

16. Transitional Provisions

- 16.1. Where, on or prior to 30 June 2013, a (un)suitability report has been referred to the PSC for review under clause 6.5(f)(iv) or a review has been commenced under clause 6.6 of Directive 6/12: *Employees requiring placement*, the reviews will be conducted in accordance with the superseded directive.

17. Definitions

Unless otherwise provided, the terms in this directive have the meaning prescribed in the PSA.

Categories means the job category groups used on Smart Jobs and Careers for advertising

Employee requiring placement means an employee who has been unable to be substantively allocated to a role following workplace change (a surplus employee) and includes a person who is surplus as a result of being unattached from their role (relinquishment). It does not include persons who need or are seeking alternative placements as a result of decisions under sections 178 (mental or physical incapacity) or 188 (discipline action) of the PSA or following a transfer request.

Department has the meaning prescribed under the PSA and includes public service offices and relevant declared public services offices.

Receiving department means a department which has referred a vacancy and/or to which an employee requiring placement is placed on a permanent or temporary basis and may be the same as the releasing department.

Re-deploy means the transfer of an employee to a lower classification level, with their consent.

Referred vacancy means a vacancy that is unable to be filled by a department's own employees requiring placement (ERP) and has been referred for whole of service placement.

Releasing department is the department in which an employee requiring placement holds tenure.

Suitability assessment must include a review of the employee's resume and referee report and a conversation with the employee. The receiving department is responsible for determining whether additional assessment strategies need to occur to enable a determination of the employee's suitability for the role.

Suitable/suitability – an employee is considered suitable for a role if they have the skills and abilities necessary to meet the requirements of the role to a satisfactory level, given a reasonable period of training and on-the-job experience, and are fit to undertake the role with reasonable adjustment, if required.

Suitability report is a statement outlining the department's assessment of the employee's suitability against the key attributes for the role. Where an employee is assessed as unsuitable, the suitability report must address why reasonable training, induction and on-the-job experience would not enable the employee to satisfactorily undertake the role.

Workplace change includes decisions that affect the services and programs a department delivers, its workforce structures or establishment.



MINISTER ASSISTING THE PREMIER

DIRECTIVE No. 11/12
September 2012

In accordance with section 52(3) of the *Public Service Act 2008* and section 687(3) of the *Industrial Relations Act 1999*, this directive prevails over an industrial instrument and other directives to the extent of any inconsistency. Industrial instrument means an award, industrial agreement, certified agreement or decision of the Queensland Industrial Relations Commission.

1. **TITLE:** **Early retirement, redundancy and retrenchment**

2. **PURPOSE:** To specify the action to be taken and the conditions and entitlements applying to public service employees in relation to an early retirement package, redundancy package or retrenchment package.

3. **LEGISLATIVE PROVISION:** Section 54(1) of the *Public Service Act 2008*.

4. **APPLICATION:**

This Directive applies to all public service employees except –

 - employees engaged on a temporary basis under sections 147 or 148 of the *Public Service Act 2008*; or
 - employees engaged on a casual basis under sections 147 or 148 of the *Public Service Act 2008*; or
 - employees on contracts under the *Public Service Act 2008**; or
 - employees whose employment is terminated in accordance with disciplinary action, or retirement because of mental or physical incapacity.

***NOTE** - Officers under section 122 contracts who revert to tenured public service employment will regain their eligibility under this directive on reversion.

5. **STANDARD:** The entitlements and requirements prescribed in Schedules A and B apply.

6. **EFFECTIVE DATE:** This directive is to operate from **10 September 2012**.

7. **VARIATION:**

This Directive can be varied by –

 - The Minister responsible for industrial relations; or
 - Legislation.

8. **INCONSISTENCY:** Sections 51 and 52 of the *Public Service Act 2008* and sections 686 and 687 of the *Industrial Relations Act 1999* apply when there is an inconsistency between an act, regulation or industrial instrument.

9. **SUPERSEDES:** Directive 04/12 "*Early Retirement, redundancy and retrenchment*"

10. PREVIOUS REFERENCES:

Directive 17/09 "*Early Retirement, redundancy and retrenchment*"
Directive 10/05 "*Retrenchment*" and Directive 11/05 "*Voluntary Early Retirement (VER)*"
Directive 10/04 "*Voluntary Early Retirement (VER)*"
Directive 9/04 "*Retrenchment*"
Directive 27/99 "*Voluntary Early Retirement (VER)*"
Directive 26/99 "*Retrenchment*"
Directive 2/98 "*Retrenchment*"
Directive 1/98 "*Voluntary Early Retirement (VER)*"
Directive 22/97 "*Retrenchment*"
Directive 21/97 "*Voluntary Early Retirement*"
Directive 7/97 "*Retrenchment*"
Directive 6/97 "*Voluntary Early Retirement*"
Directive 7/96 "*Action Because of Surplus Employees*"
Public Sector Management Standard for Staffing Options to Manage Organisational Change in the Queensland Public Sector

