

Oaths Act 1867

Statutory Declaration

I, **MEGAN HAYES** of c/- Corrs Chambers Westgarth, Level 42, One One One, 111 Eagle Street, Brisbane, in the State of Queensland do solemnly and sincerely declare that:

- A. I refer to my Statutory Declaration sworn 19 November 2015.
- B. I make this second Statutory Declaration in response to questions asked in a letter from the Commission dated 2 March 2016.

1 When and by whom were you contacted to come back to work at the Barrett Centre in September 2013.

- 1.1 I do not recall being contacted by anyone to come back to work at BAC in September 2013. My recollection is that I contacted my line manager, Lorraine Dowell, to discuss the possibility of returning to my substantive position around the time that I received the email from Dr Leanne Geppert that is exhibit MH-3 to my Statutory Declaration sworn 19 November 2013.

(a) What were you told your role would be upon your return?

- 1.2 I do not recall anyone telling me that my role would be any different upon my return to my substantive position of Occupational Therapist – Life Skills Focus at BAC.

(b) Who, if anyone, did you replace as an occupational therapist?

- 1.3 My substantive position (Occupational Therapist – Life Skills Focus at BAC) was not occupied immediately prior to my return. My recollection is that Kate Partridge had been working in my substantive position until around mid-August 2013.

(c) Were you job sharing or was it simply that it was a part time position?

- 1.4 I had arranged to return to my substantive full-time position in a part-time capacity.

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(d) What time frame were you given in relation to your return to the Barrett Centre in so far as your role there was concerned?

1.5 I do not recall being given any timeframe in relation to my return to my substantive position at BAC.

(e) Were you told anything at that time about their being an urgency to transition the young people out of the Barrett Centre?

1.6 I do not recall being told anything about there being an urgency to transition the adolescents out of BAC at that time.

(f) Was there any discussion about the types of services that would be available upon the transition?

1.7 I do not recall any discussion about the types of services that would be available upon the transition at that time.

(g) Was there any discussion about whether you would be implementing transition plans or whether the plans had already been put in place and you were just to carry them out?

1.8 I do not recall any discussion about whether I would be implementing transition plans or whether the plans had already been put in place and I was just to carry them out at that time.

(h) In your previous position at the Barrett Centre had you been involved in the transitioning process?

(i) If so, to what extent?

1.9 Yes. It was a part of my substantive position to work collaboratively with the multidisciplinary team at BAC to develop and implement discharge plans.

(ii) What was the process you had previously experienced?

1.10 In the ordinary course of an adolescent's care at BAC, there was a recovery focus.

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- 1.11 Over the course of an adolescent's admission, treatment goals would be developed and reviewed regularly by the multi-disciplinary team in liaison with key community stakeholders such as in Case Conference and Intensive Care Workups (ICWs). When the adolescent was clinically ready, he/she was supported to gradually transition into the community.

2 You returned to work at the Barrett Centre on 9 September 2013 which was the day before Dr Sadler was stood down.

(a) What was the atmosphere at the Barrett Centre when you returned?

- 2.1 I would describe the atmosphere when I returned to BAC on 9 September 2013 as tense.

(b) How did it compare to when you had last worked there in June 2009?

- 2.2 I observed an increased level of stress in staff which seemed to be related to concerns about job security as well as concern about the closure of BAC was going to happen and the overall impact on the closure of the adolescents.

Transition arrangements (paragraph 7)

3 At paragraph 7.1 of your statement, you say you were invited by Dr Anne Brennan to be a member of the multi-disciplinary Clinical Care Transition Panel ("the Panel") in late September 2013.

(a) Did you know Anne Brennan at that time?

- 3.1 No. I did not know Dr Brennan before she started working at BAC.

(b) Had you worked with her before?

- 3.2 I have a vague recollection of Dr Brennan previously having referred a private patient to BAC and I may have been part of a meeting that she also participated in in relation to that patient but I do not otherwise recall having worked with her before.

(i) If so, where and when?

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3.3 Not applicable.

