

Oaths Act 1867

Statutory Declaration

I, **Sharon May Kelly** of c/- West Moreton Hospital and Health Service, Chelmsford Avenue, Ipswich in the state of Queensland do solemnly and sincerely declare that:

1 Provide a copy of Ms Kelly's current I most recent Curriculum Vitae.

1.1 Attached and marked **SK-1** is a copy of my Curriculum Vitae.

2 Outline all positions and appointments (permanent, temporary or acting) held by Ms Kelly in Queensland Health for the calendar years 2012-2014.

2.1 In the period 1 January 2012 to 31 December 2014, I held the following positions:

- (a) 1 January 2012: As at 1 January 2012, I held the position of Executive Director Primary and Community Health, West Moreton Health District. From 1 July 2012, with the commencement of Hospital and Health Services pursuant to the Hospital and Health Boards Act, this title became Executive Director Primary and Community Health, West Moreton Hospital and Health Service (WMHHS).
- (b) 4 June 2012 to 3 August 2012: I held the position of Acting Health Service Chief Executive WMHHS.
- (c) 4 August 2012 to 13 September 2012: I returned to my substantive title of Executive Director Primary and Community Health, WMHHS, but was in a period of handover to my new position of Executive Director Mental Health and Specialised Services. I was on leave for 30 August 2012 to 14 September 2012.
- (d) 17 September 2012 to 31 December 2014: I held the position of Executive Director Mental Health and Specialised Services, WMHHS save for:
 - (i) 13 November 2013 up 29 November 2013: I was Acting Health Service Chief Executive Torres Strait - Northern Peninsula Hospital and Health Service; and

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Sharon May Kelly

14534820/3

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Witness

- (ii) 29 September 2014 to 9 November 2014: I was Acting Health Service Chief Executive – WMHHS.

2.2 I continue to hold the Position of Executive Director Mental Health and Specialised Services, WMHHS up to the present time.

3 Outline Ms Kelly's formal qualifications (to the extent these qualifications are not outlined in the Curriculum Vitae to be provided in response to question 1 above).

3.1 My formal qualifications are contained in my Curriculum Vitae.

4 On what date was Ms Kelly appointed to the position of Executive Director of Mental Health Special Services West Moreton?

4.1 When I returned from leave on 17 September 2012 I commenced in the role of Executive Director Mental Health and Specialised Services although I still had the title Executive Director, Primary and Community Health until a formal variation of my Contract of Employment was executed in October 2012 which amended my title from Executive Director Primary and Community Health to Executive Director Mental Health and Specialised Services.

5 Explain Ms Kelly's role and responsibilities in the position of Executive Director of Mental Health Special Services West Moreton, including but not limited to, her reporting relationships (and provide a copy of Ms Kelly's Position Description)?

5.1 The role and responsibilities of the position of Executive Director Mental Health and Specialised Services as at the time of my initial appointment are contained in the role description for Executive Director Mental Health and Specialised Services which is attached and marked **SK-2**.

5.2 The reporting relationships for the role are as set out in the organisational structure chart which is attached and marked **SK-3**.

5.3 From 2013 the role and responsibilities of the position of Executive Director Mental Health and Specialised Services are as set out in the role description for Executive Director Mental Health and Specialised Services which is attached and marked **SK-4**.

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Sharon May Kelly

14534820/3

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- 5.4 The reporting relationships for the role are as reflected in the organisational chart attached to the role description.

6 As Executive Director of Mental Health Special Services West Moreton, what were Ms Kelly's role and responsibilities with respect to the Barrett Adolescent Centre (BAC)?

- 6.1 The Park Centre for Mental Health (**The Park**) is the service stream within WMHHS mental health services incorporating all mental health services at The Park site at Wacol. BAC was a unit within The Park service.
- 6.2 The provision of clinical care and safety and quality standards concerning the BAC were within the role and responsibility of the Clinical Director BAC. That role reported to the Director Clinical Services for The Park, which in turn reported to the role of Executive Director Mental Health and Specialised Services.
- 6.3 In relation to day to day operational matters and nursing care, the Nurse Unit Manager in BAC reported to one of two Nursing Directors for The Park. That Nursing Director reported to the Director of Nursing for The Park, who in turn reported to the Executive Director Mental Health and Specialised Services.
- 6.4 Accordingly, there was an expectation that significant issues involving clinical or nursing care at BAC or the operation of BAC generally, would be escalated to me as necessary but I did not have involvement in the day to day operational issues of BAC on an ongoing basis.
- 6.5 As Executive Director Mental Health and Specialised Services my role and responsibilities with respect to the Barrett Adolescent Centre (**BAC**) were that:
- (a) I was the Administrator pursuant to section 497 of the *Mental Health Act*.
 - (b) I provided executive level leadership, governance and management in respect of BAC.
 - (c) I had overall role responsibility in relation to safety and quality at BAC.

