In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Tania Lyn Skippen, Associate Director of 60-62 Victoria Road, Gladesville, New South Wales, states on oath:

1. **Exhibit A** to this affidavit is my Curriculum Vitae.

2. I have held the position of Associate Director of Specialist Programs for Mental Health – Children and Young People for the New South Wales Ministry of Health since 2012 and remain in this role.

3. My formal qualifications, experience and memberships are set out in **Exhibit A.**

4. I have previously been employed by or involved with the Queensland Government in the following capacities:

   a) Senior Occupational Therapist at Sunshine Coast Child and Youth Mental Health Service from 2002 to 2005; and

   b) Occupational Therapist, Child and Youth Mental Health Services,

   Education and Training Developer at Queensland Health from May to November 2008.

[redacted] A J.P., C.Dec., Solicitor

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On behalf of the State of Queensland

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c) Between 2005 and 2010, whilst in private practice I provided training and education to Queensland Health.

d) I also remain on a list of resource suppliers and I provide therapeutic assessment tools to Queensland Health.

I have never previously provided services as a Health Service Investigator under section 199 of the *Hospital and Health Boards Act* 2011, or otherwise.

5. Details of my experience in adolescent mental health care are set out in Exhibit A. That experience includes the following:

a) In around 2011, I produced a workforce competency framework for Child and Adolescent Mental Health professionals for NSW Ministry of Health which included guidance on capabilities and practices used in the transition of care for adolescent mental health patients.

b) In 2013, I travelled to Melbourne to talk to a group of national mental health leaders and academics about a national framework for mental health workforce competencies which included transition planning and I was acknowledged in the creation of the resulting national mental health workforce practice standards framework that was developed.

c) The unit I currently work with is responsible for statewide policy, planning and leadership in the area of mental health service provision for children and young people in NSW.

d) In 2012, the unit I currently work with contributed the Child and Adolescent Mental Health content to the New South Wales Transfer of Care from Mental Health Inpatient Services Policy.

e) In March 2012, the unit I currently work with coordinated a statewide forum with international and national expert presenters on Youth Mental Health Transitions for NSW mental health leaders. Following the forum I flew to Melbourne to coordinate a training podcast on Youth Mental Health transitions with the international presenter and this presentation is still hosted on the NSW Child and Adolescent Mental Health training website that I created in 2010.

f) I had been aware of the existence of the Barrett Adolescent Centre for many years and knew it as a referral source for Child and Youth Mental Health Services. When working at the Sunshine Coast Child and Youth Mental Health Service between 2002 and 2005, I worked as part of an acute team and I recall that team referring at least one young person to the Barrett Adolescent Centre.

g) I also recall attending the Barrett Adolescent Centre as part of an Occupational Therapy training day between 2002 and 2005.

h) When I worked at the Silky Oaks Children's Haven at Manly, Queensland between 1988 and 1994, I knew Dr Trevor Sadler, who provided Psychiatry Consultations through the medical practice based on the grounds of Silky Oaks Children's Haven. I was aware that Dr Sadler later went on to work at the Barrett Adolescent Centre.

i) On 20 January 2009, by which time I was working in New South Wales, I emailed Dr Sadler requesting some information from him for part of a research protocol I was working on into alternative models of care for adolescent mental health services. Dr Sadler replied to that email on 4 March 2009. **Exhibit B** is a copy of that email exchange.

j) As far as I can recall I had no other contact with Dr Sadler until October 2014 whilst conducting my investigation role for Queensland Health.

6. On, or before, 8 August 2014 I received a telephone call from Dr Bill Kingswell asking if I would be prepared to submit my curriculum vitae to him for consideration regarding my participation on an investigation team that would be reviewing the transitional care arrangements for adolescent patients of the recently closed Barrett Adolescent Centre. I further state that:

a) **Exhibit C** to this statement is an email from me to Dr Kingswell on 8 August 2014 attaching my curriculum vitae and personal profile.

b) I do not recall when I first spoke to Assoc Prof Kotze in relation to the commission of the report and the report's terms of reference. I do recall being copied into an email from Dr Kingswell to her on 8 August 2014 asking her for a copy of her curriculum vitae. **Exhibit D** is a copy of the email.

c) **Exhibit E** is the instrument of appointment and terms of reference from Mr Ian Maynard, Director-General Queensland Health, dated 14 August 2014.

d) **Exhibit F** is a letter from Dr Michael Cleary, Acting Director-General Queensland Health, dated 28 August 2014 by which the reporting date was extended from the original date of 16 September 2014 outlined in the instrument of appointment referred to in Paragraph 6(c) above to 31 October 2014.

e) Assoc Prof Kotze has been my manager from around 2011 until now, except for the period of a year between February 2014 and February 2015. I had not heard of Ms Kristi Geddes prior to the commissioning of this investigation.

f) I was not involved in the selection and appointment of either Assoc Prof Kotze or Ms Geddes.

g) As the process of conducting the investigation evolved, Ms Geddes became the co-ordinator and was responsible for obtaining the documents required by Assoc Prof Kotze and I. She also provided us with the draft report template and made some formatting suggestions. I also recall that Ms Geddes met with West Moreton Hospital and Health Service, in order to clarify their governance structures. Ms Geddes also provided documents outlining West Moreton Hospital and Health Service governance information. Ms Geddes also developed the large index of documents which was ultimately attached to the report as Appendix A. I also recall she had a role in requesting from Queensland Health, any documents which Assoc Prof Kotze and I identified which had not been included in those originally provided to us. Ms Geddes organised for copies of documents to be sent by courier in hard copy and on USB to assist Assoc Prof Kotze and I in our review. Ms Geddes also organised the witness interviews for us, although she did not participate in the interviews. She provided the equipment used to record those interviews and arranged to have the transcripts created and mailed to Assoc Prof Kotze and I. This seemed to be a natural division of labour given the explanation of Ms Geddes' role provided by Ms Wensley Bitton in the email 14 August 2014 which contained the instrument of appointment and terms of reference.

h) Assoc Prof Kotze and I interviewed the various witnesses together. I recall reviewing the case files of all clients of the Barrett Adolescent Centre including the six more complex clients. I recall travelling to Brisbane to review all documents provided for Barrett clients including case files on 22 and 23 September 2014 and again between 30 September and 2 October 2014. Assoc

Prof Kotze and I conducted the interviews together on 13 and 14 October 2014. **Exhibit G** is a copy of the itineraries for that travel.

i) I was not paid by Queensland Health for my time on the report. With the permission of my manager Dr Ros Montague at the NSW Ministry of Health, I continued to be paid in my usual role during that time. I did however have my out of pocket expenses reimbursed. I understand that this arrangement is not unusual and is common for specialist consultation, reviews and investigations conducted throughout the health sector nationally.

j) There were draft reports circulated between Assoc Prof Kotze, Ms Geddes and I shortly before the report was finalised. **Exhibit H** are the copies of the draft reports that I have retained in my possession. There was also a version of the report which was provided to the Director – General of Queensland Health which bore the watermark "confidential". At the request of Queensland Health by email dated 31 October 2014, we removed that watermark and resubmitted the report. **Exhibit I** is a copy of that email and the final report.

