

- (a) Transition plans would have taken into account:
 - (i) the clinical history and current condition of the patient;
 - (ii) the patient's wishes in respect of matters such as what treatment the patient was willing to receive, where the patient wished to reside and their intention/aspirations in respect of study, employment etc; and
 - (iii) information from the patient's family or carer regarding family support and the wishes of the family with respect to where the patient would live, treatment options etc.
- (b) Consideration would have been given to the alternative services available in other HHSs or through non-government providers to meet the patient's clinical and other needs.
- (c) Transition planning included processes to link the patient to the new services to which they were being transitioned, including introducing the patient into the new services and providing the patient with information about accessing services.
- (d) Considerations which informed the transition plans included ascertaining from both the patient and their family how comfortable they were with the transition process, where the patient wanted to live in the future, aspirations with respect to study etc and the treatment options relevant to the patient's needs and which of those services the patient was willing to accept.

17 Did you have any discussions with the medical or other staff at receiving alternative services regarding the Transition Clients' transitional arrangements, transition plans, treatment plans, clinical and educational needs or other matters? If so, explain the nature of these discussions, including the date on which they occurred, with whom and for what purpose.

- 17.1 I did not have any discussions with medical or other staff at receiving alternative services regarding the transition clients transitional arrangements, transition plans, treatment plans, clinical or educational needs or other matters.

18 Were you aware of any concerns regarding the transition of any Transition Clients from the BAC to an alternative service provider? If so:

...

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...

Witness

- (a) detail any such concerns;
- (b) if there were concerns, who were these concerns expressed by and to whom;
- (c) on what date and by what means did you become aware of these concerns; and
- (b) what steps, if any, did you cause to be undertaken as a result of any such concerns?

18.1 I am not aware of concerns regarding the transition of particular transition clients from BAC to an alternative service provider as I was not involved in the planning or implementation of transition plans.

18.2 In general terms, I am aware of the concerns around transition of clients which were:

- (a) Challenges linking patients with other services which required negotiations as to the types of services that receiving HHS or other service providers may be able to provide and the funding for such services.

(b)

- (c) In some cases, patients changed their mind about what sort of services they wished to access and/or where they wanted to live post BAC which necessitated a change in transition plan.

- (d) Many of the patients had challenging family circumstances which meant transitioning the patient home either was not possible or required complex planning, and required exploration of other accommodation options.

18.3 I provided advice to Acting Clinical Nurse Consultant, Vanessa Clayworth as to methods of addressing these challenges, although I was not providing clinical advice or involved in the individual transition plans.

19 The Commission understands that you attended numerous BAC Transition Care Planning Meetings in or around late 2013/early 2014. In respect of each of these meetings which you attended:

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(a) explain the function/purpose of the meetings and what they involved;

- 19.1 The function and purpose of the meeting was to discuss the transition care plans for four BAC patients.

(b) state how often the group met;

- 19.2 To the best of my recollection, the group met once, on 11 December 2013.

(c) state who attended;

- 19.3 According to the draft Minutes, the attendees at the meeting in addition to myself were:

- (a) Dr Leanne Geppert, Acting Director of Strategy
- (b) Dr Anne Brennan, Acting Clinical Director, BAC
- (c) Dr Elisabeth Hoehn, Psychiatrist, Child and Youth Mental Health Services, CHQHHS
- (d) Michelle Giles, Director of Allied Health and Mental Health Community Programs
- (e) Will Brennan, Director of Nursing
- (f) Sharon Kelly, Executive Director Mental Health and Specialised Services
- (g) Dr Terry Stedman, Clinical Director, Mental Health and Specialised Services
- (h) Laura Johnson, Project Officer, Mental Health and Specialised Services.

(d) explain what your role was at these meetings;

- 19.4 I attended the meeting on 11 December 2013. I played no particular role.

(e) detail the resolutions/findings/action items determined as a result of those meetings; and

- 19.5 The resolutions, findings and action items determined as a result of those meetings are recorded in draft Minutes of the meeting. A copy of the draft Minutes are attached and marked **PM-4**. I do not know whether final Minutes were issued.

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(f) outline any action items allocated to you, as an outcome of the meeting, for actioning, and state when this was, and what this involved.

- 19.6 There were no action items allocated to me as an outcome of the meeting for actioning.

BAC Staff

20 Detail any concerns held by you, or raised with you, in respect of staffing of the BAC, during the period 6 August 2013 until its closure in late January 2014.

- 20.1 The concerns held by me or raised with me in respect of staffing of the BAC during the period 6 August 2013 until its closure in late January 2014 related to:
- (a) Loss of experienced staff and therefore an increase in staff in the unit with whom patients were not familiar and who did not have detailed knowledge of the patients and the operating procedures in the unit.
 - (b) In some cases, negativity of staff who opposed the closure affecting the patients.
- 20.2 Once it was announced that BAC would close, some staff sought to obtain alternative employment, either by their own endeavours or by signifying to WMHHS that they wished to be redeployed. WMHHS attempted to assist those staff by according them flexibility with respect to finish dates (where staff had obtained employment elsewhere) and by assisting them with identifying redeployment opportunities. This led to some loss of staff during that relevant period, with a consequent loss of the collective knowledge held by those staff members in respect of particular patients and also in respect of unit procedures. Staffing requirements were able to be met through the use of casual staff and/or staff from other units of the Park working occasional shift in BAC.
- 20.3 Some remaining staff did not support the closure of BAC and were angry about it. Some of these staff became disengaged. Staff were expected to project positivity to patients regarding the closure and the opportunities it presented for patients to transition to other services, as this was in the patient's best therapeutic interests, but some staff failed to do this and some actively engaged in negative conversations with patients, families and carers. This created a difficult therapeutic environment for patients.

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- 20.4 For the staff who did not actively seek other employment, there were also some who had an expectation that it was up to WMHHS to find them another job. The Workforce team was actively engaged in seeking to explore with staff what redeployment options were available and what they were interested in, but some staff refused to participate in such processes and seemed to take the view that they only wanted to work at BAC and therefore no other option was acceptable.
- 20.5 Once the closure of BAC was announced, concerns were raised by the Queensland Nurses Union and the Australian Workers Union, who had members at BAC, wanting to know what WMHHS would do to support their members in finding alternative employment.
- 20.6 In that regard, the Workforce team actively worked with BAC staff members, helping them to prepare curriculum vitae, assisting with identifying other jobs within Queensland Health which they may be suitable for, and engaging with staff as to their redeployment/redundancy preferences.

21 Detail the nature of your involvement with respect to communication with staff of the BAC about the possible (or actual) closure of the BAC. In particular:

(a) state when this communication occurred, what it involved and any input/decision you received with respect to the content of the communication (and from whom and when);

21.1 Details are provided in my response to question 14.

(b) outline the nature of your involvement with respect to the development and/or delivery of 'BAC Staff Communiqués', and the content of those communiqués, and when and how and by whom they were prepared.

21.2 I am not aware of specific details regarding the preparation of BAC Staff Communiqués. My understanding is that they would have been prepared at the request of Sharon Kelly.

21.3 My involvement with respect to the development and delivery of BAC Staff Communiqués and the content of those communiqués is that a draft would have been provided to me for my review prior to the communiqué being disseminated because it related to staff matters. However, I do not have any particular recollection of having input or making changes to any of the staff communiqués.

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Witness

22 Detail and outline the nature of your involvement in the placement of former staff of BAC as a consequence of its closure, and any difficulties experienced or concerns raised with you.