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Sharon May Kelly

14534820/3

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- (d) I had budget accountability for BAC.
- (e) I had workforce accountability for BAC.
- (f) I was ultimately accountable for service delivery provided in BAC.

7 Explain the policy frameworks Ms Kelly was operating under between 2012 and mid-2014, including but not limited to the Government's Blueprint for Better Healthcare in Queensland.

7.1 Without descending to minutiae, the principal policy frameworks under which I operated between 2012 and 2014 included:

- (a) the *Mental Health Act*, and in particular my role as Administrator pursuant to section 457 of the Act;
- (b) the *Hospital and Health Boards Act 2011*;
- (c) the Blueprint for Better Health Care in Queensland;
- (d) the Queensland Plan for Mental Health 2007 – 2017;
- (e) the Fourth National Mental Health Plan 2009 – 2014;
- (f) the WMHHS Governance Framework ;
- (g) industrial instruments governing workforce arrangements;
- (h) policy and procedure documents regarding service delivery within West Moreton Hospital and Health Service governing operational matters. These are voluminous and can be provided to the Commission on request.

8 Details as to any internal or external reviews/reports as to the operation and management of the BAC during the period 2012 to mid - 2014 (and provide copies)?

8.1 There were no internal or external reviews or reports as to the operation and management of BAC during the period 2012 to mid – 2014 on a whole of enterprise

Sharon May Kelly

14534820/3

Witness

basis.

- 8.2 PRIME reports were prepared in relation to incidents occurring in the facility.
- 8.3 Incident reports and reviews were undertaken in relation to safety and quality issues arising out of particular incidents or individuals.
- 8.4 An external review, resulting in a report, was appointed and undertaken in 2013 following a patient and family complaint regarding the conduct of Dr Trevor Sadler and a number of other staff members. Attached and marked **SK-5** is a copy of the report resulting from that investigation.

Closure decision

9 On what date, how, and from whom, did Ms Kelly first become aware of the possibility of the BAC being closed?

- 9.1 When I first commenced in the role as Executive Director, Mental Health and Specialised Services, I was aware of the possibility of BAC being closed for the following reasons:
- (a) The Queensland Plan for Mental Health 2007 – 2017 (QPMH) provided funding for a number of projects directed to mental health services across the State including a Redevelopment Project involving major changes to the adult mental health services at The Park Centre for Mental Health.
 - (b) In broad terms, under the Redevelopment Project, The Park would provide services for adult forensic and secure patients only, comprising a High Secure In-patient Service (HSIS), a State Extended Forensic Treatment and Rehabilitation Unit (EFTRU) which was a new service, and would house a Secure Mental Health Rehabilitation Unit (SMHRU) for adults. All other clinical services at The Park campus would be closed. This meant:
 - (i) Extended Treatment and Dual Diagnosis adult services would be closed with patients transferring to community care models.

