# Baweu Adolesami Genne Commission of Inquir

## BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950 Section 5(1)(d)

### STATEMENT OF NAOMI ELIZABETH FORD

Name of Witness:	Naomi Elizabeth Ford
Date of birth:	
Current address:	
Occupation:	Director, Communications and Corporate Affairs, Sunshine Coast Hospital and Health Service
Contact details (phone/email):	Phone: Email:
Date and place of statement:	Taken and declared at NAMBOUR GENERAL HOSPITAL this FIRST day of OECEMBER 2015.
Statement taken by:	Justice of the Peace / Commissioner for Declarations / Lawyer

# I NAOMI ELIZBETH FORD make oath and state as follows:

- 1. I make this statement in relation to the Commission of Inquiry into the closure of the Barrett Adolescent Centre in Wacol (BAC).
- 2. I am currently the Director of Communications and Corporate Affairs at the Sunshine Coast Hospital and Health Service. Attached and marked "Appendix A" is a copy of my current LinkedIn profile as at 25 November 2015. From November 2012 until the end of February 2014, I provided media and communications services to WMHHS (including in relation to the BAC), firstly as a consultant and later as an employee.

Witness Signature:

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- Between June 2011 and September 2012, I held the role of Director of Media and Communications at Queensland Health. I was responsible for all media and communications relating to the health portfolio on a state-wide basis. For example, I was responsible for managing issues like patient conditions, patient complaints, measles cases and the Hendra virus outbreaks that occurred during this time. Even though some of the hospitals and health districts had their own media units, they were required to report to our central Media and Communications team at Queensland Health.
- 4. Around September 2012, I left my role at Queensland Health to spend more time with my children. Just prior to my departure, at the end of August 2012, I registered the business name "Rowdy PR", so that I could work from home using this business name.
- Around November 2012, I received a call from then WMHHS communications manager, 5. Alice Gaston-Prince, who asked if she could pass my phone details on to the Chief Executive of West Moreton Hospital and Health Service (WMHHS), Lesley Dwyer. Ms Dwyer telephoned me a few days later to discuss whether I would be interested in providing consulting services to WMHHS. I had not taken any steps to find any work, and I had not spoken to any other people about this opportunity until I received these telephone calls from Ms Gaston Prince and Ms Dwyer. Ms Dwyer explained that Ms Gaston-Prince, was leaving, and they needed someone to perform the work that Ms Gaston-Prince was responsible for at WMHHS.
- 6. I recall Ms Dwyer mentioning the BAC during this telephone conversation, as it was a big issue for WMHHS at the time, but she told me that the consulting opportunity covered issues affecting WMHHS as a whole – not just issues relating to the BAC. For example, WMHHS later requested my services to manage issues like staff awards and the cessation of smoking on hospital grounds.
- 7. There was no written contract for the consulting services I provided to WMHHS. Our arrangement was as follows: WMHHS emailed or telephoned me to request my services for a particular task, I would record the time I took to complete this task and then I would send an invoice for that task to Accounts Payable at WMHHS. Attached and marked as "Appendix B" are copies of five invoices which I sent to WMHHS, with a copy to Ms Kelly, for work I performed from 16 November 2012 until 12 March 2013. During this period, I performed all of my work off-site, and only attended WMHHS where I was requested to (for example, for meetings).
- 8. The first request for services in relation to the BAC was a request from Ms Dwyer to attend a meeting (via teleconference), with a view to developing a Communication Plan for the BAC. I had some knowledge about the BAC from my previous role with Queensland Health – I knew that the BAC service was the only service of its kind in Queensland and I knew that the proposed Redlands facility was no longer an option. However, I do not remember the source of my knowledge about these issues - for example, whether I gained this knowledge from my role with Queensland Health or from

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the media. I had not been involved with preparing any materials relating to the BAC while I was working for Oueensland Health.

- 9. The main contacts for the work I performed in relation to the BAC were Ms Dwyer, Ms Kelly and Ms Thorburn. At their request, I developed both a Communication Plan and a Stakeholder Engagement Plan. Attached and marked "Appendix C" is a copy of my initial draft Communication Plan dated 20 November 2012. Attached and marked "Appendix D" are copies of my initial draft Stakeholder Engagement Plan dated 1 December 2012 and a further draft dated 12 December 2012. The Communication Plan was eventually annexed to the Barrett Adolescent Strategy Project Plan developed by WMHHS as "Appendix 1". Attached and marked "Appendix E" is a copy of the latest version of that document that I have in my possession.
- 10. Both the Communication Plan and the Stakeholder Engagement Plan contain similar material, as the messages provided to both media and stakeholders should generally be consistent. In these Plans, I made certain recommendations in relation to the mode and frequency of communications with BAC staff and families of BAC patients. WMHHS was responsible for considering the feasibility of these recommendations, however I believe that my recommendations were generally adopted.
- 11. The above WMHHS group briefed me in relation to the background information about the BAC. The WMHHS group told me that no decision in relation to the BAC had been made and that no decision would be made until the Expert Clinical Reference Group (ECRG) had made their recommendations. The WMHHS group told me that the capital allocation for the proposed Redlands Facility had been absorbed by the Department of Health, but the operational funding for the BAC could be dispersed. The WMHHS group also told me that that The Park – Centre for Mental Health was becoming more of a high secure facility and that it was not safe for BAC patients to reside on the same grounds as forensic patients, however I am not aware of any incidents involving BAC patients and forensic patients.
- I attended the Barrett Adolescent Strategy Planning Group (Planning Group) meetings 12. (via teleconference) to discuss certain documents I had drafted in relation to the BAC, and attended meetings (via teleconference) of the ECRG to gather information for my work relating to the BAC, from time to time. I was present during discussions relating to whether the continuation of the model of care delivered by the BAC was feasible, or whether a different model of care was more appropriate. I do not now recall the exact content of these discussions. Attached and marked "Appendix F" are copies of the agendas for some of the Planning Group meetings I attended between December 2012 and January 2013. Attached and marked "Appendix G" are copies of two summaries of ECRG meetings I attended on 7 December 2012 and 7 January 2013. I also developed a Media Protocol for the ECRG. Attached and marked as "Appendix H" is my initial draft, and the final draft of the Protocol.

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# Barrett Addissent Centre Commission of Inquity

- I also drafted "media holding statements" for key contacts in WMHHS to use when the media contacted them about various issues relating to the BAC. The purpose of these statements was to allow WMHHS to provide a quick initial response to the media, while WMHHS investigated the particular issue raised so that they could provide a further, more detailed response if required. As well as these holding statements, I prepared talking points for Ms Dwyer for use during media interviews and/or staff forums with BAC staff, a copy of which is attached and marked as "Appendix I". I was also responsible for drafting fact sheets (called "Fast Facts"), online communications and negotiating the timing of announcements in relation to the BAC. I drafted these fact sheets using information I gained from Planning Group meetings and information provided to me by Ms Dwyer, Ms Kelly, Ms Thorburn and Dr Leanne Geppert. Attached and marked as "Appendix J" are copies of my initial draft "Fast Facts" 1, 2, 3 and 4. All of the fact sheets were posted to the WMHHS internet site for public access. The WMHHS internet site has since been redeveloped and these fact sheets are no longer on there. Attached and marked "Appendix K" are copies of "Fast Facts" 1-11 (including copies of the "Fast Facts" 5-11, which I drafted while I was an employee of WMHHS).
- 14. In early 2013, then Media Adviser to the Minister for Health, Cameron Thompson, was pushing WMHHS to make an announcement about the BAC before WMHHS was ready to do so. I do not believe that Mr Thompson explained what the impetus was for this push at this time. Sharon Kelly and I told Mr Thompson that WMHHS was not ready to make any announcements about the BAC as, for example, WMHHS had not even had a chance to inform any staff about what was happening with the BAC. While we had a heated discussion about this, the announcement was ultimately delayed to allow WMHHS more time to make necessary arrangements, particularly in relation to staff.
- 15. As part of my consulting work for the WMHHS, I provided certain documents to the Office of the Minister for Health in relation to the BAC from time to time. On 21 November 2012, I drafted a standard response for the Minister for Health to use in relation to correspondence about the BAC, a copy of which is attached and marked as "Appendix L". On 27 November 2012, I drafted written responses to a series of questions from the Channel 10 program, The Project. I provided my draft responses to WMHHS and WMHHS provided these to The Project, after they were approved by the Minister's office. A copy of these questions is attached and marked as "Appendix M". In February 2013, I drafted a response to a Possible Parliamentary Question in relation to the BAC, a copy of which is attached and marked as "Appendix N". Around the same time on 20 February 2013, I drafted a "Briefing Note for Noting" about the BAC for then Director-General, Dr Tony O'Connell. Attached and marked "Appendix O" is a copy of my initial draft of this Briefing Note.
- 16. In March 2013, I started working on-site at the WMHHS offices in the role of Manager of Communication and Community Engagement. I no longer have a copy of my job description or employment contract for this role. I do not have many documents relating to this period in my possession, as they were held by WMHHS as my employer.

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- 17. Once I became an employee of WMHHS, my role within WMHHS broadened and intensified. While I continued providing communication services in relation to BAC, it became just one of many projects I was working on for WMHHS. For example, I was tasked with rebuilding the communications team within WMHHS and managing this team to develop all patient information material, manage all internet and intranet presences, coordinate Research Day and produce the Annual Report and the Quality of Care Report.
- 18. The Minister for Health and his senior adviser, Jake Smith met with Ms Dwyer frequently to discuss the progress of the Expert Clinical Reference Group. Around this time, the Minister for Health ultimately determined that Children's Health Queensland Hospital and Health Service (CHQHHS) should oversee the development of adolescent mental health services because it is responsible for providing state-wide children's health services. Initially, Ms Dwyer told me that WMHHS and CHQHHS would make a joint announcement about this following the outcome of the ECRG. On 24 May 2013, I received an email from Ms Kelly notifying the members of the Planning Group of the public interest in the BAC, confirming that WMHHS had not yet made a decision about the BAC and stressing the importance of ensuring all relevant communications were disseminated through WMHHS, a copy of which is attached and marked as "Appendix P".
- 19. In the lead-up to the announcement of the closure of the BAC, I drafted a number of draft briefing notes for Ms Dwyer. Ms Dwyer reviewed and amended these briefing notes as required before providing them to the Office of the Minister for Health. These briefing notes were essentially a re-work of the same information we had previously provided to that Office.
- 20. WMHHS had initially planned to hold a joint media conference about the BAC and the future of adolescent mental health services in Queensland with CHQHHS at 10am on Monday, 5 August 2013. In the days leading up to the announcement, I had a number of conversations with Mr Thompson from the Office of the Minister for Health about the reasoning behind the joint announcement and CHQHHS taking responsibility for adolescent mental health services in Queensland. I had prepared a media release to be sent to our standard list of media contacts and Queensland Times during the media conference.
- 21. However, on Sunday, 4 August 2013, Ms Dwyer and Mr Thompson told me that WMHHS and CHQHHS would not be proceeding with the joint announcement on Monday, 5 August 2013 and the Office of the Minister would manage the announcement from that point forward. Once this happened, neither WMHHS nor I had any further involvement in the announcement. No one told me about the reasoning behind this change of plan. I understand that the Minister for Health made the announcement regarding BAC and the model(s) of care to be used in the future in Parliament on Tuesday, 6 August 2013. I also understand that the Office of the Minister held a media conference that day (most likely, during the break in Parliament) and that Peter Steer from CHQHHS may have accompanied the Minister during this media conference. However, neither WMHHS nor I was involved in these announcements, or the planning for these announcements.

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- 22. Towards the end of 2013, I was involved in managing an incident the BAC. I spoke to Ms Kelly and one other staff member from the Park and drafted a media holding statement for WMHHS to use when the media contacted them about the incident, which explained that WMHHS The media did not follow up WMHHS to obtain a more detailed response. I thought this was fortunate as I did not think it appropriate for the media to be reporting on children who were unwell. I also drafted a media holding statement for WMHHS to use when the media contacted them in relation to the standing down of Clinical Director of the BAC, Dr Trevor Sadler, in relation to this incident. I advised Ms Kelly that she should be open and transparent in her communications with families in relation to this incident, however she was ultimately responsible for these communications.
- 23. I left my WMHHS role to accept the role of Director of Media and Communications at the Princess Alexandra Hospital, Metro South Hospital and Health Service in March 2014.

	OATHS ACT 1867 (DECLARATION)
I NAOM	I ELIZABETH FORD do solemnly and sincerely declare that:
(1)	This written statement by me dated
(2)	I make this statement knowing that if it were admitted as evidence, I may be liable to prosecution for stating in it anything I know to be false.
	ke this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of
· the Oat	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature
Taken an	d declared before me at
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Justice of	the Peace / Commissioner for Declarations / Lawyer
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# BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

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# ATTACHMENT LISTING

Attachment	Document	Page
Appendix A	Ms Naomi Ford's LinkedIn profile as at 25 November 2015	0009
Appendix B	Five invoices issued by Ms Ford to WMHHS for work performed from 16 November 2012 until 12 March 2013	0013
Appendix C	Initial draft Communication Plan dated 20 November 2012	0023
Appendix D	Initial draft Stakeholder Engagement Plan dated 1 December 2012 and further draft Stakeholder Engagement Plan dated 12 December 2012	0033
Appendix E	Appendix E Barrett Adolescent Strategy Project Plan dated 16 November 2012	
Appendix F	Agendas for Planning Group meetings Ms Ford attended between December 2012 and January 2013	0083
Appendix G	Appendix G Summaries of ECRG meetings Ms Ford attended on 7 December 2012 and 7 January 2013	
Appendix H	Appendix H Initial draft and final draft Media Protocol for the ECRG	
Appendix I	"Talking points" for Ms Lesley Dwyer dated 22 November 2012	0/07

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# Barrett Adolescent Centre Commission of Inquity

Appendix J	Initial draft "Fast Facts" fact sheets 1, 2, 3 and 4	0/09
Appendix K	"Fast Facts" fact sheets 1-11	0117
Appendix L	Draft ministerial response in relation to correspondence about the BAC dated 21 November 2012	
Appendix M	Draft written responses to questions from Channel 10 program, <i>The Project</i> dated 27 November 2012	0135
Appendix N	Draft response to a Possible Parliamentary Question in relation to the BAC dated February 2013	0/37
Appendix O	Draft "Briefing Note for Noting" dated 20 February 2013	0/39
Appendix P	Email from Ms Sharon Kelly to members of the Planning Group regarding the BAC dated 24 May 2013	0/43

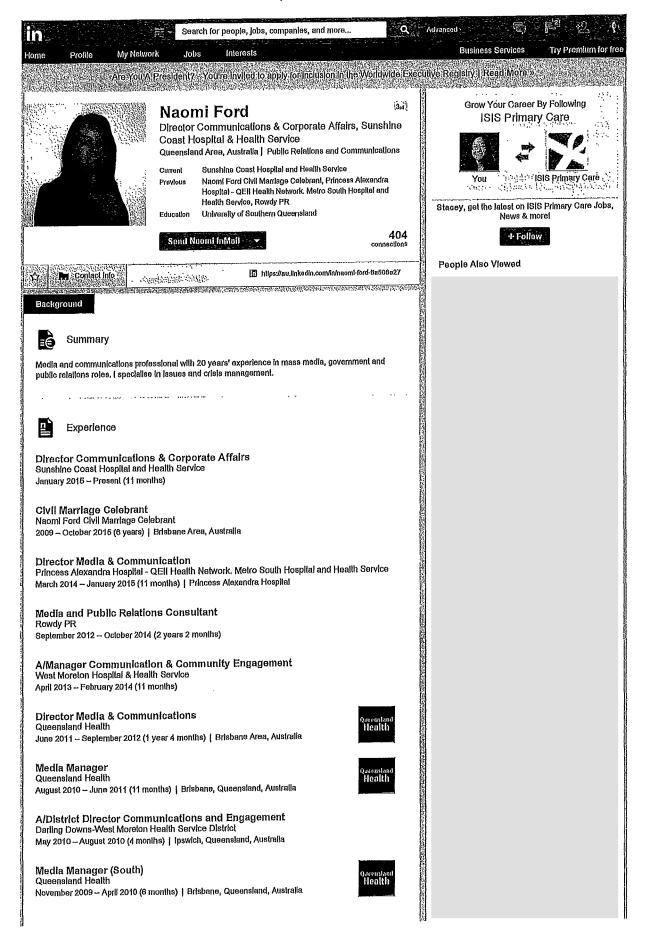
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Witness Signature:		Justice of the Peace / Comm	
		Declarations/Lawyer	Reg. No. 9630

