

Oaths Act 1867

Statutory Declaration

I, **LORRAINE MARGARET DOWELL** of c/- The Park Centre for Mental Health, Ellerton Drive, Wacol in the State of Queensland, by email to [REDACTED] do solemnly and sincerely declare that:, in the State of Queensland do solemnly and sincerely declare that:

1 At paragraph 8.3, you state that you attended a meeting of the Financial and Workforce Planning Group, and that a copy of the minutes of that meeting are attached as LMD-8. At paragraph 8.4 you state that the meeting took place on 22 October 2013. The exhibit LMD-8 appears to be minutes for a SW AETRIS meeting on 4 November 2013. Is this exhibit incorrect? If so, please attach the correct meeting minutes as referred to in paragraphs 8.3-8.4. If this is the correct exhibit, please explain the date discrepancies.

1.1. The exhibit is incorrect. Attached and marked **LMD-1** is a copy of the minutes of the meeting of the Financial and Workforce Planning Group for the meeting on 22 October 2013 as stated in my statutory declaration dated 27 November 2015 (**first statutory declaration**).

2 At paragraph 10.2(c) you state you provided individual support for staff regarding the organisational change process, including providing advice on strategies to cope with the challenges and stressors associated with each stage of the change.

(a) Expand on how you provided individual support for staff during the transition process.

2.1 I provided individual support by meeting with allied health professionals effected by the organisational change process individually to gain an appreciation of the impact of the change process on their career aspirations and personal circumstances and to assist with identification of their priorities, preferences and appropriate support needs.

(b) What was the advice you provided on strategies to cope?

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2.2 On 30 September 2013 I prepared a written list of organisational change helpful strategies. Attached and marked **LMD-2** is a copy of that document. These were the strategies which I provided to allied health staff. In addition, I encouraged the allied health staff to identify other strategies that may be helpful to settle and focus their attention on the tasks at hand. As noted in LMD-2, the strategies I shared with the staff included:

- (a) Acknowledge the uncertainty, confusion and sometimes distress that each other is experiencing, but in appropriate forums – away from clinical situations and the adolescents.
- (b) Maintain a focus on quality care for the adolescents and provide them with strong reassurance that change is happening as part of providing an even better service for their health care needs.
- (c) Always use credible sources of information for updates about change. Fear can generate wild and unreal imaginings even in the hearts and minds of intelligent people.
- (d) Celebrate the endorsement of all of the recommendations of the Expert Clinical Reference Group. The wisdom acquired from BAC is being used to develop future services.
- (e) Work closely with the clinical team to ensure ongoing high quality care.
- (f) Work towards effective clinical handover as a way of acknowledging and communicating the vital contribution that BAC has made to many vulnerable young people.
- (g) Separate concerns and feelings pertaining to the phasing out of the BAC footprint and the impact on ourselves personally.
- (h) Invest in plans for your personal future, sooner rather than later. Once any potential personal disadvantage is minimised, you will be better able to focus on

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quality care.

- (i) Look after each other with positive support and encouragement to stay on task for the next few months.
- (j) There are no hidden agendas, so please actively discourage any thoughts in this direction. It is all about better care for the vulnerable young people in our community.
- (k) Deconstructing a service takes as much dedication, planning, hard work and skill as does constructing a service. Our best efforts are needed more than ever.
- (l) Focus on what needs to be achieved in a short timeframe. This is our positive contribution to the process.

2.3 Additionally, I encouraged staff to consider their personal career aspirations and any new opportunities that this change may present.

(c) Do you believe this staff support was adequate during the organisational change?

2.4 Yes, I believe that staff support was adequate. In that regard:

- (a) Staff were provided with individual support as required. I provided that support to allied health staff, and nursing line managers provided similar support to the nursing staff.
- (b) EAS support was available. EAS is a confidential process available to any staff member wishing to access such support.
- (c) HR support was provided in terms of information and advice specific to the personal circumstances of the staff member, assistance with redeployment and redundancy options etc. Relevant information regarding organisational change processes was provided, information about other job options as available was provided.

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- (d) I had an 'open door' approach toward any staff member needing additional support or seeking further clarification and assistance.
- (e) I and other line managers encouraged a culture of positive peer support.
- (f) I endeavoured to provide consistent reminders about the importance and worthiness of the task at hand, and weekly staff meetings were held to track progress with that work and check in with individuals.

(d) What effect did this support have on staff?