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Sharon May Kelly

14534820/3

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- (ii) A Community Care Unit would be built off-site. (A number of these were also being built in other HHS areas with funding provided under the QPMH).
- (iii) Adolescent mental health services would not be located at The Park site.
- (c) It had been recognised since at least 2007 that the physical facility of BAC was unsuitable for the provision of clinical in-patient care. A project had identified a site at Redlands as the preferred option and funds were allocated in the Queensland Plan for Mental Health for that project. It was my understanding that the intention was that the services being provided at BAC would be transferred to that facility upon its commissioning, with the timing to align with the opening of the EFTRU at The Park complex.
- (d) The Park redevelopment progressed, however the Redlands project was slowed by environmental challenges and other difficulties.
- (e) On 28 August 2012, Glenn Rashleigh, Director – Capital Delivery Program from the Health Infrastructure Office sent a memorandum to the Health Service Chief Executive WMHHS, Lesley Dwyer advising of ‘a decision by government to cancel or defer a small number of capital delivery projects’ and stating that ‘this includes the cancellation of the replacement Adolescent Mental Health Unit at Redlands from the current location at Wacol’. Attached and marked **SK-6** is a copy of that memo.
- (f) I received a copy of that memo as my appointment to the position of Executive Director Mental Health and Specialised Services had been confirmed and was about to commence. On 29 August 2012 I sent an email to Dr Terry Stedman, Clinical Director of The Park, Will Brennan, Director of Nursing at The Park and Logan Steele, Service Manager requesting they provide me with an outline of the consequential issues which the cancellation of the Redlands replacement project would cause, as I needed to understand whether continuation of services at BAC was an option. Attached and marked **SK-7** is a copy of my email. I commenced leave the day after sending that email.
- (g) Upon returning from that leave, I ascertained that a building report had been done

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Sharon May Kelly

14534820/3

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Witness

page 6

which indicated the layout was not suitable for an in-patient service. Attached and marked **SK-8** is a copy of an email dated 4 October 2012 from Ray Chandler with attached email and Report on the Condition of the Barrett Adolescent School and Accommodation dated 21 September 2012 regarding costs to bring the BAC building back to good condition .

- (h) After reviewing the report and consulting with others within the HHS, it was clear to me that:
- (i) Limited refurbishment of the BAC building was not feasible.
 - (ii) Continuation of the BAC service at The Park site was incompatible with the services which were being commissioned at The Park under the redevelopment plan for The Park. Specifically, the co-location of adolescents with the adults from the EFTRU service carried unacceptable risk for the adolescents.

9.2 On 25 October 2012, I attended a meeting at the Mental Health Alcohol and Other Drugs Branch (**MHAODB**) to receive a briefing from MHAODB, in my newly appointed role, as to the State-wide perspective on mental health service planning and the role of WMHHS in it. It was not a meeting specifically related to the BAC, rather it was in relation to all mental health services provided by WMHHS.

9.3 The attendees at that meeting were:

- (a) myself;
- (b) Dr Bill Kingswell, Executive Director MHAODB;
- (c) Dr Jagmohan Gilhotra, Director Mental Health & Chief Psychiatrist for the State of Queensland;
- (d) Dr Leanne Geppert, Director of Planning and Partnerships MHAODB.

9.4 At that meeting, there was a discussion in relation to the current operations and future plans for each of the units within The Park operations and Mental Health Services within

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Sharon May Kelly

14534820/3

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WMHHS.

- 9.5 I was informed in relation to BAC that the BAC service as it existed at that time, being a bricks and mortar residential and education long stay facility with a State-wide catchment, was not considered by MHAODB to be part of the service model for the delivery of adolescent mental health services going forward. It was not aligned into future planning for The Park nor was it aligned to Queensland Plan for Mental Health (QPMH) , which has a focus on caring for as many as possible patients in their local community rather than in a centralised State-wide facility.
- 9.6 At the conclusion of that meeting, my understanding was that MHAODB's expectation was that WMHHS would continue on the established QPMH pathway for The Park which included the closing of BAC. It was acknowledged that closure would require WMHHS to commence discussions with other services that could provide the support for the young people once BAC did not exist.
- 9.7 I was advised that a brief had gone to the Minister for Health regarding BAC which I understand referred to closure but did not expressly state that closure was the "only option". I had not seen that brief and was not given a copy at the meeting. I asked for a copy to be provided to me.
- 9.8 Attached and marked **SK-9** is a copy of an email dated 26 October 2012, the day after the meeting, which I sent to Dr Kingswell, Dr Gilhotra and Dr Geppert summarising the matters discussed in the meeting which relevantly included a summary of the discussions in relation to BAC.

10 Explain the extent of Ms Kelly's involvement and/or input into the decision to close the BAC.

- 10.1 As stated above, my understanding from the meeting with Dr Kingswell, Dr Gilhotra and Dr Geppert on 25 October 2012 was that the intention was for the BAC facility to be closed once clinical and other necessary support for the patients was in place.
- 10.2 After that meeting, I spoke with the Health Service Chief Executive for WMHHS, Lesley Dwyer and informed her of my meeting with MHAODB.