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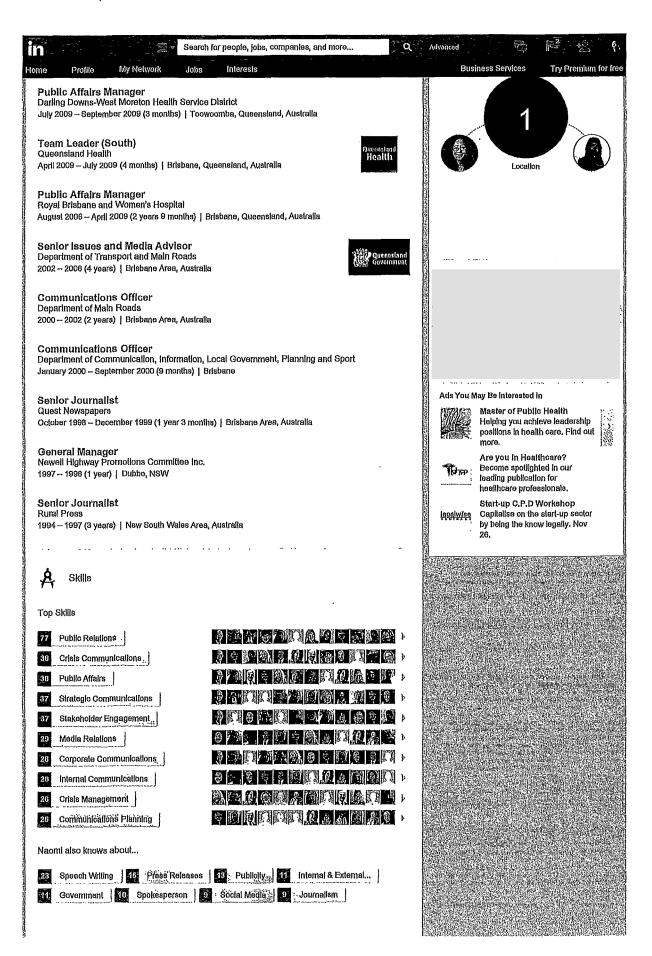
Witness Signature:

Naomi Ford | LinkedIn

"Appendix A"

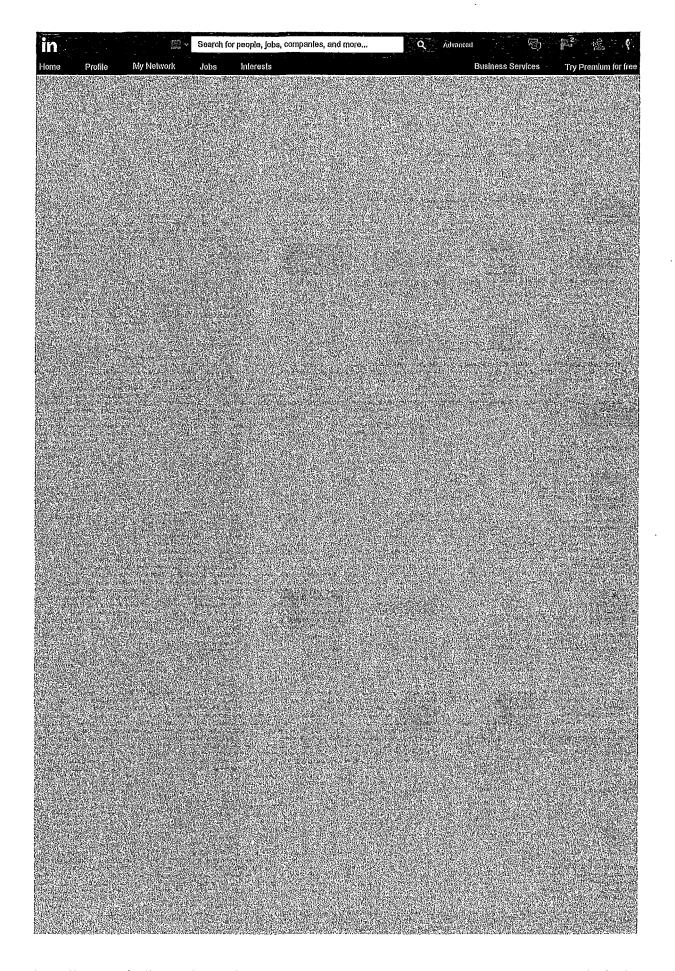


# Naomi Ford | LinkedIn



# Naomi Ford | LinkedIn

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Invoice

Bill To:

Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service Chelmsford Avenue, Ipswich, QLD 4305 PO Box 878, Ipswich, QLD 4306 Invoice number: WMHHS1 Invoice date: 1/12/12 Gustomer ID: 0000WM1

Date	Hours worked	\$ per hour	Description	Total (\$)
	_			
16/11/12	0,25	80	Phone discussion with Chris Thorburn to discuss Berrett Adolescent Centre project plan which formed basis of communication plan.	20.00
20/11/12	2,5	80	Follow up on email; phone discussion with Chris Thorbum; draft communication plan; draft media holding statements	200,00
21/11/12	1,5	80	Draft standard ministerial response; planning group teleconference	120,00
22/11/12	0,δ	80	Roview BAC project plan and communication plan; follow up on emails; draft laiking points for WMHHS CE	40,00
27/11/12	2,0	80	Review media response; begin draft stakeholder engagement plan	160,00
28/11/12	1.76	80	Teleconference; compile draft fact sheet	140,00
1/12/12	2,0	80	complete draft stakeholder engagement plan	160,00
Total hours works	d 10,8		Sublotal	840.00
			Balanca Due	840,00

# PAYMENT TERMS - Account terms are strictly 14 days.

The preferred method of payment is electronic funds transfer (EFT / payments via the internet). EFT details: L & N Ford, BSB:

Please use your customer ID as a reference for your payment.

I DO NOT ACCEPT PERSONAL CHEQUES, PLEASE MAKE ALL BANK CHEQUES / MONEY ORDERS PAYABLE TO NAOMI FORD.

REMITTANCE

Customer ID: 0000WM1 Date:

Amount Due: Amount Enclosed:

RPR.900.001.0014



## Invoice

Bill To:

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service
Chelmsford Avenue, Ipswich, QLD 4305
PO Box 878, Ipswich, QLD 4305

Invoice number: WMHHS2 Invoice date: 2/1/12 Customer ID: 0000WM1

Date	Hours worked	\$ per hour	Description		Total (\$)
ENONO				·· <u>L</u> ··	1
5/12/12	1.0	80	Teleconference		80,00
6/12/12	0,5	80	Draft media response		40,00
7/12/12	0,5	80	Phone calls with Chris Thorburn and check emails		40,00
10/1212	1.5	80	Check emails & draft newsletter		120,00
11/12/12	0.5	80	Check emails & phorte calls with Chris Thorbum		40,00
12/12/12	4,0	80	Teleconference; meeting at Yhe Park		320,00
14/12/12	1,5	80	Draft IMHS communication plan		120.00
18/12/12	0,5	80	Draft staff email on IMHS structure delays		40,00
Total hours work	ad 10			Subtotal	800,00
				Balance Due	800,00

PAYMENT TERMS - Account terms are strictly 14 days.

The preferred method of payment is electronic funds transfer (EFT / payments via the internet). EFT details: L & N Ford, BSB:
Please use your customer ID as a reference for your payment.

I DO NOT ACCEPT PERSONAL CHEQUES, PLEASE MAKE ALL BANK CHEQUES / MONEY ORDERS PAYABLE TO NAOMI FORD,

REMITTANCE

Customer ID: 0000WM1

Date:

Amount Due: Amount Enclosed:

RPR.900.001.0016



Invoice

Bill To:

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service
Chelmsford Avenue, Ipswich, QLD 4305
PO Box 878, Ipswich, QLD 4305

Invoice number: WMHHS3 Invoice date: 1/2/13 Customer ID: 0000WM1

Date	Hours worked	\$ per hour	Description		Tolal (\$)
6/11/12-1/12/12	10,5	80	OUTSTANDING INVOICE: WMHHS1		840,00
5/12/1218/12/12	10,0	80	OUTSTANDING INVOICE: WMHHS2	•	800,00
11/1/13	2,0	80	Draft WMHHS communication plan		160,00
15/1/13	3,5	80	Finalise draft WMHHS communication plan		280,00
22/1/13	4,0	80	Meeting with Lesley Dwyer		320,00
23/1/13	1,5	80	Draft media release & liaise with Queensland Times		120.00
24/1/13	1,5	80	Draft BAC newsfeller, check emails, liaise with Queensland Times re: photos		120.00
25/1/13	2,5	80	Draft mental health madia release and media response		300.00
Total hours worked	128.5		J	Subtotal this invoice	1300,00
PAYMENT TER	RMS - Account	terms are stric	ctiv 14 davs.	Balance Due	2940,00

The preferred method of payment is electronic funds transfer (EFT / payments via the internet), EFT details: L & N Ford, BSB: Please use your customer ID as a reference for your payment.

I DO NOT ACCEPT PERSONAL CHEQUES. PLEASE MAKE ALL BANK CHEQUES / MONEY ORDERS PAYABLE TO NAOMI FORD.

REMITTANCE Customer ID: 0000WM1

Date:

Amount Due: Amount Enclosed:

RPR.900.001,0018



### Invoice

Bill To:

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service
Chelmsford Avenue, Ipswich, QLD 4305
PO Box 878, Ipswich, QLD 4305

Invoice number: WMHHS4 Invoice date: 21/2/13 Customer ID: 0000WM1

Date	Hours worked	\$ per hour	Description		Total (\$)
	-1				Lan an
1/2/13	1.0	80	Draft & finalise media statement		80,00
6/2/13	1.5	80	Draft & finalise Queensland Times media responses		120,00
7/2/13	1.0	80	Finalise & finalise Queensland Times media responses		80,00
8/2/13	1,0	80	Draft & finalise Queensland Times media responses		80.00
11/2/13	0,5	80	Emails and phone calls to discuss media responses		40.00
13/2/13	2	80	Review meeting documents & propero Queensland Times media responses		180,00
15/2/13	5,5	80	Planning workshop		440,00
18/2/13	2	80	Draft & finalise Queensland Times media responses		160,00
20/2/13	1	80	BAC teleconference		80
Total hours worked	15,5			Subtotel this invoice	1240,00
PAYMENT TE	RMS - Account	terms are stric	ctly 14 days.	Balance Due	\$1240.00

The preferred method of payment is electronic funds transfer (EFT / payments via the internet). EFT details: L & N Ford, BSB: Please use your customer ID as a reference for your payment.

I DO NOT ACCEPT PERSONAL CHEQUES. PLEASE MAKE ALL BANK CHEQUES / MONEY ORDERS PAYABLE TO NAOMI FORD.

REMITTANCE

Customer ID: 0000WM1

Date:

Amount Due: Amount Enclosed:

RPR.900.001.0020



### Invoice

Bill To:

Sharon Kelly Statoff Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service
Chelmsford Avenue, Ipswich, QLD 4306
PO Box 878, Ipswich, QLD 4305 Invoice number: WMHHS5 Invoice date: 21/3/13 Customer ID: 0000WM1

Date	Hours worked	\$ per hour	Description	Total (\$)
21/2/13	1.5	80	Oraft BAC briefing note & newsletter	120,00
26/2/13	1.0	80	Draft & finelise Queensland Times media response	80,00
27/2/13	1.0	80	Draft & finelise Queensland Times & Sunday Mali media responses	80,00
28/2/13	1.0	80	Draft & finalise Queensland Times media response	80,00
1/3/13	1.0	80	Dreft & finelise Queensland Times media response	80,00
4/3/13	1.0	80	Prepare Queensland Times madia response	80,00
8/3/13	1.0	80	Draft and finalise Queensland Times response	80,08
7/3/13	1.5	80	Prepare notes for Ministerial visit	120.00
8/3/13	1,5	80	Phone calls and draft HACC services media statement	120,00
12/3/13	1.0	80	Draft and prepare Queensland Times media response	80.000
Total hours wor	ked 11,6	<del></del>	Subtolal this involce	920,00
			Belance Due	\$920,00

# PAYMENT TERMS - Account terms are strictly 14 days.

The preferred method of payment is electronic funds transfer (EFT / payments via the internet). EFT details: L & N Ford, BSB: Please use your customer ID as a reference for your payment.

I DO NOT ACCEPT PERSONAL CHEQUES. PLEASE MAKE ALL BANK CHEQUES / MONEY ORDERS PAYABLE TO NAOMI FORD.

REMITTANCE Customer ID: 0000WM1

Date:

Amount Due: Amount Enclosed:

RPR.900.001.0022

"Appendix C"



# Communication Plan

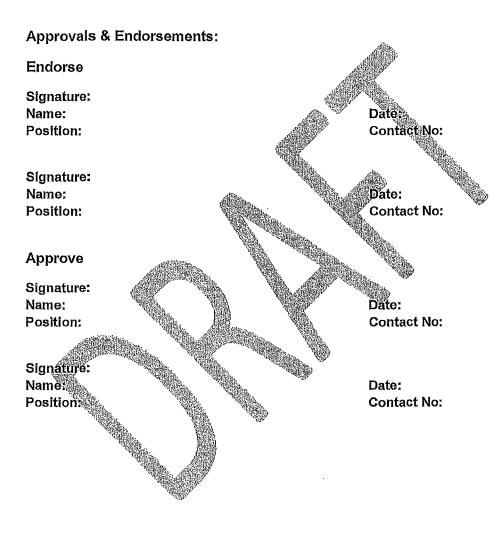
Project: Barrett Adolescent Centre

Prepared by: Naoml Ford, Rowdy PR

Date: 20 November 2012

# Version control:

Version	Date	Author	Comments
V0.1	20/11/12	Naomi Ford	First draft comms
V0.2			
V0.3			



#### Background

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

#### Communication objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- Gain and sustain support of key stakeholders and influencers who play a critical role in this project success.
- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

#### Communication principles

- Communication with all stakeholders is based on honesty and transparency
- · Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- · Speaks with 'one voice' to stakeholders

#### Communication environment

Public health care in Queensland (including WMHHS) has undergone significant change over the past 18+ months. As a result, staff morale and the public image of public health care in Queensland has been on a downward trend. This appears to be improving however there are still a number of challenges facing the HHS and Queensland Health as the system manager including:

- Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service; innovation, and fosters teaching and research to attract and retain staff.
- Developing new models of providing care and reconfiguring services with less reliance on the hospital and acute setting and more emphasis of patients being managed in the community setting.
- Managing outcomes and resources when individual patient care may be provided in different locations and sectors.
- Ensuring and demonstrating that our health service is safe and of high quality.
- Improving access to the health system for Aboriginal and Torres Strait Islander people
  and people disadvantaged by language disability and geographic isolation.
- Recruiting skilled professional staff.
- Changed funding model for HHS'.

# Stakeholder groups

#### Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director General, Deputy Directors-General and Executive Directors
- Senior Heads of Department

#### External stakeholders:

- The Premier and other Queensland Government Ministers
- Education Queensland
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- · Members of Parliament

- Local Governments
- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

# Stakeholder analysis

		OHUNELUENGE WUNPACT	COLLABORATE	HIGH INFLUENCE HIGH IMPACT
LEVEL OF INRLUENCE	Consumers and families Staff working in BAC West Moreton Hospital a Board Health Minister The Qld Premier		Expert Clinical referexternal experts Mental Health Alcoh Branch Dept of Education NGOs Other HHS	ence Group nol and Other Drugs
		WINELUENGE WIMPACT	KEEP INFORMED	HIGH IMPACT LOW INFLUENCE
	Potential agencies imparrevised model of care Media	oted by a	All Child and Youth Services All Chilef Executives Minister for Health System Manager Opposition parties Unions Professional college Broader health profe General public	, HHSs
		LEVELO	IMPACT:	

# Communication risks and issues

	(high/med/	(high/ med/	(high/med/	Communication actions to mitigate risk
Stakeholders are not kept adequately informed, leading to misinformation in public realm	Med	High	High	Adhere to communication plan, including evaluation targets
Stakeholders and Issues are not scoped	Med	High	High	Ensure stakeholder and Issues

Risk	(high/ med/	Severity (high/: med/ low)	Consequence (high/ med/ (low)	[3:29:30:49:00:10:20:10:20:10:40:40:40:40:40:40:40:40:40:40:40:40:40
adequately and				thoroughly explored.
communication does				
not satisfy their				
concerns, leading to	a.			
opposition to project				
Political influence changes the scope of the project	Med	Hlgh	High	Keep Health Minister and Premier informed during all stages to help ensure support

#### Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
  - O West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
  - We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date
- Closure of the Barrett Adolescent Centre at Phe Park Centre for Mental Health does not mean the end of extended mental health treatment and rehabilitation for young people in Queensland.
  - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
    - Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for them.
  - o 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.
  - Queensland's youth will continue to receive the excellent mental health care that they have always received.
  - We want adolescents to be able to receive the care they need as close to their home as possible.