2.5 The effect of initiatives to support staff may be best evaluated by the staff themselves. From a patient service perspective, clinical tasks to support transition planning were achieved. As to staff professional progress, each allied health professional developed a personal plan appropriate for themselves. The outcome for each individual varied in keeping with their personal preferences. Staff played an active process in determining their future beyond BAC.

3 At paragraph 9.5 you refer to Dr Sadler being stood down and state that you encouraged allied health staff to completely support Dr Brennan. At 10.3(c) you state that some staff were distressed by Dr Sadler's standing down and the subsequent investigations. Please explain:

(a) What, if any, support was offered to staff who were distressed by Dr Sadler's standing down?

3.1 Staff were encouraged to avoid jumping to conclusions. Staff were encouraged to have faith in the integrity of investigation processes. Staff were reminded about EAS support options if they felt they needed additional personal support.

(b) How did staff express their distress?

3.2 I observed one staff person to be tearful when speaking about Dr Sadler being stood down. I observed one staff person speaking in an angry manner about her perception that it may have been unjust, unfair and unnecessary. One staff person expressed their

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shock and surprise.

(c) Were the distressed staff handled appropriately? How?

- 3.3 Staff distress was acknowledged. They were encouraged to be patient, have faith in the process and not lose sight of the important work at hand. I don't recall if additional support was provided to the unit as a whole at the time. It is my opinion that support was adequate for a professional workforce.

(d) What, if any, reasons were communicated to staff as to why Dr Sadler had been stood down?

- 3.4 I do not recall if when and how reasons were communicated to staff as to why Dr Sadler had been stood down. My personal awareness came via the media. I was not aware of the reason hence did not communicate a reason to the allied health staff.

(e) How did Dr Sadler's standing down affect the processes of the transition (if at all), particularly given your evidence you were told that Dr Sadler was not to be contacted.

- 3.5 The professional tasks at hand continued to be undertaken via collaboration with Dr Brennan. I was not involved in the day to day processes of the transition, however my impression from my interactions with staff from BAC week to week over the period, Dr Brennan provided effective leadership with respect to the transition process and the transition process. The transition of patients was achieved through the collective team work of Dr Brennan and the team within BAC.

4 On 13 December 2012, you sent an email to Megan Hayes (WMS.0025.0001.44188). Is this correct? Did you get a response? If so produce a copy. You make a number of statements in this email about the future of the BAC.

- 4.1 Contextually, Megan held a permanent substantive position at The Park. She was on parental/maternity leave which commenced on 1 May 2012 and was scheduled to end on 30 March 2013.

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- 4.2 Some time after commencing her maternity leave, Megan had informally expressed her intention to not return to The Park as she and her family had relocated to a new home a considerable distance away from West Moreton that precluded regular travel being practical.
- 4.3 Organisational change as a consequence of The Park – Mental Health Rehabilitation and Allied Health Services Review dated 30 October 2012 had recommended that one of Occupational Therapy positions based in BAC be abolished. As Megan had indicated that she did not intend to return to The Park, it was considered likely that abolishing this position would result in minimal distress to either of the remaining two Occupational Therapists assigned to BAC.
- 4.4 I confirm that I sent an email to Ms Hayes on 13 December 2012. A copy of that email is attached and marked **LMD-3**.
- 4.5 I do not recall if I received an email response from Megan. It is probable that Megan communicated with me via phone. We had communicated by phone on a number of occasions to consider her personal preferences, changes to her parental leave and to secure support for secondments to services closer to her new home. Paperwork needed to be completed for some of these situations.
- 4.6 It was subsequently decided to not abolish this position to ensure optimal clinical support for the subsequent organisational change process associated with the closure of BAC. Megan returned to her substantive position on 9 September 2013 in a part-time capacity while she actively sought a position closer to her family home.

(a) How, when and by whom were you told this information?

- 4.7 The information I communicated to Megan was based on general staff awareness at the time. I do not recall how, when and from whom I received knowledge of this information.

(b) Did you send similar emails to other staff? If so, please identify these persons and produce copies of such emails.

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- 4.8 Similar emails were not sent to other staff as they were not on maternity/parental leave and absent from the workplace.

(c) Were you told to send any such emails? If so by whom?

- 4.9 It is usual practice to keep staff informed of organisational change that may have an impact on their position and/or work unit when they are absent from the workplace. It is usual practice to support them to achieve an outcome in keeping with their circumstances and personal preferences. I do not recall being instructed by anyone to send this email. It was sent out of respect for Megan in the context of her previously stated intention to not return.

5 At paragraph 10.3(a) you state that rumours had caused uncertainty and anxiety amongst staff.

(a) What were the rumours that caused uncertainty and anxiety?