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Sharon May Kelly

14534820/3

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Witness

page 8

- 10.3 Ms Dwyer and I were agreed that it was necessary to have assurance that closure of BAC could be done in a way which adequately managed risks to patients and that there were adequate arrangements in place for the patients' ongoing clinical care. As there was no longer funding for a replacement facility to be built, it would be necessary that an alternative model of care be developed.
- 10.4 On 2 November 2012 I arranged a meeting with the Clinical Director BAC, Dr Trevor Sadler and the Clinical Director of The Park, Dr Terry Stedman. I advised them that the closure of BAC was to continue in accordance with the established plan for The Park and I sought their advice about whether closure could be done safely and the ramifications of closure if this occurred at around Christmas 2012. That meeting ended on the basis that they would consider these issues confidentially and advise me further.
- 10.5 Chris Thorburn, then Acting Director of Services Redesign, WMHHS prepared a Barrett Adolescent Strategy Project Plan, of which I was the executive sponsor and Ms Dwyer was the executive delegate. It required the ultimate approval of the West Moreton Hospital and Health Board (**WMHHS**). Attached and marked **SK-10** is a copy of the BAC Strategy Project Plan.
- 10.6 Consistent with the above:
- (a) The Project Plan assumed that the services provided at that time at BAC would not remain on the campus of The Park after June 2013 (which was the anticipated commencement time for EFTRU).
 - (b) The purpose of the Project Plan was to identify and endorse a contemporary model of care for extended treatment and rehabilitation for adolescents in Queensland to replace the existing services provided by BAC.
- 10.7 Pursuant to the governance structure set out in the Project Plan:
- (a) A Planning Group would be established, to be responsible for:
 - (i) establishing an Expert Clinical Reference Group (ECRG) to consider models of care and report to the Planning Group;

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Sharon May Kelly

14534820/3

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Witness

- (ii) consumer consultation;
 - (iii) communications strategy; and
 - (iv) making recommendations to the Health Service Chief Executive regarding matters within the project scope.
- (b) The Health Service Chief Executive, Ms Dwyer, would then make recommendations to the West Moreton Hospital and Health Board (**WMHHB**).
- 10.8 It would then be necessary for the Board Chair to brief the Minister for Health, who is the ultimate decision maker.

11 In the event Ms Kelly had direct involvement and/or input into the decision to close the BAC, provide details as to:

(a) the extent and/or nature of Ms Kelly's involvement and/or input into the decision;

- 11.2 The extent and nature of my involvement and input into the decision was:
- (a) I was the executive sponsor of the BAC Strategy Project Plan.
 - (b) I chaired the Planning Group which:
 - (i) settled the Terms of Reference for the ECRG, a copy of which are attached and marked **SK-11**;
 - (ii) invited identified specialists and others to be members of the ECRG.
 - (iii) received the report of the ECRG and considered that report together with other relevant matters regarding closure of BAC; and
 - (iv) reported to the Health Service Chief Executive, Ms Dwyer with recommendations regarding closure of BAC.
 - (c) I prepared an Agenda Paper for the meeting of the WMHHB on 24 May 2013 which attached the recommendations of the ECRG and the Planning Group and

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Sharon May Kelly

14534820/3

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Witness

made a number of recommendations regarding closure of BAC. Attached and marked **SK-12** is a copy of the WMHHB Committee Agenda Paper.

- (d) With Ms Dwyer, I co-presented the Board paper at that Board meeting. Attached and marked **SK-13** is a copy of the notes I made for myself as an aide for me to respond to questions I considered could be asked of me at the meeting.

(b) the name and position of those other persons involved in the decision;

11.3 My input into the decision is as outlined above.

11.4 The other members of the Planning Group were:

- (a) Myself (chair);
- (b) Chris Thorburn, then Director of Strategy Mental Health and Specialised Services;
- (c) Dr Bill Kingswell, Executive Director Mental Health, MHAODB ;
- (d) Dr Leanne Geppert, Director Planning and Partnerships MHAODB;
- (e) Dr David Hartmann, Clinical Director, Community Youth Mental Health Service (CYMHS), Townsville Hospital and Health Service;
- (f) Dr Trevor Sadler, Clinical Director BAC;
- (g) Dr Stephen Stathis, Psychiatrist, Child and Family Therapy Unit, Children's Health Queensland;
- (h) Michelle Bond, Principal, Royal Children's Hospital School;
- (i) Naomi Ford, Rowdy Communications (in relation to communication strategy).

