

communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC'.

- 14.9 The Agenda Paper proposed a target of closure of BAC on 30 September 2013. However the WMHHB was not prepared to endorse that recommendation, or to endorse any particular date for closure of BAC, taking into account that:
- (a) Any decision not to accept further patients into BAC would not be made by WMHHB or WMHHS without the endorsement and support of the Department of Health as expressed by the Director-General.
  - (b) Any decision to cease providing services at BAC would require the endorsement and support of the Department of Health and would subsequently be reflected in amendment of the Service Agreement.
  - (c) Any closure of BAC would depend upon the appropriate and safe transition of existing patients of BAC to alternative services. As any such process could not commence unless and until a formal decision was made by the Minister for Health, it was premature to establish a target date for closure.
- 14.10 In relation to the meeting on 24 May 2013:
- (a) Attached and marked **MC-19** is a copy of a Board Committee Agenda Paper entitled 'Barrett Adolescent Strategy – Recommendations' provided for the meeting on 24 May 2013.
  - (b) Attached and marked **MC-20** is a copy of the Board Meeting Minutes for the meeting on 24 May 2013.
- 14.11 At a meeting of the WMHHB on 28 June 2013, the Board considered an Agenda Paper providing an update on the Barrett Adolescent Strategy which informed the WMHHB that:
- (a) A meeting had been held on 17 June 2013 between the Director-General of Health, Tony O'Connell, the Deputy Director-General Health Services and Clinical Innovation, Dr Michael Cleary, WMHHS Chief Executive, Lesley Dwyer, WMHHS Executive Director Mental Health and Specialised Services,

---

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

page 20

Sharon Kelly and WMHHS Director of Strategy, Dr Leanne Geppert which provided in principle support of the plan for closure of BAC.

(b) The Minister for Health was to be updated regarding proposed closure of BAC.

14.12 The Agenda Paper also noted the instruction given by the WMHHSB at the Board Meeting on 24 May 2013 that 'until a decision is confirmed in regards to the plans for Barrett Adolescent Centre, clinical services will continue to be provided and consumers discharged as appropriate'. The Agenda Paper and Board Meeting Minutes are attachments MC-19 and MC-20 referred to in paragraph 14.10 above.

14.13 On 15 July 2013, I attended a meeting with the then Minister for Health, Lawrence Springborg, WMHHS Chief Executive, Lesley Dwyer and WMHHS Executive Director of Mental Health and Specialised Services, Sharon Kelly. The Minister for Health was supportive of the closure of BAC with a proposed date of 31 December 2013. The Minister requested:

- (a) A communication plan and frequently asked questions be confirmed with his communications office.
- (b) The Queensland Mental Health Commissioner be advised.
- (c) The Leader of the Opposition be advised.
- (d) The Director-General of the Department of Education be briefed prior to the announcement.

---

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

page 21

## EXHIBIT 41

- 14.14 At a meeting of the WMHHB on 26 July 2013, the Health Service Chief Executive, Lesley Dwyer and I informed the Board of the above and Ms Dwyer presented an Agenda Paper with an update regarding BAC. The WMHHB also expressly noted that all references in the Agenda Paper to 'closure of BAC' must be read as referring to the proposed closure of BAC in light of the fact that no firm decision to close the facility has been made until alternative options for providing models of care have been identified.
- 14.15 Closure of BAC was announced by the Minister for Health, Lawrence Springborg on 6 August 2013. In a radio interview on that date, the Minister stated that sometime by early 2014 BAC would be closing.
- 14.16 BAC was officially closed by WMHHS on 31 January 2014 as all BAC consumers had been transitioned to alternative care arrangements and there were no longer any patients in the service.