- 5.1 I do not recall the exact details of the rumours, but recall that they suggested a potential impact on staffing profiles, job security, workplace venue and/or welfare of work colleagues.

(b) How did staff express their uncertainty and anxiety?

- 5.2 At the weekly allied health meetings, some of the rumours were mentioned along with concerns about their potential validity and implications. Sentiments pertaining to the fairness and logic of some of the rumours were randomly expressed.

(c) What, if anything, was done to assist in managing or quelling this staff uncertainty and anxiety?

- 5.3 Allied health professionals were reminded to seek information from credible sources and not from overheard discussions or other sources. They were advised to be familiar with the BAC Staff Communiques and Fast Fact Sheets. A meeting with the assigned HR representative was organised so questions could be raised directly with the most well informed source of information re HR processes.

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(d) How was this handled?

- 5.4 Allied health professionals were encouraged to raise their concerns in an appropriate manner at the allied health meetings so credible information could be sourced. Executive staff provided information sessions where updates were provided and questions could be directly raised.

(e) How could it have been handled better?

- 5.5 I do not know how it could have been handled better. This question appears to suggest that the issue was handled poorly. I do not agree with that suggestion.

6 At paragraph 10.3(b), you state that "The Save the Barrett website and other petitions promoted positions which were not aligned with the evidence-based or ECRG approach toward a considered and reasoned process for considering alternative options to BAC".

(a) What evidence base are you referring to?

- 6.1 Based on my understanding of usual practice in projects involving the review of systems and processes, especially one with State-wide implications, I believe that a review of the evidence base pertaining to service models for adolescents with a mental illness would have been explored by the Expert Clinical Reference Group.
- 6.2 Also, as a professional working in mental health over the past 20 years, I am aware that contemporary models of care in mental health, which are developed on an evidence-based approach, are focussed on delivering care to patients in the least restrictive way possible, and aim to provide care to patients in their home community where possible so that the patient's care does not disconnect the patient from their home, peer and community supports. Save the Barrett and similar petitioners advocated for a continuation of a model which did not align with that approach.

(b) Did you read the ECRG recommendations report at the time?

- 6.3 I read information provided as an attachment to an email from Sharon Kelly, the

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Executive Director Mental Health and Specialised Services on 6 August 2013. This included ECRG recommendations that had been presented to and endorsed by the West Moreton Hospital and Health Board.

7 At paragraph 10.3(e) you state that a decision was made to close BAC without a replacement facility being planned.

(a) What period of time are you referring to (i.e. month and year)?

7.1 The decision to close BAC referred to in paragraph 10.3(e) of my first statutory declaration refers to the decision by the Minister for Health, Lawrence Springborg announced on 6 August 2013. In his announcement, the Minister stated that adolescents requiring extended mental health treatment and rehabilitation would receive services through a new range of contemporary service options from early 2014. The Minister's statement regarding a new range of contemporary service options indicated that a replacement facility was not planned.

(b) How and when did you become aware that this decision had been made?

7.2 I was made aware of this decision on 6 August 2013 via an email from Ms Sharon Kelly.

(c) How, if at all, were the staff informed of this decision?

7.3 To the best of my recollection, staff were advised of the decision prior to, but on the day of, the formal announcement to the media by the Minister.

(d) How did staff react to this information?

7.4 I do not recall noting a particularly strong reaction from staff at the time.

7.5 I would say that there were mixed reactions. For some staff, the announcement was probably a confirmation of what they already expected or thought may happen. Other staff thought that there had been previous attempts to close BAC which had not eventuated and this may happen again despite the announcement.

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(e) How did this impact on staff morale?

7.6 The need to professionally invest well in transition planning was reaffirmed. The impact on staff morale may have been relative to personal circumstances at the time.

(f) You mention Staff Communiques at paragraph 7.8. When did staff cease receiving these Communiques?

7.7 I am aware of 11 Fast Facts information sheets, with the last one published on Friday 20 December 2013.

7.8 I am aware of three BAC Staff Communiques with the last one published on Wednesday 4 December 2013.

7.9 These important documents were routinely circulated to staff.

8 In an email to Michelle Giles on 22 January 2014 (WMS.0029.0001.02052) you state that you will "draft an open letter to our allied health colleagues today".

(a) What did this letter say? Please produce a copy.

8.1 I prepared a pro forma for the open letter to our allied health colleagues to be sent under the joint hand of myself and Ms Giles. The pro forma was then personalised to capture the staff person's name and sent to each staff member individually as they moved on from BAC.