4 At paragraph 6.1(c) of your statement, you say that you were aware, from the material provided to you by Leanne Geppert on 6 August 2013, that “a new range of contemporary service options would be available to those adolescents from early 2014”.

4.1 No response is required.

5 Then at paragraph 7.5 of your statement, you say “The absence of any other facility like Barrett Centre meant that unless an adolescent required acute inpatient care, he/she would be transitioned back into the community”.

(a) When did you realise that no ‘new’ service options would be available for the transition?

5.1 I do not recall a specific point in time when I realised that no ‘new’ service options would be available for transition. By around the time the Clinical Care Transition Panel (CCTP) meetings started, I knew that no ‘new’ service options would be available for transition.

(b) Did that realisation/reality worry you?

5.2 Yes.

(c) Did it make the task before you more difficult?

5.3 Yes. It was necessary for the CCTP members to allocate significant time to identifying appropriate services which could be combined to support the complex needs of the adolescents.

(d) Were risks being discussed in during September 2013 to January 2014 timeframe about the redevelopment of The Park amongst staff and anyone from West Moreton?

5.4 I do not recall being a part of any discussion during September 2013 – January 2014 about the redevelopment of The Park amongst staff and anyone from West Moreton

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Hospital and Health Service (**WMHHS**). I am unable to say what discussions other BAC staff or others from WMHHS may have had.

(e) Were you told during September 2013 to January 2014 of any urgency to the transitioning of the young people, and if the transitions had to be completed by a particular date?

5.5 I do not now recall the word 'urgent' being used with respect to the transitioning of the adolescents.

5.6 As to the transitions being completed by a particular date, the target date changed over time depending upon the progress of the transitions. Dr Brennan communicated with the WMHHS Executive about this and I was not a part of those discussions.

5.7 There was general sense of urgency to transition the adolescents from BAC during September 2013 – January 2014 which gained momentum once the closure date was announced. I cannot now recall when during that time period the closure date announced.

(i) Were you told (and by whom) of the reason for such urgency?

5.8 I do not recall being told there was urgency to transition the adolescents.

6 Please see document [WMS.0025.0001.44435]. This is an email from you to Lorraine Dowell dated 24 September 2013. In it, you ask Ms Dowell if there are any specific discharge planning tools that she could send through or recommend for you to consider.

(a) Were you provided with any discharge planning tools?

6.1 Yes. There was a shared drive for all Occupational Therapists at The Park which contained a number of resources which were relevant to discharge planning generally. I recall reviewing those resources and then discussing discharge planning with my line manager, Ms Dowell.

(b) What were they?

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6.2 I cannot now recall the specific resources that I reviewed and discussed with Ms Dowell.

7 Please see document [COI.018.0002.9540]. This is a letter of 19 September 2014 is in regards to the Health Service Investigation into the closure of the BAC.

(a) I assume you know about that investigation?

7.1 Yes. I know about the Health Service Investigation into the closure of BAC.

8 In this letter, Sharon Kelly states, at paragraph 4 [.9543], that there were no specific policies, procedures or statements of duties put in place for the transition coordination between 6 August 2013 and January 2014.

(a) Is that correct from your point of view?

8.1 Yes. As far as I am aware, there were no specific policies, procedures or statements of duties put in place for the transition coordination between 6 August 2013 and January 2014.

9 Sharon Kelly continues to say that all staff involved in the transition were expected to employ 'business as usual' transition practice, policies and procedures.

(a) Was that made clear to you?

9.1 I do not recall anyone telling me to employ 'business as usual' transition practice, policies and procedures but as an employee of WMHHS, I understood that part of my role was to comply with relevant policies and procedures.

10 The 'business as usual' policy in effect at the time is provided at Attachment 7 of this document (which is at page [.9612]). It is the "Inter-district Transfer of Mental Health Consumers within South Queensland Health Service Districts". The effective date of the document is 8 November 2011 (in the grey hazy bit on the left).

(a) Have you ever seen this document?

