progress of the Barrett Adolescent Centre Strategy was provided to the Committee. CE noted excellent leadership provided during the process by EDMHSS has been valued.

It was noted by the Committee that parents and carers have been addressed individually regarding the future of the Centre and positive feedback has been received regarding the approach and information provided. CE advised that EDMHSS is attending meetings with the Barrett Adolescent Centre management team weekly. It was noted that the opportunity has been provided to the local Member for Parliament to meet with the CE regarding the Centre, however the offer has not been accepted.

Discussions were raised on the current occupants of the Centre. The Committee noted that all residents have discharge or will have transition plans in place. WMHHS are working with Children's

**West Moreton Hospital and Health Board
MINUTES**

Health Queensland to develop and implement care options for the individuals that will transition through services.

The Committee further discussed the identified risk of security for the Centre and the ability to ensure that mitigation strategies in place are effective. CE advised current processes in place are effective and regulations are clearly articulated to staff regarding security requirements.

The Committee noted the work and communications achieved by the EDMHSS.

3.0 WMHHS Service Agreement and Performance

Nil

4.0 Engagement Strategies and Protocols**4.1 Community Reference Groups**

Executive Director Corporate Governance and Strategy (EDCGS) joined the meeting to present the Terms of Reference developed for the WMHHS Community Reference Groups.

The Committee discussed the proposed terms of reference. It was noted that it was important to understand the influence that the groups can have on services within the current framework. Although providing clear structure the format of Terms of Reference should be reviewed to ensure applicants are not deterred from applying. Further discussion was raised on membership requirements. The Committee noted that the members should be able to act as a conduit between the community and the HHS.

CE discussed the work that has been undertaken in other states, particularly Peninsula Health on the establishment of Community Advisory Groups and Committees. ED CGS to consider the development of these groups.

PC suggested Mark Edwards, Local Church Parishioner attends the next Committee meeting to provide opinion on requirements and experience with community groups. Consultation with other HHS's that have established reference groups will be further considered.

ACTION: Mark Edwards, Local Church Parishioner to be invited to attend the October Committee meeting to share his insights on community groups.

ACTION: EDCGS to consider feedback provided by the Committee and is to provide updated Terms of Reference and strategy to the October Committee Meeting. Feedback includes; requirements for membership, format of Terms of Reference, consideration of Peninsula Health Establishment of Community Advisory Committee's and Groups, consultation with rural Directors of Nursing and other HHS's.

5.0 Service Plans and Other Plans

Nil

6.0 Other Business**6.1 Executive Appointments**

CE provided an overview to the Committee on the Executive Appointment process. Direct appointment interviews will take place on the 26 August 2013. CE noted that panel members will consist of Alan Fry, Michael Cleary and CE. Each Executive member has been requested to submit a written statement addressing the Role Description and their Curriculum Vitae.

The remaining three Executive positions will be advertised and it is proposed that selection will take place the week of the 30 September 2013. PC queried the overall reaction from the Executive to the process being undertaken, the CE advised reaction has been positive.

West Moreton Hospital and Health Board
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7.0 Meeting Finalisation

7.1 Review Actions

7.2 Meeting Evaluation

A meeting evaluation was conducted. The Committee noted the productive discussions and discussed future agenda item topics.

ACTION: Update on the complaints process to be added to the October Committee meeting agenda.

7.3 Next Meeting

The next meeting is scheduled for 11 October 2013 at Ipswich Hospital, Level 8 Conference Room.