- 22.1 Where a BAC staff member obtained employment elsewhere, I facilitated the staff member's move to the new position by:
- (a) Allowing flexibility as to the staff member's timing of departure so that any requirements of the new job to which they were going could be met.
 - (b) Where the transition was to another unit within The Park, I took steps to ensure that the staff member had a period of familiarisation and received any training or refresher training they required to successfully transition to the new position, given that the requirements of the new role would be different in some respects to the work in BAC because of the difference between units and the difference between adolescent and adult services.
- 22.2 I took responsibility for identifying roles within West Moreton Mental Health and Specialised Services to which staff departing BAC could transition. Where a BAC staff member was successfully matched to such a position, I facilitated the transition in terms of timing, orientation to the new unit, the provision of training to successfully transition to the new role and support to ensure success of the transition.
- 22.3 I met with members of the Workforce team on approximately a fortnightly basis to discuss Workforce needs across the units for which I was responsible. In relation to BAC, this included discussions during the relevant period with respect to the workforce was undertaking with staff. I encouraged and facilitated members of the workforce team to engage with BAC staff both individually and collectively in relation to the options available to those staff.
- 22.4 The process for dealing with staff when a unit is closed is a well defined process within Queensland Health and the Workforce unit followed that process in terms of the offering of redeployment support, implementation of redeployment processes and redundancies.
- 22.5 As with the closure of any unit, there were some staff with anxieties around whether they would obtain alternative employment which was to their satisfaction, and for some staff there was a level of disappointment or anger at closure of BAC as they did not support the decision to close. In terms of supporting the emotional needs of staff:


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- (a) All staff had access to WMHHS' employee assistance scheme.
- (b) A peer support team operates within the Park for nursing and allied health. There is a member of the peer support team available 24 hours a day on a confidential basis to provide emotional and psychological support which was in addition to the support available through the EAS or via line management.

Groups

23 Explain the nature of your involvement in respect of the development of the *Barrett Adolescent Centre Strategy Project Plan*, including but not limited to, when and by what means you provided input.

- 23.1 I had no involvement in respect of the development of the Barrett Adolescent Centre Strategy Project Plan.

24 The Commission understands that you were a member of a *Financial and Workforce Planning Group*. With respect to this group:

(a) details its function and outcomes;

- 24.1 A State Wide Adolescent Extended Treatment and Rehabilitation (SW AETR) Financial and Workforce Planning Transition Working Group was to be established under the auspices of the State Wide Adolescent Extended Treatment and Rehabilitation Steering Committee.
- 24.2 I am not aware of its functions save that I have seen draft Terms of Reference which are attached and marked **PM-5**. I have not seen a final copy of the Terms of Reference and I am unaware whether Terms of Reference were ever finalised.
- 24.3 So far as I am aware there were no outcomes of this group. In that regard:
- (a) Attached and marked **PM-6** is a copy of the Minutes of a meeting of the Financial and Workforce Planning Transition Working Group dated 22 October 2013. I do not now recall the meeting but the Minutes record no substantive outcomes and record that further review of the Terms of Reference and meetings be placed on hold until clarification was sought and direction provided by the SW AETR Steering Committee on the future of the working group.
 - (b) On 21 November 2013 I received an email from the Project Manager – SW AETR, Ingrid Adamson advising me that the working group had been

.....
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disbanded. Attached and marked **PM-7** is a copy of that email.

(b) state the period for which you were a member of the group, and the circumstances in which you were appointed, and when and by whom;

24.4 I cannot now recall the circumstances in which I was appointed, when or by whom. I assume that I was asked to be a member of the group because of an initial intention that workforce issues involving BAC would be a matter within the Terms of Reference. However as noted in the minutes, Sharon Kelly advised the meeting that WMHHS was responsible for the current BAC workforce strategy and BAC workforce planning would not be within the scope of the working group.

24.5 I have no recollection of the group but by reference to the documents referred to in paragraphs 24.3, I believe that I was a member of the group only in that I was invited to be a member of the group and to attend the meeting on 22 October 2013, I had no further involvement and the working group was disbanded on or before 21 November 2013.

(c) name the other members of the group and detail their relevant expertise; and

24.6 As I have only seen draft Terms of Reference, I am uncertain whether the membership of the group had been settled by the time of the meeting on 22 October 2013 or indeed was ever settled.

24.7 The attendees at the meeting on 22 October 2013 are detailed in the draft Minutes referred to in paragraph 24.3.

(d) explain your role and responsibilities with respect to the group.

24.8 My role and responsibilities with respect to the group was that I was invited to be a member of it, attended one meeting on 22 October 2013 and was then advised by email on 21 November 2013 that the group had been disbanded.

25 The Commission understands that in or around early 2014, you attended a Debriefing Session with Mr Steve Scott regarding the closure of the BAC. With respect to this Debriefing:

(a) state how and when the Debrief was arranged, by whom, for what purpose, and who was invited;

.....
[Redacted Signature]

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.....
[Redacted Signature]

Witness

- 25.1 I am unaware of how or by whom the Debrief was arranged.
- 25.2 The Debrief was held on 6 February 2014 so I assume it was arranged shortly prior to that date.
- 25.3 The purpose of the Debrief was to discuss as a management team how the closure of BAC was managed with a view to applying lessons learnt to future projects.
- 25.4 The persons who attended the debrief are stated below. I am not aware whether any other persons were invited and did not attend.

(b) state who attended the Debriefing Session;

- 25.5 To the best of my recollection, the attendees at the debriefing session, in addition to myself, were:


- (a) Dr Leanne Geppert.
- (b) Sharon Kelly.
- (c) Will Brennan.
- (d) Dr Elizabeth Hoehn.
- (e) Dr Anne Brennan.
- (f) Dr Terry Stedman.
- (g) Michelle Giles.

(c) provide details as to the role of Mr Scott and the position he held at that time;

- 25.6 Mr Scott was a facilitator. To the best of my knowledge he was an external consultant. His email describes him as Principal Strategist with a business called Laurus.

(d) explain the outcomes of the Debriefing Session, including but not limited to, any input by you at that session, and any actions arising from the session.

- 25.7 The purpose of the Debrief was to explore what worked and what didn't with respect to the closure of BAC and to provide feedback on the performance of other agencies involved in the process.


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- 25.8 I remember giving feedback about the fact that managing the closure of BAC was a requirement which was additional to all of the other work that had to be performed in my role, without any particular additional resources being committed to assist. My recollection is that this was a view generally expressed by those who attended the meeting.
- 25.9 On 10 February 2014, Dr Leanne Geppert circulated to the attendees at the meeting, including myself, an email from Mr Scott dated 7 February 2014 attaching a table prepared by him collating notes of the Debrief. Attached and marked **PM-8** is a copy of Dr Geppert's email and the attached email and table prepared by Mr Scott.
- 25.10 The table accords generally with my recollection of the matters discussed at the Debrief.
- 25.11 There were no actions arising from the session. The purpose of the session was to enable those attending to express views about the process and their experience of it rather than to identify action items.

Post-closure

26 Were any new services established in Queensland immediately following/as a consequence of the closure of the BAC?

- 26.1 No new services were established in WMHHS immediately following or as a consequence of the closure of BAC.
- 26.2 I am not aware of whether any new services were established elsewhere in Queensland following or as a consequence of the closure of BAC. My current role does not involve adolescent mental health and therefore I do not have any reason to be aware of current services.

27 Where was the funding allocation for BAC reallocated to?

- 27.1 Upon closure of BAC, the funding allocation for BAC ceased. I assume that the budget for BAC was redirected by Queensland Health to other matters, but I do not have any knowledge in relation to that.