#### Communication tactics

Channel/tactic Online and digital communication	Rationale
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website	Low cost, engages both internal & external

Channel/factic.	Rationale
including FAQs. Can emulate the Intranet page(s)	stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alents to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out.  These memos/ letters should be prepared for other HIAS! NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for botting or approval
Face-to-face	
Internal stakeholder briefings, trainings, meetings and focus groups	One on on one on one one one one one of the control
Externalistakeholders bijefings, meetings	undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
Marketing collateral	
Fact sheet	Develop and distribute supporting collateral
Mall out (letters)	that explains, reinforces or triggers key project/program messages.
Media	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

# Action plan internal and external stakeholders

Activity	Target audlence	(Issues / risks	Messages / content-	Responsibil Ity	Budget	When	Pridrity
Briefing note to Minister & System Manager	Minister & Ministerial staff, Director- General	May not support recommenda tlons	Outline scope of project, reasoning and proposed way forward	WMHHS CE	NII	W/C 19/11/12	Hlgh
Internal stakeholder briefing	BAC staff, WMHHS mental health staff	BAC staff currently do not support project	Explain background for project, focus on key messages that youth will not miss out	WMHHS CE	2	W/C 26/11/12	Hlgh
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	NII	After above staff briefing	Medium
Responses to corresponde nce	BAC existing patients, staff, general public, politiclans who have submitted corresponde noe on Issue	Corresponde nce writer may go to media	Develop standard response regarding backforound of project reasoning eto the control of the cont	WMHHS CE/ Executive Tealin	Ē	ASAR	High
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project frot responded to quickly	Key messages with focus on care being provided to young people	Roydy PR	NII	ASAP	Medlum
Online communicati on	WMHHS staff, general public	If Information Is not Ifficially and accurate Willipreate negative perception and media attention	Outline scope of project, reasoning and proposed way forward, Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	NII	1/12/12	Low
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / Inaccurate Information	As above	Rowdy PR, Project Lead, WM HHS online & marketing officer	NII	1/12/12	Low
Media	Media,	Negative	Stick to key	WMHHS CE,	NII	As required	Medium

Activity conferences / community service announceme nts	Target saudlence general public	Elssues:/ FISKs media stories	iMessagesi/ rcontent: 2, messages	Responsibilia ity Rowdy PR	*Budgets = 15	When	Phority:
Social media (consider using the System Manager's social media channels if WMHHS has none avallalble)	All	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information  Social media (consider using the System Manager's social media channels if WMHHS has none available)	WMHHS CE, Project Lead, WMHHS online & marketing officer	NII .	TBD	Low

### **Evaluation**

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and Issues
- Feedback from management groups
- Staff forums
- Media analysis and tracking
- Meetings

This feedback will be used as the main driver for up-dating and continually improving the communication plan.

#### Issues management

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

### Prevention of public media issues wherever possible

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.

- Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

# Effective and timely management of issues as and when they arise This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS
   CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad
   range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case pasis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.





# Stakeholder Engagement Plan

Project: Barrett Adolescent Centre

Prepared by: Rowdy PR

Date: 1 December 2012

EXHIBIT 51 RPR.900.001.0034

# Version control:

**Endorse** 

Version	Date	Author	Comments
V0.1	1/12/12	Naomi Ford	First draft stakeholder engagement plan
V0.2			
V0.3			

# Approvals & Endorsements:

Signature: Name: Position:	Date: Contact No:
Signature:	
Name:	Date:
Position:	Contact No:
Approve	
Signature:	
Name:	Date:
Position:	Confact No:
Signature:	
Name:	Date:
Position:	Contact No:

# 1. Barrett Adolescent Centre Project

#### 1.1 Background

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

# 1.2 Project objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Communicate to stakeholders alternative contemporary models of care for Queensland adolescents.
- Increase the community's understanding of the BAC project.
- Encourage effective communication and feedback from stakeholders.

# 2. Stakeholder engagement objectives

### 2.1 Stakeholder engagement objectives

- Create ownership of, and support for, the BAC project within WMHHS staff.
- · Increase the community's understanding of the BAC project.
- Gain support of new model of care by clinicians, consumers and their families.
- · Communication with all stakeholders is based on honesty and transparency
- · Information is easily accessed by all stakeholders
- · Communication is responsive and flexible to stakeholder feedback

#### 2.2 Strategic priorities

West Moreton Hospital and Health Service (WMHHS) is a health-care community dedicated to improving the health of the population it serves. This stakeholder engagement plan links to three of the Hospital and Health Service's six strategic directions:

- Revitalise Services
- Innovate and Redesign
- · Build Sustainable Services and Infrastructure

### 2.3 Stakeholder groups

#### S1: Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors
- Senior Heads of Department
- Existing BAC patients & families
- Other Adolescent inpatient MH services
- Education Queensland

- Education Minister
- Director-General Education Queensland

#### S2: External stakeholders:

- The Premier and other Queensland Government Ministers
- Media
- Potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments
- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

#### 2.3 Level of engagement

#### 2.3.1 Level of engagement needed:

To be effective, this plan will require the following levels of engagement:

Engagement level	Stakeholder
Information: One-way relationship, where information is provided to stakeholders and the community.	(other than BAC staff); consumers and families; AMA
Consultation: Two-way relationship, where community views are sought and there is	S1 & S2: BAC staff, consumers, relevant unions, other
an opportunity to influence the final outcome.	HHSs (including CEs), NGOs, System Manager, EQ

(incl DG and Minister for Education)

Active participation: Communities and individuals are actively involved in project. S1. Clinicians (clinical reference group in particular): decisions, the community can help manage the process of developing solutions, there. Minister for Health, WMHHS Board are opportunities for shared agenda setting and deliberation on issues and solutions.

#### 2.3.2 Rationale:



#### 3. Project risks

Risk Event and Impact	Likelihood	Severity	Risk	Treatment
			rating	
Time frames in the gant chart are not met.	⊈ikely.	Minor	Medium	Executive Sponson EDMH&SS to closely oversight
leading to loss of confidence from stakeholders				activities in gant chart to minimise this risk
Expert Clinical Reference Group do not agree on	Possible	Moderate	Medium	
a preferred Model of Care, causing delays to the				based models of care will minimise this risk
development of an implementation plan				
Preferred Model of Care cannot be endorsed.	Possible	Major	High	Close collaboration between West Moreton HHS other
causing implementation delays				HHS and the System Manager will minimise this risk as
				existing resources capacity etc will be confirmed
Communication of Project objectives, scope and	Possible	Moderate	Medium	•
progress is not effective, leading to stakeholder				minimise this risk.
dissatisfaction				

Endorsed Implementation plan is delayed,	Likely Moderate	High	Effective project management and broad stakeholder
delaying stage 1 implementation for current BAC			engagement with minimise this risk
consumers			

#### 4. Stakeholder and issues analysis

Stakeholder group	Issues:	Primary stakeholders	Secondary stakeholders	Engagement need	Communication and engagement tools
			Other WMHIS	High level	• Fact sheets
S1.	<ul> <li>Opposed to</li> </ul>	<ul> <li>BAG staff</li> </ul>	staff	engagement	Newsletter
	closure of BAC	Office of the	<ul> <li>System Manager</li> </ul>	required -	updates
	<ul> <li>Lack of faith in</li> </ul>	Minister	<ul> <li>Education Qld</li> </ul>	information,	<ul> <li>All staff emails</li> </ul>
	WMHHS finding		● BAC patients &	consultation and	• Face-to-face
	sustainable		families	active	meetings/forums
	solution			participation.	<ul> <li>Gorrespondence/I</li> </ul>
	<ul> <li>High expectation</li> </ul>			<ul> <li>Need to be kept</li> </ul>	etters
	on service			up-to-date	<ul> <li>Intranet updates</li> </ul>
	delivery			regularly (weekly	<ul> <li>Internet updates</li> </ul>
	<ul> <li>Opposed to</li> </ul>			or fortnightly if	• E-alerts
	change			possible)	<ul> <li>Memos/briefing</li> </ul>
	<ul> <li>Want cost</li> </ul>			<ul> <li>Need to feel part</li> </ul>	notes
	effective			of solution.	
	statewide solution.			<ul> <li>Gamer support</li> </ul>	
	(Minister's office)		The part of the second	for project	
	<ul> <li>Solution must</li> </ul>			<ul> <li>Open &amp; honest</li> </ul>	
	consider political			communication	
	ramifications.				
	• Lack of				
	understanding of				
	need for change				

Stakeholder group	[SSUES	Primary stakeholders	Secondary stakeholders	Engagement need	Communication and engagement tools
S2	Do not understand project.     Swayed by negative comment/inaccurate information.     Political ramifications.	Current BAC consumers & their families Office of Premier Other HHS' Professional Colleges NGOs	Media     General public     AMA     Relevant unions     Local     Governments     Members of     Parliament	<ul> <li>Consultation (primary stakeholders)</li> <li>Information (secondary stakeholders)</li> <li>Create awareness &amp; understanding of project</li> <li>Open and honest communication</li> <li>Regular updates</li> </ul>	<ul> <li>Newsletters</li> <li>Fact sheets</li> <li>Media responses/releas es</li> <li>Press conferences</li> <li>Internet updates</li> <li>Face-to-face meetings</li> <li>E-alerts</li> <li>Social media</li> <li>Letters/correspon dence</li> </ul>
					<ul> <li>Memos/briefing notes</li> </ul>

#### 4.1 Communication and engagement tools

Tool/tactic	Rationale
Online and digital communication	
Intranet (including spotlight) and Internet (new pages and FAQs)	web Low cost and a central repository for all project/program related information.
Infermet new mage(s) to HHS we beite including	g Eow cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders

Tool/tactic	Rationale
	·
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager: May only be appropriate once new model of care has
	been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the
	project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Bnefing note to Health Minister and System	Bottom up,communications on key information (changes and updates) about the project/program for
Manager	noting or approval
Face-to-face	
Internal stakeholder briefings, trainings, meetings	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS etc on project/program milestone activities prior to commencement:
and focus groups  External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align
External data of the first state of the stat	with stakeholder expectations.
Marketing collateral	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program
:Mail out (letters)	messages.
Media	
Media statements	
Media conferences	

Tool/tactic	Rationale	
Community service announcements		
Social media (Twitter / Facebook)	Manage and American American	

#### 5. Key messages

M1:	West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need
M1a:	West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
M1b:	We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.

M2:	Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young
	people in Queensland.

M2a:	The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for
	adolescents

M2b:	Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best
wie.	
	suited for them.

M2c:	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 treatment.

M2d:	Queensland's youth will continue to receive the excellent mental health care that they have always received.
------	--

M2e: We want adolescents to be able to receive the care they need as close to their home as possible.

#### 6. Service standards

	Activity		Service standard	
Response to inquiries				
Telephone		Response within	n 48 hours of receipt.	
Email		Response within	n 48 hours of receipt.	
Media enquiries		Responses will	meet all media deadlines.	
Written correspondence		Response within	n 7 days of receipt.	
Briefing notes		Response provi	ded within allotted timeframe	
Information dissemination				
Project team updates		Release month	y to list of agreed stakeholders.	
BAC staff briefings		Monthly face to	face forums with BAC staff	
Meeting procedures			•	
Project team meetings			ting procedures and actions and	
		forthight of mee	ting, to list of agreed stakeholde	rs.

#### 7. Action plan and budget

Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility.	Timing and frequency	Budget
Ranning	Briefing note	System manager Health Minister System	M1 M1a M1b M2 M2a M2b M2c M2d M2e	Briefing note to be drafted	WMHHS CE	As needed	NII Programme in the second se
	Standard response to correspondence	Manager General public	Mil. Milai Milb	Diraft letter to be written	Rowdy PR	To be reviewed/updated in each project phase	Nii
	Fact Sheet/newsletters.	BAC staff, current consumers.& families; general public	M1, yM1a, M1b	Draft fact / sheet.	RewdyPR	Fortnightly	Nilo
	Face-to-face briefing	BAC staff; Health Minister; System Manager	M1 M1a M1b M2 M2a M2b M2c M2d M2e	Talking points to be drafted	Rowdy PR WMHHS CE	As required	Nil
	Intraneti		M1, M1a, M1b	Text-to be drafted, Fact sheet uploaded	Rowdy PR: WMHHS communication & engagement unit	Astrequired.	NII
Scoping	Media response	Media; general public BAC staff;	M1, M1a, M1b M1, M1a, M1b	Standard response(s) to be prepared Draft fact	Rowdy PR	As required Fortnightly (if	Nii Nii
	sneets/newsletters	current	t updates on	sheet		possible)	0.000

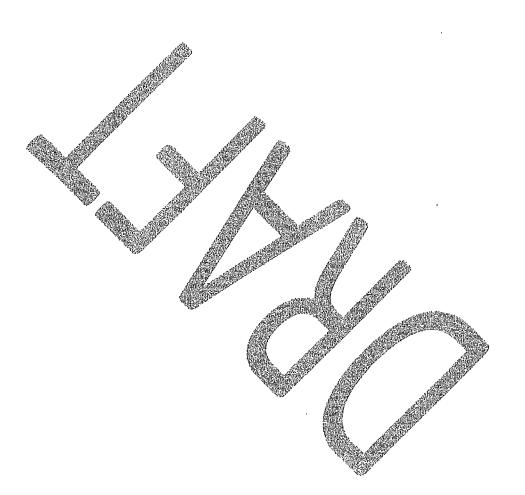
Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
		consumers & families; general	expert references group planning		99 39 39 39 39 39 39 39 39 39 39 39 39 3		
		public Education Qld: System					
		Manager Health Minister					
	Mediatresponses	Other HHS	M1 M1a+M1b + updates on expert reference.	Responses to be draffed	Rowdy PRI	As required	Nil
	Internet	Media general	group planning. Updates on planning group	Text to be drafted	Rowdy.PR- WMHHS-	As required	NiL
		public: BAC staff, consumers &	activities		communication & engagement unit.	Section for the section of the secti	
	Intranet :	families -WMHHSistaff	Project updates	Text to be drafted	Rowdy PR: WMHHS communication	As required	Nīi
	Flace-to-face briefing	BAC staff Health	Project updates: garner support for	Talking points to be drafted	& engagement unit WMHHS CE; Rowdy PR	As required.	Nii
	$\begin{array}{ccc} & & & & & & \\ & & & & & & \\ & & & & & $	Minister: System Manager: Polovent	current direction(s)				
		Relevant HHS;					

Project milestone and timing	Gommunication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
	Social media (should be part of WMHES broader social media strategy, not	Education Qid General public, media, WMHHS staff; Other HHS'	Project updates	Text to be written & comments to be moderated; must be	WMHHS Communication & Engagement Unit WMHHS CE (approvals)	As required	Nil
Decision making	singular project) Face-to-face forums	Education Qld BAC staff; Health Minister; System Manager;	Communicate findings & recommendations Garner support for preferred option	responsive Talking points to be prepared	WMHHS CE Rowdy PR	By end June 2013	Ņil
	Media responses/media contenences internet	Education Qid Media; general public General public	Announce	Talking points to be prepared.  Text to be drafted		When decision finalised – By end June 2013 Byjend June 2013	Nil Nil
	Intranet	WMHIS staff, System Manager, ©ther HHS'		As above	unit: Rowdy PR As above:	As above	Nil
	Newsletters:	BAC staff, Health Minister: BAC consumers & their families, System	Announce new model of care	As above	As above	As above	
		Manager, General					

Project milestone and timing	Communication and engagement tools	Audience	Primary-key message	Tasks	Responsibility	Timing and frequency	Budget
		public: media WMHHS staff Education		25 P. Slamb			
	Community service	QId: Other HHS General public	Benefits of new model of care	Text to be prepared	Rowdy PR	By end June 2013	Nīl
	announcements Social media (should be part of WINTHS broader social media	General public, media: WMHHS staff: Other	Announce new model of care promote benefits of new model of	Text to be written & comments to be moderated.			
	strategy not: singular project) Correspondence	HHS' Education Old General public	care  New model of care & benefits of new model.	must be responsive Standard response to be prepared; Must be responsive	Rowdy RR WMHHS CE	As required	Nil
	Memos/briefing notes	System manager Health Minister	Communicate findings of investigation & make	Write memo/briefing	WMHHS CE Rowdy PR	By end June 2013	Nil
			recommendations on solution Garner support for preferred option				

#### 8. Evaluation

Objective	Evaluation	Who	When
Correspondence will be responded to within 7 days of recept.	Track letter distribution through phone calls to each facility within three working days of intended receipt	WMHHS admin support	Within three working days of intended receipt of letter
Evaluate volume and nature of stakeholder feedback	Prepare feedback log & manage distribution and collection of statistics a fortnight after each of the following project milestones.  • « Planning	Chris Traorburn	July 2013
Stakenolder feedback will be	Scoping     Decision making:  Track feedback through feedback	Chris I horpura; WMHHS admin	. Daily
provided within 7 days	log & correspondence to prepare responses; consider stakeholder survey at end of project to determine it happy with level of communication.	SUPPORT	
Fact sheets / newsletter updates will be provided fortnightly	Consider stakeholder survey at end of project to determine if happy with level of communication. Project updates to be provided on regular basis using fact sheets and internal newsletters.	Rowdy PR	Fortnightly
All media responses will meet media outlets' deadlines	Track media quenes and response times, analyse data at end/of: project. Timely responses to be provided. Project Lead & WMHHS GE to be made available to approve responses as required.	Rowdy PR WMHHS CE, Sharon Kelly	As required:
Project key messages will appear in media articles 50% of the time	Media clip analysis	WMHHS communication & engagement unit	Daily



#### 1. Barrett Adolescent Centre Project

#### 1.1 Background

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

#### 1.2 Project objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Communicate to stakeholders alternative contemporary models of care for Queensland adolescents.
- Increase the community's understanding of the BAC project.
- Encourage effective communication and feedback from stakeholder

#### 2. Stakeholder engagement objectives

#### 2.1 Stakeholder engagement objectives

- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- · Gain support of new model of care by clinicians, consumers and their families.
- · Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback

EXHIBIT 51 RPR.900.001.0052

#### West Moreton Hospital and Health Service

#### Stakeholder Engagement Plan - Barrett Adolescent Centre

#### 2.2 Strategic priorities

West Moreton Hospital and Health Service (WMHHS) is a health-care community dedicated to improving the health of the population it serves. This stakeholder engagement plan links to three of the Hospital and Health Service's six strategic directions:

- · Revitalise Services
- Innovate and Redesign
- Build Sustainable Services and Infrastructure

#### 2.3 Stakeholder groups

S1: Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Patients and families
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors
- Senior Heads of Department
- Education Queensland
- Education Minister
- Director-General Education Queensland

#### S2: External stakeholders:

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments
- Opposition parties
- Relevant unions
- Professional colleges

- Other Hospital and Health Services
- Non-government organisations

#### 2.3 Level of engagement

#### 2.3.1 Level of engagement needed:

To be effective, this plan will require the following levels of engagement:

Engagement level	Stakeholder
Information: One-way relationship, where information is provided to	\$1 & \$2: General community, media, WMHHS
stakeholders and the community.	staff (other than BAC staft), consumers and
	Jamilies, AMA, Members of Parliament, Opposition
	⊫iparties)
Consultation: Two-way relationship, where community views are sought and	S1 & S2: BAC staff, consumers, relevant unions,
there is an opportunity to influence the final outcome.	other HHSs (including CEs), NGOs, System
	Manager, EQ (incl DG and Minister for Education)
Active participation: Communities and individuals are actively involved in	S1: Clinicians (clinical reference group in
project decisions, the community can help manage the process of developing.	particular): Minister for Health, WMHHS Board
solutions, there are opportunities for shared agenda setting and deliberation	
on issues and solutions.	