8.2 The text of the letter stated:

Dear,

The Barrett Adolescent Centre footprint is rapidly fading, soon to disappear with the progressive transition of adolescents to other service settings.

May we take this opportunity to congratulate you on the professional manner in which you have supported the adolescents and this service.

Organisational change has accompanied this process and has introduced a unique set of personal challenges.

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Thank you for your engagement in the process. Your inquiries have been well structured, respectful and delivered in a manner that is becoming to you as an individual and professional.

Sadness is now upon us as we progress towards the last few days and hours based in the unit. It is a time when you need to take pride in the fine work you have undertaken to deliver a complex array of discipline specific specialty services to young people experiencing a life crisis.

The proposed state wide model has grown from the expertise and experience of remarkable clinicians who have worked in the BAC unit over the years. The proposed service model will build on the wisdom and knowledge of exceptional clinicians such as yourself. I hope that you will hold treasured memories of your time in this specialist service and will come to celebrate the role you have played in the growth of the new service model.

Thank you for your dedication, commitment and skilled clinical care and professionalism. Your contribution to new roles will be precious. Thank you for the good work you have done and the good work you are yet to do.

Congratulations on a job well done and reflect with pride on the significant role you have played in improving the health outcomes for young people with mental health concerns in the state.

*Sincerely,
Michelle Giles and Lorraine Dowell*

8.3 Attached and marked **LMD-4** is a copy of the pro-forma of that letter.

9 On 23 January 2014, you sent a further email to Michelle Giles (WMS.0029.0001.02052). Amongst other things, you state that there were lots of things about the BAC that concerned you and needed urgent attention.

(a) What were those things?

9.1 Although part of The Park Centre for Mental Health, BAC was a specialist adolescent unit set in the context of adult extended and forensic services. The buildings were ageing and reference to this had been made at previous accreditation surveys.

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(b) Did you ever report these concerns?

9.2 These concerns were well known by The Park Executive and contributed to initial relocation considerations. They were reported to me rather than my reporting them to anyone else.

(c) If so, when? How? To whom?

9.3 I do not recall to whom, when and how I concurred with these issues.

10 In the same email (WMS.0029.0001.02052), you also state that the closure of the BAC to morph into something better was easy enough to process intellectually and emotionally as worthy.

(a) What do you mean by this statement?

10.1 Closure of BAC to make way for an even better state-wide service model is in keeping with the concept of continuous quality improvement. Improved service outcomes for young people with a mental illness is a worthy goal that every clinician seeks to achieve.

10.2 The practicalities of organisational change are less easy to accept even by dedicated clinicians particularly when it may generate a disruption to their position in the organisational structure in some way and their personal circumstances. Implementation is the challenge.

11 In the same email (WMS.0029.0001.02052), you also refer to *"the situation with the consultant"*.

(a) Who is the consultant?

11.1 The consultant being referenced is Dr Sadler.

(b) What situation are you referring to?

11.2 Dr Sadler being stood down added additional distress to staff already distressed by uncertainty about their future employment options.

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12 In the same email (WMS.0029.0001.02052), you also refer to lashing out at psychologists and the message they received.

(a) Who lashed out?

12.1 The Discipline Senior for Psychology at the time, Scott Natho, undertook an informal investigation into a component of the practice of Georgia Watkins-Allen who held a temporary position in BAC until she was reassigned to a substantive HP3 position in another work unit. Ms Watkins-Allen commenced stress leave and eventually resigned without taking up the position in the other work unit.

(b) What was the message received, and from whom?

12.2 The Discipline Senior for Psychology had not raised this issue in previous years. I felt that raising it at a time when staff were already feeling insecure added to their feeling devalued as individuals and as a service.

13 You received an email from Danielle Corbett on 21 January 2014 (WMS.0029.0001.02052 at 02054), suggesting that she, amongst others were being kicked out of the BAC building without notice.

(a) Who were the others?

13.1 To the best of my recollection, other staff still occupying the offices in the Barrett Administration building as at 21 January 2014 may have included Elaine Ramsey (Administration Officer), Dr Brennan (Consultant) and Megan Hayes (OT).

(b) Please explain the notice that was given to staff about when the doors of the BAC would be closed.

13.2 In the BAC Staff Communique 1 dated 3 October 2013 staff were advised:

"To provide certainty to both our current consumers and our staff, we continue to work toward the end of January 2014 to cease services from the BAC building. This is a flexible date that will be responsive to the needs of our consumer group and as

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previously stated, will depend on the availability of ongoing care options for each and every young person currently at BAC.'