**15 In the event that Dr Corbett/the Board was not involved in the decision to close the BAC, on what date, how, and from whom, did Dr Corbett first become aware of the prospect of the BAC being closed, and explain the circumstances.**

15.1 Not applicable.

**16 In the event that Dr Corbett/the Board had direct involvement and/or input into the decision to close the BAC, provide details as to:**

- (a) the date when the decision to close the BAC was made;**
- (b) the name and position of those other persons involved in making the decision;**
- (c) the reasons for the decision to close the BAC;**
- (d) any consultation by Dr Corbett/the Board, or others involved in making the decision, with experts and/or stakeholders (and when), and the nature of the consultation;**
- (e) what advice/views were given by those experts and/or stakeholders prior to the decision being made, and how influential each of the perspectives was to the**

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

page 22



**decision-making and/or Dr Corbett's/the Board's involvement and/or input into the decision to close the BAC;**

- (f) all alternative options and/or service models considered in making and/or having input into the decision to close the BAC and the reasoning for decisions made in respect of each;**
- (g) 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.**

16.1 Neither I nor the WMHHB had direct involvement and/or input into the decision to close BAC. As previously outlined, the decision was made in 2008, prior to the WMHHB being established.

**17 In the event Dr Corbett/the Board did not have any direct involvement in the decision to close the BAC:**

**(a) who made the decision to close the BAC;**

17.2 I am unsure who made the decision to close BAC as this decision was made at least some years before the WMHHB came into existence.

**(b) on what date, how and from whom, Dr Corbett became aware of the decision to close the BAC;**

17.3 At the time the WMHHB came into existence, and when I was appointed to the WMHHB, there was a decision in place that BAC would be closed and adolescent mental health services would be provided from the Redlands facility.

17.4 I became aware of that decision in about November 2012 in the circumstances outlined in paragraphs 8.7 to 8.13.

17.5 The cessation of the Redlands option did not change the reasons for closure and the advice to the WMHHB contained in the Board Paper was that steps toward closure of BAC were still progressing on the basis of developing options for a contemporary model

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

page 23



of care for patients in the cohort and continued safe and appropriate care for the current BAC patients.

- 17.6 Thereafter, the work foreshadowed in the Report was progressed by the WMHHS or groups of which WMHHS personnel were members, and the WMHHS received updates over subsequent months as outlined in my response to Question 14.
- 17.7 On and from the time of the WMHHS Board Meeting on 24 May 2013, the WMHHS was prepared to support the closure of BAC subject to the approval of the Director-General and the Minister.
- 17.8 As noted above, the WMHHS was informed in an Agenda Paper to the WMHHS Board Meeting on 28 June 2013, that the Director-General and the Deputy-Director General Health Services and Clinical Innovation had provided in principle support to the closure of BAC.
- 17.9 In my meeting with him on 15 July 2013, the Minister for Health expressed support for closure of BAC on 31 December 2013.
- 17.10 On 6 August 2013, the Minister for Health formally confirmed by way of public announcement that BAC would close, likely in early 2014.

**(c) Dr Corbett's understanding as to the reason(s) for the decision to close the BAC, and the basis for this understanding;**

- 17.11 My understanding of the reasons for the decision to close BAC were that:
- (a) The development of The Park into an exclusively adult forensic facility, and in particular the commencement of an Extended Forensic Treatment and Rehabilitation Unit (EFTRU) on The Park site meant that it was not appropriate to continue an adolescent service at The Park.
  - (b) The BAC buildings were no longer fit for purpose.
  - (c) Under the QPMH there was a need to develop a contemporary, evidence based model of care for adolescent mental health.

**(d) identify any circumstances of concern regarding the appropriateness of the decision to close the BAC;**

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

## EXHIBIT 41

17.12 The WMHHB's concerns regarding the appropriateness of the decision to close BAC were that:

- (a) WMHHB was concerned to receive assurance that appropriate and safe alternative treatment options were available for then current BAC patients and that those patients were safely and effectively transitioned to those alternative treatment pathways.
- (b) WMHHB sought confirmation that future models of care which were being developed would adequately provide for the treatment of adolescents who may otherwise have been referred to BAC.

**(e) whether Dr Corbett/the Board was consulted prior to hearing of the decision to close the BAC;**

17.13 A decision to close BAC had been made prior to the WMHHB being established and my appointment as Board Chair. Accordingly, neither I nor the WMHHB were consulted prior to that decision.

17.14 From the time the WMHHB was established, WMHHB was informed of progress as to the development of alternative options as outlined in my response to Question 14.

17.15 As and from 24 May 2013, the WMHHB supported closure of BAC and I would have expressed in my meeting with the Minister for Health on 15 July 2013 that this was the Board's position.