#### 2.3.2 Rationale:

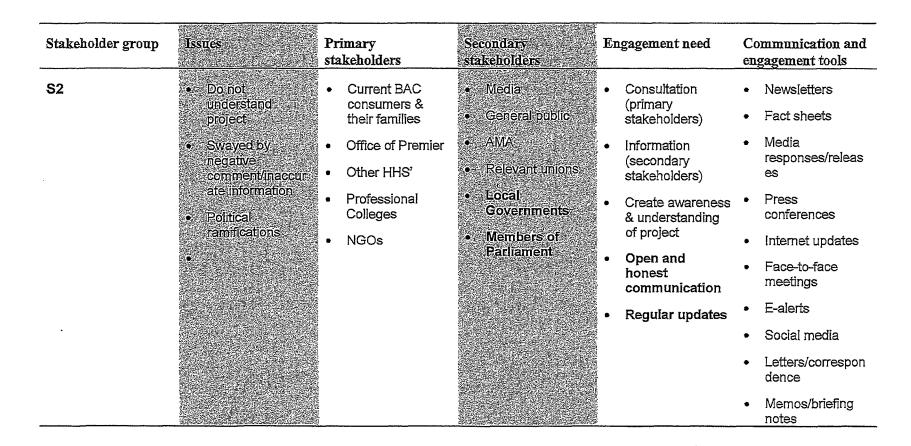


#### 3. Project risks

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Time frames in the gant chart are not met leading to loss of confidence from stakeholders  Expert Clinical Reference Group do not agree on a preferred Model of Care, causing delays to the development of an	Possible	Minor Moderate	Medium: Medium	Executive Sponsor EDMH&SS to closely oversight activities in gant chart to minimise this risk.  Input from external experts and reviewing evidence based models of care will minimise this risk.
implementation plan Preferred Model of Care cannot be endorsed, causing implementation delays  Communication of Project objectives, scope and progress is not effective, leading to	Possible Possible	Major Moderate	High Medium	Close collaboration between West-Moreton HHS other/HHS and the System Manager will minimise this risk as existing resources; capacity etc. will be confirmed.  Implementation of the communication plan will minimise this risk.
stakeholder dissatisfaction  Endorsed Implementation plan is delayed, delaying stage 1 implementation for current BAC consumers	<b>Likely</b>	Moderate	High.	Effective project management and broad stakeholder engagement with minimise this risk

#### 4. Stakeholder and issues analysis

Stakeholder group	Issues	Primary stakeholders	Secondary stakeholders	Engagement need	Communication and engagement tools
S1	• Opposed to	• BAC staff	- • • • • • • • • • • • • • • • • • • •	a	• Fact sheets
	closure of BAC  • Lack of faith in	Office of the     Minister.	staff  • System Manager	engagement required = information	Newsletter     updates
	WMHHS finding sustainable		• Education Qld	consultation and active	• All staff emails
	solution  • High expectation			participation:  • Need to be kept	Face-to-face meetings/forums
	on service delivery			up-to-date regularly (weekly or-fortnightly if	Comespondence/ efters
	Opposed to change			possible)	• Intranet updates
	• Want cost and a			Need to feel part of solution.	• Internet updates
	effective: statewide solution			Gamersupport	• E-alerts
	(Minister's office)			for project.	Memos/briefing notes
	<ul> <li>Solution must consider political ramifications.</li> </ul>			Open & honest communication	
and the second s	• Eack of		N. C. St. J. St. of the		
	understanding of need for change				Policy (Melanciae) and employed



#### 4.1 Communication and engagement tools

Tool/tactic	Rationale
Online and digital communication	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs: Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager May only be appropriate once new model of care has been determined:
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for anoting or approval.
Face-to-face	
Internal stakeholder briefings, trainings, meetings and focus groups.	One-on-one engagement with key stakeholders such as BAC staff. Health Minister, other HHS-etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
Marketing collateral	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program messages.
Mail-out (letters)	

M2b:

M2c:

#### West Moreton Hospital and Health Service

#### Stakeholder Engagement Plan - Barrett Adolescent Centre

Tool/tactic	Rationale	
Media		
Media statements		
Media conferences		
Community service announcements		

#### 5. Key messages

M1: West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health

care they need

West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's

adolescents is appropriate and based on best available evidence.

M1b: We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.

M2: Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.

M2a: The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents

Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for 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 treatment.

M2d: Queensland's youth will continue to receive the excellent mental health care that they have always received.

M2e: We want adolescents to be able to receive the care they need as close to their home as possible.

#### 6. Service standards

Activity	Service standard
Response to Inquines	
Telephone	Response within 48 hours of receipt.
Email	Response within 48 hours of receipt.
Media enquiries	Responses will meet all media deadlines.
Written correspondence	Response within 7 days of receipt:
Briefing notes	Response provided within allotted timeframe
Information dissemination	
Project team updates	Release monthly to list of agreed stakeholders.
BAC staff briefings	Monthly face-to-face forums with BAC staff
Meeting procedures	
Project team meetings	Record all meeting procedures and actions and distribute within a fortnight of meeting, to list of agreed stakeholders.

#### 7. Action plan and budget

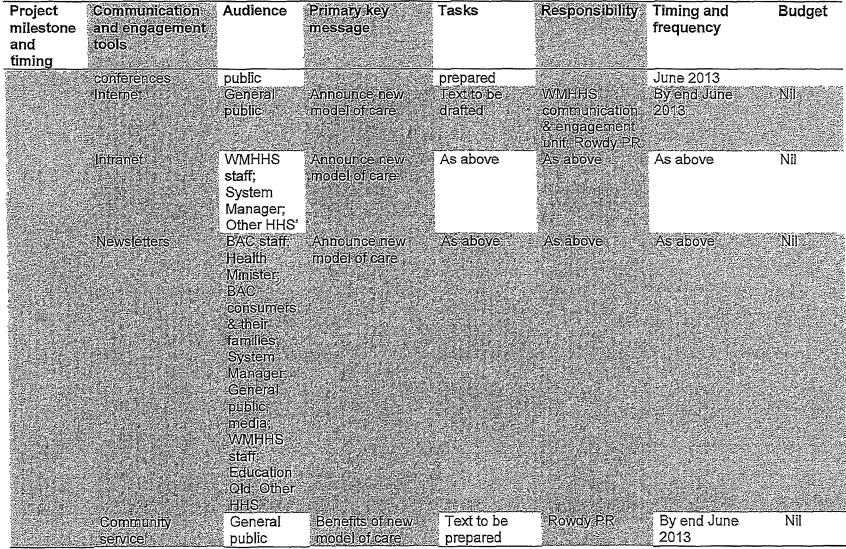
Project milestone and timing	Communication and engagement fools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
Planning	Briefing:note	System manager; Health Minister; System	M1 M1a M1b M2 M2a, M2b M2c M2d M2e	Briefing note to be drafted	WMHHS CE	Asineeded	Nil
	Standard- response to correspondence	Manager General public	M1, M1a, M1b	Draft letter to be written	Rowdy/PR	To be reviewed/updated in each project phase	Nil
	Fact Sheet/newsletters	BAC staff, current, consumers & families; general public	M1 Mfa M1b	Draff facts sheet	Rowdy PR	Fortnightly	Nil.
	Face-to-face briefing	BAC staff; Health Minister; System Manager	M1; M1a; M1b; M2; M2a; M2b; M2c; M2d; M2e	Talking points to be drafted	Rowdy PR. WMHHS CE	As required	Nil
	Intranet	WMHHS staff	M1 M1a M1b	Text to be drafted. Fact sheet uploaded	Rowdy PR: WMHHS communication &engagement unit	As required	Ňil

Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks ·	Responsibility	Timing and frequency	Budget
	Media response	Media; general public	M1. M1a. M1b	Standard response(s) to be prepared	Rowdy PR	As required	Nil
Scoping.	Fact sheets/newsletters	BAC staff; current consumers &families.	M1: M1a; M1b + updates on expert reference; group planning	Draft fact sheet	Rowdy PR	Fortnightly (if possible)	Nil
		general public Education Qld:	Programme and the second secon				
		System Manager: Health Minister; Other HHS	$\begin{array}{cccc} & \text{for } p \in \mathbb{N} \\ & & & \text{for } p \in \mathbb{N} \\ & & & \text{for } p \in \mathbb{N} \\ & & & \text{for } p \in \mathbb{N} \\ & & & \text{for } p \in \mathbb{N} \\ & & & & \text{for } p \in \mathbb{N} \\ & & & & \text{for } p \in \mathbb{N} \\ & & & & & \text{for } p \in \mathbb{N} \\ & & & & & & \text{for } p \in \mathbb{N} \\ & & & & & & & \text{for } p \in \mathbb{N} \\ & & & & & & & & & & \\ & & & & & & & $				A Comments
	Media responses	Media; general public	M1, M1a, M1b + updates on expert reference group planning	Responses to be drafted	Rowdy PR	As required	Nil
	Internet	Media; general public: BAC staff;	Updates on planning group activities;	Text to be draffed	Rowdy.PR: WMHHS communication & engagement	As required:	Nil
		consumers & families		Text to be	unit Rowdy PR	As required	Nil
	Intranet.	WMHHS staff	Project updates	drafted	WMHHS	As required	INII

Stakeholder Engagement Plan - Barrett Adolescent Centre

#### **EXHIBIT 51**

Project milestone and timing	Communication and engagement tools	Audience	Primary keý message	Tasks	Responsibility	Timing and frequency	Budget
					communication & engagement unit		
	Face-to-face briefing	BAC staff. Health Minister; System Manager; Relevant HHS;	Project updates garner support for current direction(s)	Talking points to be drafted	WMHHS CE Rowdy PR	As required	
	Social media (should be part of WMHHS' broader social media strategy, not singular project)	Education Old General public, media, WMHHS staff; Other HHS' Education Old	Project updates	Text to be written & comments to be moderated; must be responsive	WMHHS Communication & Engagement Unit: WMHHS CE (approvals)	As required	Nil
Decision making	Face-to-face, forums	BAC staff Health Minister System Manager, Education Qld	Communicate findings & recommendations: Garner support for preferred option	Talking points to be prepared	WMHHS CE Rowdy PR	By end June 2013	NU <sub>1</sub>
	Media responses/media	Media; general	Announce decision	Talking points to be	WMHHS CE Rowdy PR	When decision finalised – By end	Nil



Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
	announcements Social media (should be part of WMHHS' broader social media strategy; not singular project)	General public, media: WMHHS staff, Other HHS' Education Qld	Announce new model of care promote/benefits of new model of care	Lext to be written & comments to be moderated; must be responsive			
	Correspondence	General public	New model of care & benefits of new model	Standard response to be prepared; Must be responsive	Rowdy PR: WMHHS CE	As required	. Nil
	Memos/briefing notes	System manager; Health Minister	Communicate findings of investigation & make recommendations on solution; Garner support for preferred option	Write memo/briefing	WMHHS CE Rowdy PR	By end June 2013	Nil

#### 8. Evaluation

Objective	Evaluation	Who	When
Correspondence will be responded to within 7 days of receipt.	Track letter distribution through a phone calls to each facility within three working days of intended receipt	WMHHS admin support	Within three working days of intended receipt of letter.
Evaluate volume and nature of stakeholder feedback	Prepare feedback log & manage distribution and collection of statistics a fortnight after each of the following project milestones  Planning  Scoping  Decision making	Chris Thorburn	July 2013
Stakeholder feedbackiwill be provided within 7 days	Track feedback through feedback log & correspondence to prepare responses; consider stakeholder survey at end of project to determine it happy with level of communication.	Chris Thorburn: WMHHS admin support	-Daily
Fact sheets / newsletter updates will be provided fortnightly	Consider stakeholder survey at end of project to determine if happy with level of communication. Project updates to be provided on regular basis using fact sneets and internal newsletters.	Rowdy PR	Fortnightly .
All media responses will meet media oliflets, deadlines.	Track media queries and response times; analyse data at end of project, Timely responses to be provided; Project Lead & WMHHS GE to be made available to approve responses as required.	Rowdy PR. WMHHS CE; Sharon Kelly	As required
Project key messages will appear in media articles 50% of the time	Media clip analysis	WMHHS communication & engagement unit	Daily

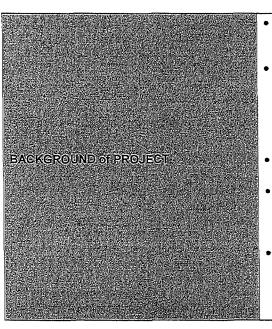
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# "Appendix E"

## West Moreton Hospital and Health Service PROJECT PLAN

Aëthor	Chris Thorburn, Director Service Redesign	Executive Sponsor:	Sharon	Kelly, ED MH&SS	Executive Delegate:	Lesley Dwyer, CE WMHHS
Start Date	16 November 2012	Approval		West Moreton Hospital and	l Health Board	
End Date:	TBD					

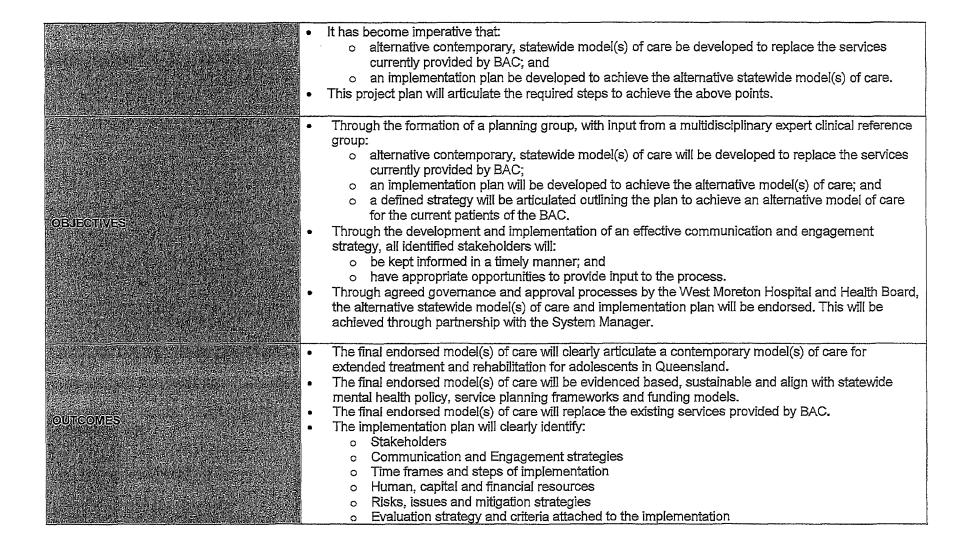
#### Description of Project: Barrett Adolescent Strategy