11. SEE ALSO:

Government policy is to deploy employees where possible. This directive needs to be read in conjunction with:

- directive concerning employees requiring placement
- relevant Australian Taxation Office legislation and Taxation Rulings

SCHEDULE A GENERAL REQUIREMENTS

1. Definitions

- 1.1. **"Early retirement"** is where an employee accepts an early retirement package in exchange for voluntarily terminating their employment with an agency.
- 1.2. **"Redundancy"** is the situation where a position or function becomes redundant as a result of workplace change and this leads to a decision by the chief executive to terminate the employee's employment.
- 1.3. **"Retrenchment"** is the termination of employment of an employee whose position is redundant and for whom it has been determined that continued actions to secure a permanent placement are no longer appropriate.
- 1.4. **"Severance payment period"** is the period of time which equates to the payment of the severance payment expressed in weeks (note this period of time does not include recreation leave, long service leave, the notice period or if applicable the incentive payment).
- 1.5. **"Week's pay"** means the ordinary time rate of pay for the employee concerned. The following amounts are excluded from the calculation of the ordinary time rate of pay: overtime, penalty rates, disability allowances, shift allowances, fares and travelling time allowances and any other ancillary payments.

2. Early retirement

- 2.1. The chief executive may offer early retirement to employees where the scheme is approved by the Commissioner of Taxation.
 - (a) The scheme must satisfy the legislative requirement that all employees who comprise such a class of employees as the Commissioner of Taxation approves may participate in the scheme; and
 - (b) The scheme must be implemented with a view to rationalising or reorganising the agency's business operations¹; and
 - (c) Before the early retirement scheme is implemented the Commissioner of Taxation must have issued written approval of the early retirement scheme.
- 2.2. Allegations or findings of unsatisfactory performance or conduct due to any cause are not grounds for offering an employee an early retirement package.
- 2.3. The chief executive must establish the bona fides of each early retirement scheme and ensure that the relevant income tax provisions are complied with.
- 2.4. If applicable, the chief executive must ensure that the provisions of the directive relating to employees requiring placement are met and notification is provided to the relevant Australian Government department whose primary function is helping unemployed people find work.

3. Redundancy

- 3.1. When workplace change results in redundant positions or functions and an employee has been declared as surplus ('an employee requiring placement'), an agency may immediately offer the employee requiring placement a voluntary redundancy package.
- 3.2. An employee is considered to be genuinely surplus if:
 - (a) the chief executive has made a definite decision that the job the employee has been doing is no longer required to be done by an employee;
 - (b) that decision is not due to the ordinary and customary turnover of labour;
 - (c) the decision led to the proposal to terminate the employee's employment; and
 - (d) the proposed termination of employment is not on account of any personal act or default of the employee, for example unsatisfactory performance or behaviour.
- 3.3. Prior to making an offer of a voluntary redundancy, the chief executive must establish the bona fides of each redundancy event and ensure that the relevant income tax provisions are complied with to ensure any redundancy payment qualifies as a genuine redundancy payment for taxation purposes.

¹ As part of this process, agencies should consider government policy on organisational restructure.

- 3.4. The chief executive must provide a statement of advice to the employee before deciding to make an employee redundant that confirms the requirements of this section have been met. This statement of advice must be provided to the affected employee before their separation date.
- 3.5. The chief executive must ensure that the provisions of the directive relating to employment arrangements following workplace change are met and notification is provided to the relevant Australian Government department whose primary function is helping unemployed people find work.
- 3.6. An employee must be less than 65 years old at the time of termination for a redundancy payment to qualify as a genuine redundancy payment under the relevant legislative provisions of income tax law and any Taxation Ruling issued by the Commissioner of Taxation.

4. Retrenchment

- 4.1. The chief executive may approve the retrenchment of public service employees in circumstances where it has been determined, in accordance with the directive relating to employees requiring placement, that it is not appropriate to continue actions to secure a permanent placement for the employee whose position has become redundant.
- 4.2. In considering the case for retrenchment the chief executive must provide to the employee whose position is redundant the circumstances on which the proposal to retrench are based and an opportunity for the employee to establish that retrenchment is unreasonable in the circumstances. The employee must be given a minimum of 10 working days to respond. If the employee does not establish to the chief executive's satisfaction that retrenchment is unreasonable, the chief executive may proceed with action to retrench the employee. The chief executive's reasons for proposing retrenchment, the employee's response and the final decision must be in writing.
- 4.3. The chief executive must ensure that the relevant income tax provisions are complied with when issuing a severance payment to an employee to ensure the payment qualifies as a genuine redundancy payment for taxation purposes.
- 4.4. The chief executive must provide a statement of advice to the employee before deciding to make a position redundant that confirms the requirements of this section have been met. This statement of advice must be provided to the affected employee before their separation date.
- 4.5. If applicable, the chief executive must ensure notification is provided to the relevant Australian Government department whose primary function is helping unemployed people find work.