7.4 Meeting Close

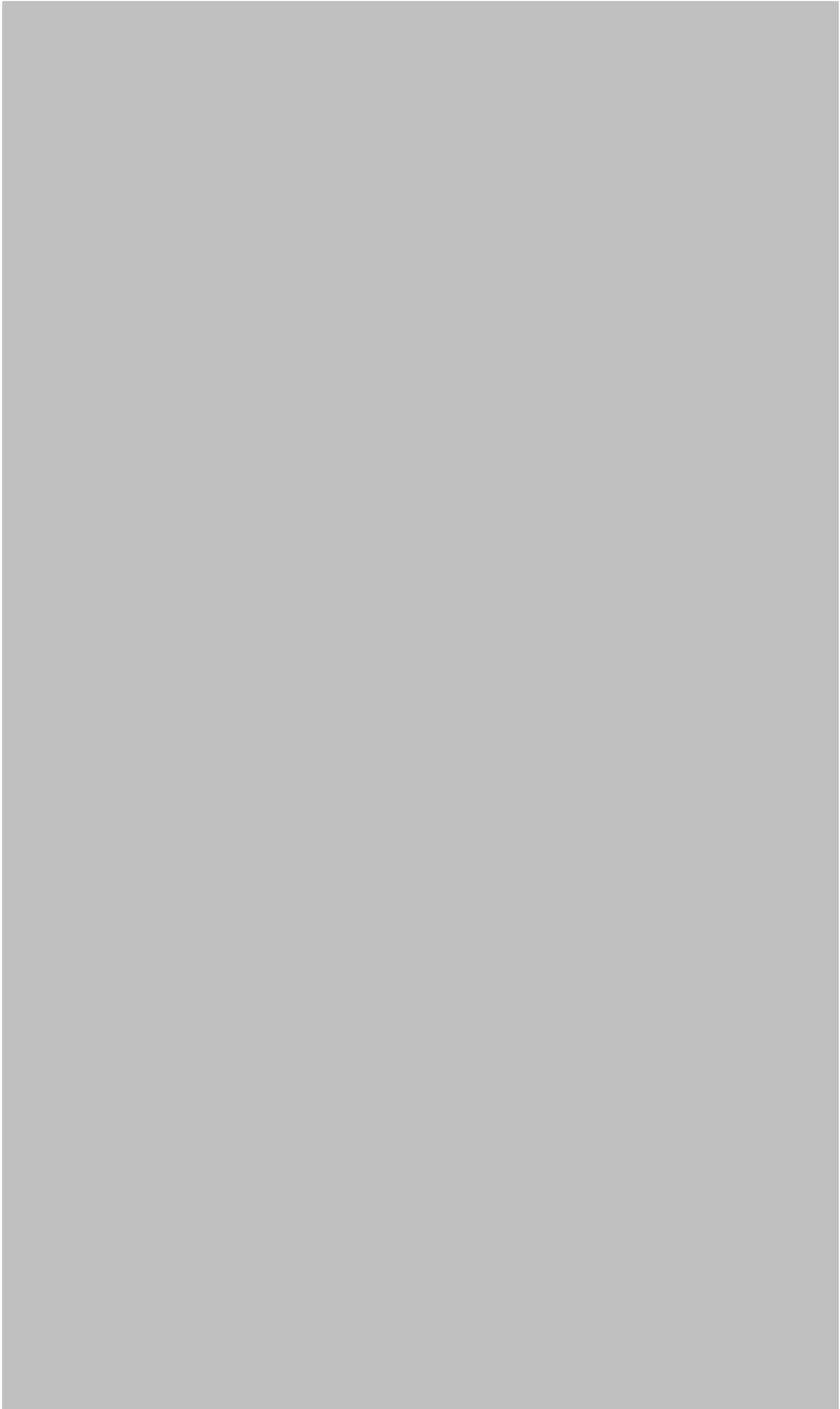
The meeting closed at 10.30am.