**(f) what steps Dr Corbett took (or caused the Board to take) upon hearing of the decision to close the BAC, including how, when and to whom, Dr Corbett/the Board communicated the decision as to the closure of the BAC and for what purpose;**

17.16 The steps taken by me or the Board upon hearing of the decision to close BAC are that:

- (a) From the time that potential closure of BAC came to the attention of the WMHHB in November 2012, the WMHHB received regular updates from the Health Service Chief Executive, Ms Dwyer or the Executive Director, Ms Kelly as outlined in my answer to Question 14.

Dr Mary Corbett

14493261/2

Witness

page 25

- (b) At its meeting on 24 May 2013, the WMHHB approved for the WMHHS to develop a communication plan.
- (c) Following the Minister for Health's announcement on 6 August 2013, there was no particular need for the WMHHB to communicate the decision to close BAC to the community in general as the Minister announced the closure of BAC in a public broadcast. The WMHHS communicated individually with each parent or carer contact of current BAC patients to ensure they were personally informed by telephone and letter, and communicated to staff.

**(g) what meetings did Dr Corbett attend/the Board convene/attend (and on what date and with whom and for what purpose) regarding the closure of the BAC; and**

17.17 The Board did not convene any meetings specifically to deal with the closure of BAC.

17.18 The potential closure of BAC was discussed at, or an Agenda Paper was submitted to, various meetings of the WMHHB. Those meetings were:

- (a) The meetings of the WMHHB detailed in my answer to Question 14.
- (b) A meeting of the WMHHB on 26 August 2013 in respect of which:
  - (i) Attached and marked **MC-21** is a copy of a Board Meeting Agenda Paper entitled 'Chief Executive Report' and 'Barrett Adolescent Strategy' dated 23 August 2013.
  - (ii) Attached and marked **MC-22** is a copy of the Board Meeting Minutes for the meeting.
- (c) A meeting of the WMHHB on 27 September 2013 in respect of which:
  - (i) Attached and marked **MC-23** is a copy of a Board Meeting Agenda Paper entitled 'Barrett Adolescent Centre Issues Update' dated 27 September 2013, which was an addendum to the Board Papers.
  - (ii) Attached and marked **MC-24** is a copy of the Board Meeting Minutes for the meeting.

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**



## EXHIBIT 41

- (d) A meeting of the WMHHB on 25 October 2013 at which the Chief Executive provided a verbal update. Attached and marked **MC-25** is a copy of the Board Meeting Minutes for the meeting.
- (e) A meeting of the WMHHB on 29 November 2013 in respect of which:
  - (i) Attached and marked **MC-26** is a copy of a Board Meeting Agenda Paper entitled 'Patient Story and Consumer Feedback Report' and 'Barrett Adolescent Centre Update' dated 29 November 2013.
  - (ii) Attached and marked **MC-27** is a copy of the Board Meeting Minutes for the meeting.
- (f) A meeting of the WMHHB on 20 December 2013 in respect of which:
  - (i) Attached and marked **MC-28** is a copy of a Board Meeting Agenda Papers entitled 'Patient Story and Consumer Feedback Report' and 'Barrett Adolescent Centre Update' dated 20 December 2013.
  - (ii) Attached and marked **MC-29** is a copy of the Board Meeting Minutes for the meeting.
- (g) A meeting of the WMHHB on 31 January 2014 in respect of which:
  - (i) Attached and marked **MC-30** is a copy of a Board Meeting Agenda Paper entitled 'Chief Executive Report' dated 31 January 2014.
  - (ii) Attached and marked **MC-31** is a copy of the Board Meeting Minutes for the meeting.

17.19 In addition to those meetings of WMHHB, I attended three meetings with the Minister for Health, details of which are provided in my response to Question 8.