7. Exhibit E referred to above is a copy of the instrument of appointment and terms of reference for the report.

8. There was only one instrument of appointment and terms of reference. As stated above, the reporting date was changed by letter dated 28 August 2014. That date was extended due to the unexpectedly voluminous records received by that stage, the number of records not yet provided to Assoc Prof Kotze and me, the significant number of witnesses to be interviewed, and to allow for our pre-arranged leave arrangements. Both Assoc Prof Kotze and I raised the issue of an extension with Ms Geddes on 22 August 2014. **Exhibit J** is an email dated 22 August 2014 from Ms Geddes to Assoc Prof Kotze and me advising she had raised this issue with Queensland Health. **Exhibit**

K is an email dated 28 August 2014 from Ms Geddes to Assoc Prof Kotze and me confirming the proposed new time frame agreed to by us and confirming that the request had been submitted to Queensland Health for approval.

9. In respect to the "additional information" referred to in the report provided by Ms Geddes, **Exhibit L** is an email dated 23 September 2014 from Ms Geddes to Assoc Prof Kotze and me, referring to additional information regarding the West Moreton Health Service Governance structure that had been included in the attached draft investigation and report framework.

10. I have set out the roles of the three people involved in the report in paragraph 6(g) above. In addition, I advise as follows:

    a) I did not meet with Ms Geddes on 4 September 2014.

    b) I do not recall making any direction to Ms Geddes about her role in the investigation and report.

11. When commencing our report, Assoc Prof Kotze and I searched and reviewed the literature in an attempt to locate any national or international benchmarks as to the practice of transitioning the care of adolescents in mental health services. As expected from searches conducted in 2012 when our unit was leading statewide training on Youth Mental Health transitions and researching content for the NSW Transfer of Care Policy as discussed in my Statement in Paragraph 5, we found that there was very little published literature available on the topic of process, models and outcomes of transition and what was available and relevant for our purposes, was from overseas. I can further state as follows:

    a) The key materials included patient files containing information such as mental health and other developmental assessments (eg: Speech Therapy,

Psychology and Occupational Therapy), Mental Health Act forms, progress notes, care plans including education plans, medication charts, medical test results, crisis management plans, progress notes, transition plans, communications with other services/partner agencies, communications about brokerage funding and transfer of care/discharge summaries from each health service that provided care as well as letters and emails to and from parents, staff communiqués, minutes of meetings and notes from the receiving services. In addition, PRIME reports and the Barrett Adolescent Centre Weekly Update Meeting Issues Register; applicable Queensland Health policies, procedures and standards; and service descriptions and intake criteria were reviewed for the Barrett Adolescent Centre and receiving services. All documents were relevant to investigating and reporting on the statewide transition and health care planning measures undertaken by the relevant Queensland Health service agencies. **Exhibit M** is a copy of the Barrett Adolescent Centre Weekly Update Meeting Issues Register.

b) It was Ms Geddes who obtained the extensive documentation referred to in appendix A of the report for Assoc Prof Kotze and me to review. The documents that were provided to us were provided by email, USB and in hard copy. I believe the documentation provided to us was comprehensive and allowed us to draw a picture of the matters upon which we were asked to report. On a few occasions, where necessary, if information was not already provided, we would ask Ms Geddes to obtain that information from Queensland Health. By way of example, on 28 September 2014, I emailed Ms Geddes seeking a copy of relevant policies and procedures. **Exhibit N** is a copy of that email.

c) I recall the quantity of documents which we were required to review consisted of approximately 32 lever arch files. In addition, there were three emails from

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Dr Sadler, one dated 24 September and two dated 22 October 2014. The two emails dated 22 October 2014 contained attachments. **Exhibit O** is the email dated 24 September 2014 and **Exhibit P** contains the two emails dated 22 October 2014 each with two attachments.

d) The Senior Barrett Clinician who provided the Co-Authors with a signed written statement on the day of interview was Dr Anne Brennan. I recall that Dr Brennan was interviewed by us on 13 October 2014 and attended with Mr Harry McKay of Avant, a professional indemnity insurer. I do not have a copy of that signed written statement.

e) The interview schedule contained in exhibit J is referred to above. Ms Geddes organised the interviews with Assoc Prof Kotze's and my agreement.

f) The interviews all took place in Brisbane. We did not annexe the transcripts of those interviews to the report. I recall our rationale at the time was to not do so and that if the transcripts were required, they would require clinical and legal review given the sensitive matters of clinical practice and in order to protect the privacy of clinicians and patients. **Exhibit Q** is the USB containing the transcripts and the recordings of interviews that was provided to us by Minter Ellison on or around 16 October 2014. I also took handwritten notes during the interviews which I destroyed after the report was delivered and accepted by Queensland Health.

g) I was not free to define the nature and scope of the investigation carried out. I did not at any time seek to define the nature and scope of the investigation. I did not have any involvement with Queensland Health in defining the scope of the investigation or the provision of the report, except for the initial appointment process which has been set out earlier in this Statement.

h) Queensland Health did not provide any assistance directly to me with respect to the investigation process. If I required anything from Queensland Health, I would make that request to Ms Geddes and she would obtain whatever was required from Queensland Health.

i) On 22 October 2014, Ms Geddes forwarded two emails she had received from Dr Trevor Sadler. These emails are contained in exhibit P as outlined in Paragraph 11(c) above. The first email contained an attached written response to what Dr Sadler recalled was an interview question about community treatment in transition planning and documents relating to residential care. The second email provided the amended community treatment options in transition planning document and a letter written on 3 October 2013 to Lorraine Dowell, senior OT at The Park which had been embedded in the options paper.

j) I am aware that Ms Geddes sent a letter to [redacted] by email on 29 October 2014, requesting information on the reason for cessation of additional support for a Barrett Adolescent Centre patient who [redacted] I do not have a copy of that letter however I do have a copy of the email sent to Ms Fenton and her letter of response. **Exhibit R** is a copy of the email and a copy of the letter dated 28 October 2014 from [redacted] responding to the request for information regarding the transition plan for that patient who [redacted]

As I stated earlier in this Statement, I was already aware from research on this topic that our unit conducted in 2012, that although there was substantial evidence of the negative health and wellbeing impact of poor transition planning

for young people transitioning from child and adolescent mental health services to adult mental health services, there was very little published academic literature on the topic of process, models and outcomes of transition. The extensive *Transition from CAMHS to Adult Mental Health Services (TRACK): A Study of Service Organisation, Policies, Process and User and Carer* study completed around 2010 in the United Kingdom was the leading evidence on the organisational factors that facilitate or impede effective transitions between child and adolescent and adult mental health services and support good continuity of care. These international findings and recommendations were used to inform the review. Our report references three papers: Singh, S. P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., Hovish, K., Islam Z., Belling, R. & White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *The British Journal of Psychiatry*, 197(4), 305-312. Singh, S. P. (2009). Transition of care from child to adult mental health services: the great divide. *Current opinion in psychiatry,* 22(4), 386-390. Singh, S. P., Evans, N., Sireling, L., & Stuart, H. (2005). Mind the gap: the interface between child and adult mental health services. *The Psychiatrist*, 29(8), 292-294. **Exhibit S** is a copy of the TRACK study. **Exhibit T** is a copy of the three Singh papers.

