

EXHIBIT 651



 Queensland Health

Enquiries to: Dr Bill Kingswell
 Acting Executive Director
 Mental Health Alcohol and
 Other Drugs Directorate

File Ref: CH008353

Dr Trevor Sadler
 Psychiatrist

Dear Trevor

Thank you for your letter of 21 March 2012 regarding two potential options for the redevelopment of the extended treatment adolescent unit.

Redeveloping the existing site was ruled out due to the concerns about the very large forensic population that would be on site at Wacol.

As you are aware we are facing significant sunk costs that would be very difficult to recover by moving the project to another site at this late stage. Any proposal to shift the project now would create further delays rather than expedite matters. However, I will forward your letter to Dr Leanne Geppert and Mr Alan Mayer for their consideration.

Kind regards

Dr William John Kingswell
 Acting Executive Director
 Mental Health Alcohol and Other Drugs Directorate
 27/03/2012

cc. Dr Leanne Geppert
 Mr Alan Mayer

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EXHIBIT 651

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21st March 2012

Dr W Kingswell
 A/Director
 Mental Health Alcohol Tobacco and Other Drugs Directorate
 Butterfield Street
 Herston

Dear Bill,

Queensland Government
 Queensland Health

Chief Health Officer: MAAOD

DATE RECEIVED: 26/3/12

ACKNOWLEDGEMENT SENT

ACTION OFFICER:

COPY TO:

REPLY WITH CHO'S SIGNATURE

RESPONSE REQUIRED BY:

BRIEF ALSO REQUIRED

FOR INFORMATION ONLY

REFERENCE # CH008353

Office Of Director of
 26 MAR 2012
 Mental Health
 BRISBANE

*Copies to
 Leanne G
 Alan Mayer
 Au Bin*

Re: ALTERNATIVE SITE OPTIONS TO REDEVELOP BARRETT

Sorry to write to you privately. There are no channels within Queensland Health to explore this issue.

As you are aware, the Redlands site faces significant hurdles - an over run in estimated cost, gaining DERM approval for the site and weathering community concerns about building on koala land. My understanding is that any of these may become an insurmountable obstacle. Naturally no one discusses possible alternatives while there is hope. My concern is that we may come to a dead end and then begin the process of considering options.

*Letter
 deleted ✓*

There may be two options (that come to my mind at least).

1. Redeveloping on the current site.

The Site Options Discussion Paper prepared by the Directorate nominated the current site as one of the two possible options. However, they considered only the possibility of a total rebuild, and demolishing the existing buildings.

What is necessary from a patient's perspective is new patient accommodation. Current offices and school classrooms are adequate. They need some upgrade e.g. an adequate duress system and swipe card access. However, of the five current wings in the existing building, we could retain four for the above use and demolish one for rebuilding patient accommodation.

Upgrading patient accommodation, however, is absolutely essential. Four distressed adolescents sharing the same room, and up to ten adolescents (usually girls for this number) sharing the same bathroom causes significant problems. These problems add unnecessarily to clinical difficulties.

The second essential for improved patient care is a step down unit. This was included in the original Site Options Discussion Paper. There is no capacity for it at Redlands. We have adolescents of 16 or 17 who are working towards discharge, but for whom home is unsuitable. A step down unit provides opportunity for continuing final clinical interventions while preparing them for community living. I discussed this with Aaron when he visited at Christmas time.

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Without the costs of infrastructure, offices, school buildings etc, I think a rebuild of patient accommodation and a step down unit would be significantly less than the budgeted amount. It would allow extra funding to go towards other projects. It is logistically possible to maintain a limited service while this work is being undertaken.

The main concern with redeveloping at The Park was the proximity to a forensic facility. The proximity to High Secure has never been an issue for patient or parents. With the delayed time scale, we will have two to three years of this to ascertain if there are any problems. I have ideas of how to increase the separation of the two from a parent and patient perspective, yet retain free clinician transit as required. The current site offers other advantages - closer proximity to the CBD, better public transport, easier visual sightings of adolescents if they try to abscond.

2. Redeveloping at Springfield Hospital

I do not know if this is going ahead or when. If it is going to happen, it would be a site that was not on the horizon when the Site Options Discussion Paper was prepared. If land is available, it is a green field site, with no koala habitat. With the train line being extended to Springfield, it will offer the same convenient public transport access. In addition it will have general medical facilities available as Redlands currently does.

I am concerned by the costs of the current proposed redevelopment. It was reduced by approximately 300 square metres (about the size of two ordinary houses) for a reduction in expenditures of about \$1,000,000. The reduction in area was just slabs and walls - nothing fancy. Yet two houses of this size could be built for \$350,000 (if land was provided).

I am a member of the corporation of Bethany Christian Care which provides a range of care accommodation for elderly people. In 2004 they developed a new complex on a green field site at Eight Mile Plains. I estimate it is two to three times the size of the proposed Redlands development. It offers a high standard of accommodation. In 2004 it cost \$6,000,000. Even if we doubled that to equate it to today's money, it still comes in well under the current budget for a much larger facility.

I mention these matters, because if the Springfield Hospital is built by the Mater, they may have more flexibility than Queensland Health to secure builders that can come in within the current budget.

Just a couple of options if Redlands cannot proceed.

Kind regards,



Trevor Sadler