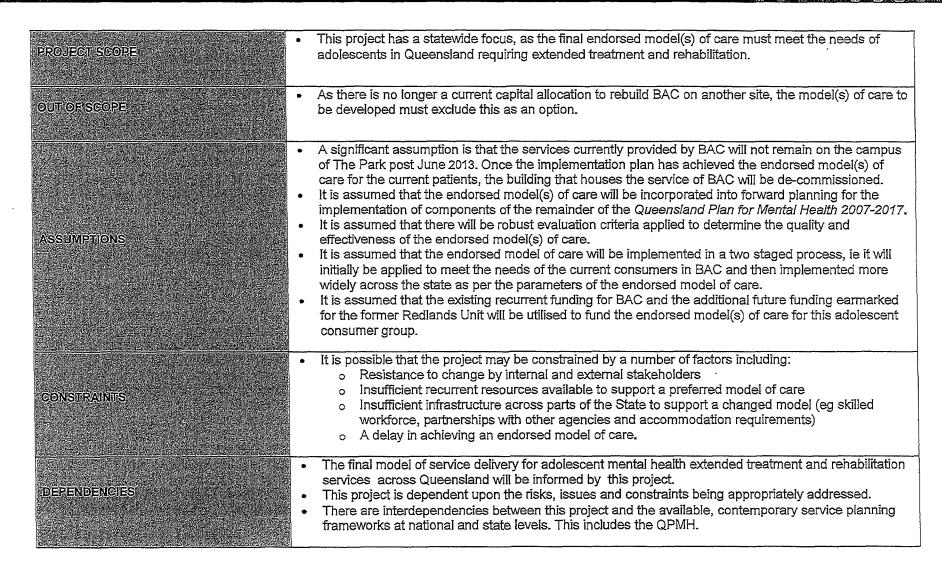
- Barrett Adolescent Centre (BAC) is located within The Park Centre for Mental Health (The Park) and
  provides a state wide service of extended treatment and rehabilitation<sup>1</sup> for up to 15 adolescents with
  severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017 (QPMH), a capital allocation had been approved to rebuild BAC in a new location as:
  - o The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and
  - o The Park will become exclusively a High Secure and Secure Rehabilitation Mental Health Service for adults (by end of 2013).
- Initial consultation with stakeholders (about a replacement service for BAC) commenced as part of the planning for Stage 1 of the QPMH (approximately 2005-06).
- Planning associated with the QPMH incorporated in a new capital project to be delivered at Redlands, which would replace the BAC. The Adolescent Extended Treatment and Rehabilitation Unit was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild of BAC has been redirected to other
  Queensland Health capital priorities; this capital funding is currently no longer available for a rebuild of
  BAC at an alternative site.

<sup>&</sup>lt;sup>1</sup> While currently classified as an extended treatment and rehabilitation model of service, the replacement model of service for BAC will likely be classified as either a subacute rehabilitation or community residential program. The classification will need to align with national and state classification frameworks, and relevant funding models.

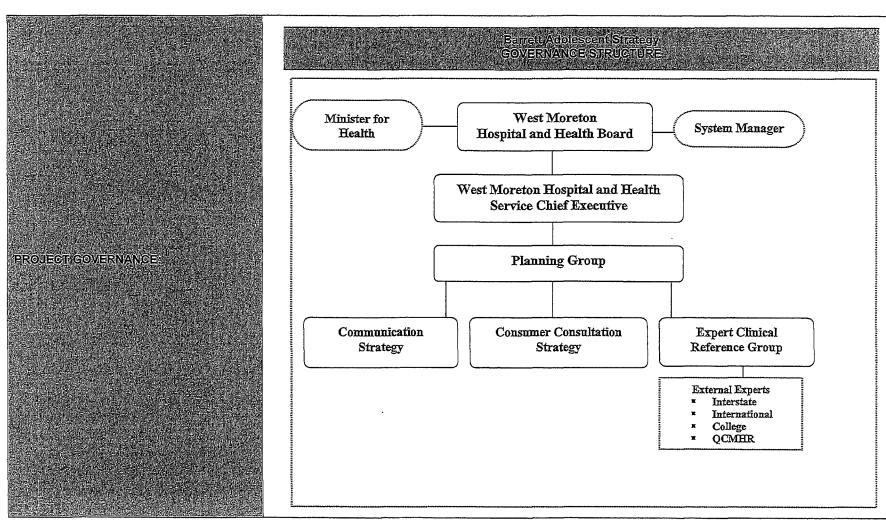
## West Moreton Hospital and Health Service PROJECT PLAN



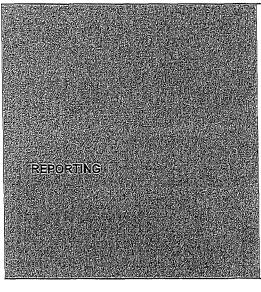
## West Moreton Hospital and Health Service PROJECT PLAN



#### **Accountability of Project:**



### West Moreton Hospital and Health Service PROJECT PLAN



- The Planning Group will be a time limited group and it will report to the West Moreton Hospital and Health Service Chief Executive, who in turn will report to the West Moreton Hospital and Health Board.
- The Planning Group will consist of representation from West Moreton HHS, Mental Health Alcohol and Other Drugs Branch, another QLD HHS service, Department of Education, a child psychiatrist and a Communication expert.
- It is anticipated the Planning Group will meet initially to finalise the project plan and then meet on a regular basis to monitor progress regarding the development of a model(s) of care, the implementation of the communication and engagement plan and the develop the implementation plan.
- The Expert Clinical Reference Group will be a time limited group and will consist of a representative group of multidisciplinary child and youth clinicians. In the development of a contemporary model(s) of care, the Expert Clinical Reference Group will seek the assistance of external experts at key points in the consideration of a model(s) of care for extended treatment and rehabilitation for adolescents.
- The attached Communication Plan (Appendix 1) outlines the objectives, methods, frequency, target audiences and an action plan.
- A specific Consumer Consultation Strategy will be developed consistent with the Communication Plan.

#### **Project Resources:**

The Planning Group: With the exception of the communication expert, there is no additional labour cost associated with the Project. The costs incurred through engagement of the communication expert will be met by the Division of Health Service and Clinical Innovation.

The Expert Clinical Reference Group: There is no expected financial cost to be incurred by West Moreton Hospital and Health Service.

Implementation of the Communication Plan: Resources associated with the implementation of the communication plan will be met by the Division of Mental Health & Specialised Services, West Moreton Hospital and Health Service.

# West Moreton Hospital and Health Service PROJECT PLAN

#### Risk Analysis:

Risk Event and Impact	Likelinood	Seventy	Riskrating	Treatment
Time frames in the gant chart are not	Likely	Minor	Medium	Executive Sponsor EDMH&SS to closely oversight
met, leading to loss of confidence				activities in gant chart to minimise this risk
from stakeholders				
Expert Clinical Reference Group do	Possible	Moderate	Medium	Input from external experts and reviewing evidence based
not agree on a preferred Model of				models of care will minimise this risk
Care, causing delays to the				
development of an implementation				
plan				
Preferred Model of Care can not be	Possible	Major	High	Close collaboration between West Moreton HHS, other
endorsed, causing implementation				HHS and the System Manager will minimise this risk as
delays				existing resources, capacity etc will be confirmed
Communication of Project objectives,	Possible	Moderate	Medium	Implementation of the communication plan will minimise
scope and progress is not effective,				this risk.
leading to stakeholder dissatisfaction				
Endorsed Implementation plan is	Likely	Moderate	High	Effective project management and broad stakeholder
delayed, delaying stage 1				engagement with minimise this risk
implementation for current BAC				
consumers				



Activities							För	tnight E	ndina						
		16/11	30/11	14/12	28/12							5/4	19/4	3/5	
Project Sponsorship established		х													T
Planning Group established	Endorsed by CE	х													T
Expert Clinical Reference Group identified	Endorsed by CE		x												
External Experts identified			x												T
Communication Plan developed	Endorsed by CE		x												T
Project Plan endorsed	Endorsed by CE & WMHH Board		x								·				
Planning Group meets			х	x	х	х	х								T
Expert Clinical Reference Group meets				x	х			х	х						
External Experts provide advice to Expert Clinical Reference Group					х	х									
Model of Care options developed						х									
Cost Benefits of options undertaken						x									
Consultation with stakeholders regarding preferred model							x	x	x						
Endorsement of preferred model	Endorsed by CE, WMHH Board & System Manager								x						
Development of project and change management plan to implement model, in a two staged process	CE supported by System Manager									x					
Communication regarding implementation plan	CE supported by System Manager									x					
Endorsement of implementation plan	Endorsed by CE										х				T
Commence Stage 1 implementation											x	х	х	х	T

### Appendix 1: COMMUNICATION PLAN

#### Communication objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- · Gain and sustain support of key stakeholders and influencers who play a critical role in this project's success.
- · Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

#### Communication principles

- · Communication with all stakeholders is based on honesty and transparency
- · Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

#### Communication environment

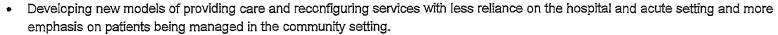
Public health care in Queensland (including WMHHS) has undergone significant change over the past 18+ months. As a result, staff morale and the public image of public health care in Queensland has been on a downward trend. This appears to be improving however there are still a number of challenges facing the HHS and Queensland Health as the system manager including:

- · Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- · Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service, innovation, and fosters teaching and research to attract and retain staff.

EXHIBIT 51

RPR.900.001.0075

## West Moreton Hospital and Health Service PROJECT PLAN



- Managing outcomes and resources when individual patient care may be provided in different locations and sectors.
- · Ensuring and demonstrating that our health service is safe and of high quality.
- Improving access to the health system for Aboriginal and Torres Strait Islander people and people disadvantaged by language, disability and geographic isolation.
- · Recruiting skilled, professional staff.
- · Changed funding model for HHS'.

#### Stakeholder groups

Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors (including Mental Health Alcohol and Other Drugs Branch)
- Senior Heads of Department
- · Education Queensland
- Education Minister
- Director-General Education Queensland

#### External stakeholders:

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- · Broader health professionals including GPs
- · Australian Medical Association
- Members of Parliament
- Local Governments

FXHIBIT 51 RPR.900.001.0076

# West Moreton Hospital and Health Service PROJECT PLAN

- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

Stakeholder analysis

Stakeholder analysis	
MAINTAIN CONFIDENCE HIGH INFLUENCE LOW IMPACT	COLLABORATE HIGH INFLUENCE HIGH IMPACT
Consumers and families Staff working in BAC West Moreton Hospital and Health Board  MONITOR AND RESPOND LOW INFLUENCE LOW IMPACT	Expert Clinical reference Group External experts Mental Health Alcohol and Other Drugs Branch Dept of Education NGOs Other HHS'
E MONITOR AND RESPOND LOW INFLUENCE LOW IMPACT	KEEP INFORMED HIGH IMPACT LGW INFLUENCE
Potential agencies impacted by a revised model of care Media	All Child and Youth Mental Health Services All Chief Executives, HHSs Minister for Health System Manager DG and Minister for Education Opposition parties Unions Professional colleges Broader health professionals General public
LEVEL®	FUMPACT

#### Communication risks and issues

Risk Event and Impact	<u>Likelihood</u>	Severity 4.	Risk rating	Treatment
Stakeholders are not kept adequately informed, leading to misinformation in public realm	Possible	Moderate	Medium	Adhere to communication plan, including evaluation targets
Stakeholders and issues are not scoped adequately and communication does not satisfy their concerns, leading to opposition to project	Possible	Major	High	Ensure stakeholder and issues thoroughly explored.
Political influence changes the scope of the project	Possīble	Major	High	Keep Health Minister and Premier informed during all stages to help ensure support

#### Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
  - o West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
  - o We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.
- Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.
  - o The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
  - o Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for them.
  - o 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 treatment.
  - o Queensland's youth will continue to receive the excellent mental health care that they have always received.
  - o We want adolescents to be able to receive the care they need as close to their home as possible.

#### Communication tactics

Channel/factic	Rationale
Online and digital communication.	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
Face-to-face	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
Marketing collateral	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program

Channel/factic	Rationale
Mail out (letters)	messages.
Media	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

Action plan internal and external stakeholders

Activity	larget audience	Issues#risks	Messages//content/	Responsibility	Budget	Wnen	Priority	Status
Responses to correspondence	BAC existing patients, staff, general public, politicians who have submitted correspondence on issue	Correspondence writer may go to media	Develop standard response regarding background of project, reasoning etc. However, ensure response is updated to reflect various phases of project.	WMHHS CE/ Executive Team	NīI	ASAP	Hìgh	done
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project if not responded to quickly	Key messages with focus on care being provided to young people	Rowdy PR	Nii	ASAP	Medīum	done
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / inaccurate information	As above. Should also include info on consumer concerns	Rowdy PR, Project Lead, WM HHS online & marketing officer	Nii	1/12/12	Medium	
Briefing note to Health Minister & System Manager	Minister & Ministerial staff, Director-General(Dept Community Services et al)	May not support recommendations	Outline scope of project, reasoning and discussions to be covered in meeting with BAC staff	WMHHS CE MHAODB	Nil	W/C 26/11/12	High	
Internal stakeholder	BAC staff, WMHHS mental health staff	BAC staff currently do not support	Explain background for project, focus on key messages that youth	WMHHS CE	NīI	W/C 26/11/12	High	

Activity	Targetraudience	Issues/msks	Messages//content	Responsibility	Budget	When	Priority	Status
briefing		project	will not miss out					
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	Nil	4/12/12	Medîum	
Planning - Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Start planning for content. Outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	NīI	1/12/12	Low	
Media conferences / community service announcements	Media, general public	Negative media stories	Stick to key messages	WMHHS CE, Rowdy PR	Nil	As required	Medium	
Go live-Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Go live information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nīl	Mid-January	Low	
Social media (consider using the System Manager's social media channels if	Ali	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	WMHHS CE, Project Lead, WMHHS online & marketing officer	NīI	TBD	Low	
WMHHS has none available)			Social media (consider using the System Manager's social media channels if WMHHS has none availalble)					

#### Evaluation

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and issues
- Feedback from management groups
- Staff forums
- · Media analysis and tracking
- Meetings

This feedback will be used as the main driver for up-dating and continually improving the communication plan.

#### Issues management

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

#### Prevention of public media issues wherever possible

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.
- · Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

#### Effective and timely management of issues as and when they arise

This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case basis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues-related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.

## West Moreton Health Service PLANNING GROUP AGENDA



#### AGENDA

#### 1. MEETING DETAILS

Day and Date	8.30am Wednesday 21 November 2012			
	Via telelink:			
Venue	Dial in:			
velide	Participant Passcode:			
Chairperson	Sharon Kelly ED Mental Health and Specialised Services West Moreton			
Scribe:				

#### 2. ATTENDEES:

Chris Thorburn WMHHS	Dr David Hartman Townsville
Dr Leanne Geppert MHAOD Branch	Dr Cary Breakey (proxy Dr Sadler)
Michelle Bond Education QLD	Naomi Ford – Rowdy PR
Dr Bill Kingswell MHAOD Branch	

#### 3. APOLOGIES:

Dr Trevor Sadler

#### 4. AGENDA

AGENDA as per actions from last meeting	RESPONSIBILITY
4.1 introduction and confirmation of role	Sharon Kelly
of group	
4.2 draft Project plan for discussion	Chris Thorburn
4.3 draft communication plan for	Naomi Ford
discussion	
4.4 consumer and community	Sharon Kelly
consultation .	
4.5 membership update re expert clinical	All
reference group	
4.6 agreed communication points post	Sharon Kelly
meeting	

Next meeting: to be advised

# West Moreton Hospital and Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP

## RECORD of MEETING

#### 1. MEETING DETAILS

Day and Date	8.30am Wednesday 21 November 2012
Venue	Via telelink: Dial in: Participant Passcode;
Chairperson	Sharon Kelly, ED Mental Health and Specialised Services West Moreton

#### 2. ATTENDEES:

Chris Thorburn WMHHS	Dr David Hartman Townsville
Dr Leanne Geppert MHAOD Branch	Dr Cary Breakey (proxy Dr Sadler)
Michelle Bond Education QLD	Naomi Ford – Rowdy PR
Dr Bill Kingswell MHAOD Branch	

#### 3. APOLOGIES:

Dr Trevor Sadler

### 4. ACTIONS:

AGENDA as per actions from last meeting	ACTION .	RESPONSIBILITY
4.1 Introduction and confirmation of role of group	To invite Dr Sathis to be part of planning group Brief Dr Breakey on recent issues	Sharon Kelly
4.2 Draft Project plan for discussion	Provide feedback to Chris Thorburn	All
4.3 Draft communication plan for discussion	Provide feedback to Chris Thorburn	All
4.4 Consumer and community consultation	Commence FAQs	Naomi Ford
4.5 Membership update re expert clinical reference group	Develop draft TOR Seek Membership nominations	Chris Thorburn Sharon Kelly
4.6 Agreed communication points post meeting	Develop speaking points	Naomi Ford

Next meeting: 8.30 am, 28 November 2012

## West Moreton Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP



### AGENDA

### 1. MEETING DETAILS

Date:	8.30 – 9.30 am Wednesday 28 November 2012
Venue:	Via Teleconference; Dial in: Participant Passcode:
	Conference Room N1.11 Administration Building, The Park – Centre for Mental Health
Chairperson:	Sharon Kelly ED Mental Health and Specialised Services West Moreton Hospital & Health Service
Scribe:	

#### 2. ATTENDEES:

Sharon Kelly	WMHHS	
Chris Thorburn	WMHHS	
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch	
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch	
Dr David Hartman	Clinical Director, Townsville	
Dr Cary Breakey	(Proxy for Dr Sadler – WMHHS)	
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital	
Michelle Bond	Education Queensland	
Naomi Ford	Manager Director Rowdy PR	

#### 3. APOLOGIES:

Dr Trevor Sadler

#### 4. AGENDA

AGE	NDA as per Actions from Last Meeting	Responsibility
4.1	Introduction of new member – Dr Stephen Stathis	Sharon Kelly
4.2	Project Plan  Communication Plan  Consumer and Community Consultation	Chris Thorburn/Naomi Ford

## West Moreton Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP

4.3 Terms of Reference Expert Clinical Reference Group (discussion/confirmation)

Next meeting: To be Advised

## West Moreton Hospital and Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP

## RECORD of MEETING

#### 1. MEETING DETAILS

Day and Date	8.30am Wednesday 5 December 2012	
Venue	Via telelink: Dial in: Participant Passcode:	
Chairperson	Chris Thorburn WMHHS	

#### 2. ATTENDEES:

Dr Cary Breakey (proxy Dr Sadler)	Michelle Bond Education QLD
Naomi Ford – Rowdy PR	

#### 3. APOLOGIES:

Dr Trevor Sadler, Dr Leanne Geppert, Dr David Hartman, Dr Bill Kingswell & Sharon Kelly.