11.5 The Planning Group reported to the Health Service Chief Executive, Lesley Dwyer.

11.6 The persons involved in the decision were the members of the WMHHB at the time and the Minister for Health.

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Sharon May Kelly

14534820/3

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Witness

11.7 The members of the WMHHB at the relevant time were:

- (a) Dr Mary Corbett, Chair;
- (b) Paul Casos;
- (c) Dr Bob McGregor;
- (d) Melinda Parcell;
- (e) Julie Cotter;
- (f) Tim Eltham; and
- (g) Alan Fry.

11.8 Ms Dwyer provided a Chief Executive's report to the WMHHB.

11.9 A briefing paper and recommendations of the WMHHB were provided to the then Minister for Health, Lawrence Springborg.

(c) the reasons for the decision to close the BAC;

11.10 I was not the ultimate decision maker in relation to the decision to close BAC. I therefore cannot state with certainty the reasons for the decision.

11.11 From my perspective as the Executive Director Mental Health and Specialised Services, and as Chair of the Planning Group, the reasons for recommending closure of BAC were:

- (a) The building infrastructure of the BAC facility was not purpose built, was not suited to the continued provision of services of the kind being provided at BAC and not suitable for redevelopment. Continued provision of services of the kind provided at BAC at that physical location was therefore contra indicated.
- (b) The development of The Park complex, in particular the development of the EFTRU on the site, constituted an unacceptable level of risk to adolescents being accommodated in a low/no security environment on the site.

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Sharon May Kelly)

14534820/3

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Witness

- (c) MHAODB, which has State-wide responsibility and governance in relation to planning for mental health service delivery advised me that closure of BAC was to occur as it aligned to the QPMH.
- (d) The ECRG identified there was risk associated with closure but that alternative care models could be developed, and the consensus view of the specialist clinicians on the Planning Group was that the risks for individual BAC patients could be managed through individualised care planning.
- (e) The WMHHS was adamant that any closure of BAC would not occur until such arrangements were in place.

(d) on what date the decision to close the BAC was made;

11.12 The decision to close was made by the Minister for Health.

11.13 I am not aware of the date of that decision.

11.14 My understanding is that the original plan was for a joint announcement by WMHHS Chief Executive, Lesley Dwyer and CHQHHS Chief Executive, Peter Steer. To the best of my recollection this changed and early on 5 August 2013 I was told that the Minister would be announcing closure of BAC that day, although in fact the Minister did not make the announcement until the following day. I had been working with Lesley Dwyer and other stakeholders in the preceding period and was aware that an announcement was imminent.

(e) any consultation with experts and/or stakeholders (and when), and the nature of the consultation;

11.15 My involvement with respect to consultation with experts regarding the decision to close BAC was that:

- (a) I was involved in the selection of the members of the ECRG, which substantially comprised clinicians with specialist expertise in adolescent mental health services. Those experts, together with the other members of the ECRG, were tasked with reviewing models of care and reporting. I had the benefit of their report in my role

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Sharon May Kelly

14534820/3

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as Chair and member of the Planning Group.

- (b) Three members of the Planning Group (Dr Hartman, Dr Sadler and Dr Stathis) were clinicians with specialist expertise in adolescent mental health services and Dr Geppert has a clinical adolescent mental health services background as a psychologist and significant expertise with respect to mental health services delivery. Dr Kingswell was the Executive Director of Mental Health and as such had an overarching strategic understanding of mental health service delivery models. As a member of the Planning Group, I had the benefit of extensive consultation with those experts in the course of the Planning Group's considerations.