12. From the information provided to me by Ms Geddes at the commencement of our investigations, I understood that clinicians at the Barrett Adolescent Centre had access to all information required by them between the date of the announcement of the closure of the Barrett Adolescent Centre and the closure in January 2014. I recall there was a communique every month from 3 October 2013 to all staff providing updates. I was also aware that the clinical staff at the Barrett Adolescent Centre had access to the clinical files of all clients. As previously stated there was a great deal of information

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relevant to the transition planning for each client contained in the clinical files. I also recall that the transition team and care co-ordinators also documented in the clinical files meeting outcomes and developments in relation to transition planning. Staff had access to all CIMHA records. Each client was allocated a care co-ordinator and staff were aware or ought to have been aware of the information documented in the client's clinical files.

13. During the investigation process, Assoc Prof Kotze and I did consider the possibility of interviewing clinicians from the receiving services and from the Department of Education and Training, however we jointly came to the view that this was not necessary as most of the information regarding the transition and treatment plans at the receiving agencies was available to us from the vast amount of documentation provided to us by Queensland Health. I remember on one occasion we requested Ms Geddes obtain information from receiving services and it was provided. **Exhibit U** is the email dated 10 September 2014 between Assoc Prof Kotze, Ms Geddes and I.

14. **Exhibit V** is an email from Ms Geddes to me dated 13 October 2014 indicating that the Senior Nurse from the Barrett Adolescent Centre, Vanessa Clayworth would not be attending an interview that was scheduled to take place on 14 October 2014, because of medical concerns associated with [redacted]. Ms Clayworth's name appeared in a large number of the documents previously provided to me and her role appeared to be clear. Furthermore, we interviewed members from the same transition team to which she belonged and obtained those other team members' perspectives. For these reasons, I was not particularly concerned that she would not be interviewed.

15. The methodology adopted by Assoc Prof Kotze and I, was generally as follows:

    a) Assoc Prof Kotze and I assessed and analysed all of the documents provided to us and also interviewed a large number of clinicians from the Barrett

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Adolescent Centre. I created a document which is Appendix C to the report which was used as a template for assessing the transition plan for the six complex clients of the Barrett Adolescent Centre.

b) We did not compile summaries of evidence and material. However, I did create handwritten notes during the review of material and investigation process. I have not retained those notes and they were destroyed once the report was delivered and accepted by Queensland Health. I do not recall compiling any summaries of these documents prior to compiling the report. If such documents existed, at the time, I do not have them now.

c) There were no preliminary or working documents drafted while investigating and writing the report. Each component created for the report such as the client profiles and transition planning evidence (Appendix D) and the transition planning evidence checklist (Appendix C) were incorporated into the final report.

d) When formulating the report and writing our conclusions, Assoc Prof Kotze and I sat down in my office with all of the relevant articles and policies and compared them with the information collated in the checklists, clinical profiles and transition planning evidence for the clients at the Barrett Adolescent Centre. We checked the terms of our instrument of appointment to ensure that the information was relevant to those terms. We answered the questions we were asked. That process was collaborative. Assoc Prof Kotze and I took turns sitting at my computer doing the typing. The process of shared iterative review of the report occurred on more than one occasion via email and at least once in person between Assoc Prof Kotze and I during the two weeks prior to the report being delivered and accepted by Queensland Health. **Exhibit W** is 6 emails

with attachments. Three of those emails were sent to myself and included Appendix C and Appendix D and a report version. The other three emails were sent to Assoc Prof Kotze and myself and attached to those emails are report versions and the final email attached a report version and a referencing guide. There were no areas of disagreement between Assoc Prof Kotze and I regarding the findings.

16. The term "expert clinical review" referred to in the first line under the heading "Scope and Purpose" section of the report reflects that the review involved the application of clinical expertise in reviewing the statewide transition and healthcare planning measures undertaken by the relevant health services in relation to the then current inpatients and day patients of the Barrett Adolescent Centre. I did not consider that phrase to be related to the *Hospital and Health Boards Act* 2011. I believe that phrase reflects the role that I was appointed to pursuant to the instrument of appointment. As outlined in my curriculum vitae previously exhibited I had the necessary experience to conduct the review. I have both the clinical and management experience required to understand the complexity of the patient files, assessment requirements, treatment requirements and review the appropriateness of the decisions that were made.

17. With respect to numbered paragraph 7 on page 4 of the report I advise as follows:

a) The six clients with the highest complexity of needs and risk referred in paragraph 7 on page 4 of the report were as follows:-

(i) ;

(ii) ;

(iii) ;

(iv) [redacted];

(v) [redacted];

(vi) [redacted]

b) In page 9 of the report, we set out the nature and complexity of the client's needs. They included various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training and drug and alcohol misuse.

c) The extensive interrogation involved reading the contents of every folder and reading the folders that related to the six most complex to transition clients multiple times over. The folders contained clinical information such as mental health and other developmental assessments (eg: Speech Therapy, Psychology and Occupational Therapy), Mental Health Act forms, care plans including education plans, medication charts, medical test results, crisis management plans, progress notes, transition plans, communications with other services/partner agencies, communications about brokerage funding and transfer of care/discharge summaries from each health service that provided care as well as letters and emails to and from parents, staff communiqués, minutes of meetings and notes from the receiving services. In addition, PRIME reports and the Barrett Adolescent Centre Weekly Update Meeting Issues Register; applicable Queensland Health policies, procedures and standards; and service descriptions and intake criteria were reviewed for the Barrett Adolescent Centre and receiving services.