5. Reporting

- 5.1. Each agency must state in its annual report the number of packages paid to employees with respect to early retirement schemes, redundancies and retrenchments in the previous financial year and the total monetary value of these packages, including incentive payments.
- 5.2. Each agency will establish a register identifying the following information about each employee who accepts an early retirement package, redundancy package or retrenchment package: surname, given names, date of birth, employment status (full-time, part-time), severance date, amount of severance payment received (expressed in weeks), the amount of any incentive payment and the weekly rate of pay.
- 5.3. Agencies will provide this information to the chief-executive of the department responsible for industrial relations on an annual basis.

6. Re-engagement

- 6.1. A person who has received an early retirement package, redundancy package or retrenchment package and who is subsequently engaged in one Queensland Government entity² or more as a consultant, contractor, or employee for a total cumulative period of more than twenty full-time equivalent (20) working days in the severance payment period is required to refund to the Crown a portion of their severance payment. The person will be entitled to retain only that portion of the severance payment which covers the period of time for which they were not engaged in a Queensland Government entity or a minimum of twenty days' salary, whichever is the greater.

² As defined in section 24 of the *Public Service Act 2008*

SCHEDULE B

ENTITLEMENTS

1. Entitlement

- 1.1. Packages provided by this directive are compensation for loss of job tenure.

Early Retirement

- 1.2. An early retirement package will comprise the following:

- (a) Accrued recreation leave³;
- (b) Accrued long service leave for employees who have worked for at least one year, on the basis of 1.3 weeks for each year of continuous service and a proportionate amount for an incomplete year of service³;
- (c) A severance payment of two weeks' full-time pay per full-time equivalent year of service and a proportionate amount for an incomplete year of service paid at the employee's substantive appointed level. The minimum payment is four weeks' pay, and the maximum is 52 weeks, provided that no employee will receive less than the severance payment under the Termination, Change and Redundancy Statement of Policy issued by the Queensland Industrial Relations Commission.

- 1.3. An early retirement package may comprise an incentive payment (refer to section 3 below for further information on incentive payments).

Redundancy

- 1.4. A redundancy package will comprise the following:

- (a) Accrued recreation leave³;
- (b) Accrued long service leave for employees who have worked for at least one year, on the basis of 1.3 weeks for each year of continuous service and a proportionate amount for an incomplete year of service³;
- (c) A severance payment of two weeks' full-time pay per full-time equivalent year of service and a proportionate amount for an incomplete year of service paid at the employee's substantive appointed level. The minimum payment is four weeks' pay, and the maximum is 52 weeks, provided that no employee will receive less than the severance payment under the Termination, Change and Redundancy Statement of Policy issued by the Queensland Industrial Relations Commission.

- 1.5. A redundancy package may comprise an incentive payment (refer to section 3 below for further information on incentive payments).

Retrenchment

- 1.6. A retrenchment package will comprise the following:

- (a) Accrued recreation leave³;
- (b) Accrued long service leave for employees who have worked for at least one year, on the basis of 1.3 weeks for each year of continuous service and a proportionate amount for an incomplete year of service³;
- (c) A severance payment of two weeks' full-time pay per full-time equivalent year of service and a proportionate amount for an incomplete year of service paid at the employee's substantive appointed level. The minimum payment is four weeks' pay, and the maximum is 52 weeks, provided that no employee will receive less than the severance payment under the Termination, Change and Redundancy Statement of Policy issued by the Queensland Industrial Relations Commission.

2. Tenured part-time employees

- 2.1. Tenured part-time employees affected by redundancy and retrenchment situations or who are eligible for an early retirement package will be entitled to a severance payment. The payment is calculated on two weeks' full-time pay per year of full-time equivalent service and a proportionate amount for an incomplete year of service (minimum four weeks, maximum 52 weeks).
- 2.2. Employees who hold two or more tenured part-time jobs will be entitled to a severance payment calculated only on the proportion of full-time equivalent years of service applicable to the part-time position which becomes redundant.