**(h) what considerations, recommendations, relevant stakeholder concerns, documents, expert advice and/ or reports, were taken into account by Dr Corbett/the Board in coming to the decision to close the BAC, and what weight was given to/how influential was each.**

17.20 Neither I nor the WMHHB made the decision to close BAC.

---

**Dr Mary Corbett**

14493261/2

**Witness**

page 27

**18 Explain the extent of Dr Corbett's/the Board's involvement and/or input into the decision that the closure date for the BAC was to be early or January 2014. In particular, explain:**

**(a) the extent and nature of Dr Corbett's/the Board's involvement and input into the decision and the name and position of those other persons involved in making that decision;**

18.2 So far as I am aware, there was never a formal decision that the closure date for BAC was to be early or January 2014 (or any particular date).

18.3 At the WMHHB Board Meeting on 24 May 2013, a closure target date of 30 September 2013 proposed in the Agenda Paper dealing with BAC was not accepted by WMHHB.

18.4 I am unable to recall if a proposed closure date was discussed at the WMHHB Board Meeting on 28 June 2013. I believe that December 2013/January 2014 may have been proposed at around this time, as the Board Paper for the subsequent meeting on 26 July 2013 notes that the Minister for Health supported closure on a proposed date of 31 December 2013.

18.5 WMHHB supported closure at that time subject to safe and appropriate transition of patients. The WMHHB consistently held the position that any nominated date for closure of BAC was contingent upon the safe and appropriate transition of patients.

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

18.6 January 2014 was a target date for closure. It was never a 'deadline'. There was no 'deadline'. WMHHB's position was that:

- (a) BAC patients should and would only be transitioned when there was a safe and appropriate transition plan in place.
- (b) BAC should and would remain open as long as there was a current patient still at BAC.

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

## EXHIBIT 41

18.7 January 2014 was considered an appropriate target time for transitions because:

- (a) Many of the adolescents return home over the Christmas period. A January 2014 transition would mean the adolescent could go home for the Christmas period and commence in their new care arrangements from then.
- (b) This timing aligned to the end of the school year. A January 2014 transition would allow BAC patients to finish the 2013 school year at the Barrett School and then commence at a new school from the start of the 2014 school year, which would be less disruptive for the patient than changing schools part way through a semester.

**(c) on what date the decision as to the closure date was made;**

18.8 The decision as to the closure date was made after the last patient was transitioned from the service on 24 January 2014. When the last BAC patient was transitioned out of BAC, services at BAC ceased and it became possible to fix a closure date, which formally was 31 January 2014.

18.9 January 2014 was an identified potential closure date from around July 2013 but at no time was a decision as to a closure date, in the sense of a fixed date which had to be met, ever made.

18.10 Up to the day on which the final patient was transitioned, a decision as to a closure date had not been made because BAC could not close whilst any BAC patient remained. Transition was subject to safe and appropriate alternative services being in place for each patient and therefore a closure date could not be decided until the process of transition of all patients had been completed.

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

18.11 The WMHNB received monthly updates as to the progress of transition as noted in the Board Papers referred to in my answer to Question 17.

**(e) what advice/views were given by those experts and stakeholders prior to the**

.....  
Dr Mary Corbett

14493261/2

.....  
Witness



**decision, and how influential each of the perspectives was to Dr Corbett's/the Board's decision-making and/or input into the decision;**

- 18.12 The WMHHB did not seek or obtain advice or views as to a date for closure. The WMHHB's position was that closure date was dependent upon the safe and effective transition of all patients. Once that had occurred, BAC was closed.

**(f) the existence of any flexibility with respect to the early or January 2014 closure date, once set, or any review mechanisms;**

- 18.13 The closure date was entirely flexible. No early or January 2014 closure date was set. January 2014 was a target and remained a flexible target until all BAC patients had been safely and effectively transitioned. There was no need for a review mechanism as no fixed date was ever set. The review mechanism, to the extent that one existed, is that BAC remained operational, and would have continued to do so, unless and until all patients were safely and effectively transitioned.