18. I remain of the view that the governance model put in place within Queensland Health to manage the oversight of the Health Care Transition Plans was appropriate for the reasons set out in pages 11 and 12 of the report, which are as follows:

a) *The governance arrangements supported collaborative clinical decision making at the local level and provided an appropriate pathway for escalation of clinical and transition planning issues.*

b) *Cross membership of committees was designed to support communication flow and membership and was sufficiently senior to facilitate authoritative decision making and action (eg. sourcing of brokerage funds and funds for family members to travel to participate in transition planning meetings).*

c) *Available minutes and agendas of meeting indicate regular frequency of meetings and the involvement of carers and patients in decision making.*

d) *The investigators noted that some transitional planning documentation was incomplete/missing and there was delay in the appointment of the project officer, however it is the view of the investigators that these were minor issues and did not have a material impact on the planning for or the transition of the patients.*

e) *In relation to the timeframes for the process of transition planning to be developed and enacted it is noted that the deadline was achieved albeit with a sense of pressure and urgency for clinical staff especially towards the end. The investigators did not identify however, an individual case in which more time might have resulted in BAC staff providing a better transition plan or process.*

19. "Transitioning" is a purposeful, planned, movement of adolescents and young adults with chronic physical and medical conditions from child-centred to adult-oriented health

care systems, taking into account both developmental and illness-specific needs. That definition is contained in a report by *Blum*, cited in the TRACK study noted and exhibited earlier in this Affidavit. Further, in the context of the TRACK study and mental health transitions, 'transition' explicitly means health care transition defined as a formal transfer of care from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services. A paper by *Singh et al.* published in 2010 drawn from the TRACK study, notes that optimal transition is defined as adequate transition planning, good information transfer across teams, joint working between teams and continuity of care following transition. That paper is referred to in paragraph 11 herein. As I stated earlier in this Affidavit, there is dearth of literature on process, models and outcomes of transition of young people from Child and Adolescent Mental Health Services to adult mental health services and this is what led to our suggestion that Queensland Health should document and publish the procedures and processes that were followed for the Barrett Adolescent Centre transition. In my opinion, the process used fulfilled some of the best practice principles found in the literature, such as the creation of transition teams/panels, allocation of designated staff transition roles, development of transition plans, shared information and joint working between teams. That literature includes the New South Wales Transfer of Care from Mental Health Inpatient Facilities Policy Directive and the Queensland Health procedure document *201000447*, Inter-District Transfer of Mental Health Consumers within South Queensland Service Districts which was effective from 8 November 2010 and was active at the time of the closure of the Barrett Adolescent Centre. **Exhibit X and Exhibit Y**are copies of the New South Wales directive and the Queensland Health procedure, respectively. In addition, we reviewed the guidance provided to clinicians of the West Moreton Hospital and Health Service related to care planning and transition that included clinician roles, tasks and information for clients and parents/carers. **Exhibit Z** is a copy of the email to me from Ms Geddes dated 23 September 2014 and an attached letter from Ms

Sharon Kelly, Executive Director Mental Health and Specialised Services, West Moreton Hospital and Health Service and guidance documents relevant to transitioning and transfer of care.

20. All six of the clients with complex needs referred to in paragraph 17 above had transition plans. As I understand it they all had stable accommodation to transition to and had relevant transition care providers. I further state as follows:-

a) We examined transitions plans for all transitioning clients of the Barrett Adolescent Centre but gave closer attention to those six individuals with the most complex needs.

b) A summary of the transition planning evidence is found in the report in Appendix C and Appendix D for the six clients with the most complex needs.

c) The six clients that we reviewed in detail included the [redacted] I was not involved in the selection of the six clients but understand that the decision was made based on the level of complexity of transition planning needs. By way of example, I recall one of them, [redacted], I agreed with the choice of those six clients. They seemed to have the most complex transitional needs as these six tended to have fewer transition options as a result of having the highest level of complex needs and/or co-morbidities. I believed they were the clients who required the greatest amount of complex care planning with multiple agencies; extensive exploration of possible service, education and accommodation options; and additional resources directed to support their transitions. As I recall, there was no arbitrary limit on there being six clients for

closer examination and we could have reviewed a [redacted] if we had wished.

21. I assessed the adequacy of the health care transition plans developed for individual patients by developing a tool to consider any failures in the plans when compared to the Queensland Health Procedure referred to in paragraph 19 above and limited guidelines and literature available on the topic of transition. I firstly reviewed the Queensland Health Procedure against national transfer of care guidance and procedures and international transition guidance previously mentioned in paragraph 19. National mental health transfer of care guidance for example, is provided in the National Standards for Mental Health Services and the National Practice Standards for the Mental Health Workforce. I then reviewed the transition plans to see if there was any evidence in the client files as to whether the procedures had been followed. As I identified relevant evidence, I checked it off in the tool (Appendix C) and recorded the details of it in the Client Profiles and Transition Planning Evidence (Appendix D).

22. I assessed the appropriateness of the healthcare transition plans using the same method as above in Paragraph 21.

23. In the report, we made a finding that the transition planning occurred in an atmosphere of crisis. I can clarify this as follows:

a) The atmosphere we described was created by the presence of change and uncertainty for patients, carers and staff. Change and uncertainty can create stress and distress. Some of the young people in the Barrett Adolescent Centre at the time were known to cope with stress [redacted] and there was evidence from client files and incident reports that this had increased following the announcement of the closure.

Even though some five months had been allowed for the transition, with an assurance that the centre would remain open until all the transitions had taken place, the announcement involved immediate changes being put in place to ensure an active transition process. There were also changes in staff roles to facilitate the transition process and an amount of pressure to find quality care within the five month period between notification and the closure. The clinical files reflected this.

b) The stress and distress was possibly exacerbated by the further change created by the departure of the Barrett Adolescent Centre Director, Dr Sadler. It is difficult to say to what extent Dr Sadler's departure may have contributed to the atmosphere of crisis, although he had been a long-term leader at the centre for clients, staff and parents/carers.

c) I cannot say what steps may have been taken in order to avoid the atmosphere of crisis. I think overall, it was mitigated very well by the staff continuing to maintain focus on providing quality care to the patients, being attentive to their mental health and other needs and by the executive engaging in considered planning and communication. I think the atmosphere of crisis was also mitigated by the prompt appointment of Dr Brennan to the Acting Director role to provide leadership support and direction for staff and parents/carers and mental health and medical management of patients.

24. The closure date was "artificial/administrative" to the extent that while a closure date was nominated, there was correspondence to parents indicating that the Centre would remain open until all patients were transitioned to other appropriate health services. To me, that indicated that the closure date could have been delayed beyond the originally

nominated date had appropriate services not been secured for the final transition patients. The nominated date appeared to be a target rather than a firm date.

25. The basis on which I determined that the activities referred to in the fourth dot point on page 10 were best practice in transitional care was that the care followed the principles noted in the international evidence including the TRACK and Singh reports previously mentioned such as collaborative working with adult mental health receiving agencies across a period of time including young people being escorted a number of times to the receiving service by their Barrett Care Coordinator; good information transfer with detailed discussions and shared documentation in relation to managing risks for the young people; and Barrett Adolescent Centre clinicians maintaining contact post-transfer of care and joint working by staff across the agencies.

26. As I recall, there was an increase in incidents at the unit associated with the transition. The PRIME incident reports from August 2013 to January 2014 were provided for review. I am unable to quantify an exact degree of increase in incidents through this period or identify the patients involved in those incidents. As previously described in Paragraph 23 a), some young people were known to use [redacted] as a coping mechanism when feeling distressed. It is my recollection that many of the incidents referred to in the PRIME incident reports were for [redacted]. The Barrett Adolescent Centre staff were well trained in supporting young people who [redacted] and the clinical notes suggested patient care was appropriately attended to. As noted in the report, although the increase in incidents contributed to the complexity of the situation, it did not appear to have detrimentally affected the process of transitional care planning for the patients.