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- 10.1 Before a copy of the 'Inter-District Transfer of Mental Health Consumers within South Queensland Health Services Districts' was provided to me for the purposes of giving evidence in the Inquiry, I do not recall having seen it.

(a) [If yes] Did it assist in the transition process undertaken to close the BAC?

- 10.2 Not applicable.

11 At paragraph 7.6 of your statement, you list some factors that you identified that made the task of transferring a patient complex. You list the factors again at paragraph 8.3.

(a) Patient's clinical requirements are not listed under paragraph 7.6. Can you explain how clinical requirements were considered in planning the transition arrangements?

- 11.1 The adolescents' clinical needs were assessed on at least a daily basis at BAC as part of routine practice.
- 11.2 In paragraph 7.7 of my Statutory Declaration sworn 19 November 2015, I explained that the usual format of a Panel meeting was:
- (a) Dr Brennan presented each adolescent's case one by one.
 - (b) The Panel discussed his/her community reintegration needs and skills which would be required to achieve community reintegration.
- 11.3 The adolescents' clinical needs were a critical part of those discussions and informed decisions about supports that would be required on discharge.

(b) Did the range of transition service options available cater to the varying levels of complexity of mental health issues?

- 11.4 There was no single service option which was equivalent to BAC. The role of the CCTP was to identify appropriate service options that, when combined, were intended to meet each adolescent's identified needs.

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Transition procedure; planning documents

12 The documents disclosed to the Commission demonstrate that you were instrumental in developing documents to assist the transition process. For example:

(a) Document [WMS.0018.0001.00484], is an email from you on 24 September 2013, where you contributed to the development of the Community Reintegration Checklist. A copy of the checklist is at [WMS.0018.0001.00485].

12.1 No response is required.

(b) Document [WMS.0018.000L01131], is an email between Laura Johnson, you, Anne Brennan and Vanessa Clayworth on 6 November 2013, where you raise the idea of creating a standard letter that outlines supports suggested for each family.

12.2 No response is required.

(c) Document [WMS.0018.0001.01277], is an email you sent to the same group later that day (6 November 2013), where you share a draft that you have created of the letter. The draft letter is attached at [WMS.0018.0001.01278].

(i) As far as you know, did those letters ever go to the families?

12.3 No, I am not aware that those letters were finalised and went to the families.

(ii) [If no], do you know why not?

12.4 The draft letter was revised into the Community Contacts which are exhibit MH-09 to my Statutory Declaration sworn 19 November 2015.

13 At paragraph 7.8 of your statement, you say that the panel discussions occurred with reference to a guide which was developed with multidisciplinary input of BAC staff prior to commencement of the panel meetings.

(a) Please see document [WMS.0018.0001.01557]. This is an email from Laura Johnson to various BAC staff dated 8 October 2013. This email attaches:

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- (i) Clinical Care Transition Panel Schedule [WMS.0018.0001.01561].
- (ii) Clinical Care Transition Panel Guide [WMS.0018.0001.01562].
- (iii) Clinical Care Transition Panel Checklist [WMS.0018.0001.015601].

13.1 Yes. The document to which I have referred in paragraph 7.8 is the Guide to which I have been referred (i.e. WMS.0018.0001.01562).

(b) Is the Guide [WMS.0018.0001.01562], the document you refer to in paragraph 7.8 of your statement [WMS.9000.0015.00006]?

13.2 Yes. As far as I am aware, the Guide was developed from scratch.

(c) Were these documents useful to the transition process?

13.3 Yes. The Guides provided the CCTP with a structure for its discussions and an aide for future action.

14 The Clinical Care Transition Panel schedule [WMS.0018.0001.01561] shows that the first panel meeting was to take place on 15 October 2013, which is over two months since the closure decision was announced in 6 August 2013.

(a) Is it correct to say that much of September {from when you started} and the start of October 2013 was dedicated to preparing for the transitions?

14.1 In addition to the duties that I was performing in my day-to-day clinical role, my recollection is that I had some involvement in preparing for the transitions from around mid to late September 2013 but I would not describe it as my primary focus at that time.

(b) Would formal, already developed, guidelines have assisted?