13.3 In the BAC Staff Communique 3 dated 4 December 2013 staff were advised:

"WMHHS will be providing a holiday program at BAC across December 2013 and January 2014 for current BAC inpatients and day patients.The program is planned to commence with a gradual roll-out on Monday 16 December 2013 and is scheduled to finish on Thursday 23 January 2014."

13.4 There was a consistent message that the end date would be flexible depending on patient need. The last patient was discharged from BAC during the week ending on Friday 24 January 2014.

13.5 I do not know if formal advice was provided that Friday 24 January 2014 would be the final last day after which the building would be secured.

13.6 Personal safety of staff in an isolated part of the grounds needed to be considered. Further, there was no reason to keep the building open once there were no longer any patients at BAC.

(c) Who was responsible for communication with allied health staff on this issue?

13.7 I do not know how, when or who made the final decision that 24 January 2014 would be the last day.

14 In the same email (WMS.0029.0001.02052 at 02054), you also state that they are good people trying to do their best, despite enduring their own staff cutbacks, workplace struggles and position uncertainties.

(a) Who are "they" you are referring to?

14.1 "They" refers to all the administration officers across many different business units assigned with the task of adjusting positional and individual staff details in the establishment and payroll systems as a result of implementation of the Business case

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for change: Integrated Mental Health Service, The Park – Centre for Mental Health and Offender Health Services Service Review dated 7 January 2013.

(b) What workplace struggles and position uncertainties are you referring to?

14.2 The wide sweeping changes to Queensland Health at the time resulted in many positions being abolished, staff undertaking duties in excess of usual requirements or being allocated additional duties within their existing role to compensate for the loss of those positions, and ongoing uncertainty about job security. This affected staff across all sectors include shared services and payroll sectors. Hence errors in pays were occurring and correction took longer than usual.

15 In your view, was there sufficient communication, support and assistance given to allied health staff in relation to the closure of the BAC? If any, what further communication, support and assistance could have been given?

15.1 In my view there was sufficient communication, support and assistance given to allied health staff in relation to the closure of the BAC. I am not aware of any additional communication, support and assistance options that could have been applied.

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16 Please identify and produce any other correspondence that you sent to other BAC staff and to your employer in relation to the closure of the BAC, in particular, relating to staffing and patient concerns about the closure.

16.1 I have been advised that copies of emails and other documents sent by me to other BAC staff or others within West Moreton Hospital and Health Service have been produced to the Commission as part of its production in response to a Requirement to Produce Documents.

17 Identify and exhibit all documents in Lorraine Dowell's custody or control that are referred to in her witness statement.

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

17.2 In addition, attached and marked **LMD-5** is a copy of a personal notebook which I maintained to keep a record of my actions regarding BAC following the closure announcement.

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

Taken and declared before me by)
LORRAINE MARGARET DOWELL at)
 Brisbane in the State of Queensland this)
SECOND day of *FEBRUARY* *2016*
 Before me:

Signature of authorised witness

Signature of declarant

A Justice of the Peace/
 Commissioner for Declarations

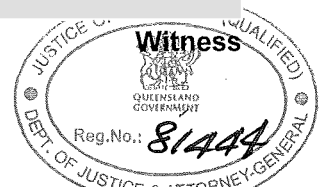


STATUTORY DECLARATION OF LORRAINE DOWELL
INDEX OF EXHIBITS

No	Document Description	Document number	Page
LMD-1	Children's Health Queensland Hospital and Health Service Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Financial and Workforce Planning Transition Working Group minutes dated 22 October 2013	WMS.3001.0001.00460	1-3
LMD-2	Document entitled 'Organisational Change Helpful Strategies For Allied Health – BAC As at 30 Sept 2013'	WMS.0029.0001.02613	4-5
LMD-3	Email from Lorraine Dowell to Megan Hayes dated 13 December 2013	WMS.0025.0001.44188	6
LMD-4	Untitled letter from Michelle Giles and Lorraine Dowell, undated	WMS.0016.0001.04025	7
LMD-5	Notebook kept by Lorraine Dowell, undated	WMS.1011.0003.00001	8-135

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Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Financial and Workforce Planning Transition Working Group