#### 4. ACTIONS:

AGENDA as per actions from last meeting	ACTION.	RESPONSIBILITY
4.1 Project Plan	Approved by Board Follow up to question - if the project plan is now a public document – NB advice subsequently sent by EDMH&SS that the Project Plan is an internal working document only.	All
4.2 Stakeholder Engagement Plan	Additional feedback to be forwarded as required Naomi to add patients to internal stakeholders Follow up meeting to be held to discuss making plan operational	All Naomi Ford Chris Thorburn
4.3 BAC Newsletter 1 4.4 TOR - ECRG	Noted Final draft noted. First meeting of Group to be held 7/12/12	All All

Next meeting: 8.45 am, 12 December 2012

## West Moreton Hospital and Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP



## RECORD of MEETING

#### 1. MEETING DETAILS

Day and Date	8.30am Wednesday 12 December 2012
Venue	Via telelink: Dial in: Participant Passcode:
Chairperson	Sharon Kelly, EDMH&SS

#### 2. ATTENDEES:

Dr Cary Breakey (proxy Dr Sadler)	Michelle Bond
Naomi Ford	Dr Bill Kingswell
Dr David Hartman	Sharon Kelly
Chris Thorburn	

#### 3. APOLOGIES:

Dr Trevor Sadler, Dr Leanne Geppert & Dr Stephen Stathis

#### 4. ACTIONS:

TI MOTIONO.		
AGENDA as per actions from last meeting	ACTION	RESPONSIBILITY
4.1 Feedback – Minutes/Actions points from meetings	Following request from Dr Breakey – divergent views (when they occur) will be noted in the record of future meetings	Secretariat
4.2 Expert Clinical Reference Group Update	Summary of meeting notes (NB not endorsed minutes and not for further circulation) to be sent to planning group, Chair seeking approval from ECRG to have names released	Secretariat  Dr Leanne Geppert
4.3 Media Protocol	For noting consistent with existing QH Media protocols	All
4.4 BAC Fact Sheet 2	For noting – available on West Moreton HHS website  Next Fact Sheet – aim for early 2013	All Naomi Ford
4.5 Implementation of Stakeholder Engagement Plan	Meeting to be held post planning group meeting to discuss implementation  For noting - BAC Staff meeting to be held today	Sharon Kelly Chris Thorburn Naomi Ford
4.6 Other Business	Frequency of 2013 meetings – to become fortnightly Media update and Minister's visit update provided by EDMH&SS	-

Next meeting: 10 am Friday 18 January 2013

# West Moreton Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP



#### 1. MEETING DETAILS

Date:	8.45 am – 9.45 am Wednesday 12 December 2012
Venue:	Via Teleconference: Dial in: Participant Passcode:
	Office of Director of Nursing, Administration Building, The Park Centre for Mental Health
Chairperson:	Sharon Kelly West Moreton Hospital & Health Service

#### 2. ATTENDEES:

Sharon Kelly	WMHHS	
Chris Thorburn	WMHHS	
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch	
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch	
Dr David Hartman	Clinical Director, CYMHS Townsville	
Dr Cary Breakey	(Proxy for Dr Sadler – WMHHS)	
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's	
	Hospital	
Michelle Bond	Education Queensland	
Naomi Ford	Manager Director Rowdy PR	

#### 3. APOLOGIES:

Dr Trevor Sadler

### 4. AGENDA

AGE	NDA as per Actions from Last Meeting	Responsibility
4.1	Feedback – Minutes/Action Points from Meetings	
4.2	Clinical Expert Reference Group Update	Leanne Geppert
4.3	Media Protocol	Chris Thorburn/Naomi Ford
4.4	BAC Fact Sheet No 2	Chris Thorburn/Naomi Ford
4.5	Implementation of Stakeholder Engagement Plan	Chris Thorburn/Naomi Ford
4,6	Other Business	
4.7	Next Meeting	To be confirmed

# West Moreton Health Service BARRETT ADOLESCENT STRATEGY PLANNING GROUP

## AGENDA

### 1. MEETING DETAILS

Date:	10.00 am – 11.00 am Friday 18 January 2013	
Venue:	Via Teleconference: Dial in: Participant Passcode:	
Chairperson:	Sharon Kelly West Moreton Hospital & Health Service	

#### 2. ATTENDEES:

Sharon Kelly	WMHHS
Chris Thorburn	WMHHS
Dr Bill Kingswell	Mental Health Alcohol & Other Drugs Branch
Dr Leanne Geppert	Mental Health Alcohol & Other Drugs Branch
Dr David Hartman	Clinical Director, CYMHS Townsville
Dr Trevor Sadler	Clinical Director, Barrett Adolescent Centre
Dr Stephen Stathis	Director, Child & Family Therapy Unit, Royal Children's Hospital
Michelle Bond	Education Queensland
Naomi Ford	Manager Director Rowdy PR

#### 3. APOLOGIES:

#### 4. AGENDA

AGE	NDA-as per Actions from Last Meeting	Responsibility
4.1	Feedback – Minutes/Action Points from Meetings	
4.2	Clinical Expert Reference Group - Update, including feedback on the Terms of Reference and Consumer and Carer Representation	Leanne Geppert
4.3	Implementation of Stakeholder Engagement Plan - Update	Chris Thorburn/Naomi Ford
4.4	Other Business	
4.5	Next Meeting	Friday 1 February 2013 10.00 am – 11.00 am (via teleconference)

"Appendix 6"



Barrett Adolescent Strategy

Expert Clinical Reference Group

#### Summary of Meeting - Friday 07 December 2012

- Chair Dr Leanne Geppert
- Attendees:
  - Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital
  - Amelia Callaghan, State Manager Qld NT and WA, Headspace.
  - ▶ Dr Cary Breakey, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service (Proxy for Dr Sadler)
  - Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS
  - Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland
  - Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB)
  - Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
  - Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service -- joined the meeting at 10.00am
  - Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service
  - Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services,
     Sydney and South Western Sydney Local Health Districts,
- Dr Ray Cash has not yet responded to the invitation to join the Expert Clinical Reference Group (ERCG).
- Meeting schedule will be weekly, 1.5 hours in duration as from 09 January 2013.

#### 1. Welcome and Introductions

- ECRG consists of a multidisciplinary group who are experts in the field of adolescent mental health having expertise in psychiatry, nursing, allied health and education.
- All invitees are keen to commit to participate and contribute. Independent clinical expert from interstate member; Dr Philip Hazel joined the group.

#### 2. Background

- Brief background provided by the Chair noting historical context and current events leading to the establishment of this group.
- Noted cancellation of Redlands capital works project, the redirection of capital funds to other capital project and the hope that operational funds will remain for the use of child and youth mental health purposes.
- Noted the condition of the current facility and its co-location with adult secure and forensic service.



Noted the Queensland Plan for Mental Health 2007-2017 (QPMH) and clear policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks.

#### 3. Next steps

- Task of the ERCG is to recommend a statewide model of care for adolescents requiring longer term mental health care.
- Governance is provided by the Barrett Adolescent Strategy Planning Group. The Planning Group has developed a Project Plan under which the ERCG is identified.
- West Moreton Hospital and Health Service (WMHHS) will be responsible for responding to consumers and their families and ensure that they are kept informed of plans and developments. WMHHS will work closely with the Director General and Minister for Health.

#### 4. Discussion points

- Of the highest priority are the current consumers of BAC (and any future consumers) and what is planned for them in the interim while decisions and plans are being made.
- Risk of dispersal of clinical expertise and possible loss of this expertise to Queensland with possible BAC closure. Noted that this has already begun to happen due to uncertain future of BAC. Erosion of confidence of consumers with staff due to lack of consistency and boundaries provided by inexperienced casual staff.
- ECRG members agreed that any model that is recommended will retain the education component. The challenge is ensuring how this will be incorporated.
- ECRG noted the endorsed Terms of Reference for the group and provided the following feedback to the Planning Group for consideration:
  - The TOR does not clearly articulate the complexity and severity of the consumer group being addressed
  - o Noted that the scope does not articulate alignment with current state models of service and frameworks.
  - Any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be determined by these.
  - Noted that the timeframes identified in the Project Plan are ambitious.
- Concern was raised regarding an assumption that the current BAC model of care is not contemporary.



- o It was noted that the current BAC model has been refined over many years to meet the needs of this cohort. Further that the model is robust and comparable to international models.
- o Suggestion that rather than re-developing a new model, group should identify gaps and recommend innovative strategies to address these.
- Chair noted that there have been a number of attempts to re-develop the current BAC model *however* the difference now is BAC cannot continue on the current site and there is no funding to build another BAC.
- ERCG noted that this was an opportunity to start afresh with respect to model development.
  - It provides an opportunity to look at innovative strategies and models such as using the Non government sector and developing partnerships and opportunities with other stakeholders.
  - Provides an opportunity to address service gaps for adolescents on the waiting list for BAC and for those young people that currently don't 'fit' such as those with developing chronic psychlatric disorders and intellectual disabilities etc.
  - o ECRG acknowledged that there is a lot to learn from BAC model. The BAC day programme has been drawn on heavily to model the day programme for adolescents at Townsville Child and Youth Mental Health Service hence the ECRG should consider what components of the BAC model to take forward.
- The profile of consumers accessing BAC has changed and the service is not dealing with the same group or type of consumer as in the past. This may be as a result of increased access to child and youth acute units.
- In order to better understand the target client group, ECGR agreed that members needed to inform themselves about the following:
  - 1. Service models for adolescents that have been developed including;
    - o Barrett Adolescent Centre Model of Service (MOS)
    - o Draft Adolescent Extended Treatment and Rehabilitation MOS
    - o Draft Acute Adolescent Inpatient Unit MOS
    - o The Walker Unit MOS, Concord Centre for Mental Health, NSW
  - 2. Profile of current BAC consumers.
  - 3. Cumulative demographic profile of consumers in BAC over a period of 1-2 years.
  - 4. Client profile of possible consumers that services would like to refer to
  - 5. Any BAC consumer or carer satisfaction surveys.
  - 6. Any investigations of reports by students etc on longer term outcomes of BAC consumers.



Expert Clinical Reference Group

- The ECRG secretariat will disseminate these documents by 14/12/2012. Members will contribute to the package.
- Discussion to determine the consumer profile was initiated using the following domains;
  - 1. Age range
  - 2. Diagnostic profile
  - 3. Referral sources and pathway
  - 4. Complexities of presentation

#### Age range

- The current age criterion is 13-17 years old. This is seen as an artificial divide. The recommendation is to consider the conceptual developmental age i.e. when the individual begins to deal with adolescent issues.
- ECRG agreed that the lower age range should be retained at 13 years but upper age limit should be flexible.
- Average age range now seen at BAC is 15-16 year olds which has an impact on the type of curriculum offered at the BAC school.
- Agreement in principle that the presenting issue rather than the age range flexibility should be the determinant at the higher age range. Further, that the developmental age of the young person rather than chronological age should be considered.
- Noted a higher ratio of females to males at BAC.
- Sexuality and gender issues need to be addressed both in the recommended model and at this stage of development.

#### Other discussion points:

- Noted again that any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be linked to these.
- Possible scenarios for distribution of this service could include:
  - o One specific HHS funded to provide statewide service
  - o Stand alone statewide service
  - o Individual flexible funding packages within the Non government sector
  - o Day programme places
- A cost benefit analysis would be required for each proposed model. This is a high service user group. Noted that there is no highly visible system cost to the population of adolescents and young people that are house bound, invisible and hard to find. There is however, a 'huge cost to society'. Note also the impact of adolescent suicide on families.
- % population that the service will meet needs to be defined.

Meeting closed: 11.30am



#### **Barrett Adolescent Strategy**

Expert Clinical Reference Group

#### Summary of Meeting - Wednesday 07 January 2013

- Chair Dr Leanne Geppert
- Attendees:
  - Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital
  - Amelia Callaghan, State Manager Qld NT and WA, Headspace.
  - Dr James Scott, Consultant Psychiatrist, Early Psychosis Service, Metro North HHS Mental Health Service,
  - Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS
  - Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB)
  - Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service
  - Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts, NSW
  - Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre, West Moreton HHS Mental Health Service

#### Apologies:

- Dr David Hartman, Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service
- Dr Michelle Fryer, Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland

#### 1. Welcome

Drs Sadler and Scott are attending the meeting for the first time.

#### 2. Previous minutes

Endorsed by Amanda Tilse and Josie Sorban

#### 3. ERCG Media Protocol

- Members confirmed acceptance of medial protocol and will abide by this until conclusion of the ECRG.
- A proposal from members to include a Declaration of Interest statement was accepted.

#### 4. Communication

■ Nil of note



Expert Clinical Reference Group

- 5. Consumer and Carer representation ·
  - Recommendation for the inclusion of consumer and carer representation to be forwarded to the Planning Group for consideration.
  - Consumer representative should be nominated on the basis of being either linked to or have understanding of the target group and service profile.

#### 6. Target group/client profile

- The ECRG used a structured approach to address service elements to be considered in developing a service model and determining the client profile.
- Possible scenarios were discussed in the absence of the Barrett Adolescent Centre.
  - o Devolution to current adolescent acute units.
  - o Increase capacity and capability to manage this client group across the state.
  - o Day programs
- Discussion ensued regarding the relative merit of each option.
- Noted that there may be two target groups or the same group with the option of two different treatment paradigms.
- A draft table of service elements has been developed based on the discussions and will be considered by the ECRG at the next meeting.

#### 7. Service analysis across the adolescent mental health continuum

- Noted that there was limited knowledge of current adolescent services across the health spectrum.
- Agreement to commence a mapping exercise which will also assist in identifying gaps in service delivery.
- A draft adolescent mental health continuum service analysis has been developed. The continuum indicates at which point of the spectrum the services are located and hence clearly identifiable gaps.

Meeting closed: 11,30am

# West Moreton Hospital and Health Service BAC Committee Media Protocol

This protocol applies to media relations in regards to the Barrett Adolescent Centre Review.

### Scope

The protocol incorporates matters pertaining to media, inclusive of inquiries, alerts, releases, press conferences, liaison with the media, internal approvals, liaison with the Minister's office and associated approvals, procedural matters, parliamentary questions and other activities.

### **Purpose**

The purpose of this protocol is to establish clear guidelines for media management and liaison between West Moreton Health, BAC panel members, Queensland Health, the Minister's office and the media regarding the current BAC review.

#### Statement of intent and understanding:

Under the West Moreton Hospital and Health Board's direction, West Moreton will have direct control of operational media issues.

To ensure there are no competing messages being presented to media, the Chief Executive (CE) will ensure copies of all statements and responses are sent to corporate office and the Minister's office for their information.

The CE of West Moreton HHS or clinical delegate will be the spokesperson. Members of the expert clinical panel will not participant in media unless requested to by the Chief Executive.

On matters requiring Ministerial approval, West Moreton HHS will It is required that West Moreton Health will defer to Queensland Health media unit on matters requiring ministerial approval.

Media requiring Ministerial approval includes:-

- State Government policy
- potential to invoke political comment or contention
- significant funding or infrastructure delivery

Date: December 2012



To ensure there are no competing messages being presented to media, the Chief Executive (CE) will ensure copies of all statements and responses are sent to corporate office and the Minister's office for their information.