Other

28 Outline and elaborate upon any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Term of Reference.

[Redacted signature area]

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Witness

28.1 I have been advised that the Commission is inquiring into the circumstances in which Dr Trevor Sadler was stood down. My involvement in that issue was as follows:

(a)

(b)

(c)

(d)

29 Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

29.1 All documents referred to in my witness statement are exhibited.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Taken and declared before me by
Padriag McGrath at Brisbane in the
 State of Queensland this 16th
 day of November 2015
 Before me:

Holly Ahern

Signature of authorised witness

Signature of declarant

~~A Justice of the Peace/~~
 Commissioner for Declarations
 Solicitor

STATUTORY DECLARATION OF PADRAIG MCGRATH
INDEX OF EXHIBITS

No	Document Description	Document number	Page
PM-1	Curriculum Vitae	WMS.5000.0028.00001	1-5
PM-2	West Moreton South Burnett Health Service District – Role Description for Nursing Director, Secure Services, undated	WMS.5000.0028.00026	6-11
PM-3	Darling Downs-West Moreton Health Service District – Role Description for Director of Nursing (Mental Health), undated (from 2010 to 31 March 2011)	WMS.5000.0027.00197	12-16
PM-4	Barrett Adolescent Centre Transition Care Planning Meeting Minutes dated 11 December 2013	WMS.3003.0001.00024	17-18
PM-5	Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Financial and Workforce Planning Transition Working Group Terms of reference dated 24 September 2013	WMS.0016.0001.11443	19-22
PM-6	Children's Health Queensland Hospital and Health Service State-wide Adolescent Extended Treatment and Rehabilitation Financial Planning Transition Working Group minutes dated 22 October 2013	WMS.1003.0003.00634	23-26
PM-7	Email from Ingrid Adamson to Jennifer Crimmins, Laura Johnson, Emma Foreman, Shelley Nowlan, Kristen Breed, Stuart Bowhay, Helen Ceron, Alan Fletcher, Louise Blatchford, Deborah Miller, Dianne Woolley, Alan Millward, Kathryn White, Michael Miller, Sharon Kelly, Leanne Geppert, Lorraine Dowell, Padraig McGrath dated 21 November 2013	WMS.0011.0001.18201	27-27
PM-8	Email from Dr Leanne Geppert to Elisabeth Hoehn, Anne Brennan, Michelle Giles, Padraig McGrath, Sharon Kelly, Terry Stedman, William Brennan copied to Bernice Holland dated 10 February 2014, attaching:	WMS.0011.0001.00109 WMS.0011.0001.00114 WMS.0011.0001.00118	28-31


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Witness

	<ul style="list-style-type: none">Email from Steve Scott to Leanne Geppert dated 7 February 2014 attaching:<ul style="list-style-type: none">Document entitled 'Barrett Closure Debriefing Checklist'		
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Padraig McGrath
Witness

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Curriculum VitaePadraig McGrath**Employment History****Queensland Health****March 2012 – Present: West Moreton Mental Health and Specialised Services**

- July 2015 Director of Operations/Nursing Director Forensic and Secure Services
- March-November 2014 / February July 2015 Acting/Director of Nursing, West Moreton Mental Health and Specialised Services
- March 2012- March 2014 Nursing Director High Secure and Medium Secure Services

March 2011- March 2012 Nursing Director**Team Leader Redcliffe Adult Mental Health Unit**

Team leader of a case management team. This position was responsible for the operational and clinical running of the team.

February 2010 – March 2011**A/Operations Director****Inner North Brisbane Mental Health Service**

This role together with the Clinical Director jointly provides executive and professional leadership to the INBMHS. The role is accountable for all operational services provided by the INBMHS including service standards, governance and patient safety.

September 2009**Team Leader Redcliffe Adult Mental Health Unit**

Team leader of a case management team. This position was responsible for the operational and clinical running of the team.

October 2006 – September 2009 A/Executive Director Mental Health Services

I took on the role of Executive Director to provide cover for the incumbent Director who had gone on secondment. This role is responsible for the management of the Mental Health Service at the Northern end of the Northside Mental Health Service. I provided a key role in the integration of this service and The Prince Charles hospital Mental Health Service into the Northside MHS and its ongoing development. On several occasions I acted as the Executive Director Northside Mental Health Service whilst the incumbent was on leave. I provided the coordinating role for the planning

and development of the new build 43 Medium Secure and Acute beds at Caboolture Hospital.

April – July 2006 A/Executive Director Mental Health Aged and Disability Services Northside HSD.

I took on the role of Executive Director to provide cover for the incumbent Director who had gone on extended leave.

September 2005 Team Leader CCU

I was asked to take over the management of our Community Care unit following a review of its operations. I successfully implemented all the recommendations from the review and the unit won the District Managers Quality Award for 2006

19 July 2004 Team Leader Redcliffe Caboolture Mental Health Service

I was the team leader of a case management team. This position was responsible for the operational and clinical running of the team.

25 February 2002-18 July 2004 Princess Alexandra Hospital Director of Nursing

I was operationally responsible for 2 adult mental health units and professional responsible for all nursing staff within the service. I was involved in the planning and commissioning of the new mental health unit. I was a member of the nursing executive and actively involved in education and training for nurses

10 April 2000-24 February 2002 Redcliffe Caboolture Crisis Assessment Team, Team Leader

This team provided crisis assessment and short term treatment and support to consumers in crisis. As the Team Leader I was responsible for the operational management of this team. I also managed the Caboolture Adult Mental Health Team and Community Care Unit for several months

Victoria

2 December 1996 - 9 April 2000 St Vincent's Hospital Melbourne

I was employed as the Senior Nurse for this 50 bed, two ward integrated mental health unit. I was responsible operationally for the overall management of this unit and professionally for the nursing staff.

7 August 1995- 2 December 1996 Early Psychosis Prevention & Intervention Centre (EPPIC)

EPPIC provides specialist mental health services to consumer with an emerging psychosis under the age of 25. I was employed as a redevelopment Manager/Senior Nurse to relocate their 25 bed inpatient unit from the Royal Park Campus to a newly refurbished unit. Upon the successful relocation of this unit I was the manager for the inpatient unit and one of the community teams. This role also had an education component as part of EPPIC's statewide training programme

7 October 1991 - 6 August 1995 Peninsula Health Frankston Melbourne

I was employed as the Nurse Unit Manager to initially assist in the opening of this unit. The unit comprised of 25 adult and 12 psycho-geriatric admission units. I

recruited all the nursing staff and developed and implemented the policies and procedures. From June 1995 - August I was the acting Service Manager/ Senior Nurse

3 September 1990-6 October 1991 Peter James Centre Melbourne

This centre provided psycho-geriatric services to outer Eastern Melbourne. It comprised of an admission unit a day hospital and a nursing home. As a Nurse Unit Manager I managed both the nursing home and admission units

17 April 1989 2 September 1990 Clinical Nurse Frankston Community Mental Health

I worked as part of a newly formed specialist community based psycho-geriatric assessment team. My role involved community based assessment and treatment, liaison with other community based agencies, the provision of education and support to other Government and Non Government agencies

14 September 1987-16 April 1989 Clinical Nurse Monash Medical Centre Mental Health Unit

This 25 mental health unit provided treatment for a broad range of psychiatric illnesses but specialised in eating disorders and post natal psychosis/depression. As a Clinical Nurse I provided out of hours management for the unit and supervision for the registered nurses and enrolled nurses.

1 June 1987-12 September 1987 Heatherton Hospital, Melbourne Victoria

On arrival in Melbourne I was employed at this new facility. I worked on its Psycho-geriatric assessment unit as a staff nurse

Ireland

1985 -1987 St Dymphnas Hospital Carlow Ireland

I worked as a staff Nurse on the admission, rehabilitation and geriatric units. I provided supervision for student nurses. On occasions I acted as nurse in charge in the absence of the Charge Nurse

1984 -1985 St Fintans Hospital Portlaoise Ireland

I worked as a staff Nurse on the acute admission ward. My duties included managing admissions to this busy unit, overseeing the group programme and supervising student Nurses

1 December 1982-1 July 1984 St Laurences Hospital (Richmond) Dublin Ireland

I completed my training as a general Nurse. As a student I worked on Surgical, Medical, Geriatric, and Maternity and Theatre units. This was a busy inner city Hospital that specialised in neurosurgery.

1 June 1981- 1 December 1982 St Fintans Hospital Portlaoise Ireland

I worked as a staff Nurse on the acute 30 bed admission ward. My duties included managing admissions to this busy unit, overseeing the group programme and supervising student Nurses

1 September 1978 -1 June 1981 St Fintans Hospital Portlaoise Ireland

I completed my training as a mental Health Nurse. As a student I worked on admission, psycho geriatric, rehabilitation, forensic, and dual disability units. Under supervision I engaged in group programmes, rehabilitation programmes and assisted at clinical procedures eg ECT.