**(f) any requests received for an extension to the closure date and any decisions made by Dr Corbett/the Board with respect to any such requests (and the reasons for those decisions); and**

- 18.14 The WMHHB received two specific requests to delay the closure of BAC. These requests and the responses provided were:

- (a) On 19 November 2013, the WMHHB received an email from the mother of a then current BAC patient requesting BAC remain open. This was the second communication received by me from that parent. Attached and marked **MC-32** is a bundle comprising:
  - (i) email from the parent to the members of the WMHHB dated 6 August 2013;
  - (ii) my letter in response on behalf of the WMHHB dated 9 August 2013;
  - (iii) email from the parent to the WMHHB email account and addressed to me, dated 19 November 2013;

---

**Dr Mary Corbett**

14493261/2

---

**Witness**

- (iv) my letter in response dated November 2013; and
  - (v) email from the parent to the WMHHB email account and addressed to me dated 26 November 2013.
- (b) On 17 December 2013, the WMHHB email account was cc'd into an email from a member of the public requesting BAC remain open. The principal addressee of the email was Lesley Dwyer. Attached and marked **MC-33** is a copy of the email dated 17 December 2013 and a letter in reply from Ms Dwyer dated 24 December 2013. As noted in my reply I referred the parent's concerns to the Health Service Chief Executive, Lesley Dwyer to arrange a meeting with herself, the parent and Dr Peter Steer to discuss her concerns.
- 18.15 I do not recall any other requests for an extension of the closure date being made to me or the WMHHB.
- (g) how, when and to whom, Dr Corbett/the Board communicated the decision as to the closure date and any meetings convened by the Board/held with stakeholders concerning the date.**
- 18.16 The flexible target date of January 2014 was communicated to stakeholders by the following means:
- (a) In announcing the closure of BAC on 6 August 2013, the Minister for Health stated an expected closure date of January 2014.
  - (b) WMHHS disseminated information updates known as Fast Facts sheets, to parents and carers individually and to the public at large by publication on the WMHHS website, which provided information regarding a target date of January 2014 and, more particularly, a flexible target date of 31 January 2014.
  - (c) WMHHS communicated the same information to BAC staff via Staff Communiques.
  - (d) WMHHS advised the Queensland Mental Health Commissioner.
  - (e) The Health Service Chief Executive provided Briefing Notes to the Director-

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

General.

18.17 Against that background, there was no necessity for WMHHB to engage in separate communications or meetings with stakeholders regarding these matters.

**19 In the event that Dr Corbett/the Board did not have any direct involvement and/or input into the decision that the BAC's closure date was to be early 2014 or January 2014:**

- (a) on what date, how and from whom, did Dr Corbett become aware of the decision that the closure date would be early or January 2014;
- (b) any reasons communicated to Dr Corbett/the Board as to the reason for the closure date and from whom, by what means, and on what date those reasons were communicated; and
- (c) the extent to which Dr Corbett was aware of the existence of any flexibility with respect to the closure date for the BAC, or any review mechanisms.

19.2 Not applicable.

**20 Identify any circumstances of concern regarding the early or January 2014 closure date.**

**20.1** The WMHHB's concerns were to ensure that safe and appropriate transition of patients was implemented. I was not specifically concerned with a target of January 2014 being set, as that date was always flexible and subject to change should safe and appropriate transition of patients take a longer period.

**21 Did Dr Corbett facilitate or attend any meetings (including with other members of the Board) regarding the closure of the BAC and, if so, with whom and on what date(s), and for what purpose? What was the outcome of these meetings?**

21.1 I attended the meetings of the WMHHB identified earlier in paragraph 17.

21.2 I attended the meetings with the Minister for Health identified in paragraph 8.

21.3 I had weekly meetings with the Health Service Chief Executive, Lesley Dwyer at which

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**



Ms Dwyer would update me with respect to any significant matters affecting the WMHHS generally. These included updates on the progress of transitioning patients.

**22 Identify any circumstances of concern regarding the decision to close the BAC without putting a replacement Tier 3 service in place.**