14.2 Yes.

(c) If so, how?

14.3 Formal, already developed guidelines would have reduced the amount of time that the

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CCTP members spent on that task.

15 At paragraph 3.1(c) of your statement, you say that staff were instructed, at the "all staff" meeting announcing Dr Sadler's standing down, not to contact Dr Sadler.

(a) Did this still apply months later, when transition planning was underway?

15.1 As far as I am aware, the instruction not to contact Dr Sadler still applied when the transition planning was underway.

(i) [If yes] Was this constraining?

15.2 Yes.

(ii) [If no] Did staff contact Dr Sadler for assistance in transition planning?

15.3 Not applicable.

(b) Did Dr Sadler's absence impact on the ability to facilitate the transition arrangements?

15.4 Yes. Dr Sadler had a comprehensive knowledge of each adolescent's clinical presentation and had developed a therapeutic rapport which would have been invaluable to the transition process.

15.5 Dr Brennan developed strong rapport with adolescents and families where possible and provided strong clinical leadership and reassurances to staff. The way in which Dr Brennan managed this change over reduced the potential negative impact of his absence.

Contacting transition agencies

16 At paragraph 7.10(a) of your statement, you say that the Panel members had considerable work to do, including identifying appropriate service providers for the adolescents.

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(a) Was there a database or list of referral agencies on file and available to you at the Barrett Centre?

16.1 I recall that there was a list of supportive accommodation options on file and available at BAC but that it was not comprehensive or current.

17 At paragraph 11 of Dr Sadler's most recent statement he says that there was a green folder containing details of referring agencies and the alternative services that were available that were kept in the nurses station.

(a) [Note we will ask the nurses about this folder] Can you recall seeing such a folder?

17.1 I cannot now recall whether the list to which I have referred in my response to question 16(a) was contained in a green folder.

18 Dr Sadler also says there were a list of services that may have been maintained on the West Moreton Hospital and Health Service G:/ Drive in the subdirectory "Barrett Adolescent".

(a) Can you recall having access to this drive?

18.1 Yes. I had access to the G:/Drive.

19 Dr Sadler also says there were comprehensive notes available for each adolescent from each discipline prepared for the care planning workshops and that these notes summarised the interventions and progress of adolescents over the previous three months.

(a) Do you recall having access to these documents?

19.1 Yes. I had access to the ICW notes.

(b) Were they of assistance?

19.2 Yes. The ICW notes were a point of reference to identify the adolescent's progress and treatment focus to date.

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20 At paragraph 8.1 of your statement, you say that you made preliminary contact with many housing and support agencies to identify those with the potential to meet particular community reintegration needs post-discharge from BAC. I note the hundreds of pages of emails reflecting all your hard work have been exhibited, starting at MH-5.

(a) Was a detailed evaluation and assessment of available replacement services carried out?

(b) OR was it more a case of trying to find out what was available and if it might fit the needs of a particular young person?

20.1 The emails exhibited at MH-5 of my Statutory Declaration sworn 19 November 2015 were sent to a variety of support services including supported accommodation services, non-government organisations and vocational support agencies as part of a process of identifying possible service options which could be combined to meet the adolescents' needs.

21 A copy of the generic email that you sent far and wide to alternative services is at [.00099].

(a) Who cleared/approved the content of the email?

21.1 The email was developed collaboratively by Vanessa Clayworth and me following discussions with Dr Brennan which occurred either in the CCTP or outside of that forum. I do not otherwise recall anyone clearing or approving the content of the email.

(b) Can you please describe the process you went through to identify the agencies that you emailed?

21.2 A starting point for the identification of the agencies that I emailed was the list to which I referred in my response to question 16 and other contacts that had been established by members of the CCTP in the course of our respective careers. Additionally, some people responded to the email advising of other potentially appropriate service options.

(c) Did the BAC have existing relationships with agencies that you could call on?

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21.3 I do not know whether BAC had existing relationships with agencies because I had only returned to BAC on 9 September 2013.

(d) How many agencies do you think you reached out too?