Date:	22/10/2013	Time:	1.30	Venue:	Conference Room, 1.11, Admin Building, The Park
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Chair:	Michael Miller (MM), Finance Director, Budget Service, Finance and Corporate Division, WM HHS
Secretariat:	Project Officer, SW AETR, WM HHS
Attendees	Lorraine Dowell (LD), Allied Health, WM HHS Sharon Kelly (SK) Executive Director, MH&SS WMHHS Padraig McGrath (PMc) Nursing Director WMHHS Leanne Geppert (LG) A/Director, Strategy, MH&SS, WM HHS
Conf Call	Alan Fletcher (AF), Senior Director, Clinical and Financial Planning, CHQ HHS Di Woolley (DW), Executive Director, People and Culture, CHQ HHS Deborah Miller (DM), A/Executive Director Office of Strategy Management, CHQ Emma Foreman (EF), Principal Project Officer, Planning and Partnerships Unit, MHAODB Kristen Breed (KB), A/Director, Information and Performance Unit, MHAODB Ingrid Adamson (IA), Project Manager, SW AETRS, CHQ HHS Alan Miller (AM), Executive Director, Workforce, WM HHS Stuart Bowhay (SB), Director Clinical Costings, CHQ HHS Shelley Nowlan (SN), Executive Director, Nursing Services, CHQ HHS Jennifer Crimmins (JC), Allied Health, CHQ HHS Louise Blatchford (LB), Principal Service Agreement Officer, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch (LB)
Apologies	Kathryn White (KW), A/Director, Workplace Relations, WM HHS Helen Ceron (HC), Senior Director, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
		Nil		
2.	Meeting opening			
2.1	Welcome and Apologies		Chair	
2.2	Statement of Conflict/Interest	Nil		
2.3	Overview of Statewide Strategy <ul style="list-style-type: none"> An overview of the Statewide Strategy was provided to the group including the background and history. Please see the Presentation for details (sent separately with minutes). 	Nil	LG	
2.4	Overview of Working Group		Chair	
	Business			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
3.	Matter for Decision			
3.1	<p>Review and agree on changes of Terms of Reference (ToR) for recommendation to the SW AETRS Steering Committee</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> DM advised the group the ToR had been endorsed by the Steering Committee (SC). Any changes made would need to be submitted to the SC for further endorsement. The group reviewed the functions under the ToR. SK stated that the group is about future focussed service options. DM asked about the current workforce at the Barrett Adolescence Centre (BAC). SK advised that the West Moreton Hospital and Health Service (WMHHS) is responsible for the current BAC workforce strategy and that current BAC workforce planning is not within the scope of this Working Group. All standard HR processes are being adhered to including regular consultation and information provision to the BAC workforce. DM advised that Children's Health Queensland (CHQ) HHS had received union enquiries regarding staff at BAC. SK advised that those enquiries need to be sent to the WMHHS Local Consultative Forum for action. DW stated that the enquiries referred to staff not feeling engaged. SK advised that WMHHS has been in regular contact with the unions about BAC. KB had to leave the meeting and noted that Health Services Act 1991 is irrelevant as it has now been repealed. The Chair asked the group for agreement of the purpose. Discussion occurred around the transfer of funds including that BAC funding would be returned to the purchaser (system manager) who would then allocate the funds to CHQHHS. The allocation of funds would need to go through the contract variation process and depending on timing through the next available amendment window. Several members queried the need to delay further meetings of this group until clarification of funding transfer processes could be received, and until new service models were clearer (so that future workforce planning could occur). The working group needs to align closely to the work of the Service Options Group (Model for Service) Working Group. 	<p>Email with details of union enquiries to be sent to AM and SK</p> <p>Remove Health Services Act 1991 from ToR</p> <p>Healthcare Purchasing to clarify and notify WMHHS and CHQ if this the correct process for the return and reallocation of funds.</p> <p>Clarification is sought from the Steering Committee on the following:</p> <ul style="list-style-type: none"> How will the existing BAC funding be dealt with by the Department of Health? What is the current amount of funding available from all sources? Focus and purpose of this Working Group is on future state of 	<p>DM</p> <p>LJ</p> <p>LB</p> <p>LJ to send to Secretariat of Steering Committee to action</p>	<p>ASAP</p> <p>Before the next meeting</p> <p>ASAP</p> <p>ASAP</p>

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> The Chair determined that further review of the ToR and meetings will be placed on hold until clarification is sought and direction is provided by the Steering Committee on the future of this working group. The group was in agreement with this and the meeting was closed. 	services?		
4.	Matters for Discussion			
4.1	Barrett Adolescent Centre Workforce <ul style="list-style-type: none"> Not discussed. 	Nil		
4.2	Development of Workforce Plan for future services <ul style="list-style-type: none"> Not discussed. 	Nil		
4.3	Identification of funding sources for the new services <ul style="list-style-type: none"> Not discussed. 	Nil		
4.4	Development of a Plan for allocation of funding and resources to CHQ <ul style="list-style-type: none"> Not discussed. 	Nil		
4.5	Communication Plan and Stakeholders <ul style="list-style-type: none"> Not discussed. 	Nil		
5.	Matters for Noting			
5.1	Project Risk Register	Nil		
5.2	Action Item Register	Nil		
5.3	Statewide Strategy Project Plan	Nil		
Next meeting TBA				