- 22.1 The advice received from the ECRG was that a Tier 3 service should be prioritised, however:
- (a) The ECRG which comprised highly experienced child and adolescent psychiatrists as well as consumer and carer representatives, clearly considered the situation of BAC closing before a Tier 3 service was established. The ECRG acknowledged that such a situation was not without risk, but endorsed interim service options prioritising the needs of individual patients and with 'wrap around' services. This is referred to in the ECRG's report as comprising a day program, residential community-based care and acute inpatient care as a potential alternative.
  - (b) The ECRG did not make any express recommendation against closing BAC, or against closing BAC without a Tier 3 service first being established.
  - (c) The Planning Group, which also comprised highly experienced child and adolescent mental health clinicians and others with relevant experience in mental health services delivery advised that the ECRG recommendation of interim service provision on an individual basis with 'wrap around' services was feasible.
  - (d) WMHHS was aware that CHQHHS, which was responsible for the governance of adolescent mental services on a State-wide basis, was leading a project to identify and develop new, contemporary models of care for adolescent mental health on a State-wide basis which would provide the care necessary for this cohort of patients.
- 22.2 Accordingly, whilst I considered that there were risks associated with closing BAC without an established Tier 3 facility having been built elsewhere:
- (a) There were also risks for the patients in remaining at BAC, which needed to be

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

balanced; and

- (b) I was satisfied on the basis of the above, that the risks associated with transition were able to be appropriately managed and mitigated.

**23 Explain the extent of Dr Corbett's/the Board's involvement in developing/implementing/directing any processes for communicating the closure of the BAC to BAC patients, their families and carers and the BAC staff? How were these processes carried out, when and by whom were they developed and what did they involve?**

23.1 Neither I nor the WMHHB were involved in developing, implementing or directing any processes for communicating the closure of BAC to BAC patients, their families and carers and BAC staff.

23.2 At its meeting on 24 May 2013, the WMHHB approved for the WMHHS to develop a communication plan. The plan was implemented by WMHHS. My understanding is that:

- (a) WMHHS disseminated information updates known as Fast Facts sheets, to parents and carers individually and to the public at large by publication on the WMHHS website, which provided information regarding a target date of January 2014 and, more particularly, a flexible target date of 31 January 2014.
- (b) WMHHS communicated the same information to BAC staff via Staff Communiques.
- (c) Ms Dwyer, Ms Kelly and others were accessible to parents, carers and family members requesting information regarding the process or timing of closure of BAC.
- (d) Clinical matters for particular patients were managed by the clinical team.

**24 Explain the extent of Dr Corbett's/the Board's involvement in the decision to cease the onsite integrated education program located at the BAC and any meetings or correspondence with the Department of Education and Training.**

Dr Mary Corbett

14493261/2

Witness

## EXHIBIT 41

- 24.1 The operation of the onsite integrated education program at BAC was the responsibility of the Department of Education. Communications in relation to cessation of the education program were between the Health Service Chief Executive and her team with their equivalent at the Department of Education, and between the Directors-General of Health and Education respectively. The WMHHSB was not involved in the decision to cease the onsite education program.

**25 Provide details of any meetings and correspondence Dr Corbett/the Board had with Save the Barrett, families and friends of BAC patients and relevant stakeholders, and state the nature of the consultation (i.e. meetings, submissions considered etc), when they occurred and for what purpose.**

- 25.1 I have referred above to correspondence I had with individual community members.
- 25.2 I did not have any meetings with Save the Barrett, families and friends of BAC patients or similar, as these communications were handled by WMHHS. In that regard:
- (a) Health Service Chief Executive, Lesley Dwyer met with families and concerned others in relation to issues regarding the timing of closure and the development of alternative services.
  - (b) Executive Director Mental Health and Specialised Services, Sharon Kelly also met with and provided information to families and others on these issues.
  - (c) Questions regarding the clinical status, needs and transitional arrangements for specific patients were responded to by the BAC clinical team.

### ***Transition Arrangements***

**26 Explain the role of the Board (if any) with respect to the identification, development and implementation of arrangements for the transitioning of patients from the BAC.**

- 26.1 The WMHHSB did not have a role with respect to the identification, development and implementation of arrangements for the transitioning of patients from BAC. This is a

.....  
Dr Mary Corbett

14493261/2

.....  
Witness

page 35



## EXHIBIT 41

clinical matter and was managed by the BAC clinical team.

**27 Explain the nature and extent of Dr Corbett's/the Board's involvement in the transition arrangements for the transition of patients from the BAC (and the dates when this occurred and by what means), including:**

**(a) decisions made concerning funding arrangements for any additional services to be provided by WMHHS/to be ceased to be provided by WMHHS;**

27.2 Neither I nor the WMHHB were involved in decisions concerning funding arrangements for any additional services to be provided by WMHHS/to be ceased to be provided by WMHHS. Funding issues were managed by members of the Mental Health team and funds approved through the MHAODB.