Academic History

Masters of Mental Health Nursing, University of the Sunshine Coast Graduated September 2010

Graduate Diploma of Business (Health Services Management) Royal Melbourne Institute of Technology. Graduated 20 May 1996

Certificate Effective Management for Health Professionals Mayfield Education Centre. Graduated June 1993

Registered General Nurse An Bord Altranis (Irish Nursing Board)
11 September 1984 Registration number B587

Registered Psychiatric Nurse An Bord Altranis (Irish Nursing Board)
2 October 1981 Registration number C 14329

Curriculum Vitae

Padraig McGrath

Employment History

Queensland Health

March 2012 – Present: West Moreton Mental Health and Specialised Services

- July 2015 Director of Operations/Nursing Director Forensic and Secure Services
- March-November 2014 / February July 2015 Acting/Director of Nursing, West Moreton Mental Health and Specialised Services
- March 2012- March 2014 Nursing Director High Secure and Medium Secure Services

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I took on the role of Executive Director to provide cover for the incumbent Director who had gone on secondment. This role is responsible for the management of the Mental Health Service at the Northern end of the Northside Mental Health Service. I provided a key role in the integration of this service and The Prince Charles hospital Mental Health Service into the Northside MHS and its ongoing development. On several occasions I acted as the Executive Director Northside Mental Health Service whilst the incumbent was on leave. I provided the coordinating role for the planning

"PM-2"



**Queensland
Government**

West Moreton Hospital and Health Service

Queensland Health

www.health.qld.gov.au/workforus


Job ad reference: H13WM03442
Role title: Nursing Director
Status: Permanent Full Time
(Future vacancies of a temporary, full time or part time nature may be accommodated within this role)

Unit/Branch: Secure Inpatient Services
Division/District: The Park – Centre for Mental Health
 Mental Health and Specialised Services
 West Moreton Hospital and Health Service

Location: Wacol
Classification level: Nurse Grade 9 (2)
Salary level: \$123 648 per annum
Closing date: Friday, 5 April 2013
(Applications will remain current for 12 months)

Contact: Sharon Kelly
Telephone: [REDACTED]
Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
 If you are unable to apply online, please contact Recruitment Services on [REDACTED] or recruitment_mtgravatt@health.qld.gov.au

Deliver application: Hand delivered applications will not be accepted

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Our behaviour is guided by Queensland Health's commitment to high levels of ethics and integrity and the following **five core values**:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

Purpose

The Nursing Director provides clinical and operational leadership to nursing staff within Secure Inpatient Services to ensure that key service strategies and plans are achieved. The Nursing Director works collaboratively to manage risks and achieve identified outcomes in key clinical, human resource and financial targets.

To find out more about Queensland Health, visit www.health.qld.gov.au

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.
- Staffing and budget responsibilities:
 - This position reports operationally and professionally to the Director of Nursing West Moreton Mental Health & Specialised Services (MH&SS). Nurse Unit Managers and Clinical Nurse Consultants within Secure Inpatient Services report to this role.
- Coordinate and manage the planning and delivery of nursing services within Secure Inpatient Services of the MH&SS.
- Provide high level support, advice and information to the Director of Nursing on key strategic and operational issues impacting on mental health nursing.
- Ensure effective performance management of Nurse Unit Managers, Clinical Nurse Consultants and oversee the performance management of their reporting officers and throughout the MH&SS for nursing staff.
- Deliver on the agreed financial and activity performance targets and requirements, including the review of the nursing staffing profile consistent with a contemporary model of service delivery.
- Promote a range of operational nursing service delivery matters including workforce planning, recruitment and selection, and monitor a range of service indicators as they apply to nursing service delivery.
- Actively contribute to a working environment which promotes:
 - the participation of consumers and carers in the development, delivery and evaluation of mental health services, fostering a sound value base of trust, and respect for consumers and their families.
 - integrity and professionalism, including the development of employee abilities and competencies
 - focus on optimal consumer outcomes by ensuring that the model of care reflects contemporary practice in the delivery of mental health services.
- Work collaboratively with internal and external stakeholders to develop partnerships and strategies to support recovery focused mental health service provision.
- Participate in the development of strategy for a work based culture that promotes and supports education, learning, research and workforce development, including the development of partnership models and strategies to support undergraduate and post-graduate education and research in the workplace.
- Provide nursing leadership to promote the professional delivery, practice and conduct of mental health nursing consistent with a performance culture, the Model of Service Delivery, National Standards for Mental Health Services, the Australian College of Mental Health Nurses Standards and Clinical Indicators.

Qualifications/Professional registration/Other requirements

- Appointment to this position requires proof of qualification and registration as a registered nurse with the Nursing and Midwifery Board of Australia. Certified copies of the required certificates and supporting information must be provided to the appropriate supervisor/ manager, prior to the commencement of clinical duties.
- Post graduate endorsement and qualifications in mental health nursing and health management would be highly regarded.
- This position is appointed to the Mental Health Service and may be required to work from a number of mental health service sites, or in a comparable mental health position. Movement through service components is facilitated through Performance Appraisal and Development processes, in consultation with the employee.
- This position requires the incumbent to operate a class C motor vehicle, and an appropriate licence endorsement to operate this type of vehicle is required. Proof of this endorsement must be provided before commencement of duty.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Demonstrated high level knowledge of contemporary mental health nursing practice and capacity in leadership skills and management practices to engage and motivate stakeholders to achieve quality patient outcomes and productivity targets.

To find out more about Queensland Health, visit www.health.qld.gov.au

- Demonstrated commitment to outcome-driven performance and organisational achievement.
- Demonstrated proficiency to work effectively within a leadership team to meet the demands of complex healthcare environments.
- Demonstrated high-level interpersonal and communication (oral and written) skills, ability to consult, negotiate, and liaise effectively with (internal and external) key stakeholders, people with a mental illness, their families and/or carers.
- Demonstrated ability to provide strategic and operational management of a multidisciplinary team, including the allocation of resources, human resource management and utilisation of information systems to support service delivery.
- Demonstrated advanced level knowledge and understanding of the key concepts of National and State Mental Health Policies and Plans, legislative frameworks including the National Standards for Mental Health Services.
- Demonstrated commitment and motivation to effectively contribute to organisational goals and ability to develop apply and adhere to organisational policies, procedures, guidelines and Queensland Health's Code of Conduct.

How to apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response** (maximum 1-2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key responsibilities and meet the key attributes.
- **Application form** (only required if not applying online).

About West Moreton Hospital and Health Service

West Moreton Hospital and Health Service (WMHHS) comprises of four local government areas Scenic Rim Regional Council, Lockyer Valley Regional Council, Somerset Regional Council and Ipswich City Council.

Ipswich is the major city of the region. Esk, Laidley, Gatton, Boonah and Wacol are townships spread throughout the service area.

The WMHHS services a population of approximately 249,000 people. The region's demographics are diverse and include metropolitan and small rural community settings.

The service has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare team. The service currently employs over 2 600 staff.

WMHHS is home to one medium sized hospital, Ipswich Hospital, four rural facilities, Boonah Rural Health Service (RHS), Esk RHS, Gatton RHS, and Laidley RHS.

Based at Gailles are The Brisbane Youth Detention Centre Health Service and The Park-Centre for Mental Health, Treatment, Research and Education which also hosts the state-wide service of Queensland Centre for Mental Health Learning and Queensland Centre for Mental Health Research.

Wacol Women's Correctional Offender Health Service (including Helana Jones at Albion), Wolston Correctional Offender Health Service, Brisbane Correctional Offender Health Service became apart of West Moreton Hospital and Health Service on 1 July 2012 as part of the state-wide health reform.

Community Health Services operate from both the Ipswich Health Plaza and Goodna Community Health Centre and provides an outreach service to the rural area.

To find out more about Queensland Health, visit www.health.qld.gov.au

Oral Health services are provided in 18 fixed clinics and 12 mobile dental clinics across the region, coordinated to provide comprehensive adult and school based services. The main oral health clinic is the Ipswich Community Dental Clinic based in the Limestone Street Centre.

By 2031 it is projected that the WMHHS population will more than double to approximately 580,000, making the Hospital and Health Service the fastest growing in the state.