27. In my view, each client of the Barrett Adolescent Centre was, after the announcement, provided with a suitable mental health care service that was adequate and appropriate

and offered at least one option for each component of care such as housing, education and other medical and therapy services with which the young person and their family were happy to engage. That being so, I did not consider that more time was required for transition planning or to progress any individual's transition plan.

28. In the context of the report finding that "The investigators did not find any example where it was not possible to organise a reasonable system of care for an individual" a "reasonable system of care" describes a system that provides adequate and appropriate mental health care supported by a range of developmentally appropriate care and support options such as education, housing, medical and social supports designed to support the broader needs of the young person and their families/carers.

29. The name of the project officer appointed to support the clinical care transitional panel was Ms Laura Johnson. I did not attempt to contact that project officer as part of my investigation and report. As I understood it, that role was an administrative one tasked with providing administrative support to the clinical transition team. **Exhibit AA** Barrett Adolescent Centre Timeline of Key Events identifies Ms Johnson's temporary appointment and role.

30. Brokerage funding in the context which it is being used throughout our report, is a quantum of designated funding made available over a period of time to purchase specific services to address individual client needs and achieve identified goals in patient care plans. Of the six complex transition patients referred to in the report, brokerage funding was organised for three of the clients and used to purchase additional [redacted] over and above what the agency usually delivered. Brokerage funding in these instances was to increase the supervision, support and safety for the young person for a period of months while they transitioned to adult services and alternate accommodation. In the

course of my investigation, I found no evidence of a request for brokerage funding being declined, and I recall in the report having drawn specific attention to patient who had brokerage funding of around provided to the .

31. In our report we stated that the transition team had 'gone the extra mile' for a number of clients. When we used that expression, it was to indicate that they had provided services over and above that which you would often see when transitioning a patient. For example, I recall the case of one young person (Patient who was taken to a new service and a member of the Barrett Adolescent Centre transition team attended with the patient at the new service regularly over a period of weeks. The receiving service also attended the Barrett Adolescent Centre on multiple occasions during this period of around one month to assist the transition. In the case of another young person (Patient , a member of the transition team went to the on a number of occasions. I recall seeing numerous examples where the Barrett Adolescent Centre staff were making phone calls to receiving services and to clients and carers following the transfer of care. I also recall for Patient that the receiving Mood Team service participated in transfer of care planning meetings and Barrett Adolescent Centre staff also continued to attend until it was felt that their attendance was no longer required. I recall that the services agreed to this in writing. Although a period of overlap of staff contact can support continuity of care, it is also possible that if a handover is extended for too long, it may restrict the receiving agency's ability to engage with the young person as their primary care provider. Unfortunately it is common to see much less time spent in mental health transfer of care as evidenced by findings in the literature which suggest young people frequently "fall through the gaps". Again, there was evidence of a high degree of

thoughtful care planning which led us to make the recommendation that the processes used in this transition be documented and circulated with other services.

32. A number of the transition plan documents were incomplete. Examples that come to mind are a transition care plan that was not signed by the patient or a field within the document not completed. However I found evidence in the progress notes that the patient was involved in the decision making for their transition plan and was agreeable to it. On one or two other occasions I recall seeing examples where a field on the transition form may have not been filled out. However, the information that was missing from the transition form could be located in other parts of the clinical file.

33. On page 10 of our report, we indicated that in a number of instances, the young people had psychiatric disorders that "on their own did not cross the threshold for treatment in the community mental health system". This means that on the basis of the mental health diagnosis alone, the young person would not automatically be accepted as a patient of a community mental health service. A young person with anxiety problems may commonly be referred to primary care providers rather than community mental health services, depending on the level of complexity and severity of the anxiety disorder. and self-harm, which diagnoses on their own, do not automatically translate to acceptance into a mental health facility. However, the broader complexity of these young persons presentations and the additional support arrangements that brokerage funding provided, allowed the mental health service to accept the referrals.

34. **Exhibit AB** is an email from Kristi Geddes to Assoc Prof Kotze and me dated 15 October 2014 forwarding an email from Mr Harry McCay of Avant Law dated 15

October 2014 clarifying information provided by Dr Brennan at her report interview on 13 October 2014.

35. I do not have any other information or knowledge which I wish to add to this statement.

All the facts sworn to in this affidavit are true to my knowledge and belief except as stated otherwise.

Sworn by Tania Lyn Skippen on 13th November 2015 at Sydney in the presence of:)

[redacted]

[redacted]

A Justice of the Peace, C.Dec., Solicitor

NSW 11956

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

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Tania Skippen – Curriculum Vitae

Education and qualifications

2015 - Current enrolment Master of Health Services Management, in Planning, UTS
2010 - Graduate Certificate in Health Services Planning, UTS
1999 - Certificate III Train the Trainer
1987 - BAppSc in Occupational Therapy, Cumberland College of Health Sciences/UoS
1983 - NSW Higher School Certificate, Gymea High School, Sydney

Career History

Associate Director, Specialist Programs **9/2012 -current**
MH-Children and Young People (MH-CYP), NSW Ministry of Health hosted by the SCHN

Responsibilities:

- Providing statewide leadership for priority initiatives in NSW Child and Youth Mental Health Services (CYMHS) and Perinatal and Infant Mental Health Services (PIMHS).
- Providing expert consultation and advice to Government on statewide child and youth interagency service planning, budget allocation and service development.
- Leading statewide CYMHS and PIMHS program and service development, implementation, transformation, monitoring and evaluation.
- Providing expert advice and assistance to the Director, MH-CYP on the mental health needs of the children and young people of NSW and their families particularly in relation to specialist program approaches and collaborative partnerships for this population.
- Regularly leading the MH-CYP unit during Director, MH-CYP periods of leave (5 months in last 12 months).
- Managing the Specialist Programs team's contribution to MH-CYP's strategic, corporate and business planning and its performance in meeting objectives, targets and budgetary outcomes. Programs managed include:
  - NSW School-Link Program – statewide CYMHS partnership with Education
  - Got It! Program - School-based early intervention for Conduct Disorder
  - Intellectual Disability and Mental Health Initiatives
  - Family Focussed Recovery (COPMI/Parenting) Program
  - PIMHS - statewide services including telepsychiatry outreach service
  - *Mums and Kids Matter* – PIMHS non-acute residential and In-home support program
  - Whole Family Teams (Mental Health, Drug & Alcohol and Child Protection)
  - Management of NGO contracts for delivery of PIMHS and CYMHS services
- Providing expert advice on appropriate mechanisms for evaluation and quality improvement in specialist mental health programs for children and young people and their families.
- Providing leadership and supporting program transformation to strengthen partnerships for consumers' recovery, including attention to adult consumers' parenting roles.
- Providing leadership and support for NSW mental health program development and transformation to strengthen family-driven and child and youth-guided care.