ENDORSED BY:

Signature:

Date:

Name:

Position:

**Organisational Change Helpful Strategies
For Allied Health – BAC
As at 30 Sept 2013**

- Acknowledge the uncertainty, confusion and sometimes distress that each other is experiencing, but in appropriate forums – away from clinical situations and the adolescents.
- Maintain a focus on quality care for the adolescents and provide them with strong reassurance that change is happening as part of providing an even better service for their health care needs
- Always use credible sources of information for updates about change. Fear can generate wild and unreal imaginings even in the hearts and minds of intelligent people.
- Celebrate the endorsement of all of the recommendations of the Expert Clinical Reference Group. The wisdom acquired from BAC is being used to develop future services.
- Work closely with the clinical team to ensure ongoing high quality care.
- Work towards effective clinical handover as a way of acknowledging and communicating the vital contribution that BAC has made to many vulnerable young people.
- Separate concerns and feelings pertaining to the phasing out of the BAC footprint and the impact on ourselves personally.
- Invest in plans for your personal future, sooner rather than later. Once any potential personal disadvantage is minimised, you will be better able to focus on quality care.
- Look after each other with positive support and encouragement to stay on task for the next few months.
- There are no hidden agendas, so please actively discourage any thoughts in this direction. It is all about better care for the vulnerable young people in our community
- Deconstructing a service takes as much dedication, planning, hard work and skill as does constructing a service. Our best efforts are needed more than ever
- Focus on what needs to be achieved in a short timeframe. This is our positive contribution to the process.

Any other suggestions....? Please let me know so I can add them to our list as reminders to help us through to the new year.

From: Lorraine Dowell
Sent: 13 Dec 2012 10:52:09 +1000
To: [REDACTED]
Subject: Update

Hi Megan,

I hope everything is going well for you.

Just thought I should touch base with you about BAC. Have you been keeping up to date via Kimmy?

As a quick summary:

- BAC rebuild in Redlands will not go ahead
- The current building is in disrepair and it has been decided that it is inappropriate for adolescents to be co-located with adults with forensic orders.
- They are currently looking for a suitable facility elsewhere, but generally there is a strong sense that BAC may be closed as there are more than 17 vacancies in CYMHS across the state.

Megan, you are still affiliated with BAC as your permanent position. Depending on the outcome of these deliberations, you may be considered for a separation package should your position be removed as a result of re-organisation. There is an option of becoming surplus but only for 4 months. Your permanency may then be cancelled I understand.

I don't know how this all works, but thought I should just flag it with you.

May I suggest that you contact Kathryn White to clarify the implications for yourself.

There are major changes here at present, effecting every position no different to anywhere else in Qld Health at present.

I hope you and your family are well. I hope Xmas brings many blessings and joyous times to you all.

Kind regards,

Lorraine
 OT - The Park

Dear ,

The Barrett Adolescent Centre footprint is rapidly fading, soon to disappear with the progressive transition of adolescents to other service settings.

May we take this opportunity to congratulate you on the professional manner in which you have supported the adolescents and this service.

Organisational change has accompanied this process and has introduced a unique set of personal challenges.

Thank you for your engagement in the process. Your inquiries have been well structured, respectful and delivered in a manner that is becoming to you as an individual and professional.

Sadness is now upon us as we progress towards the last few days and hours based in the unit. It is a time when you need to take pride in the fine work you have undertaken to deliver a complex array of discipline specific specialty services to young people experiencing a life crisis.

The proposed state wide model has grown from the expertise and experience of remarkable clinicians who have worked in the BAC unit over the years. The proposed service model will build on the wisdom and knowledge of exceptional clinicians such as yourself. I hope that you will hold treasured memories of your time in this specialist service and will come to celebrate the role you have played in the growth of the new service model.

Thank you for your dedication, commitment and skilled clinical care and professionalism. Your contribution to new roles will be precious. Thank you for the good work you have done and the good work you are yet to do.

Congratulations on a job well done and reflect with pride on the significant role you have played in improving the health outcomes for young people with mental health concerns in the state.