Mental Health and Specialised Services

The MH&SS currently consists of:

- Integrated Mental Health Services (IMHS),
- The Park- Centre for Mental Health (The Park)
- Offender Health Services (OHS) and
- The Drug Court Program (which will cease by 30 June 2013)

Since 1 July 2012, Offender Health Services have been devolved to Hospital and Health Services. Historically, the mental health services within WMHHS have functioned and been managed and resourced as distinct separate services. A revised integrated organisational structure for MH&SS has been implemented.

Additional information on the District is available on QHEPS site via www.health.qld.gov.au

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment. In addition, any factors which could prevent the recommended applicant complying with the requirements of the role are to be declared.

Roles providing health, counselling and support services mainly to children will require a Blue Card, unless otherwise exempt. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and youth

All relevant health professional (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.

All relevant health professional are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Salary Packaging

To find out whether or not your work unit is eligible for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please refer to the Salary Packaging Information Booklet for Queensland Health employees available from the Queensland Health Salary Packaging Bureau Service Provider - RemServ at <http://www.remserv.com.au>. For further queries regarding salary packaging RemServ's Customer Care Centre may be contacted via telephone on 1300 30 40 10.

Disclosure of Previous Employment as a Lobbyist

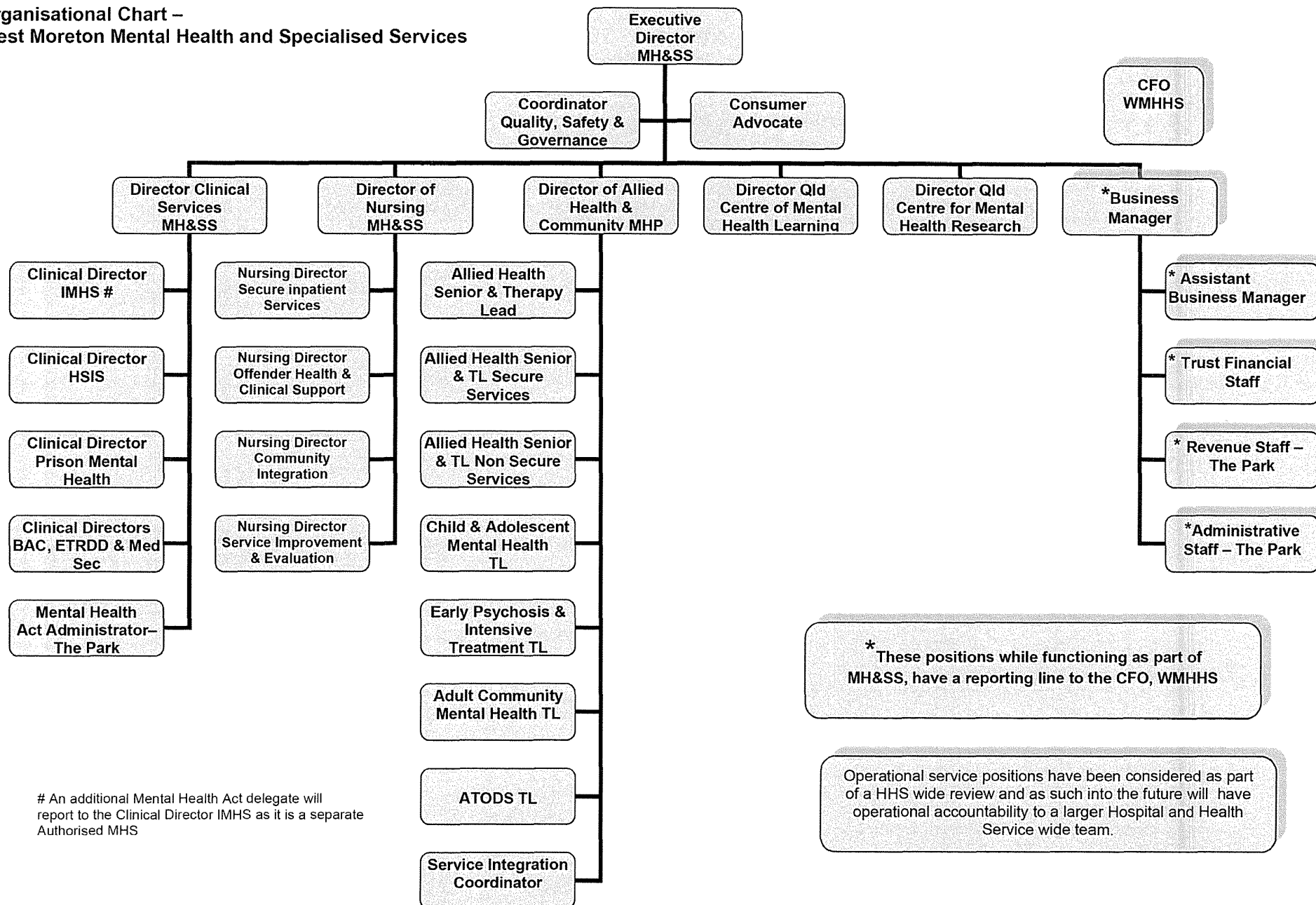
Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>.

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 <http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-197.pdf>.

To find out more about Queensland Health, visit www.health.qld.gov.au

**Organisational Chart –
West Moreton Mental Health and Specialised Services**



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Queensland
Government

**Darling Downs-West Moreton
Health Service District**

Queensland Health

www.health.qld.gov.au/workforus



Job ad reference: H10WM06286
Role title: Director of Nursing (Mental Health)
Status: Temporary Full Time up to 31 March 2011
Unit/Branch: The Park – Centre for Mental Health, Treatment, Research and Education
Division/District: Division of Mental Health
 Darling Downs – West Moreton Health Service District
Location: Wacol
Classification level: Nurse Grade 10 (4)
Salary level: \$127 123 per annum
Closing date: Monday, 12 July 2010
 (Applications will remain current for the duration of the vacancy)
Contact: Katrina Mathies
Telephone: [REDACTED]
Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
Fax application: (07) 3121 1498
Post application: Darling Downs-West Moreton Health Service District, Recruitment Services, PO Box 2221, MANSFIELD BC 4122
Deliver application: Darling Downs-West Moreton Health Service District, Nexus Building, 96 Mt Gravatt Capalaba Road, Upper Mt Gravatt.

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues. Queensland Health applies the National Health Service (NHS) Leadership Qualities Framework.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose

- To provide professional mental health nursing leadership and management of nurses employed at The Park – Centre for mental health. The position also provides professional mental health nursing leadership for nurses employed within the Division of Mental Health (West Moreton and South Burnett Integrated Mental Health Service components)
- In collaboration with the Executive Director Mental Health and senior clinical and managerial and executive nursing staff to ensure that the provision of clinical nursing services are aligned to the core business of patient care, and achieve both strategic and operational nursing service outcomes.

Your key responsibilities

- Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above.
- Provide effective professional leadership and management of nursing service delivery including workforce planning, recruitment and selection, and monitor a range of service indicators as they apply to nursing service delivery at The Park – Centre for Mental Health.