Principal Project Advisor, Workforce Development **11/2008 - 9/2012**
MH-CYP, NSW Ministry of Health hosted by the SCHN

Responsibilities:

- Led statewide strategic workforce planning and development for NSW CAMHS to ensure a capable workforce of allied health, nursing, medical and support staff.
- Provided high-level expert strategic input at state and national levels into the development and implementation of policies and plans including national and statewide mental health workforce development strategies and education and training frameworks.
- Pioneered innovative, efficient, effective and accessible workforce development initiatives for multidisciplinary teams that supported collaboration and enhanced the capacity of the statewide, national and international CAMHS and partner workforces.
- Identified and overcame systemic workforce barriers, leading key stakeholders in developing innovative statewide workforce solutions that in addition, had national and international cogency and impact.
- Ensured the appropriate systems, processes, networks and relationships were established to lead, influence and obtain collaboration on workforce issues between government departments and agencies, universities, training providers, private sector services and peak non-government organisations in NSW.
- Led the ongoing analysis of workforce training and support needs, developing, implementing and evaluating innovative programs.
- Initiated and developed strong relationships with national and international workforce development partners to facilitate the sharing of quality resources and guidance documents and the strengthening an international CAMHS community of practice.
- Developed and managed a framework for the delivery of workforce development programs to ensure mental health practice met required clinical, quality and service standards in conjunction with other training and education initiatives.
- Initiated and implemented along with key partners, a range of high level initiatives to expand the potential workforce pool by creating pathways through undergraduate training, clinical placement schemes, reviewing scope of practice and opportunities through innovative workforce design.
- Managed the MH-CYP Specialist Services team in Associate Director absences.

Occupational Therapist, CYMHS education and training developer, Part Time **05/2008 – 11/2008**
Queensland Health, workforce development

Responsibilities:

- Led the development of a statewide self-directed learning package for professionals from allied health, nursing and medicine transitioning to CYMHS (Child and Youth Mental Health Services) from adult mental health, other health sectors (e.g. Paediatrics) and University.
- The package provides an understanding of the CYMHS target group, context and goals and articulates good workforce practice from assessment and treatment through to care planning and transfer of care.
- The package was positively evaluated and continues to be implemented in all Queensland CAMHS and adult mental health services.

Occupational Therapy Private Practitioner, Part Time **2005 - 2010**
Sunshine Coast Queensland (Qld) and Sydney CBD

Responsibilities

- Provision of education and training for a range of agencies including Qld Health, Singapore Ministry for Health, Evolve Therapeutic Services, Evolve Disability services, The Mater Children's Hospital, Kids in Mind and the University of Queensland.
- Occupational therapy mentoring for OT's across Australia.
- Provision of professional supervision for allied health and nurses working in CYMHS, schools, adult mental health, private practice and OT specific roles.
- Development, production and training of a Narrative Assessment tool used by CYMHS, school counsellors, sexual assault, child protection, paediatric and consultation liaison nurses and multidisciplinary health professionals.
- Accredited private practitioner working with children, adolescents, parents/carers, families and adults experiencing distress due to the impact of mental health difficulties.
- Acknowledged for the provision of exemplary care for clients with mental health problems, their families and carers.
- Acknowledged for the provision of exemplary care for paediatric clients with developmental problems.
- Effective collaboration with non co-located treating team members – including other therapists, GP's, Psychiatrists, Vocational Program and educational staff.
- Actively engaged school staff and carers in client care - including the provision of in-service training and the tailored development of school and home based therapeutic programs.

Senior Occupational Therapist **2002-2005**
Sunshine Coast Child and Youth Mental Health Service

Senior position working with children and adolescents with severe and complex mental health problems, families and carers.

Responsibilities:

- Relieving Manager in team leader absences.
- Design and implementation of a new service delivery model for community CYMHS including developing protocols, practices and evaluation of the new First BASE acute team.
- Co-development of child/youth age-appropriate psychiatric standard assessment forms.
- Supervision and training of staff and students of various allied health, nursing and medical disciplines. Strengthening the capacity of Adult Mental Health clinicians in emergency departments and on extended care teams to see children and young people.
- Acute team roles – delivering intake, risk assessment, care planning, treatment and review for children and young people, frequently involving care under the Mental Health Act.
- Providing acute responses in the community and assessments in emergency departments; postvention care and intensive case management. Community liaison, networking, training, collaboration.
- Routine case management, evidence informed interventions (including PCIT, CBT, Solution focussed therapy, Trauma Focussed CBT), therapies (including developmental interventions, treatment for encopresis and enuresis, play assessment and therapy, family therapy, narrative therapy, relaxation therapy and mindfulness), relapse prevention planning, transition planning including return to school plans. Involving clients, families and service partners in care planning.
- Community development and capacity building.

Occupational Therapist, FT 15 month Locum **03/2001 - 06/2002**
Whitehorse Community Health Service, Melbourne

Paediatrics, HACC OT (home visiting for frail aged and disabled clients) and project co-ordination for a Department of Human Services funded community project.

Paediatric Responsibilities:

- Multidisciplinary team approach to assessment and treatment of children under 5yrs with diagnosis of ASD, Aspergers and mild developmental delays.
- Assessment, evidence informed treatment, care planning and school/pre-school programs.
- Development of new social/emotional/developmental/speech/ language and parenting groups with team physiotherapist, speech pathologist, psychologist and assistants.
- Group and individual therapy to improve motor, visual, sensory, play, social and adaptive functioning.
- Pre-school and Kindergarten staff training.
- Development and implementation of parent group education and implementation of evidence informed parenting programs (eg: Triple P)
- Supervision and training of OT staff and students

HACC (Home and Community Care) Responsibilities:

- Multidisciplinary team approach to assessment, treatment, relapse prevention, transition planning to primary care and other local services/supports, health promotion for frail aged and disabled clients, their families and carers.
- Design and co-ordination of home modifications and applications for funding of same.

Project responsibilities:

- Co-ordination of a community project that developed a new early intervention service model for Allied Health Service provision to Planned Activity Groups (including 50% Ethno - specific Groups) in the City of Whitehorse.

Voluntary/ pro-bono **1997-2000**

Responsibilities

- Wrote and trained VET approved course for Qld community RTO in Basic Counselling Skills
- Provided supervision and training for Quest College Advanced Diploma in Counselling students for 3-6 months each.
- Trained and supervised 50 - 60 children's workers in group facilitation, parenting workshops, working creatively with children, managing challenging behaviours and understanding children's developmental needs.
- Community radio guest presentations and community workshops on child development, parenting and relationships in Qld and Victoria.
- Coordinator of 5 major community outdoor events in Noosa – approximately 4000 people in attendance at each event.