³ If the officer is performing higher duties at the date of termination, the calculation must be consistent with the requirements of the Ministerial Directive on higher duties.
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- 6.2. For example, a person who receives a severance payment of 30 weeks' pay may work only for a total cumulative period of 20 days in the 30 week period after the date on which the retirement, redundancy or retrenchment becomes effective without having to refund a portion of the severance payment.
- 6.3. Continuing this example, once the same person works in excess of 20 days within the 30 week severance payment period, the person is entitled to retain that portion of the severance payment applicable to the period of time for which they were not engaged in a Queensland Government entity. The person would be required to refund to the Crown the remainder of the severance payment, provided that the person would be entitled to retain a minimum of 20 days' salary.
- 6.4. A part-time employee who receives a severance payment for the loss of one part-time job and who retains another part-time job in the Queensland public service, will be required to refund the portion of severance payment to which they are not entitled should they subsequently increase their part-time hours during the severance payment period.
- 6.5. The chief executive of the re-engaging department is responsible for implementing procedures to collect the refund.

7. Transitional Provision

- 7.1. Subject to section 7.2, any processes commenced under a previous directive may be finished in accordance with that directive.
- 7.2. A chief executive may apply the incentive payment under this directive to an employee who has accepted an early retirement or redundancy under a previous directive, provided the employee separates on or after the effective date of this directive.

3. Incentive payment

- 3.1. In addition to the severance payment, an incentive payment may be offered once only to encourage employees to exit the department on or by a specified date. The payment will be \$6,500 or 12 weeks' pay at the employee's substantive level, whichever is the greater.
- 3.2. The incentive payment reduces by the equivalent of one week's pay for each week the employee delays leaving the department after the specified date.
- 3.3. Tenured part-time employees who are offered an incentive payment will be entitled to a portion of the incentive payment, which will be adjusted to reflect the proportion of full-time hours worked by the employee. For example, if .5 is the proportion of full-time hours worked by an employee for the position, the incentive payment applicable would be \$3,250 or 12 weeks' salary, calculated at the employee's usual part-time rate (i.e. in this example .5), whichever is the greater.
- 3.4. Incentive payments may apply to early retirements and redundancies, but do not apply to retrenchments.
- 3.5. The incentive payment includes payment in lieu of notice.

4. Recognition of previous employment

- 4.1. Employees whose previous employment is recognised for the purpose of calculating long service leave entitlement are entitled to a severance payment. This payment is based on their period of previous recognised employment and current period of employment. The total severance payment will not exceed 52 weeks' pay.

Note:

Previous recognised employment includes all recognised employment (including temporary employment) in the categories specified in the directive relating to recognition of previous service and employment.

- 4.2. Employees whose previous employment is recognised for the purpose of calculating long service leave entitlement and who have received a severance payment from their previous employer will be entitled to a severance payment calculated only on their current period of employment.

5. Relocation expenses

- 5.1. Public service officers who accept an early retirement package, redundancy package or retrenchment package will be entitled to relocation expenses consistent with the Ministerial Directive on relocation expenses for officers retiring from the service.

2019/11/3

AH
 Mtg - 23rd Sept 2013
 Lorraine + Michele
 Kim
 Ashley
 Carol

Apol's Danielle
 - Angela

Absent: Nagen

Update from Thurs:

- Need for safe transition plan for each individual child.

Communication Strategy for adolescents
 • Michele will seek from Leanne.

3 working groups:

- Workforce planning
- Strategic
- Clinical transition

HR

Lorraine offered to meet with staff individuals to support with plans for staff in the future and will liaise with Kathryn White HR.

- Transfer @ level options
- Suitability other positions

Planning / Transition

LORRA - discussed possible outcomes -
need to establish transition plans
best thing we can do is to provide
best possible, high quality summaries
& handovers.

- Summarize, document, upload to CIMA
- proactive involvement in care planning
- History - care plan - recommendations

Discussion on Resources + clinical info.
? Test resources / records - Lorrain will check.

Resource Mgmt.

possibly move AH Resource onto CYMHS or
other Districts

Clinical Transition

Need to work w Dr Brennan -
need to set goals, professional approach,
work within team - be mindful of starting
therapeutic interventions which may go on beyond
12 month period.

Carol - -

- Checklist transition being developed
- Consumer Review form
- Parents group - save the Barratt
- Adolescents get messages on this
- Confusion for adolescents

30/9/13

Allied Health Meeting 30/9/13Agenda

- 1) Information update
→ Fact sheet?
- 2) Clinical hand-over - Care - transition checklist?
→ what documents are involved?
→ what will be the contribution of each team member
→ timelines + deadlines.
→ caring forms + processes.
→ best tribute to the work undertaken here
- 3) Team functioning - support the consultant - add views to point of discussion - total commitment to decisions - a good job can only
- 4) Medical Records - working notes retained till report completed then destroyed.
Previous Consumers
→ provide materials to the admin officer for filing.
Current Consumers
→ inclusion can summary also refer to local to CIMA.
→ part of quality care for clinical hand-over.
Strategy to achieve ...
- 5) ~~Boundaries - helpful resources?~~
- 6) Organisational Change - helpful strategies.