To find out more about Queensland Health, visit www.health.qld.gov.au

- Collaborate with Nursing Directors to maintain or initiate where appropriate the following:
 - A strategic management plan for the nursing division
 - Policies for the nursing division
 - Nursing philosophy and goals
 - Innovative, contemporary approach's to nursing practice
 - Plans for research and education in nursing
- Provide nursing leadership to promote the professional delivery, practice and conduct of mental health nursing consistent with a performance culture, the Model of Service Delivery, National Standards for Mental Health Services, the Australian College of Mental Health Nurses Standards, Clinical Indicators and Queensland Health values.
- Provide high level support, advice and information to the Executive Director of Mental Health and the Executive Team, on key strategic and operational issues impacting on mental health nursing within the Division of Mental Health (West Moreton), including the provision of effective organisational leadership and management during the redevelopment of The Park – Centre for Mental Health.
- Collaboratively manage The Park – Centre for Mental Health's budget to ensure efficient, effective allocation of resources to maintain a high standard of service delivery.
- Participate in the development and integration of key objectives from the district and facility's strategic plans into service delivery.
- Build and manage partnerships with key areas and establish and maintain broad networks in order to ensure consumer focused service delivery.
- Provide executive leadership by sponsoring key projects and service wide committees as required. Represent as part of the Mental Health Service management team, relevant District, State and National Mental Health committees and forums as required.
- Facilitate a collaborative working relationship with key educational and professional stakeholders to promote opportunities for training and development for mental health staff, to promote evidence based nursing practice and the provision of specialist post-graduate programs. Including the development and management of a framework to promote the development of a supervision model for mental health nurses within the service.
- Actively contribute to a working environment which promotes:
 - The participation of consumers and carers in the development, delivery and evaluation of mental health services, fostering a sound value base of trust, and respect for consumers and their families.
 - Integrity and professionalism, including the development of employee abilities and competencies.
- Provide a strategic approach through a high Level knowledge of, and compliance with: Queensland Health Consumer Complaints Management Policy and Standards, any local procedures relating to this policy, the Health Quality and Complaint Commission Standard, Queensland Health's Integrated Risk Management Policy Workplace Health and Safety, Equal Employment Opportunity, and Antidiscrimination requirements, and ensuring any staff reporting to this position are also aware of these policies, procedures and standards.
- This position reports operationally to the Executive Director Mental Health, and professionally to the Executive Director of Nursing and Midwifery.
- Nursing Directors and Nurse Managers at The Park – Centre for Mental Health report professionally and operationally to this position.
- The Nursing Director (Integrated Mental Health Service – Ipswich) reports professionally to this position.

Qualifications/Professional registration/other requirements

- Registered or eligible for registration of the Queensland Nursing Council and possession of an Annual Practicing Certificate. Post graduate qualifications in Mental Health are considered desirable.
- This position participates in an after hours on call roster and provides after hours clinical and management support to all staff.
- This position may involve some travel via road within the Division and to other Health Service Districts.
- The possession of a licence to operate a class C motor vehicle would be considered desirable but not mandatory.

To find out more about Queensland Health, visit www.health.qld.gov.au

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Specialist Knowledge	Comprehensive understanding of the political environment, health service legislation and public service standards. Application of specialist mental health nursing knowledge to maintain a competent nursing workforce that provides safe, efficient and effective patient care.
Staff Management	Effectively manages staff within HRM framework and builds trust and rapport with the team. High level written and oral communication skills.
Financial Management	Understands financial principles and takes responsibility for meeting budgets, remaining cost focused and working within funding limits.
Continuous Improvement	Proactively identifies needs for improvement and initiates and drives continuous improvement with an awareness of objectives.
Negotiation	Negotiates, persuades and gains support from appropriate people to reach consumer focused solutions.
Work Values	Demonstrates honesty, integrity and respect for all patients, carers and staff.

How to Apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** Applicants must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response** (maximum 1–2 pages) on how your experience, abilities and knowledge would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Application form** (only required if not applying online).

About the Health Service District/Division/Branch/Unit

The Darling Downs – West Moreton Health Service District covers approximately 95,000km² to the west of Brisbane, extending south from the New South Wales border to Wandoan in the north and Glenmorgan in the west. The District services a population of approximately half a million people. The District's demographics are diverse and include metropolitan, large rural town and small rural community settings.

The District is home to two major regional hospitals, two mental health facilities, 22 rural and remote acute facilities, seven aged care facilities, community and oral health services.

The District also has a major teaching role providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary health care team.

If you are looking for a challenging and supportive working environment, we encourage you to consider progressing your career with us.

This position sits within **The Division of Mental Health**

The Division is responsible for providing comprehensive mental health services to the District and some specialised services outside the District as determined by Queensland Mental Health Policy. It includes two large stand alone psychiatric hospitals – Baillie Henderson Hospital and The Park – Centre for Mental Health.

The Division provides specialist primary, secondary and tertiary level services including acute and extended in patient services.

To find out more about Queensland Health, visit www.health.qld.gov.au

Acute inpatient services are provided at Toowoomba and Ipswich Hospitals. Extended inpatient services are provided at The Park – Centre for Mental Health and Baillie Henderson Hospital. Community Mental Health services are provided from two major sites – Ipswich & Toowoomba, 8 principal sites across the District and outreach services across the whole District.

Pre-Employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people

All Health Professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been or is likely to be abused or neglected in their home/community environment, has a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are also responsible for the maintenance of their level of competency in the provision of health care and their reporting obligations in this regard.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at

<http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>

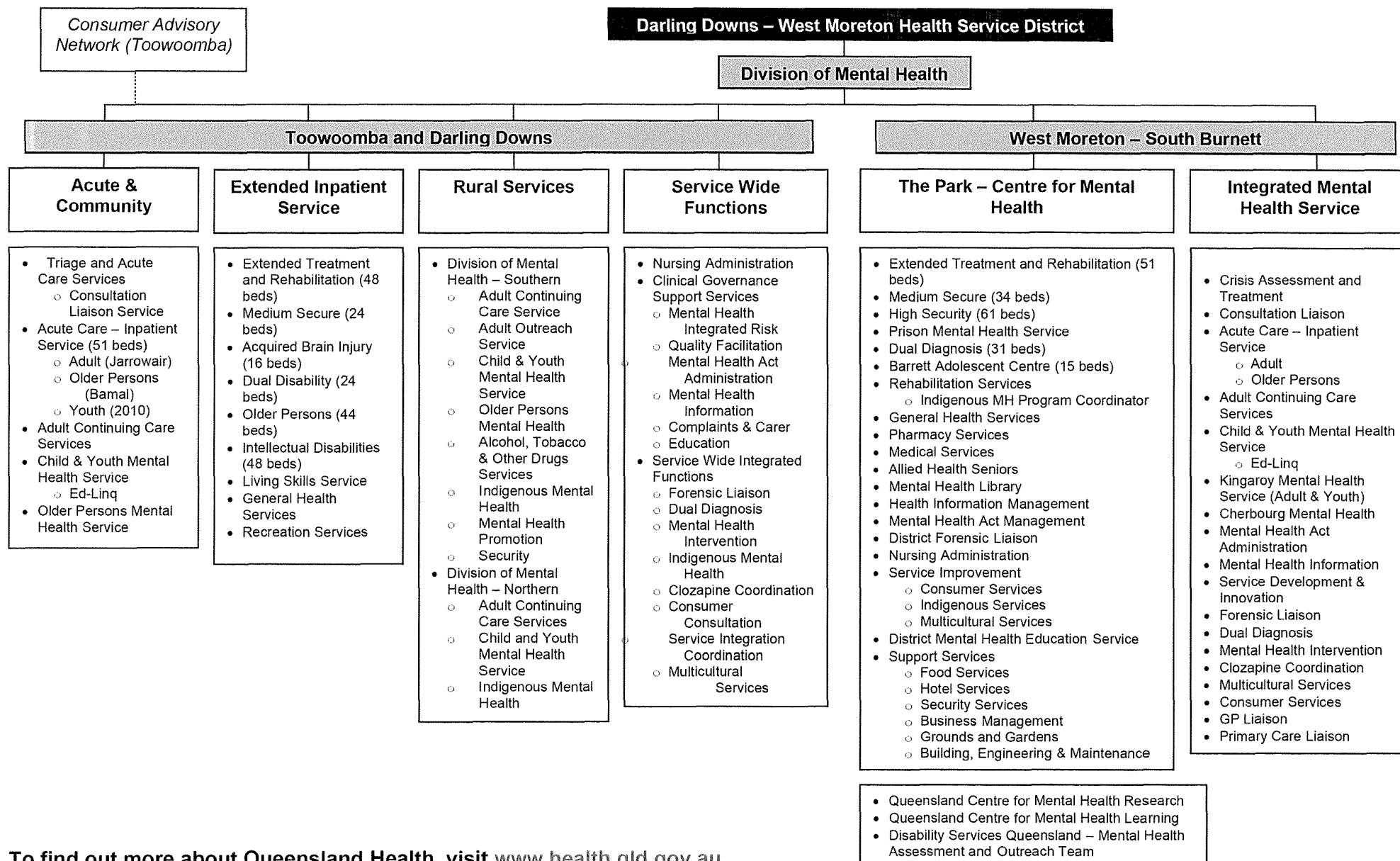
Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

Organisational chart

** Revised amalgamated structure for Division of Mental Health current under consultation. The following existing structures are provided as a guide to current services.