21.4 I would estimate that I reached out to between 50 and 100 agencies.

(e) Can you summarise the sort of responses you received from agencies?

21.5 The responses that we received from agencies ranged from:

- (a) nil response;
- (b) inability to assist;
- (c) inability to assist and referral to other possible contacts and agencies;
- (d) availability to discuss further by telephone or in person.

(f) How did you cope with the knock-backs?

21.6 The agencies who were unable to assist were not further pursued.

(g) Did you find it frustrating?

21.7 Yes. It was very frustrating.

(h) Did you see the knock-backs as a cause for concern?

21.8 Yes. When agencies advised that they were unable to assist, it meant that other supports or service options had to be found.

(i) If yes, who did you discuss it with?

21.9 Yes. It was discussed on a daily basis with Dr Brennan and other CCTP members and an alternative course of action was planned.

22 You first started sending the email out on 23 October 2013. The email states that the Barrett Centre "is being closed in January 2014, therefore we are transitioning our clients to suitable community services".

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(a) Was there ever any sense that the date for the closure of the BAC was flexible?

22.1 Yes. There was a sense that the date for the closure of BAC was flexible.

(b) Did you experience pressure to get the transition plans in place? (a race against time?)

22.2 Yes. There was pressure to get the transition plans in place.

23 At paragraph 8.6 of your statement, you say that if an adolescent was not able to return home to live with their family, the location of accommodation arrangements needed to be confirmed before other clinical and support networks could be identified.

(a) Do you agree that the major issue the transition team seemed to encounter was in sourcing supported accommodation services for those high needs young people that required 24/7 support, and who could not return home to their families?

23.1 Yes. Sourcing appropriate supported services for that cohort of adolescents was the major issue the transition team seemed to encounter.

24 Please see document [WMS.0011.0001.00072] - Fast Facts 11 dated 20 December 2013.

(a) Do you recall receiving the Staff Communiqués and Fast Facts updates?

24.1 Yes. I recall receiving Staff Communiqués and Fast Facts Updates.

25 In Fast Facts 11, under "Transitional Service Options for 2014", it says "West Moreton HHS has received approval for Aftercare to be the non government service provider for the transitional services planned to commence in February 2014 ...".

(a) Do you recall receiving Fast Facts 11?

25.1 Yes, I recall receiving Fast Facts 11.

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(b) Did you consider the Greenslopes Youth Resi as an option for any BAC clients?

25.2 The Greenslopes Youth Resi was considered as an option for the adolescents.

(c) Why was this option not pursued?

25.3 My recollection is that the Greenslopes Youth Resi was not yet operational.

Follow up

26 At paragraph 9.3 of your statement, you say you vaguely recall there being some discussion about possible review, follow-up and monitoring of the outcome of the transition arrangements after discharge, but you are not aware of specific arrangements being made.

(a) Are you able to recall who participated in these discussions?

26.1 I do not now recall who participated in the discussions about possible review, follow-up and monitoring of the outcome of the transition arrangements to which I referred in paragraph 9.3 of my Statutory Declaration sworn 19 November 2015.

(b) Does this mean that following up was not something the transition panel planned for or considered was their responsibility?

26.2 In my experience, it is not the responsibility of the referring mental health service to follow up adolescents post-discharge to a receiving mental health service. Other than the discussions to which I referred in paragraph 9.3 of my Statutory Declaration sworn 19 November 2015, I cannot recall review, follow-up and monitoring of the outcome of the transition arrangements after discharge being discussed by the CCTP members.

Contacting families

27 At paragraph 7.10(b) of your statement, you say the panel also discussed possible options (where options existed) with the adolescents and their families/ carers.

27.1 No response required.

28 At paragraph 11.2 of your statement, you mention that exhibit MH-7 [00670-

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.00690] contains a summary of communications you had with transition clients' families, friends and carers. The evidence provided only relates to 3 patients.

(a) Given you were involved in the transition of more than 3 patients, was it someone else's responsibility to contact families?