11.16 My involvement with respect to consultation with other stakeholders with respect to the decision to close BAC included:

- (a) Education Queensland: A representative of Education Queensland sat on each of the ECRG and the Planning Group. I also spoke to Peter Blatch, Assistant Regional Director, School Performance, Metropolitan Region Special and Specific Purpose Schools, Department of Education prior to the closure announcement regarding timing of closure and the impact on patient education and the effect of closure on teaching staff.
- (b) The Queensland Commissioner for Mental Health, Dr Lesley van Schoubroeck: I had a number of telephone conversations with the Commissioner in which she advised that there were no equivalent facilities in Western Australia (where she had previously worked) and she was comfortable with the direction WMHHS was taking.
- (c) Other professional colleagues: I regularly met with executive directors and clinical directors of mental health services across the State in the course of regular network meetings and obtained informal views from them in those meetings.
- (d) Carers and families:
- (i) The ECRG included a carer representative, whose role was to have input

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Sharon May Kelly

14534820/3

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from the perspective of the carer of an adolescent with a mental health condition of the kind for which care was provided at the BAC.

- (ii) The ECRG also included a consumer representative, whose role was to have input from the perspective of a mental health services consumer who had had a condition of the kind treated at the BAC.
- (iii) WMHHS received a large number of letters and emails from former BAC patients, parents and carers of current and/or former BAC patients and other members of the public expressing views, both positive and negative, regarding closure of the BAC. I reviewed each of those. I also had verbal discussions with a number of parents and carers of then current patients of the BAC.

(e) NGO care providers:

- (i) The Chief Executive and I flew to Cairns on 9 and 10 April 2013 to review a residential adolescent step down model of service delivery known as the Time Out House, which was being piloted. This allowed us to have further understanding of the potential service types for provision of adolescent services.

(f) what advice/views were given by those experts and stakeholders prior to the decision, and how influential each of the perspectives was to the decision-making and/or Ms Kelly's input into the decision to close the BAC;

11.17 The advice and views of the clinical experts, education representative, carer representative and consumer representative who comprised the ECRG, were expressed in a report prepared by the ECRG and submitted to the Planning Group, a copy of which is attached and marked **SK-14**. Considerable weight was given by the Planning Group to the views expressed by the ECRG.

11.18 I gave considerable weight to the views of the clinician experts who sat on the Planning Group. Their collective views are reflected in the Planning Group Recommendations which were presented to the Health Service Chief Executive, a copy of which are

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 Sharon May Kelly

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attached and marked **SK-15**.

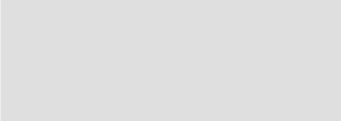
- 11.19 My input into the decision to close BAC consisted of my role as the Chair of Planning Group. The Planning Group considered the input provided by the ECRG and the other stakeholders I have identified and collectively formed the views expressed in the Planning Group report which was presented to the Health Service Chief Executive, Ms Dwyer.

(g) all alternative options and/or service models considered in making and/or having input into the decision to close the BAC;

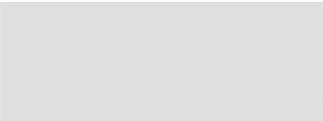
- 11.20 The terms of reference of the ECRG required the ECRG to consider alternative options and/or services in formulating its recommendations to the Planning Group.

(h) whether an alternative Tier 3 service ever formed part of the decision-making process with respect to the closure of the BAC (and if so, when), and the reason why an alternative Tier 3 service was not established.

- 11.21 The necessity or desirability for an alternative Tier 3 service formed part of the considerations of the ECRG. The consensus view of the ECRG was presented in the ECRG's report.
- 11.22 Recommendation 2 of the ECRG report was that a Tier 3 service should be prioritised, however Recommendation 3 of the ECRG expressly recognised the possibility of BAC closing at a time when a Tier 3 service was not available, and that in that situation, transitioning of current BAC patients and those on the waitlist would occur without transfer to a Tier 3 being an option. The ECRG noted that this would be associated with risk but did not find that such risk was unacceptable or that such a scenario ought not occur. The ECRG report also expressly recognised that there was at that time no funding for a new Tier 3 service. There were, however, two Tier 3 comparative beds at the Mater Childrens Hospital (which became beds of the Lady Cilento Hospital once that hospital was commissioned).
- 11.23 The decision regarding the establishment of a new Tier 3 service was not a decision within the power or responsibility of WMHHS. From 1 July 2012, the structure of the

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Sharon May Kelly

14534820/3

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page 16

newly created Children's Health Queensland Hospital and Health Service (**CHQHHS**) was assumed to take on responsibility for State-wide child and adolescent health services in many specialist disciplines, including mental health. Any alternative Tier 3 service would have been established as part of the State-wide child and adolescent mental health services which are planned for and over-sighted by MHAODB and would have been established and run under the auspices of CHQHHS, not WMHHS.