Occupational Therapy Private Practitioner PT
Noosa, Qld **1997-2000**
Brisbane, Qld **1994-1997**

Responsibilities:

- Private practice working with children, adolescents and families/carers with developmental delays, learning difficulties; ASD, ADD/ADHD; suspected child abuse and neglect; social,

emotional, behavioural, visual perceptual & sensory processing problems; and family relationship issues.
- Assessment, evidence informed intervention, transfer of care, transition planning and coordination with multidisciplinary allied health service providers (including audiologists, podiatrists, sexual assault workers, psychologists, welfare workers, social workers, dieticians), Paediatricians, schools and GPs.

Occupational Therapist, Full time and Part Time **1988-1994**
Silky Oaks Children's Haven, Manly, Queensland

OT services for children, young people and families from the community and those living in family group homes.

Responsibilities:

- Assessment, evidence informed treatment and care planning for children and young people with developmental and psychosocial and emotional difficulties living in the community with families or in foster care including group homes.
- Individual and group therapy for children with developmental and psychosocial and emotional difficulties.
- Family Therapy, case management, group work in social skills, life skills (eg budgeting, ADL tasks, career planning, community access), relaxation, communication and conflict resolution.
- Provision of in-service training for multidisciplinary health staff and support staff.
- Group home liaison and support, care coordination planning with houseparents and staff
- Supervision of OT staff and students.
- Court reporting, assessment and therapy provision for children encountering child abuse and neglect.

Occupational Therapist **1987-1988**
Mater Children's Hospital, Brisbane

New Graduate OT, 12 month position. OT services for children - developmental, burns and splinting, head injuries and Suspected Child Abuse and Neglect (SCAN) caseloads.

Responsibilities:

- Paediatric developmental clinic member of a multidisciplinary team – OT assessment, care planning, intervention and referral.
- Developmental therapy - assessment and treatment. Play, art, talking therapies. Consultation liaison to wards.
- Assessment and treatment following traumatic head injuries and post immersion. Home and school assessment, care planning and transition planning to community based care.
- Multidisciplinary assessment and group work with speech therapist, audiologist and physiotherapist for children with autism spectrum, developmental, speech/language and behavioural problems.
- Managing burns injuries and rehabilitation, assessment, treatment, care planning and transition to community. Collaboration with mental health department and other key partners, particularly for SCAN clients.
- Hand therapist - splinting clinic and working in operating theatres.
- OT student supervision.

Mater Adult Hospital, Brisbane. 4 week OT locum **1987**

Neurology and Specialist Hand Clinic

PA Hospital, Brisbane. 6 week OT locum **1987**

Pain Clinic, Neurology, Cardiology, and Rheumatology

Completed Training

Planning, Monitoring and Evaluation: Project management, NSW Health	2010
Advanced Excel: Forrest Training, Sydney	2010
Microsoft Access: Forrest Training, Sydney	2010
Advanced Word: Forrest Training, Sydney	2009
Accelerated Implementation Methodology: Project management, NSW Health	2009
Intermediate Excel: TAFE Qld, (Distance Ed)	2008

Professional Memberships

- OT Registration (No. OCC0001747435)
- Australian Association of Occupational Therapists member (No. 301612)
- Registered Medicare Provider of Mental Health Services in both Queensland (2821951H) and NSW (2821952W)
- Credentialed private provider of supervision to mental health clinicians working for Queensland Health
- Registered provider of Occupational Therapy services for the major Private Health Funds and CRS Australia.
- Health Service Union membership (No. M0992878)

Professional Appointments

- Member External Advisory Committee for the Discipline of Occupational Therapy at the University of Sydney 2013-2015.

TANIA SKIPPEN

Associate Director, Specialist Programs, MH-Children and Young People
Mental Health and Drug & Alcohol Office

Qualifications
Master of Health Services Management, in Planning (P/T enrolled)
Graduate Certificate in Health Services Planning (2010)
BAppSc in Occupational Therapy (1987)

Experience
Over the past 27 years as a Health Service Manager and Occupational Therapist (OT) working in paediatrics and mental health, I have been committed to improving the health outcomes of infants, children, young people and their families. I have had broad experience, working in three states (NSW, Qld and Victoria) and across a range of service settings from inpatient; hospital based outpatient; community mental health (including assertive outreach); community health; private practice; non-government; and project, policy and planning services.

I am engaged in improving health workforce capability and service improvement in perinatal and child and adolescent mental health settings (CAMHS) through the development and implementation of strategic policy and innovative workforce development initiatives. In addition to my Associate Director role, I provide occasional guest lectures at the University of Sydney, mentoring for OT Australia and contribute to excellence in tertiary health education through membership on the External Advisory Panel for Occupational Therapy Programs at the University of Sydney and I participate in national reviews.

Passions and interests
I am currently completing a Masters in Health Service Management in Planning and am very interested in how as a NSW Ministry of Health manager I can best influence outcomes for families through better understanding and using system levers and drivers. As someone who is inspired by the opportunity to solve difficult problems, I find working in NSW Health both a great privilege and a wonderful chance to make a difference. Having worked in other jurisdictions, I find the complexity of the NSW environment second to none.

Being nominated recently as the NSW Health (mental health and drug & alcohol) nominee on the Prevention and Early Intervention Interagency Taskforce, I have been an ambassador for Health's interests and at the same time gained strategic advantage in planning by learning what is currently important to other Central Agencies such as Treasury in this rapidly changing fiscal environment. I am passionate about health service planning and the great outcomes that can be achieved from good planning, implementation, monitoring and evaluation. I believe we need to clearly understand who our customers are, what the scope of our role is and through responsible planning, cleverly use our limited resources to achieve optimal public value.

I have long been impressed with activity/output based funding approaches for this reason, since the introduction of episode funding through to present day activity based funding initiatives. I believe there is merit in looking to alternate funding models which encourage service improvement, particularly those that support client outcomes in addition to increasing outputs. Through my work on the Taskforce I have recently explored funding models that are new to me, such as social benefit bonds and hypothecated taxes and I have gained a greater appreciation of the challenge of managing the NSW Health Budget with so few revenue levers. Negotiations with the Commonwealth Government seem essential to ensuring the strength of the NSW position.

The recently released Parliamentary research on child disadvantage (Montoya, 2014) makes me reflect on the difficult environment in which we are delivering health services for children in NSW. For example, child poverty in NSW in 2011-12 was second only to Tasmania and in 2011, 23.5% of all NSW children faced the highest risk of social exclusion (a higher proportion lived in Sydney than the balance of NSW), while the national average was 20.0%. I hope to continue to work strategically with other stakeholders who have influence over these factors, to optimise the health and wellbeing outcomes for children, young people and their families in NSW.