**(b) any input or recommendations made by Dr Corbett/the Board (and to whom, and on what date) regarding the transition arrangements and the extent to which that input/recommendations were accepted or rejected. consultation(s) with:**

- (i) representatives of the WMHHS (and when), and the nature of those consultation(s);**
- (ii) experts and stakeholders (and when), and the nature of those consultation(s);**
- (iii) alternative services/care providers for patients of the BAC (and when), and the nature of those consultation(s);**
- (iv) parents of patients of the BAC (and when), and the nature of those consultation(s); and**
- (v) staff working at the BAC (and when), and the nature of those consultation(s).**

27.3 Neither I nor the WMHHB had input into or made recommendations regarding the transition arrangements for BAC patients. This is a clinical matter and was managed by

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

## EXHIBIT 41

the BAC clinical team.

- (c) who was responsible for the transition arrangements, including with respect to responding to/addressing any concerns raised during the transition process;
- (d) the information, material, advice, processes, considerations and recommendations that related to or informed the transition arrangements;
- (e) any consultations, meetings, dealings regarding the transition arrangements and the adequacy of the care, support and services that were to be provided to the transition patients, and on what date this occurred; and
- (f) how care, support, service quality and safety risks were identified, assessed, planned for, managed and implemented during the transition.

27.4 Neither I nor the WMHNB were responsible for transition arrangements or responding to or addressing any concerns raised during the transition process. These issues were dealt with by the persons within WMHHS as identified above.

**28 Is Dr Corbett aware of any circumstances of concern with respect to the transition of patients from the BAC? If yes, how, on what date and by what means did Dr Corbett become aware of these circumstances, and what did they involve and what steps (if any) did Dr Corbett cause to be undertaken, and by whom?**

28.1 The WMHNB was concerned about the safety and welfare of the BAC patients remaining on The Park campus once the EFTRU was operational. To that end the WMHNB requested the Executive Committee to consider the risks at the Committee's meeting on 16 August 2013. Attached and marked **MC-34** is a copy of the Executive Committee Meeting Agenda Paper and Minutes of meeting dated 16 August 2013.

28.2 I am aware that the patients to be transitioned from BAC varied in the complexity of their clinical conditions and other needs.

28.3 My understanding is that some patients were at or close to 18 years of age and were sufficiently clinically well that they would have been discharged to adult services at or

.....  
Dr Mary Corbett

14493261/2

.....  
Witness

## EXHIBIT 41

within a short time of their discharge from BAC even if BAC had remained in operation.

28.4 I am also aware that there were a small number of patients with highly complex needs, and that determining and implementing the transition of those patients was complex. I am not aware of the specific circumstances of individual patients or their transition arrangements.

28.5 Neither I nor the WMHHB took steps to intervene in individual clinical transition arrangements or planning. The WMHHB made it clear that safe and appropriate transition was the singular priority and that timing was flexible. This was well understood by those within WMHHS responsible for transitions. As late as the Board Meeting on 20 December 2013, the Board Paper updating the Board on progress of transitions noted that 'a flexible date of the end of January 2014 for the BAC building has been announced. This date is dependent on all patients having appropriate transition plans in place and continuity of service delivery'.

**29 Explain the nature and extent of Dr Corbett's/the Board's involvement in and contribution to the governance model put in place by the WMHHS to manage the oversight of the transition arrangements, including information relating to:**

- (a) the principal features of the governance model;**
- (b) when that model was put in place, and if it was varied, when it was varied and in what way and for what reason;**
- (c) how and who chose the members of the Clinical Transitional Panel and the respective roles of the panel members;**

29.2 The WMHHB exercises governance across the whole of WMHHS services. Neither I nor the WMHHB were involved in or contributed to an additional governance model in relation to the oversight of the transition arrangements. Transition arrangements were managed by the clinical team at BAC with governance and oversight exercised by the Executive Director Mental Health and Specialised Services and her team. From the time of transition to other services, governance for the patient's care was transferred to

.....  
**Dr Mary Corbett**

14493261/2

.....  
**Witness**

page 38