Darling Downs – West Moreton Health Service District
Division of Mental Health
Service Structure – DRAFT August 2009



To find out more about Queensland Health, visit www.health.qld.gov.au

BARRETT ADOLESCENT CENTRE TRANSITION CARE PLANNING MEETING**Meeting Details****Day and Date** Wednesday 11 December 2013**1. Attendees**

Name	Position
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services
Padraig McGrath	Nursing Director, Secure Services
Sharon Kelly (SK)	Executive Director, Mental Health and Specialised Services
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

2. Apologies

Nil

3. Discussion

Consumer	Discussion and Actions	By Whom	By When



Other Actions for Follow Up	<p>Final costs for Aftercare Transition Services</p> <p>Adequate nursing staff is a major risk, to be added to risk register</p> <p>Engagement of patients in the Holiday Program will be done via a contract. If day patient does not commit to the Holiday Program they will be discharged to services as per transition plan.</p>	<p>LG follow up</p> <p>IF</p> <p>LJ</p> <p>LJ to draft contract</p>	
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Terms of Reference

Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Financial and Workforce Planning Transition Working Group

1. Purpose

The purpose of the SW AETR Financial and Workforce Planning Working Group is to ensure effective workforce planning management, and the redistribution of adolescent mental health service operational funds and resources to the Children's Health Queensland (CHQ) HHS with regard to future SW AETR service options.

2. Guiding principles

- The Health Services Act 1991
- Fourth National Mental Health Plan
- Queensland Plan for Mental Health 2007-2017
- Mental Health Act 2000

3. Functions

The functions and objectives of the SW AETR Financial and Workforce Planning Working Group include:

- ~~Develop a Workforce Strategy for BAC staff (excluding DETE staff).~~
- Facilitate expert discussion from stakeholders to develop a workforce plan regarding workforce planning and transition of future SW AETR service options to for to be governed by CHQ HHS.
- ~~Identify and define the funding sources for adolescent mental health services, including BAC operational funding, in a Current State Financial Report.~~
- In collaboration with the SW AETR Service Options Implementation Working Group, identify and define the funding sources for the new model of adolescent mental health services, in a Future State Financial Report.
- Develop a Transition Plan for the redistribution allocation of funding and resources to the CHQ HHS.
- ~~Develop a Communication Plan for BAC staff, and other stakeholders.~~
- Prepare and provide fortnightly Status Reports to the SW AETR Steering Committee, or as required.
- Manage risks associated with the transition of AETR services to CHQ HHS, and escalate where resolution is required to successfully transition consumers.
- Provide the Secretariat with information regarding risks, as they arise, for recording and management in the Project Risk Register.

4. Authority

Members are individually accountable for their delegated responsibility, and collectively responsible to contribute to recommendations to the SW AETR Steering Committee.

Decision making capability rests with the Chief Executive and Department of Health Oversight Committee.

5. Frequency of meetings

Meetings will be held on a fortnightly basis, or as required. The Chair may call additional meetings as necessary to address any matters referred to the Working Group, or in respect of matters the Working Group wishes to pursue within the Terms of Reference.

Attendance can be in-person or via teleconference mediums.

The Working Group is life-limited for the duration of development and implementation of SW AETR service options and their transition to CHQ HHS. The Chair will advise Working Group members approximately one month prior to the dissolution of the Working Group.

6. Membership

~~Senior Social Work, West Moreton HHS~~
~~Business Manager~~ Executive Director Finance and Business Services, West Moreton HHS
~~Executive Director~~ Human Resources Director, West Moreton HHS
Executive Director, MH&SS, West Moreton HHS
Finance Director, West Moreton, HHS
Executive Director, Workforce, West Moreton HHS
A/Director, Workplace Relations, West Moreton HHS
Assistant Business Manager, Finance and Administration, MH &SS, West Moreton HHS
Allied Health and Nursing Representative, West Moreton HHS
 2 x Mental Health Alcohol and Other Drugs Branch Representatives
 Senior Director Finance, Children's Health Qld HHS
 Director Clinical Costing, Children's Health Qld HHS
Executive Director, People and Culture, Children's Health Qld HHS
Allied Health and Nursing Representative, Children's Health Qld HHS
 Project Manager, SW AETRS, Children's Health Qld HHS
 Project Officer, SW AETRS, West Moreton HHS (as Secretariat)

Chair:

The Working Group will be chaired by ~~To Be Confirmed~~ Finance Director, West Moreton HHS, or their delegate. The delegate must be suitably briefed prior to the meeting and have the authority to make decisions on behalf of the Chair.

Secretariat:

Secretariat support will be provided by the Project Officer, SW AETRS WM HHS, or an alternate officer nominated by the Chair.

Proxies:

Proxies are not accepted for this Working Group, unless special circumstances apply and specific approval is given for each occasion by the Chair.

Other Participants:

The Chair may request external parties to attend a meeting of the Working Group. However, such persons do not assume membership or participate in any decision-making processes of the committee.

7. Quorum

As this is not a decision making group, a quorum is not applicable.

8. Performance and Reporting

The Secretariat is to circulate an Action Register to Working Group members within three business days of each Working Group meeting. Chair will determine the resolution of outstanding action items as they

arise.

The Secretariat will coordinate the endorsement of fortnightly status reports, and other related advice to be provided as required, to the SW AETR Steering Committee.

Members are expected to respond to out of session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

9. Confidentiality

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain.

10. Risk Management

A proactive approach to risk management will underpin the business of this Working Group. The Working Group will:

- Identify risks and mitigation strategies associated with the development and implementation of SW AETR service options; and
- Implement processes to enable the Working Group to identify, monitor, manage, and escalate critical risks as they relate to the functions of the Working Group.



Children's Health Queensland Hospital and Health Service

Document history

Version	Date	Author	Nature of amendment
1.0	18/09/13	Ingrid Adamson	First draft
1.0	19/09/13	Ingrid Adamson	Comments from Deb Miller, A/ED OSM
1.1	24/09/13	Ingrid Adamson	Comments from SW AETR Steering Committee
1.2	18/10/13	Laura Johnson	Comments from West Moreton HHS

Previous versions should be recorded and available for audit.



"PM-6"

Children's Health Queensland Hospital and Health Service

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Financial and Workforce Planning Transition Working Group

Date:	22/10/2013	Time:	1.30	Venue:	Conference Room, 1.11, Admin Building, The Park
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Chair:	Michael Miller (MM), Finance Director, Budget Service, Finance and Corporate Division, WM HHS
Secretariat:	Project Officer, SW AETR, WM HHS
Attendees	Lorraine Dowell (LD), Allied Health, WM HHS Sharon Kelly (SK) Executive Director, MH&SS WMHHS Padraig McGrath (PMc) Nursing Director WMHHS Leanne Geppert (LG) A/Director, Strategy, MH&SS, WM HHS
Conf Call	Alan Fletcher (AF), Senior Director, Clinical and Financial Planning, CHQ HHS Di Woolley (DW), Executive Director, People and Culture, CHQ HHS Deborah Miller (DM), A/Executive Director Office of Strategy Management, CHQ Emma Foreman (EF), Principal Project Officer, Planning and Partnerships Unit, MHAODB Kristen Breed (KB), A/Director, Information and Performance Unit, MHAODB Ingrid Adamson (IA), Project Manager, SW AETRS, CHQ HHS Alan Miller (AM), Executive Director, Workforce, WM HHS Stuart Bowhay (SB), Director Clinical Costings, CHQ HHS Shelley Nowlan (SN), Executive Director, Nursing Services, CHQ HHS Jennifer Crimmins (JC), Allied Health, CHQ HHS Louise Blatchford (LB), Principal Service Agreement Officer, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch (LB)
Apologies	Kathryn White (KW), A/Director, Workplace Relations, WM HHS Helen Ceron (HC), Senior Director, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
		Nil		
2.	Meeting opening			
2.1	Welcome and Apologies		Chair	
2.2	Statement of Conflict/Interest	Nil		
2.3	Overview of Statewide Strategy <ul style="list-style-type: none"> An overview of the Statewide Strategy was provided to the group including the background and history. Please see the Presentation for details (sent separately with minutes). 	Nil	LG	
2.4	Overview of Working Group		Chair	
	Business			



Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
3.	Matter for Decision			
3.1	<p>Review and agree on changes of Terms of Reference (ToR) for recommendation to the SW AETRS Steering Committee</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> DM advised the group the ToR had been endorsed by the Steering Committee (SC). Any changes made would need to be submitted to the SC for further endorsement. The group reviewed the functions under the ToR. SK stated that the group is about future focussed service options. DM asked about the current workforce at the Barrett Adolescence Centre (BAC). SK advised that the West Moreton Hospital and Health Service (WMHHS) is responsible for the current BAC workforce strategy and that current BAC workforce planning is not within the scope of this Working Group. All standard HR processes are being adhered to including regular consultation and information provision to the BAC workforce. DM advised that Children's Health Queensland (CHQ) HHS had received union enquiries regarding staff at BAC. SK advised that those enquiries need to be sent to the WMHHS Local Consultative Forum for action. DW stated that the enquiries referred to staff not feeling engaged. SK advised that WMHHS has been in regular contact with the unions about BAC. KB had to leave the meeting and noted that Health Services Act 1991 is irrelevant as it has now been repealed. The Chair asked the group for agreement of the purpose. Discussion occurred around the transfer of funds including that BAC funding would be returned to the purchaser (system manager) who would then allocate the funds to CHQHHS. The allocation of funds would need to go through the contract variation process and depending on timing through the next available amendment window. Several members queried the need to delay further meetings of this group until clarification of funding transfer processes could be received, and until new service models were clearer (so that future workforce planning could occur). The working group needs to align closely to the work of the Service Options Group (Model for Service) Working Group. 	<p>Email with details of union enquiries to be sent to AM and SK</p> <p>Remove Health Services Act 1991 from ToR</p> <p>Healthcare Purchasing to clarify and notify WMHHS and CHQ if this the correct process for the return and reallocation of funds.</p> <p>Clarification is sought from the Steering Committee on the following:</p> <ul style="list-style-type: none"> How will the existing BAC funding be dealt with by the Department of Health? What is the current amount of funding available from all sources? Focus and purpose of this Working Group is on future state of 	<p>DM</p> <p>LJ</p> <p>LB</p> <p>LJ to send to Secretariat of Steering Committee to action</p>	<p>ASAP</p> <p>Before the next meeting</p> <p>ASAP</p> <p>ASAP</p>

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> The Chair determined that further review of the ToR and meetings will be placed on hold until clarification is sought and direction is provided by the Steering Committee on the future of this working group. The group was in agreement with this and the meeting was closed. 	services?		
4.	Matters for Discussion			
4.1	Barrett Adolescent Centre Workforce <ul style="list-style-type: none"> Not discussed. 	Nil		
4.2	Development of Workforce Plan for future services <ul style="list-style-type: none"> Not discussed. 	Nil		
4.3	Identification of funding sources for the new services <ul style="list-style-type: none"> Not discussed. 	Nil		
4.4	Development of a Plan for allocation of funding and resources to CHQ <ul style="list-style-type: none"> Not discussed. 	Nil		
4.5	Communication Plan and Stakeholders <ul style="list-style-type: none"> Not discussed. 	Nil		
5.	Matters for Noting			
5.1	Project Risk Register	Nil		
5.2	Action Item Register	Nil		
5.3	Statewide Strategy Project Plan	Nil		
Next meeting TBA				

ENDORSED BY:

Signature:

Date:

Name:

Position:

"PM-7"

From: Ingrid Adamson
Sent: 21 Nov 2013 09:13:09 +1000
To: Jennifer Crimmins; Laura Johnson; Emma Foreman; Shelley Nowlan; Kristen Breed; Stuart Bowhay; Helen Ceron; Alan Fletcher; Louise Blatchford; Deborah Miller; Dianne Woolley; Alan Millward; Kathryn White; Michael Miller; Sharon Kelly; Leanne Geppert; Lorraine Dowell; Padraig McGrath
Subject: Financial and Workforce Planning Working Group - Adolescent Mental Health Initiative

Good Morning,

As agreed at the first meeting of the Working Group on 22nd October, issues regarding the purpose and Terms of Reference of the Working Group have been raised with the SW AETRS Steering Committee.

The Steering Committee agree that the purpose of this Working Group has shifted since the commencement of the initiative and, consequently, have decided to disband the formal Working Group structure.

It is understood that work in regard to workforce and financial requirements for the proposed SW AETR model of care will be undertaken on an as-needs-basis with the appropriate representatives identified, and progress on this work will be reported back to the Steering Committee by the project manager on a regular basis.

It was also agreed that CHQ HHS, WM HHS and MHAODB will continue to work together to identify current BAC operational funding, culminating with an amendment proposal for submission to the Service Agreement Management Unit at Qld Health.

On behalf of the project team and Steering Committee, I would like to thank you for your time to date, and I will be in touch with some of you individually to progress specific elements as required.

In the meantime, if you have any questions, please feel free to contact me.

Warm regards

Ingrid

Ingrid Adamson

Project Manager - SW AETR
Office of Strategy Management

**Children's Health Queensland
Hospital and Health Service**

Level 1, North Tower
Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

"PM-8"

From: Leanne Geppert
Sent: 10 Feb 2014 14:49:29 +1000
To: Elisabeth Hoehn; Anne Brennan; Michelle Giles; Pdraig McGrath; Sharon Kelly; Terry Stedman; William Brennan
Cc: Bernice Holland
Subject: Fwd: Debriefing Notes from Barrett Closure
Attachments: Debriefing Notes from Barrett Closure

Dear all
Please see the f/up notes from our session with Steve Scott.
regards
Leanne

Dr Leanne Geppert
Acting 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

From: Steve Scott
Sent: 7 Feb 2014 08:35:38 +1000
To: Leanne Geppert
Subject: Debriefing Notes from Barrett Closure
Attachments: Executive Debrief Notes - Barrett Closure.docx

Good morning Leanne,
Attached as promised are the notes from yesterday's debrief.
Kind regards
Steve

Stephen Scott
Principal Strategist



BEST PRACTICE IN STRATEGY FORMULATION, IMPLEMENTATION & REVIEW



3 The Esplanade
Forest Lake, Qld. 4078. Australia



Barrett Closure Debriefing Checklist

The table below is collations of notes from an executive debrief reviewing how the key elements of the project were managed, with a view to applying lessons learned to future projects.

KEY ELEMENTS FOR DEBRIEFING	WHAT WORKED WELL	WHAT WE CAN IMPROVE ON
Communication	<ul style="list-style-type: none"> • Agreements and protocols were set early • The message from the team was consistent 	<ul style="list-style-type: none"> • We didn't have a message that could be bought • Inconsistent messages from outside influences • No agreed protocols with all stakeholders regarding communication • Issues were unique to MH and not well understood by outside stakeholders
Confidentiality	<ul style="list-style-type: none"> • The team effectively shielded anxiety and issues from above 	<ul style="list-style-type: none"> • Transition panels weren't independent from local unit •
Non-QH Authorities	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Didn't have the same commitment as QH • We didn't go higher soon enough to address issues • No Service Level Agreements in place
Mixed Beliefs / Values of Staff	<ul style="list-style-type: none"> • We established an expert Clinical Reference Group • Parallel management team in another district were aligned to the same belief and values • Supportive behaviours were constantly reinforced 	<ul style="list-style-type: none"> •

Barrett Closure Debriefing Checklist

Implications on Staff	•	<ul style="list-style-type: none"> • Insecurity amongst affected staff transferred to workplace behaviours • No firm agreement to HR process • Collateral damage by HR – mopped up by leadership
Documentation	•	•
Managing Up	•	•
Closure of the Service	•	•
Patient Care	• We transitioned patients successfully	•
Commitment	•	•