Mtg 30/9/13

Ashley

Carol

Kim

Michelle

Lorraine

apologies Megan
Danielle

- Communication plan being developed
- Discussed standard re: handover documentation
- Transition checklist
- Medical records discussed, advice given by Lorraine via Inf. mgmt.
- Organisational change - helpful strategies

Lorraine Dowell - Summary

EXHIBIT 48

WMS.9000.0027.00108

From: Lorraine Dowell
To: Non-Secure BAC
Subject: Summary 30/9/13
CC: Michelle Giles

Thank you to everyone who has been able to attend the 2 Monday morning meetings so far. I appreciate that this has not been possible for everyone for a range of reasons.

Next Monday 7/10/13 is a public holiday and this seems to be the only day when everyone is generally available.

I thought it might be helpful to summarise our collective thoughts briefly till we can meet again, the following Monday (14/10/13).

- Michelle attends meetings weekly with senior Executive and has been able to provide us with updates as they become available. This has been helpful to dispel misinformation and support planning.

Action Required: attend the Monday meetings whenever possible to keep informed and raise any questions for Michelle to take forward.

- Dr Sadler and Vanessa have met with the adolescents individually to outline the situation. A communication strategy is still being drafted to inform key stakeholders about progress.

Action Required: wait for the release of the communication strategy.

- 3 working groups will be established in the near future to consider implementation of the endorsed recommendations of the Expert Clinical Reference Group. Although acceptance of all recommendations in full is wonderful news for the future of adolescent care in the state, it does mean that BAC will cease to exist as some time in the new year.

Action Required: celebrate the prospect of better service provision for adolescents with mental health problems. The precious learning from BAC will be used to inform further service development. Rumours from ill-informed sources need to be dismissed.

- Each of us needs to consider plans for our personal professional future beyond BAC. HR support is always available to us. If we are not considering alternate employment options, separation packages will be available or the option of becoming an employee requiring placement. Transfer at level is also an option.

Action Required: Please speak with Lorraine and/or Kathryn White if you wish to consider options for yourself. We need to shield the vulnerable adolescents from any personal confusion and uncertainty we may be personally experiencing at present.

- We acknowledged that the way forward is to support Dr Brennan and the team to develop transition plans that are appropriate for each of the adolescents. This may be a different way of doing business but it is vitally important for the ongoing welfare of these vulnerable young people.

Action Required: Active participation in the development of transition plans as part of the MDT.

- Continuity of care can be best supported via comprehensive and high quality summaries of care provided to date as well as ongoing recommendations - essentially a quality clinical handover processes.

Action Required: Work with the MDT to identify what documents are best to capture the work undertaken to date as part of the clinical handover process. Identify timeframes, if possible, and work towards completion of handover materials in a timely manner. Lots to do. Upload relevant material onto CIMHA for current consumers. Contribute to the case review summaries and processes. Consider working with the adolescents to draft a letter of introduction about themselves for the new service provider, outlining their hopes and preferences and things they like and dislike perhaps.

- With respect to any patient related information pertaining to past patients, this needs to be sorted.

Action Required: If material is already captured in reports, etc, it can be securely destroyed. If any material is located that may be clinically relevant then it needs to be either uploaded to CIMHA or if the

about:blank

LOD1021

2/10/2013

Action Required: If material is already captured in reports, etc, it can be securely destroyed. If any material is located that may be clinically relevant then it needs to be either uploaded to CIMHA or if the adolescent is not on CIMHA, then it needs to be sealed in an envelope and provided to the admin officer for placement in the clinical file with patient details on the front. Any materials left unfiled at the time when BAC closes, will need to be securely transported to medical records. There must not be any patient related information left once the adolescent transitions.

- Resources pertaining to clinical care need to be sorted out along with material located in cupboards, filing cabinets etc.

Action Required: Consider closer to the time, but WMHHS resources may be best relocated to the CYMHS also in WMHHS at the end of the day. Consider what needs to be retained and ask for guidance if unsure .

- It is helpful to collectively identify practical strategies to support each other during this busy next few months.

Action Required: Review the list of strategies drafted to date. Add to the list as necessary and share with the group.

General

- Perhaps at our next meeting on 14 October we may be able to consider our progress with these actions and if there are any additional things we need to be considering. The adolescents are depending on us to secure the best possible outcome for them.

Enjoy the public holiday !

Kind regards,

Lorraine

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

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

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

14/10/13

665 clinicians have been asked to add their work to the summary process as the care co-ordinator

Summary process - usually summary form.

Lorraine Dowell - BAC

11/10/13

From: Lorraine Dowell
To: Jenny-Kay Sharpe; Kylie Bruce
Subject: BAC
CC: Michelle Giles

Hi Kylie and Jenny,

Just thought I would touch base with you about transition planning and BAC.

It is anticipated that the BAC footprint will not longer be at The Park by the end of January 2014 - not long.