- 11.24 In that regard, at the time of my involvement in the closure decision, that is during the period the Planning Group considerations were underway, I had received assurances from Dr Bill Kingswell in his role as Executive Director MHAODB that a youth residential extended treatment facility would be established in south-east Queensland by around January 2014. Attached and marked **SK-16** is a copy of the minutes of a meeting on 23 July 2013 at which Dr Kingswell reported he was confident a YPARC facility would be in service by January 2014, and a longer term plan would consider a second site in north Queensland.

12 In the event Ms Kelly did not have any direct involvement and/or input into the decision to close the BAC:

- (a) who made the decision to close the BAC;
- (b) on what date, how and from whom, Ms Kelly became aware of the decision to close the BAC;
- (c) Ms Kelly's understanding as to the reason(s) for the decision to close the BAC, and how she is of this understanding;
- (d) Ms Kelly's views as to the appropriateness of the decision to close the BAC;
- (e) how, when and to whom, Ms Kelly communicated the decision as to the closure of the BAC.

Not applicable.

13 Explain the extent of Ms Kelly's involvement and/or input into the decision that the closure date for the BAC was to be early (January) 2014.

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 Sharon May Kelly

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- 13.1 There was never a definitive decision that the closure date for the BAC was to be early (January) 2014.
- 13.2 The 2013/14 Christmas school vacation period was identified as a target period for closure, however no date was ever fixed and BAC would have remained open past January 2014 had there been advice from the perspective of the provision of clinical services to any patient, that safe and appropriate transition could not be effected over that period.
- 13.3 The 2013/2014 Christmas school vacation period evolved as a target period for transition of patients because:
- (a) In briefing WMHHB in May 2013 with the recommendation to progress toward closure, I formed the view that several months would be necessary to enact effective transition. In the Agenda Paper for the WMHHB board meeting on 24 May 2013, I suggested a date of 30 September 2013 as it aligned to the next school vacation period. However WMHHB did not want to fix any particular date and wanted a generous period to ensure a date for closure was determined by clinical need of the patients, not an announced date that then had to be met. Therefore WMHHB did not endorse that recommendation and the WMHHB resolutions from the meeting did not specify a date.
 - (b) The 2013/2014 Christmas school vacation period, as the next school vacation period, tentatively met WMHHB's objective of a generous period and was a logical time to target for the transition of patients for the reasons discussed below.
 - (c) I informed the Health Service Chief Executive, Ms Dwyer of that view and she agreed with that view.
 - (d) That timing was supported by Peter Blatch from the Department of Education, who advised me that he anticipated the Barrett School would cease in December 2013, and teachers would be reassigned.
 - (e) The timing also would allow for staff a lead in time to work with our Human Resource team to source alternative roles.

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Sharon May Kelly

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14 In the event Ms Kelly had personal involvement and/or input into the decision that the closure date for the BAC was to be early (January) 2014:

(a) the extent and/or nature of Ms Kelly's involvement and/or input into the decision and the name and position of those other persons involved in making the decision;

14.1 There was never a decision that the closure date for BAC was to be early (January) 2014.

14.2 As to the decision that the December 2013/January 2014 Christmas school vacation period be the target period for transition:

(a) The extent and/or nature of my involvement and/or input into the decision is as outlined in my response to question 13.

(b) Other persons involved in that decision were:

(i) Lesley Dwyer in her capacity as Health Service Chief Executive; and

(ii) WMHHB.

(b) the reasons as to why early 2014 was considered to be the best deadline for the closure of BAC;

14.3 The Christmas school vacation period was identified as an optimal time of year for closure of BAC because:

(a) Most patients return to their families over the Christmas period and it was considered less disruptive for a patient to return to their family for the Christmas period as usual and then commence new care arrangements rather than returning to BAC after the vacation period and then moving again into another environment.

(b) This would enable patients to complete the school year at the Barrett School and then commence at a new school at the commencement of the following school year, rather than changing schools part way through a semester.

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Sharon May Kelly

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