28.1 Responsibility for contacting families was a responsibility shared amongst clinical staff at BAC.

(b) Did you, personally, have much to do with contacting families/carers?

28.2 As far as I now recall, the extent of my contact with families and carers is set out in exhibit MH-7 to my Statutory Declaration sworn 19 November 2015.

(c) If so, what was this contact?

28.3 As far as I now recall, the extent of my contact with families and carers is set out in exhibit MH-7 to my Statutory Declaration sworn 19 November 2015.

General transition questions

(d) Was it considered important to try and undertake a shared care arrangement with a receiving service?

28.4 I do not know what is meant by the term 'shared care arrangement with a receiving service'. It was, however, considered important to ensure that the adolescents were transitioned to receiving services gradually.

(e) Was this factored into the transition timeframes?

28.5 Yes. Where possible ensuring the adolescents were transitioned to receiving services gradually was factored into transition timeframes.

(f) Was this possible in every case?

28.6 No.

(g) If not, why not? Was it due to time constraints?

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28.7 As far as I am aware, in some cases time constraints limited the opportunity for a gradual transition.

Staff support (not discussed in statement)

(h) You had a very big job in terms of organising the transition. Did you consider you were resourced and supported by your employer in this task?

28.8 Yes. I felt resourced and supported during the transition in the following ways:

- (a) I had a good working relationship with:
 - (i) Ms Dowell. She was always easily accessible and willing to provide professional support when needed.
 - (ii) Dr Brennan. She was also easily accessible and consistently provided clinical support and leadership.
 - (iii) Nursing and allied health colleagues. They provided both peer support and a collaborative working environment during a difficult time.
- (b) I had access to Human Resources staff at WMHHS who initially provided general, process information and then provided more individual support as an employee requiring placement.

(i) Could more or better support have been given.

(i) If so, what?

28.9 Yes. In a time of uncertainty and change, it may have been valuable to offer staff the opportunity to reflect upon their experience of the service and letting go of what had been a significant part of their professional lives (i.e. a supportive debrief process).

(j) Was the work burden onerous or manageable?

28.10 My experience was that the work burden was manageable.

(k) Were you stressed? How did you cope with the stress?

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28.11 Yes, my stress level was heightened. I used my everyday coping mechanisms such as the supports outlined above and trying to keep a healthy work-life balance.

(l) **Have you suffered PTSD or other stress related illnesses in association with the Barrett closure and/or the transition arrangements?**

28.12 No. I have not suffered PTSD or other stress related illnesses in association with the closure of BAC and/or the transition arrangements.

Close Court Questions

The high needs patients

29 Please see the generic email you sent out to identify alternative service agencies (e.g. at [.00099] of your statement). In the email you mention that [REDACTED]

(a) Just for clarity, [REDACTED]

29.1 [REDACTED]

30 Please see document [WMS.0023.0001.00099]. This is an email from you to various BAC staff dated 29 October 2013. In this email you identify that [REDACTED]

(a) Can you explain what you meant by [REDACTED]

30.1 When I said [REDACTED] I was referring to, in the cases of:

(a) [REDACTED]

(b) [REDACTED]

[REDACTED]
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(c)

31 Please see document [WMS.0024.0001.00057], which is the Allied Health Operational Meeting Minute dated 16 December 2013.

31.1 No response required.

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32 At item 3 under Transition Planning, the minute mentions [REDACTED]

(a) Can you confirm [REDACTED]

32.1 [REDACTED]

33 At the fifth dot point, it says [REDACTED]

(a) What was the feedback that was received?

33.1 I do not now recall what feedback was received.

(b) What was done, if anything, about his feedback?

33.2 I do not now recall what was done about this feedback but if feedback of that kind had been received, my usual practice would have been to discuss it with Dr Brennan.

(c) To which patients did the feedback relate?

33.3 I cannot now recall which adolescents the feedback related to.

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)
MEGAN HAYES at Brisbane in the State)
of Queensland this 2nd day of March)
2016)
Before me:)

[REDACTED]
.....
Signature of authorised witness

[REDACTED]
.....
Signature of declarant

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