There is an intense focus on transition planning as a result. Ensuring best possible continuity of care can be supported by good clinical handover.

May I invite you to please reflect on your involvement with any of the BAC consumers.

--> Is your work summarised or captured in a way that will enable a smooth handing over of the reins to another service?

--> Is there information that may need to be uploaded to CIMHA or any adolescent material that needs to be sent to file or destroyed in your cabinets?

--> Are your recommendations of care captured in the relevant care planning documents?

--> Would it be helpful to do a brief single page summary of care for current inpatients for whom you have developed ongoing care instructions?

Is there anything else that we may need to consider to ensure the fine work undertaken by so many clinicians at The Park will continue to have a positive impact on the recovery of the BAC adolescents?

Many thanks,

Lorraine

• Tax form for Ashleigh
 • Leave over time - please factor in the
 a reduced time with transition plans

Lorraine Dowell - Notes from AH meeting 14/10/13

From: Lorraine Dowell
To: Michelle Giles; Non-Secure BAC
Subject: Notes from AH meeting 14/10/13

Thank you to everyone for attending and investing so well in the process.

Attendees: Danielle Corbett, Ashleigh Trinder, Angela Clarke, Megan Hayes, Carol Hughes, Lorraine Dowell (meeting facilitator).

Apology - Kim Hoang - unwell.

Transition Panel

- To start meeting this week. Includes Megan, Carol and Dr Brennan. New NUM starting today - Alex Bryce. 3 meetings per week, Tuesday AM, Wednesday PM and Thursday AM. A roster has been drawn up to assign adolescents to one of these panels. Approx 1 hour allocated for each adolescent. A checklist has been developed to identify what has been completed to support transition and what still needs to be done. Megan and Carol will email updates to allied health to keep them informed. Perhaps the checklist could be electronically saved to an accessible place and this will also provide quality communication around what needs to be undertaken and with whom and by when - a shared working document ?? There may be a teacher rep on the panel. Perhaps this will enable handover of relevant information to educational supports? Care Co-ordinators will be completing a Recovery Plan, a Crisis Plan and a Developmental Checklist. Each week the cc will be completing a Consumer Care Review Summary and Plan - capturing work undertaken to date.

Action Required

--> Megan and Carol to identify a process of communicating transition information to and from colleagues to inform the process and assist with tracking.

Scope of transition planning

- It was noted that locating suitable services for handover would be a challenge. Discussion identified that the clinical transition process may involve capturing identified need in the clinical handover process, with responsibility for establishing linkages resting with the receiving service rather than being part of the transition process.

Action Required:

--> Megan and Carol to clarify at the Transition Meetings if establishing linkages with other support services will be part of the clinical handover / transition process.

Clinical Handover

Phase 1 --> Upload relevant reports for current consumers to CIMHA

Phase 2 --> Summarise work undertaken to date by each allied health person and upload to CIMHA - note on transition planning checklist

Phase 3 --> Review working notes or documents, destroy if not significant and information has already been captured in summaries or place in a sealed envelope for filing in the clinical file. Leave with the admin officer. Incomplete filing will need to be sent to Health Information Management for filing at the time of closure.

It was noted that notes from past inpatients were sent to the Discipline Senior - Psychology for storage some time back - left in the cabinets from previous staff. This may also need to be managed in keeping with policy and sent to file. The goal is to not have any adolescent clinical notes located anywhere but in the clinical file by the closure date.

It was noted that some staff will be taking leave over Xmas further reducing time available to complete this work. Consumer count: 5 on the waiting list, 16 inpatient and day patients.

Physio and Dietetics have also been asked to upload relevant information to CIMHA.

Action Required:

- > Lorraine to follow up with Scott and Michelle re previous adolescent clinical notes
- > Each clinician is to scope what work they need to undertake in the time available to them individually accommodating work hours and leave planning - to provide ongoing updates to this meeting.

Staff Support

Peer support is being sought by work colleagues at present. This is similar to what occurred in other parts of the Park when time frames were identified. It is difficult to manage in addition to meeting clinical handover targets.

Action Required

- Support staff where possible but pay close attention to clinical handover deadlines and the need to secure the best possible outcome for the adolescents by completing this well. They are depending on us.

Preservation of Intellectual property

Consider:

- > Individually retaining copies of valuable clinical resources (non-patient identifying only) - consider Dropbox www.dropbox.com - free internet space or USB. for future clinical use.
- > Handover of clinical reasoning frameworks, program information, proformas etc along with assessment tools/ kits and other resources to CYMHS.

Action Required:

- > Lorraine to liaise with Catherine Lynch and Discipline Seniors to identify a preferred option.

Corporate History

It was noted that there are many electronic documents that outline the history of BAC. Has a process been identified to preserve these resources for medico-legal and historical reasons?