The CE of West Moreton HHS or clinical delegate will be the spokesperson. Members of the expert clinical panel will not participant in media unless requested to by the Chief Executive.

If requests for media interviews on the topic of the BAC Review are received by panel members of their associated organisations, they should be forwarded to

## West Moreton Hospital and Health Service BAC Expert Clinical Reference Group Media Protocol



This protocol applies to media relations in regards to the Barrett Adolescent Centre Expert Clinical Reference Group.

#### Scope

The protocol incorporates matters pertaining to media, inclusive of inquiries, alerts, releases, press conferences, liaison with the media, internal approvals, liaison with the Minister's office and associated approvals, procedural matters, parliamentary questions and other activities.

#### **Purpose**

The purpose of this protocol is to establish clear guidelines for media management and liaison between West Moreton Hospital and Health Service (HHS), BAC Expert Clinical Reference Group, Queensland Health, the Minister's office and the media regarding the BAC.

### Statement of intent and understanding:

Under the West Moreton Hospital and Health Board's direction, West Moreton will have direct control of operational media issues.

To ensure there are no competing messages being presented to media, the Chief Executive (CE) will ensure copies of all statements and responses are sent to corporate office and the Minister's office for their information.

The CE of West Moreton HHS or clinical delegate will be the spokesperson. Members of the Expert Clinical Reference Group will not participant in media unless requested to by the CE.

On matters requiring Ministerial approval, West Moreton HHS will defer to Queensland Health media unit. Media requiring Ministerial approval includes:-

- State Government policy
- potential to invoke political comment or contention
- significant funding or infrastructure delivery

If requests for media interviews on the topic of the BAC are received by panel members of their associated organisations, they should be forwarded to

Date: December 2012



"Appendix 1"

# Talking Points - BAC project West Moreton HHS Chief Executive Lesley Dwyer

### What's happening?

- No final decision about Barrett Adolescent Centre has been made.
- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
- This is not about cost cutting.
- This is not about cutting beds.
- Nor is it about the end of longer term mental health care for adolescents.
- In fact, there are now more adolescent mental health beds available across the State than ever before including in areas such as Townsville and Toowoomba.
- And, all recurrent funding for Barrett's adolescent mental health care will continue well into the future.
- This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them.
- And in an environment that is closer to their homes.

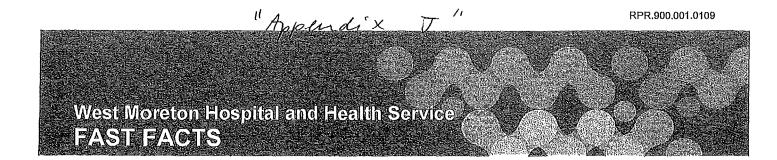
#### Why are we doing this?

 Things have changed. The Park is no longer a suitable location for an adolescent mental health inpatient service.

- The Park has expanded in its capacity as a high secure forensic adult mental health facility.
- This poses a risk for young people. This is not a suitable place for adolescents.
- My goal is to ensure that the adolescents currently at Barrett
  Adolescent Centre are cared for in an environment that is best
  suited for 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 treatment.

#### What now?

- We have established an expert clinical reference group to review various models of care to ensure we meet the needs of adolescents requiring longer term mental health treatment.
- As a district, we will work closely with mental health experts.
- We will ensure any new model of care for Queensland's adolescents is appropriate and based on best available evidence.
- We will also work together with the community and mental health consumers to ensure they are kept up-to-date.
- Queensland's youth will continue to receive the excellent mental health care that they have always received.
- We want adolescents to be able to receive the care they need as close to their home as possible.



# Is Barrett Adolescent Centre closing?

No final decision about Barrett Adolescent Centre has been made. Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

#### What is happening?

We are investigating alternative models of care to determine if there are better treatment options for young people in Queensland.

#### Why is this happening?

We want to ensure adolescents receive the best possible care that is evidence-based and closer to their home. The Barrett Adolescent Centre buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

The Park – Centre for Mental Health has expanded in its capacity as a high secure forensic adult mental health facility. There are concerns that the Park is not a suitable environment for adolescents.

# What's happening to current Barrett Adolescent Centre consumers?

All patients currently receiving care will continue to receive care in accordance with their treatment needs. Consumers and their families will be kept up-to-date on this work.

#### Is this about budget cuts?

No, this is not about cost cutting. All recurrent funding for Barrett's adolescent mental health care will continue well into the future.

This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them. And in an environment that is closer to their homes.

# What is the expert clinical reference group?

The expert clinical reference group reports directly to the Barrett Adolescent Centre Planning Group. It will comprise up to 10 people from across Queensland (from both public and private health sectors) who are considered experts in the field of adolescent psychiatry. The members will have expertise in psychiatry, nursing, allied health and education. An independent expert from interstate will also be selected to join the group.

Date: Friday, 30 October 2015



# What's the role of the expert clinical reference group?

The expert clinical reference group's task is to investigate a statewide model of care for adolescents requiring longer term mental health care. The group will provide recommendations to the Barrett Adolescent Centre Planning Group about these contemporary model(s) of care.

The final model will be based on state and national mental health frameworks and be evidence-based. Most importantly this model(s) of care must be sustainable and align with statewide, service planning frameworks and funding models.

# When will a decision be made?

A decision about Barrett Adolescent Centre will only be made once all recommendations from the clinical expert reference group have been considered.

# How will I be kept informed?

You will receive regular updates, such as this one, from the Planning Group.

# Can I have input into this process?

Yes, you can forward your comments to insert contact details phoemail

#### **ENDS**

FOR INTERNAL USE ONLY (delete after approval)

Written by: Naomi Ford Date: 28/11/1/2
Authorised by: Date:



This is our second Fast Facts newsletter which is designed to keep you better informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

#### Has the expert clinical reference group been formed?

Yes, there are 11 members of this group from across Queensland and interstate, all of whom are experts in adolescent mental health. The members of the group have expertise in psychiatry, nursing, allied health and education.

#### Has the clinical expert reference group met?

Yes, the expert clinical reference group held its first meeting on 7 December 2012.

# Has the clinical expert reference group made any decisions about the future of Barrett Adolescent Centre?

No. This was only the first meeting, so no recommendations or decisions have yet been made regarding Barrett Adolescent Centre.

However, the expert clinical reference group has committed to investigating options for a statewide model of care for adolescents requiring longer term mental health care. The group will provide recommendations to the Barrett Adolescent Centre Planning Group and the final model will be based on state and national mental health frameworks

#### Is a public private partnership being considered?

All options for statewide model of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

# Is it true that Barrett Adolescent Centre will close regardless of the recommendations by the clinical expert reference group?

No final decision on Barrett Adolescent Centre has been made. What we are doing is investigating whether there are other models of care that can better meet the needs of Queensland adolescents who require longer term mental health treatment.

### When will a decision be made?

A decision about Barrett Adolescent Centre will not be made until all recommendations from the clinical expert reference group have been considered.

Date: Friday, 30 October 2015



# What's happening with current the patients Barrett Adolescent Centre?

The centre's current patients and adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

# Is it true that Barrett Adolescent Centre will not reopen after Christmas?

No, all current patients will return to the centre for the treatment they require after their Christmas break.

How can I have my say?

Please forward your comments to

**ENDS** 

# FOR INTERNAL USE ONLY (delete after approval)



Welcome to our first update on the Barrett Adolescent Centre for 2013. I hope you all enjoyed a happy and safe festive season. We will continue to provide you with this newsletter to ensure you are kept informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

### What has the expert clinical reference group been doing?

The expert clinical reference group has now met twice and will continue to meet on a weekly basis. The group is preparing an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future. This analysis will also identify gaps in current service delivery.

# Has the clinical expert reference group made any recommendations about the future of Barrett Adolescent Centre?

No. Recommendations will not be made until after the group has considered the analysis of needs and requirements, as well as all possible options for a statewide model of care for adolescents requiring longer term mental health care.

#### How can I be sure that this decision will not be rushed?

We don't want to rush this. We want to get this right. That's why we will not make any decisions until after a thorough investigation of models of care. Before any decision is made, we want to determine if there is a better way we can meet the needs of Queensland adolescents who require longer term mental health treatment. All options for statewide model of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

### There's been plenty of talk about budget cuts. Is this just another budget cut?

No, this is not about cost cutting. All recurrent funding for Barrett's adolescent mental health care will continue well into the future. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them. And in an environment that is closer to their homes.

### What's happening with current the patients Barrett Adolescent Centre?

The centre's current patients and adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

### How can I have my say?

Please forward your comments to

Date: Friday, 30 October 2015



# **ENDS**

# FOR INTERNAL USE ONLY (delete after approval)

Written by: Naomi Ford Date: 24/1/13
Authorised by: Date:



Welcome to our second update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

#### What has the expert clinical reference group been doing?

The expert clinical reference group has now met five times. The group is finalising an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future and identify gaps in current service delivery.

#### What's next for the expert clinical reference group?

Once the analysis of adolescent mental health care requirements is complete, the expert clinical reference group will begin to workshop ideas for appropriate models of care. A consumer and a carer representative will be invited to join this workshop to ensure the needs of consumers and carers are also included.

Have any recommendations about the future of Barrett Adolescent Centre been made? No. No decisions will be made until all options for statewide model of care have been investigated by the expert clinical reference group.

#### When will a decision be made?

No decision will be made until after the expert clinical reference group has made its recommendation on the best model of care for Queensland's adolescents who require longer term mental health treatment. This may include partnerships with non-government organisations.

# There's been plenty of talk about budget cuts. Is this just another budget cut?

No, this is not about cost cutting. All recurrent funding for Barrett's adolescent mental health care will continue well into the future. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them. And in an environment that is closer to their homes.

# Are young people going to miss out?

No. We want to make sure young mental health consumers receive the right treatment in the right place, at the right time. The centre's current patients and adolescents requiring longer term mental health care continue to receive the care that is most appropriate for them.

# How can I have my say?

Please forward your comments to

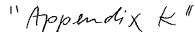
Date: Friday, 30 October 2015

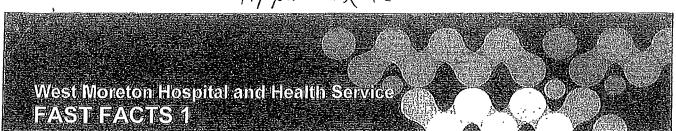


# **ENDS**

# FOR INTERNAL USE ONLY (delete after approval)

Written by: Naomi Ford Date: 21/2/13 Authorised by: Date:





This is the first in a series of Fast Facts newsletters that will be developed on a regular basis for consumers, families, staff and other child and youth mental health services in Queensland. If you have any questions you would like answered please email

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

# Is Barrett Adolescent Centre closing?

No final decision about Barrett Adolescent Centre (BAC) has been made. Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

#### What is happening?

We are investigating alternative models of care to determine if there are better treatment options for young people in Queensland.

#### Why is this happening?

We want to ensure adolescents receive the best possible care that is evidence-based and where possible, closer to their home. The BAC buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

The Park – Centre for Mental Health will continue to expand its capacity as a high secure forensic adult mental health facility. There are concerns that the Park is not a suitable environment for adolescents.

# What's happening to current Barrett Adolescent Centre consumers?

All patients currently receiving care will continue to receive care in accordance with their treatment needs. Consumers and their families will be kept up-to-date on this work.

#### Is this about budget cuts?

This is not about cost cutting. All funding for services provided by BAC will continue well into the future. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

Date: Friday, 30 November 2012



# What is the expert clinical reference group?

The expert clinical reference group consists of a multisciplinary group who are experts in the field of adolescent mental health. The members have expertise in psychiatry, nursing, allied health and education. An independent clinical expert from interstate will also be selected to join the group.

# What's the role of the expert clinical reference group?

The expert clinical reference group's task is to recommend a statewide model of care for adolescents requiring longer term mental health care,

#### What will the model of care look like?

The final model of care will be based on state and national mental health frameworks and will be evidence-based. Most importantly this model of care must be sustainable and align with statewide and national service planning frameworks and funding models.

#### When will a decision be made?

A decision about Barrett Adolescent Centre will only be made once all recommendations from the clinical expert reference group have been considered.

#### How will I be kept informed?

You will receive updates, such as this one on a regular basis. We understand the importance of communicating with stakeholders.

# Can I have input into this process?

Yes, you can forward your comments to



This is our second Fast Facts newsletter which is designed to keep you better informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

### Has the expert clinical reference group been formed?

Yes, there are 11 members of this group from across Queensland and interstate, all of whom are experts in adolescent mental health. The members of the group have expertise in psychiatry, nursing, allied health and education.

#### Has the clinical expert reference group met?

Yes, the expert clinical reference group held its first meeting on 7 December 2012.

# Has the clinical expert reference group made any decisions about the future of Barrett Adolescent Centre?

No. This was only the first meeting, so no recommendations or decisions have yet been made regarding Barrett Adolescent Centre.

However, the expert clinical reference group has committed to investigating options for a statewide model of care for adolescents requiring longer term mental health care. The group will provide recommendations to the Barrett Adolescent Centre Planning Group and the final model will be based on state and national mental health frameworks. The group meets again in early January 2013.

# is a public private partnership being considered?

All options for a statewide model of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

# Is it true that Barrett Adolescent Centre will close regardless of the recommendations by the clinical expert reference group?

No final decision on Barrett Adolescent Centre has been made, What we are doing is investigating whether there are other models of care that can better meet the needs of Queensland adolescents who require longer term mental health treatment.

Date: Tuesday, 11 December 2012



RPR.900.001.0120 MSS.004.007.0004

# When will a decision be made?

A decision about Barrett Adolescent Centre will not be made until all recommendations from the clinical expert reference group have been considered.

What's happening with the current patients at Barrett Adolescent Centre? The centre's current patients and adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

# Is it true that Barrett Adolescent Centre will not reopen after Christmas?

No, all current patients will return to the centre for the treatment they require after their Christmas break.

How can I have my say?

Please forward your comments to



Welcome to our first update on the Barrett Adolescent Centre for 2013. I hope you all enjoyed a happy and safe festive season. We will continue to provide you with this newsletter to ensure you are kept informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards

Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

# What has the expert clinical reference group been doing?

The expert clinical reference group has now met three times and will continue to meet on a fortnightly basis, with a number of tasks being worked on outside of meeting times. The group is preparing an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future. This analysis will also identify gaps in current service delivery.

# Has the expert clinical reference group made any recommendations about the future of Barrett Adolescent Centre?

No. Recommendations will not be made until after the group has considered the analysis of needs and requirements, as well as all possible options for a statewide model of care for adolescents requiring longer term mental health care.

#### How can I be sure that this decision will not be rushed?

We don't want to rush this. We want to get this right. That's why we will not make any decisions until after a thorough investigation of models of care. Before any decision is made, we want to determine if there is a better way we can meet the needs of Queensland adolescents who require longer term mental health care. All options for statewide models of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

# There's been plenty of talk about budget cuts. Is this just another budget cut?

No, this is not about cost cutting. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and in an environment that is as close as possible to their homes.

### What's happening with the care for current consumers at Barrett Adolescent Centre?

The centre's current consumers will continue to receive the care that is most appropriate for them.

# How can I have my say?

Please forward your comments to

Date: Friday, 1 February 2013





Welcome to our second update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

#### What has the expert clinical reference group been doing?

The expert clinical reference group has now met six times. The group is finalising an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future and identify gaps in current service delivery.

#### What's next for the expert clinical reference group?

Once the analysis of adolescent mental health care requirements is complete, the expert clinical reference group will begin to workshop ideas for appropriate models of care.

Have there been any changes to membership of the expert clinical reference group? Consumer and carer representatives have been invited to join the expert clinical reference group and will work with the remainder of the expert clinical reference group to determine a preferred model of care.

Have any recommendations about the future of Barrett Adolescent Centre been made? No. No decisions will be made until all options for statewide model of care have been investigated by the expert clinical reference group.

#### When will a decision be made?

No decision will be made until after the expert clinical reference group has made its recommendation on the best model of care for Queensland's adolescents who require longer term mental health treatment.

When is it likely the expert clinical reference group will determine a preferred model? The expert clinical reference group is alming to present its preferred model to the overarching Planning Group and West Moreton Hospital and Health Service in late April 2013.

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

No. We want to make sure young mental health consumers receive the right treatment in the right place, at the right time. The centre's current patients and adolescents requiring longer term mental health care continue to receive the care that is most appropriate for them.

### How can I have my say?

Please forward your comments to

Date: Monday, 4 March 2013





Welcome to our next update on the Barrett Adelescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adelescent Centre. If you would like more information or have queries, please email

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

# What has the expert clinical reference group been doing?

The expert clinical reference group met for the last time on 24 April 2013, and has now submitted their seven recommendations to the overarching Planning Group. These recommendations identify the key components and considerations for how Queensland can best meet the mental health needs of adolescents requiring longer term care. These recommendations will now be considered by the West Moreton Hospital and Health Board, and other key stakeholders.