Minutes authorised by Chair as an accurate record of proceedings

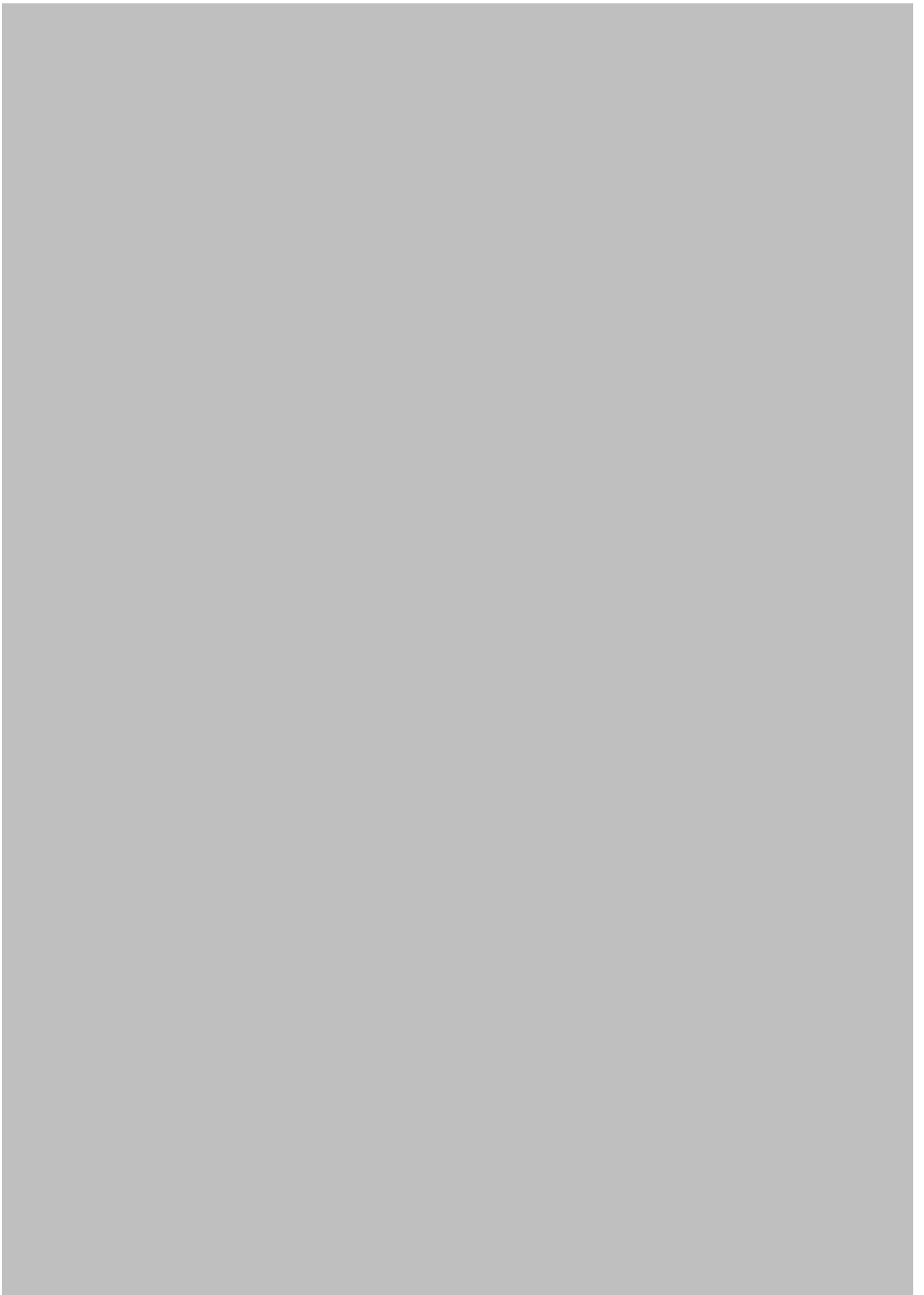

Dr Mary Corbett
Chair, Executive Committee

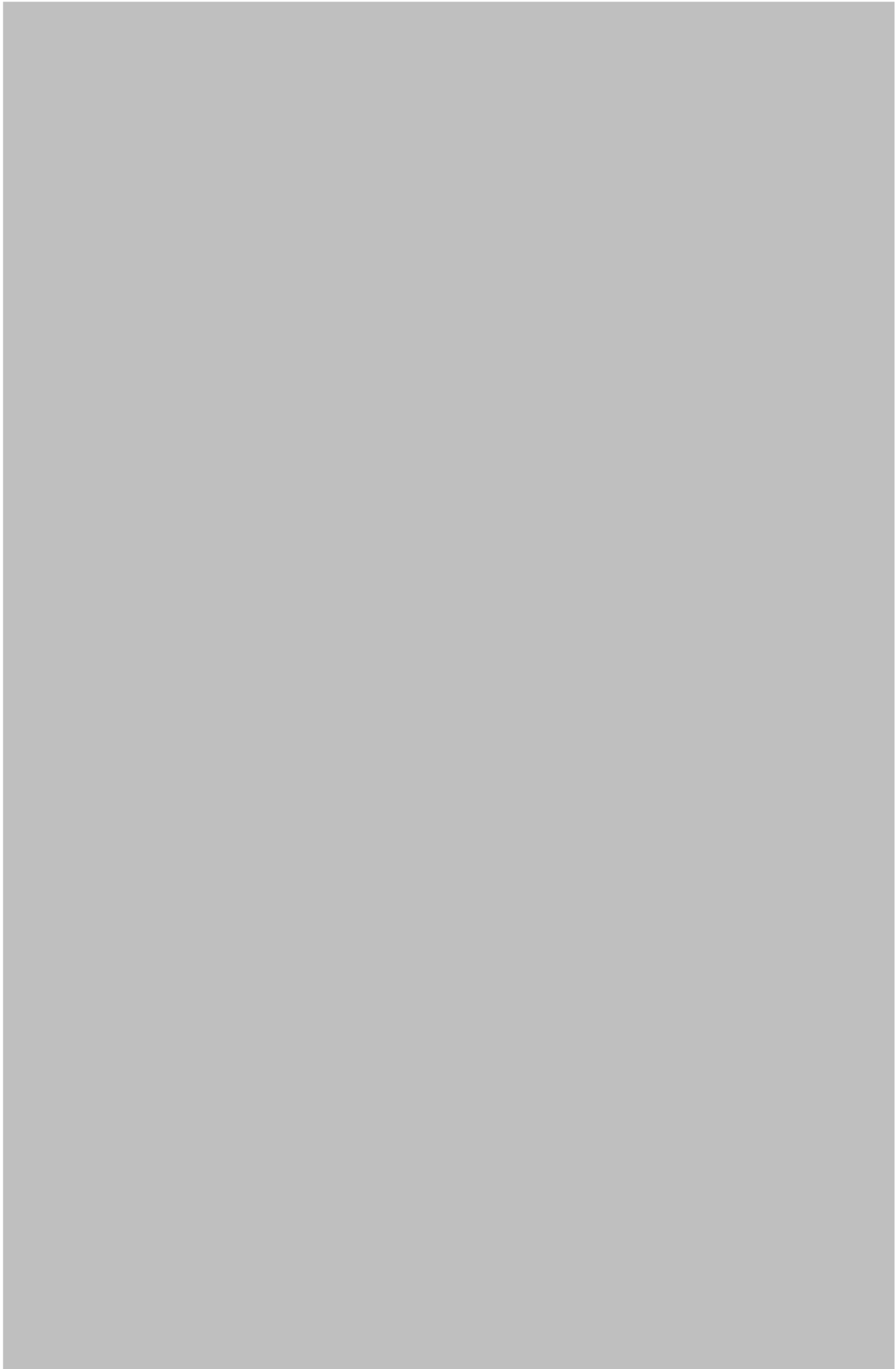
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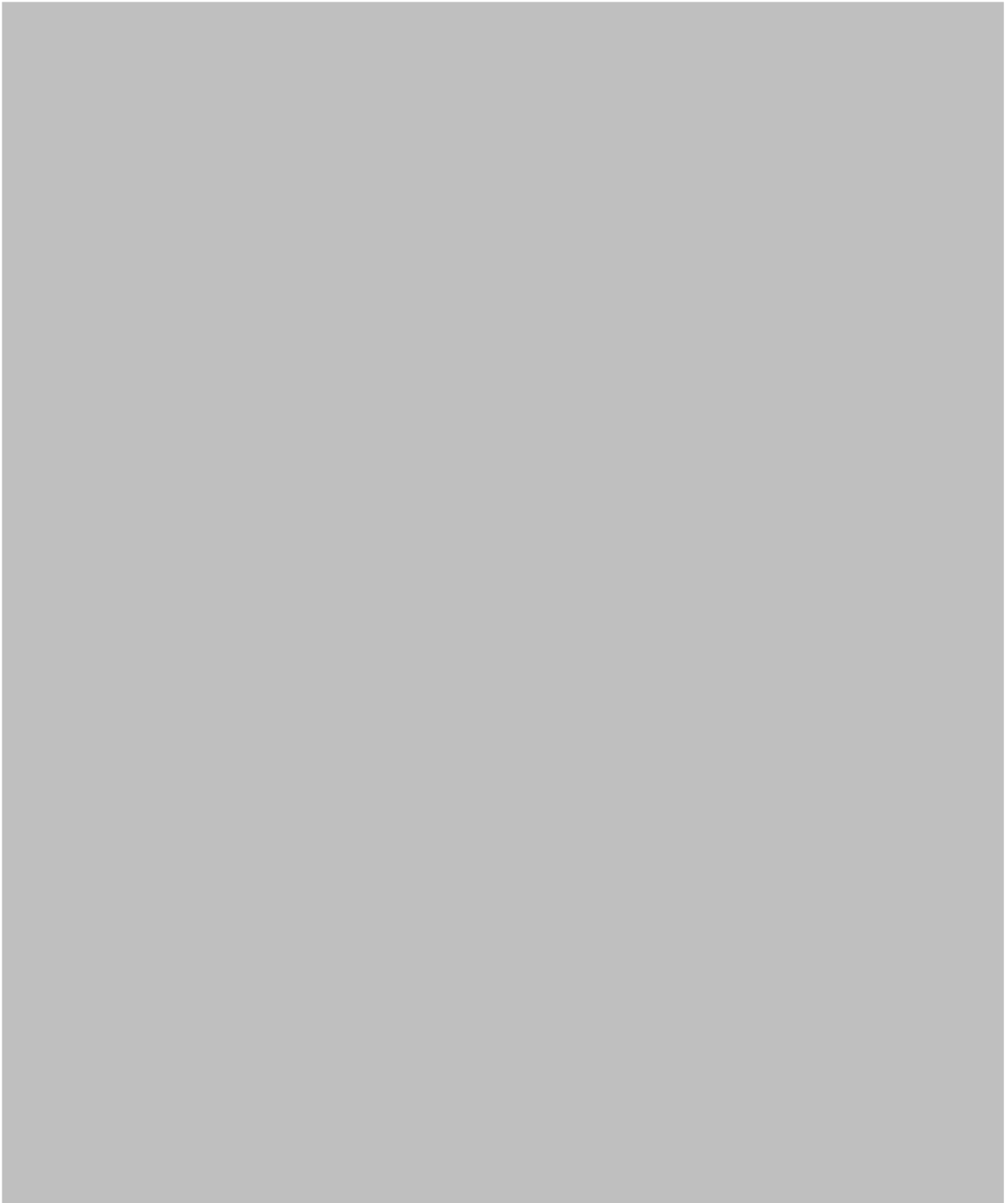
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**MINISTERIAL STATEMENT
HONOURABLE LAWRENCE SPRINGBORG MP
MINISTER FOR HEALTH**

MINISTER—

BARRETT ADOLESCENT CENTRE

Madam Speaker,

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

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

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

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

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

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

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

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

I am very disappointed to be hearing about these allegations.

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

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

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

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

Cleared by: Lesley Dwyer, Chief Executive, WMHHS