Action Required

- > Lorraine to ask Michelle to clarify during meetings with Executive.

HR Processes

- As patient numbers decrease will staff numbers also decrease?
- Will all allied health positions be retained till the end of January?
- What is the formula used to calculate Voluntary Redundancy entitlements?
- What are the terms and conditions associated with a VR?
- What is involved in the Employee Requiring Placement (ERP) Process?
- It was noted that each individual would need to determine which option may be best for themselves
- Transfer at Level - process outlined and clinicians encouraged to consider.

Action Required:

- > Lorraine to invite Kathryn White to the next Monday meeting for advice.
- > Lorraine to secure information re ERP and VR for staff information and copies of relevant policy documents.
- > Lorraine to ask Michelle to clarify if staff numbers will decrease with patient numbers prior to the end of January?
- > Everyone to contact Lorraine if needing additional advice or information.

See you again on Monday 21 October - 15 weeks till the end of January 2014.

Thank you everyone for your exceptional professionalism during a difficult time.

Kind regards,

Lorraine

Agenda Mon 21/10/13

Lorraine Dowell - Invitation from BAC Allied Health

From: Lorraine Dowell
To: Kathryn White; Non-Secure BAC
Subject: Invitation from BAC Allied Health
CC: Michelle Giles

Hi Kathryn,

The allied health at BAC have a number of queries and were hoping that you might be able to join us at one of our Monday meetings at 9:00 am at BAC. This is the best time when we are all available as many clinicians work part-time.

Some queries identified so far:

--> As patient numbers decrease will staff numbers also decrease for allied health?

--> What is the formula used to calculate Voluntary Redundancy entitlements? Are only permanent staff entitled to a VR offer?

--> What are the terms and conditions associated with a Voluntary Redundancy?

--> What is involved in the Employee Requiring Placement (ERP) Process?

--> Transfer at Level has been presented as an option. Should these queries go via yourself Kathryn or someone else?

Kathryn are there any policy documents that outline these options and processes? It helps to have a printed copy to avoid confusion at times.

Thank you so much for your support of BAC clinicians during this difficult time.

Kind regards,

Lorraine

• Transition Panel - progress

• Will community linking be part of the clinical handover process?

• Consumer Count 5 →

16 →

• Personal health plan developed?

• Adolescent notes in storage

• Intellectual property

Lorraine Dowell - BAC resources

From: Lorraine Dowell
To: Catherine Lynch; Michelle Giles; Paul Clare; Scott Natho
Subject: BAC resources

Hi everyone,

As part of the planning towards the BAC footprint disappearing, decisions will need to be made about precious allied health resources - hard and electronic.

We have a CYMHS within the district, so informally we have decided to relocate assessment tools, kits generally to CYMHS. Is this OK with you Catherine? It is best that precious resources are located where they can have a positive impact on care.

Other resources pertaining to programs, proformas, student project resources and more general resources have been underpinning practice with this very challenging consumer group for many years. It would be a shame to have this intellectual property lost.

We are open to any suggestions for how these resources should best be managed.

Thank you for your support and guidance.

Kind regards,

Lorraine Dowell

*- POSING NB!!
- Dictate input*

Lorraine Dowell - Re: BAC

From: Kylie Bruce
To: Lorraine Dowell
Date: 15/10/2013 8:25 AM
Subject: Re: BAC
CC: Michelle Giles

Hi Lorraine,

Your email is very timely. I am currently working with BAC staff and adolescents with a focus on transition planning and comprehensive clinical handover to support continuity of care.

In addition to the processes that you outlined for transition planning and handover, where appropriate, I am providing a handover letter to the adolescent's general practitioner (i.e. in the instance where an adolescent is being discharged into the community and the GP will be their main healthcare provider/healthcare coordinator).

I have liaised with Sue Daniel and Vanessa Clayworth regarding providing input into the BAC Clinical Care Transition Panels where indicated.

Kind regards,
Kylie

Lorraine Dowell - Re: BAC - HRM support

From: Leanne Geppert
To: Lorraine Dowell; Padraig McGrath
Date: 18/10/2013 9:34 AM
Subject: Re: BAC - HRM support
CC: Michelle Giles; William Brennan
Attachments: 2012-11-Early-Retirement-Redundancy-and-Retrenchment1.pdf; 2013-6-employees-requiring-placement-directive.pdf; 2013-11_Transfer_within_and_between_classification_levels_and_systems.pdf

Thanks Lorraine, this is very helpful.

Also to both Lorraine and Padraig - Lesley requested on Wed that she would like a written document/table outlining the number of BAC staff (names not required), discipline and level, and if possible their current intentions/preferences (redundancy vs redeployment in WM vs redeployment outside WM etc). This will support negotiations with DoH around redundancy packages.

It is understood staff may not know yet of their preference, and that some may not want to discuss it. That is ok too - just indicate on the table that no decision has been made.