Sincerely,

Michelle Giles and Lorraine Dowell

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Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email [redacted]

Kind regards

Dr Leanne Geppert

A/Executive Director, Mental Health & Specialised Services
West Moreton Hospital and Health Service

Visit by Dr Sandra Radovini, Leading Child and Youth Mental Health Expert

On 10 and 11 December 2013 the West Moreton Hospital and Health Service (HHS) hosted a visit from Dr Sandra Radovini a leading child and youth mental health expert from Victoria. Parents and carers of current Barrett Adolescent Centre (BAC) consumers were invited to meet with Dr Radovini to discuss how Victoria delivers services for adolescents with complex and multiple mental health needs. At this session, an update on the interim plan for transitional service options was presented by West Moreton HHS (see more details below). Additionally, Children's Health Queensland (CHQ) HHS presented an interactive session on elements of the proposed future model of care (this can be viewed on the new CHQ website below). During her visit, Dr Radovini also provided West Moreton HHS staff with a professional development session, and she presented at a child and youth mental health leaders professional networking dinner on the evening of 10 December 2013. Dr Radovini shared invaluable details about her experience of working in child and youth mental health services in Victoria, and it was a wonderful opportunity to learn how Victoria has established new adolescent mental health services.

New website for CHQ HHS

A new website for Extended Treatment and Rehabilitation Services for Young People has been launched and can be accessed via: <http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp>

Transitional Service Options for 2014

West Moreton HHS has received approval for Aftercare to be the non-government service provider for the transitional services planned to commence in February 2014. Aftercare has extensive experience in providing similar youth supported accommodation services in Cairns and Sydney, and we will work together to develop a service model around supported residential care as a pilot for the new services being developed at a statewide level. As previously advised, the transitional services will be delivered in partnership between West Moreton, CHQ, Aftercare and the Department of Health. The focus will be on recovery oriented treatment for young people with severe and persistent mental health problems. More information on the transitional services will be provided in early 2014.

BAC Holiday Program

The BAC Holiday Program is delivered as a partnership between Aftercare and the BAC team, and officially commenced this week. We have received wonderful feedback about the activities of rock climbing, arts and crafts and drum beat, and have welcomed working in partnership with the Aftercare team to provide some additional opportunities for the young people of BAC. This program has been offered to current BAC consumers Mondays through to Thursdays for the December 2013/January 2014 holiday period. For more information about the holiday program please contact Laura Johnson via [redacted] or on [redacted]

Date: Friday, 20 December 2013



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Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre.

To have your say or if you would like more information, please email [redacted] or go to <http://www.health.qld.gov.au/westmoreton/html/bac/default.asp>

Kind regards

Sharon Kelly

Executive Director Mental Health & Specialised Services

West Moreton Hospital and Health Service

Visit by a Leading Child and Youth Mental Health Expert

We will be hosting a visit from a leading inter-state Child and Youth Mental Health expert on the 10 and 11 of December 2013. West Moreton HHS will be holding an information session for the parents and carers of current patients of Barrett Adolescent Centre (BAC), providing them with an opportunity to hear about mental health services for adolescents in Victoria. Further details of the session will be sent to parents and carers shortly. As part of the session, Children's Health Queensland (CHQ) HHS will also be presenting on elements of the future model of care.

Contact from Executive Director, Mental Health and Specialised Services (MH&SS)

Over the last week Sharon Kelly, Executive Director, MH&SS attempted to personally call each of the parents and carers of current consumers at BAC. This was an important process for directly updating everyone with recent information, and it was another valuable opportunity to hear about the experiences and needs of the current families of BAC so that we can incorporate feedback into our change process. These phone calls have been followed up with personal letters to the parents and carers to provide a reflection on the discussions held.

Transitional Service Options for 2014

Following through with our commitment to ensure there is no gap to service delivery, West Moreton HHS will work with other service partners to provide transitional services for current BAC consumers and other eligible adolescents while the future services are being finalised. We are planning day program and supported accommodation options, with enhanced community mental health service provision for adolescents with extended care needs. We will implement the programs in February 2014, which will also serve as a pilot for the future service options being developed by CHQ HHS. We will keep you informed of the progress of this work.

BAC Holiday Program

In order to provide additional support for the adolescents of BAC over the coming school holidays, an activity-based program focussing on the health needs of the consumers will be delivered across the December/January school break. West Moreton HHS will partner with a non-government service provider to develop and establish a targeted program for current BAC adolescents. More detail will be provided directly to families and consumers over the next couple of weeks.

Date: Wednesday, 20 November 2013