Have any recommendations been made about the future of Barrett Adolescent Centre?

No decision will be made about Barrett Adolescent Centre until all the recommendations of the expert clinical reference group have been carefully considered.

# When is it likely that a preferred model will be identified?

It is appreciated that a decision is needed as soon as possible. In the meantime, we will continue with regular updates and aim to address your queries in a timely way.

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

No. We want to make sure young mental health consumers receive the right treatment in the right place, at the right time. The adolescents currently admitted to Barrett Adolescent Centre will continue to receive the highest quality care that is most appropriate for them. The care for these young people and their families will continue to be a priority for West Moreton Hospital and Health Service.

#### How can I have my say?

Please forward your comments to

Date: Tuesday, 21 May 2013





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

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

### Announcement about the way forward

It was announced by the Honourable Lawrence Springborg, Minister for Health on 6 August, 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from the Barrett Adolescent Centre (BAC) at that time will be supported to transition to other contemporary service options that best meet their individual needs. Children's Health Queensland will assume governance for any new service options that are implemented, as part of its statewide role in providing healthcare for Queensland's children.

Who has been consulted about the recommendations of the Expert Clinical Reference Group? The announcement came following careful consideration of the seven recommendations from the Expert Clinical Reference Group (ECRG), and further consultation with a range of stakeholders. West Moreton Hospital and Health Service have consulted in an ongoing way with the Minister for Health and Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland. These are some of the key stakeholders that will continue to support the next stage of implementation for statewide adolescent extended treatment and rehabilitation service options.

### What is the next step?

An Implementation Steering Committee will convene for the first time on 26 August 2013, chaired by Children's Health Queensland. Membership will include a consumer representative, carer representative, senior multidisciplinary clinician representation of public child and youth mental health services across the State, non government organisation representation, and a representative from the Department of Health. Communication with stakeholders will continue to be a priority throughout this next phase of the strategy.

# How can we get the best outcomes in the time frame we have?

This strategy does not begin when the Steering Committee meets next week. A substantial amount of preparation and planning has been ongoing since the ECRG began work in December 2012. The seven ECRG recommendations will now provide a comprehensive foundation for the next phase of the strategy. This is about implementing the work already done by the ECRG, and focussing our efforts on the final stages of the strategy so we are ready to deliver new service options by early 2014.

# What about the current consumers and staff of the Barrett Adolescent Centre?

It remains a priority for West Moreton Hospital and Health Service to focus on providing support and information to the adolescents, their families and the staff of the BAC. There will be no gap to service provision for the young people currently receiving care from BAC.

Date: Friday, 23 August 2013





Welcome to our next update on the Barrett Adolescent Centre for 2013. To have your say or if you would like more information, please email

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

#### Announcement about the way forward

It was announced by the Honourable Lawrence Springborg, Minister for Health on 6 August, 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Children's Health Queensland (CHQ) will assume governance for the new service options that are implemented, as part of its statewide role in providing healthcare for Queensland's children. The development and implementation of the new service options will be achieved through a statewide project auspiced by CHQ, using the earlier work and recommendations of the Barrett Adolescent Centre (BAC) Strategy Expert Clinical Reference Group.

# What has happened since the announcement?

An Implementation Steering Committee has been established within the statewide project and has met fortnightly since 26 August 2013. This Committee is chaired by CHQ. Invited membership includes a consumer representative, carer representative, senior multidisciplinary clinician representation of public child and youth mental health services across the State, non government organisation representation, and a representative from the Department of Health. Working groups will address the key issues of service model development and implementation, financial and workforce planning, and consumer and carer needs. A communication strategy is currently being developed by CHQ to ensure that all stakeholders are kept informed of progress within the project.

#### What does this mean for the consumers, families and staff of Barrett Adolescent Centre?

It remains a priority for West Moreton Hospital and Health Service (WMHHS) to focus on providing safe clinical care for the adolescents of BAC. WMHHS will continue to consult with families about the care needs of and options for their child, and supporting BAC staff in the delivery of this care. While CHQ is responsible for the development of new service options for future adolescent mental health extended treatment and rehabilitation, WMHHS remains responsible for services delivered by BAC, This means that as long as BAC continues to deliver services, WMHHS will continue to have the responsibility of providing safe clinical care for the consumers of BAC, and will continue to be responsible for supporting our staff in the delivery of these services.

### Clinical Care at BAC

Dr Anne Brennan, a senior child and adolescent Psychiatrist, is currently acting in the role of Clinical Director at BAC. Dr Brennan is leading the multidisciplinary clinical team who are working with BAC consumers and their families to ensure that all young people are receiving safe and comprehensive care.

Date: Thursday, 26 September 2013



RPR.900.001.0126 ... MSS.004.007.0010



# How is education being considered?

It is acknowledged education programs are important in the provision of care to the adolescents. The Department of Education Training and Employment continues to be consulted throughout the progression of the strategy. The Department of Education Training and Employment is committed to ensuring that effective and sound education models will be available for the adolescents both now and into the future.

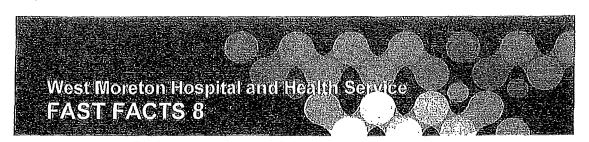
#### Our commitment to communication and support

We will continue to provide regular communication and updates to families with adolescents attending BAC, staff of BAC and other key stakeholders. This will be through a number of different strategies, but will include monthly fact sheets, and where appropriate, personal phone calls, meetings and emails. We have also provided BAC parents/carers with the option of receiving regular phone calls from our Consumer Advocate, who can provide additional support through the change process. CHQ are also preparing a range of strategies to provide information and support to all of our key stakeholders regarding the statewide project, and they are progressing options for engaging BAC parents/carers more directly in the development of the new service models.

Date: Thursday, 26 September 2013



MSS.004.007.0011



# 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

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

#### **Barrett Adolescent Centre Building**

We continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date that will be responsive to the needs of our consumer group and as previously stated, will depend on the availability of ongoing care options for each and every young person currently at BAC. The closure of the building is not the end of services for young people. WMHHS will ensure that all young people have alternative options in place before the closure of the BAC building.

#### **Clinical Care Transition Panels**

A Clinical Care Transition Panel is being planned for each individual young person at Barrett, to review their individual care needs and support transition to alternative service options when they are available and when the time is right. The Panels will be chaired by Dr Anne Brennan, and will consist of a core group of Barrett clinicians and a Barrett school representative. Other key stakeholders (such as Housing, Child and Youth Mental Health outpatient services and non government service providers) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

#### Statewide Project Update: Service Options Implementation Working Group

The Service Options implementation Working Group (of the Statewide Adolescent Extended Treatment and Rehabilitation implementation Strategy) met for the first time on 1 October 2013. This half day forum was attended by a range of multi-disciplinary clinicians and service leaders from Child and Youth Mental Health Services from across Queensland (including Barrett), a carer representative and non government organisation representation. Feedback from the forum has suggested it was a very successful day. A second forum will be held within the next month. All current families and carers of Barrett have been emailed an invitation to provide written submissions on the development of the new service options moving forward (for the consideration of the working group).

### **Acting Nurse Unit Manager**

Mr Alex Bryce will be commencing as the Acting Nurse Unit Manager at Barrett from Monday 14 October 2013. This will allow Vanessa Clayworth to move into the Acting Clinical Nurse Consultant role, and directly support the clinical needs of the young people at Barrett and the progress of the Clinical Care Transition Panels.

#### Communication with Department of Education, Training and Employment (DETE)

WMHHS continues to liaise directly with DETE on a regular basis, keeping them up-to-date with changes and plans regarding Barrett. DETE is committed to responding to the educational needs of each young person at Barrett, and will work with us on the Clinical Care Transition Panels.

Date: Thursday, 3 October 2013





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

Kind regards Sharon Kelly Executive Director Mental Health & Specialised Services West Moreton Hospital and Health Service

#### Consultation is Ongoing

We have provided specific updates recently to other mental health service providers in Hospital and Health Services across the State, the Department of Communities Child Safety and Disability Services, and to the Commission for Children and Young People and Child Guardian. We have also met with our colleagues from the Department of Education Training and Employment, and continued to engage regularly with them through emails and phone calls as information comes to hand.

#### Consultation with BAC Parents/Carers is a Priority

The West Moreton Hospital and Health Service remains committed to ongoing consultation and support of BAC parents/carers during this transition process. West Moreton clinicians and service leaders have met with parents/carers of the young people at BAC, to provide information and seek their input into the changes that are occurring. Our clinical team is in constant contact with the families of the consumers about their individual care. We have also continued to disseminate personal emails and phone calls to the parents and carers with any new information that comes to hand, and some parents/carers have also chosen to accept the offer of regular contact with the Consumer Advocate of Mental Health and Specialised Services.

It is extremely important to engage the families of adolescents at BAC in a considerate and meaningful way throughout the transition process, and West Moreton continues to respond to feedback from the parent and carer group about how we can best do that.

#### Statewide Project Update

All current BAC parents and carers were invited by Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service to submit a written submission to the statewide project, expressing their views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents/carers. The parents/carers who contributed to the submission have also been invited to meet with the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation implementation Strategy on 4 November 2013 to present their submission.

### Service Options Implementation Working Group

Statewide members of this Working Group have been invited to consider fictional adolescent case scenarios over the last couple of weeks, and to identify service system gaps and barriers to providing comprehensive extended treatment and rehabilitation care at the local level. The responses to this task will further enhance our understanding of how the current service system meets the need and demand of adolescents requiring this type of care, in addition to the issues that require addressing.

Date: Monday, 4 November 2013



MSS.004.007.0013



# **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 go to http://www.health.gld.gov.au/westmoreton/html/bac/default.asp

or

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 vist 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 Hollday 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



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West Moreton Hospital and Health Service

FAST FACTS 11

# **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 \(\)

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: <a href="http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp">http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp</a>

#### **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 Calrns 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 in 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

Date: Friday, 20 December 2013



"App.andix L"

Dear

Thank you for your letter/email dated xxx

Please be assured that I, along with West Moreton Hospital and Health Service, am committed to ensuring Queensland's adolescents have access to the mental health care they need.

I have been advised that as yet, no decision about Barrett Adolescent Centre has been made. However, West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to review various models of care that meet the needs of adolescents requiring extended mental health treatment. A decision will be made at the outcome of this review.

I have been assured that Queensland's youth will continue to receive the excellent mental health care that they have always received. The Hospital and Health Service will also work together with the community and mental health consumers to ensure they are kept up-to-date.

Once again I thank you for your correspondence. A copy of your email/letter has been forwarded to West Moreton Hospital and Health Service for information and consideration. Should you have further queries, please done hesitate to contact [insert a contact email/phone for the project].

Yours sincerely

"Appendix M"

- Is Queensland Health considering closing Barrett Adolescent Centre at Wacol?
  - No final decision has been made regarding Barrett Adolescent Centre,
- 2. If so, why and what options are being considered for current patients and those on the waiting list?
  - Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them. No final decision on Barrett Adolescent Centre has been made however we are investigating alternative models of care to determine if there are better treatment options for young people.

As the Project to build a facility for young people requiring longer term mental health treatment and rehabilitation adjacent to the Redlands Hospital has ceased, it has become imperative that an alternative contemporary, statewide model(s) of care is developed.

- 3. How many patients are currently on the waiting list?
  - · There are currently 10 adolescents on the waiting list.
- 4. Will the facility still be open and operational in a years' time?
  - Longer term mental health care for adolescents in Queensland will still be provided in a year's time and well into the future.
- It is not possible to answer this question regarding time frames until we know what the endorsed model of care is and we have a plan with time frames to implement the model of care.
- 5, If not, why and when will the facility close?
  - · As per question 4
- 6. What options is the expert clinical working group assessing for patients currently receiving care?
  - The expert clinical reference group will provide recommendations regarding contemporary model(s) of care for medium to longer term mental health treatment and rehabilitation for adolescents in Oueensland.
  - The final model will need to be evidenced based, sustainable and align with statewide, national mental health policy, service planning frameworks and funding models.
  - All patients currently receiving care will continue to receive care in accordance with their treatment needs.

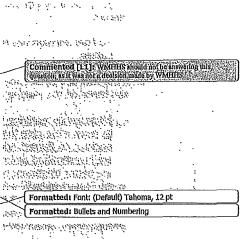
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- 7. Why is the centre not being transferred to a facility close to the Redlands Hospital in 2014?
  - There were environmental issues that caused the planned facility for young people requiring longer term mental health treatment and rehabilitation adjacent to the Redlands Hospital to not proceed.
- 8. Are there security concerns at the current facility, and if so, what are they?
  - We want to ensure adolescents receive the best possible care that is evidence-based and closer to their home. The Barrett Adolescent Centre buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.
  - The Park Centre for Mental Health has expanded in its capacity as Formatted Font: (Default) Tahoma, 12 pt a high secure forensic adult mental health facility. There remains concerns if this is a suitable environment for adolescents.
- 9. How much funding does the centre receive from the state government?
  - Funding received for 2012/2013 is \$3.9M
- 10. Will this amount be reduced over the coming year, and if so, by how much?
  - No, the funding for longer term mental health care for adolescents will continue. There is no intention to reduce any funding attached to services provided by Barrett Adolescent Centre. This funding plus some possible growth funding will be used to implement any future endorsed model of care for young people requiring longer term mental health treatment and rehabilitation.



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# EXHIBIT 51

Pages 137 through 138 redacted for the following reasons: This document has been redacted in full in accordance with the Confidentiality Protocol published by the Commission on 12 October 2015 and the Order made by the Commissioner on 15 October 2015.

"Appendix 0"

Page 1 of 3

Department RecFind No:	, , , , , , ,
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# **Briefing Note for Noting**

Director-General

-

Requested by: WMHHS CE

Date requested: 20/2/13

Action required by: N/A

**SUBJECT: Barrett Adolescent Centre** 

#### Proposal

That the Director-General:

Note the information

And

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

# Urgency

Routine

#### Headline Issues The top issues are:

- · Significant negative media in the past
- Planning Group and Expert Clinical Reference Group (ECRG) formed
- Decision on future model of care yet to be determined

### Key issues

- 3. ECRG to begin workshopping proposed new model of care on 27 February 2013.
- 4. Consumer and carer representatives have been invited to join ECRG to take part in workshop.
- 5. A consumer and carer counsellor has been appointed to support these representatives.
- 6. Proposed model of care to be presented to Planning Group in mid-April 2013.
- 7. Stakeholder engagement plan progressing well with newsletters, face-to-face briefings, formal correspondence being used on a regular basis.
- 8. No negative media coverage or negative stakeholder feedback received since Christmas 2012 period.

# Background

- 9. West Moreton Hospital and Health Service Board has endorsed a Project Plan which sets out a governance framework for developing an alternative model of care to for adolescents requiring longer term treatment.
- 10. Barrett Adolescent Centre was to be relocated to a new unit which was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased.
- 11. The capital allocation previously attached to the rebuild of Barrett Adolescent Centre has been redirected to other Queensland Health capital priorities.
- 12. This capital funding is currently no longer available for a rebuild of Barrett Adolescent Centre at an alternative site.
- 13. The Barrett Adolescent Centre buildings are approximately 35 years old and are no longer for purpose.

#### **Attachments**

14. Nil

Page 2 of 3

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Minister's comments					

From: "Sharon Kelly"

" Appendix P"

Subject: Communications around Barrett Adolescent Centre

To:

"Bill Kingswell"

"David Hartman"

"Jagmohan Gilhotra"

"Leanne Geppert"

"Naomi Ford"

"Sharon Kelly"

"Stephen Stathis"

"Trevor Sadler"

Cc: "Lesley Dwyer" "Peter Steer"

Fri, 24 May 2013 08:22:02 +1000

Dear Planning Group Colleagues

Over the last four days, West Moreton HHS has received a large number of Ministerials requesting that the Barrett Adolescent Centre (BAC) not close, and that this service continue to be available into the future. A number of these communications have standardised or common content, and it is possible that the recent Planning Group meeting or final meeting of the Expert Clinical Reference Group was a trigger for these Ministerials.

Please note as members of the Barrett Adolescent Strategy Planning Group, that no decision has yet been made by the HHS regarding BAC, and that we will continue to provide stakeholders with updates as information comes to hand. In the meantime, it is important to remember that all information discussed within the ECRG and Planning Group forums remains confidential, and should not be disseminated or discussed outside the groups. To ensure consistency and accuracy of communication, it is essential that all information is disseminated through a single point, which is West Moreton HHS Executive.

Regards Sharon

Sharon Kelly
Executive Director
Mental Health and Specialised Services
\*

\*West Moreton Hospital and Health Service\*

T: E:

Chelmsford Avenue, Ipswich, QLD 4305 PO Box 878, Ipswich, QLD 4305 www.health.qld.gov.au <a href="http://www.health.qld.gov.au/">http://www.health.qld.gov.au/</a>

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