Sharon is going to discuss this request further with Lesley.

thanks Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074
www.health.qld.gov.au

>>> Lorraine Dowell 10/18/2013 8:52 am >>>
Hi Padraig,

Michelle and I have been meeting regularly with the allied health in BAC.

At the last meeting they identified a number of HR issues they would like some information about.

I have liaised with Kathryn White who has kindly offered to meet with us at BAC on Monday 28 October at 9:00. No particular meeting place - just wherever - sometimes in an office.

Kathryn forwarded the attached documents to us to consider ahead of time.

Is this an opportunity that can be used to support nursing staff also?

Time is passing by quickly and allied health staff are keen to consider planning their exit from the service in some way.

Kind regards,

LOD1029

Lorraine Dowell - Notes - AH Meeting - 21/10/2013

From: Lorraine Dowell
To: Non-Secure BAC
Subject: Notes - AH Meeting - 21/10/2013
CC: Michelle Giles

Hi Everyone,

Meeting with Kathryn White

Information received and circulated to everyone from Kathryn re Employees Requiring Placement, Early retirement, redundancy and retrenchment, Transfer within and between classification levels and systems. Specific details about how these directives apply to our personal situations would be helpful. The Park has given a commitment to continue to provide for adolescent needs until closure. As consumer numbers decrease, staff will be supported with the option of engaging in meaningful employment possibly in other areas. Should staff leave prior to the closure of BAC, a decision will need to be made about replacement of staff relative to consumer needs.

Action Required

- > Everyone to consider their personal circumstances and what specific information they may require to assist with selection of the best option for themselves.
- > Bring list of questions and information needs to the meeting on 28/10 with Kathryn.
- > Lorraine to email everyone individually to clarify personal preferences at this stage

Transition Panel

Approx 5 adolescents considered to date. End of the school term may be a likely point of separation for some. 1 adolescent to exit next month. Admin officer may be able to assist with co-ordinating upload of documents to CIMHA. Admin Officer may be able to co-ordinate hard copy documents as part of an information pack for services that do not have access to CIMHA. Good clinical handover is the best way of securing positive continuity of care. Community linking may need to occur with some cases but not generally with all cases. Should there be a reluctance for new services to accept BAC referrals, it may be escalated and managed at service level. There are 3 difficult cases at present which may involve stakeholders meetings. No reduction in consumer numbers reported since last week's meeting. Dietitian and Physio have been reminded to include a summary of care pertaining to their involvement also.

Action Required

- > Allied Health to monitor and record progress on the transition checklist tool.
- > Prioritise transition planning - Phase 1 - upload of documents Phase 2 - Summary of care then Phase 3 - relocation of resources and other service information

Personal Work Plans

All present indicated that they had developed work plans to have the work completed in time. Occasionally there is a need to engage in discipline specific intervention still. Planning has taken into consideration reduced availability associated with leave over Xmas etc.

Action Required

- > Review and refine personal plans to achieve deadlines for each adolescent.

Phase 3

Clean up of office areas, filing of previous patient notes, handling of personal staff information, management of resources.

Action Required

- > Reminder to aim to have office areas cleared of information and resources.
- > Forward personal staff information to discipline seniors as it needs to be stored for 7 years
- > Ask questions if uncertain.

EXHIBIT 48

WMS.9000.0027.00119

POS reports

Personal data has been emailed to each person - Your Story. It is vitally important that pos data is still collated even though the service is closing. Data is being used to inform decision making. Under the new HHS model, Qld Health buys activity from the HHS. No activity translates into no funding. Posing is a requirement for all mental health services so investing in this skill development opportunity now will assist with managing this challenge in the future. Even though the service will be closing, Pos data will continue to be used to inform decisions.

Action Required

- > Continue to enter POS data
- > Work with discipline seniors to refine and apply business rules
- > Assign any patient attributable activity to Pos rather than NCRA

Stress Levels

Stress Levels are increasing for everyone in the service. This is resulting in a personal uneasiness for most people - to varying levels.

Action Required

- > Invest well in the work that needs to be undertaken between now and the closure of BAC
- > Reflect on personal HR preferences. Once we have a personal plans for our future, it may be easier to direct focus on the vitally important transition planning work that needs to be completed.
- > Continue to support each other in the workplace.

Thank you everyone. Please allow extra time next week for discussion with Kathryn White.

Kind regards,

Lorraine Dowell

Agenda 28/10/13

- ① Kathryn White update
→ end date → flexible →
- ② Transition panel
- ③ Posing
- ④ Feedback to Ashleigh - last day?
- ⑤ Panel last day? Separation?
- ⑥ Jimmy - Supervisor
- ⑦ Personal planners
- ⑧ Funding → Q Health → CHQ

LOD1031