SKIPPEN, Tania

From: SKIPPEN, Tania
Sent: Wednesday, 4 March 2009 1:30 PM
To: Trevor Sadler
Subject: RE: CYMHS care packages

Thanks Trevor. Tania

From: Trevor Sadler
Sent: Wednesday, 4 March 2009 12:56 PM
To: SKIPPEN, Tania
Subject: Re: CYMHS care packages

Hello Tania,

I am sorry for not replying to this. I was on holidays at the time, having returned for a day so just checked my email that day, and opened yours because it is such a long time since we were at Silky Oaks. Life has been busy since holidays, and I was just going through previous email, and noticed yours.

I am about to leave for the Mater, but will try to remember to answer your queries Friday or next week.

Kind regards,

Trevor

>>> "Tania SKIPPEN" < > 20/01/2009 2:29 pm >>>
Hi Trevor,

I was just chatting with Valda who suggested you may be able to help me. I previously worked in Qld (mostly for QHealth) for the last 21-22years but have finally done the pilgrimage back to my home town of Sydney - needed facilities. You may actually recall working with me at Silky Oaks Children's Haven in the late 80's. I'm now in a workforce development position for CAMHS statewide, working for MH Kids, the NSW Health policy and planning unit- and one of the things we're working on is estimating care packages.

I wasn't sure if you were still working at Barrett but Valda said you were and that Barrett is moving soon Where will your new location be?

I would appreciate it if would have some info on the components and costings of residential non-acute style packages that you might be able to share with us. NSW have a new non -acute longer stay facility opening soon at Concord called Walker Unit. Rivendell will supply school support I understand.

Information such as the average length of stay, FTE's and components and costings would be greatly appreciated if you have such a report to hand. Also anything else related that you think would be of interest in estimating care packages.

Kind regards,

Tania

Tania Skippen
Principal Program Advisor

MH Kids

Gladesville Hospital Campus
C/o NSW Department of Health
Locked Bag 961
North Sydney
NSW 2059
P:
F:

SKIPPEN, Tania

From: SKIPPEN, Tania
Sent: Friday, 8 August 2014 2:50 PM
To: 'Bill Kingswell'
Subject: RE: investigation
Attachments: Tania Skippen_CV Aug 2014.docx; Tania Skippen_personal profile August 2014.docx

Bill, CV quickly updated and attached and I have also attached a personal profile that I had to write a couple of days ago for the Secretary NSW Ministry of Health (Policy breakfast requirement). On the run but hopefully between them you have what you're looking for.
Kind regards,
Tania

From: Bill Kingswell
Sent: Friday, 8 August 2014 2:38 PM
To: SKIPPEN, Tania
Subject: investigation

Hi Tania
If I could have a short CV by return email that would be great.
Regards Bill K

SKIPPEN, Tania

From: Bill Kingswell <[redacted]>
Sent: Friday, 8 August 2014 4:45 PM
To: KOTZE, Beth
Cc: SKIPPEN, Tania
Subject: FW: Instrument of Appointment and TOR for HSI Psychiatrist (LN14_0821)
Attachments: RE: investigation

Hi Beth
Can you send me back a brief bio?
This is the schedule discussed with Tania, hope it works for you.
Ta Bill K

From: Bill Kingswell
Sent: Friday, 8 August 2014 4:00 PM
To: Erin Finn; Wensley Bitton
Cc: Annette McMullan; Elizabeth Robertson; Kirstine Sketcher-Baker
Subject: RE: Instrument of Appointment and TOR for HSI Psychiatrist (LN14_0821)

Wensley,
For the TOR and appointment instrument.
Tania is OT not nurse.
At this stage I propose.
Week of 11 August
-paper based review
- Identification and scheduled appointments for interviews
Week of 18 August
- Review team in Brisbane for interviews

Week of 25 August
- 28, 29 available for additional interviews if required
- Could push out into weekend 30,31 Aug if absolutely necessary.

Week 1 September
-potential for any additional interviews to be completed without Tania this week
Week 8 September
- Beth Kotze to sign off review ahead of leave from 11 September

Week 15 September
- Tania to review the report on her return from and sign off if satisfied.

I need to check that Beth is OK with this proposal and will do so ASAP. I will also get a brief CV from her.
Regards Bill K

INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR

I, IAN MAYNARD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.

2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.

3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014
14 AUG 2014

SCHEDULE 1

QUEENSLAND HEALTH

INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE

TERMS OF REFERENCE

1. Purpose

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.

- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.

- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

2. Appointment

Pursuant to section 190(1) of the *Hospital and Health Boards Act 2011* (HHBA), following my assessment that she has the necessary expertise and experience, I have appointed Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, as a health service investigator to conduct the investigation.

Ms Skippen is to conduct the investigation jointly with the other appointed Health Service Investigators, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists, and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers).

3. Scope of the investigation

The functions of the health service investigators are to:

3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:

3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

(a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;

3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;

3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients should be undertaken.

3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:

3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and

3.2.2. any other matter identified during the course of the investigation.

The investigation is to proceed in accordance with the principles of natural justice.

4. Power of the Health Service Investigators

The health service investigators have authority pursuant to section 194 of the HHBA to access any documentation under the control of the Department of Health and/or any relevant Hospital and Health Service (including West Moreton, Metro South and Children's Health Queensland Hospital and Health Services) relevant to this investigation which may assist the investigation including 'confidential information' as defined in the HHBA, noting and complying with the confidentiality obligations as a health service investigator pursuant to the HHBA. The investigators should make every reasonable effort to obtain any other material or documentation that is relevant to these terms of reference.

5. Conduct of the investigation

5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.

5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.

5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.

5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.

5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.

5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading '*Assessment of Evidence*'.

5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.

5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.

5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

SCHEDULE 2

INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the indemnified") in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy I3, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this Instrument.

14 AUG 2014

Signed this ..... day of ..... 2014.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH

Queensland Government

Enquiries to: Wensley Bitton
Senior Principal Lawyer
Legal Branch
Department of Health

Telephone:
File Ref: DG074819

28 AUG 2014

Ms Tania Skippen
Associate Director
Specialist Programs
Mental Health – Children and Young People
Mental Health and Drug and Alcohol Office
New South Wales Ministry of Health
By Email:

Dear Ms Skippen

I refer to your recent appointment by the Director-General, Mr Ian Maynard, as a Health Service Investigator, to conduct a health service investigation into the statewide transition and healthcare planning measures following the closure of the Barrett Adolescent Centre.

The health service investigation report is due to be provided to Mr Maynard pursuant to section 199 of the *Hospital and Health Boards Act 2011* (Qld) (the Act) by 16 September 2014.

I understand, however, that certain factors have collectively delayed the progress of the investigation, such that an extension of the due date to 31 October 2014 is required, to enable sufficient time for completion of the investigation and production of a report to the Director-General under section 199 of the Act. I note that the impacting factors are the voluminous records received to date, the number of records not yet provided to the investigators, the significant number of potential witnesses to be interviewed, and the pre-arranged leave arrangements for the appointed investigators over the coming weeks.

In the circumstances, I agree to the requested extension and confirm that the investigation report must now be provided to the Director-General by **5.00pm, 31 October 2014**.

Your terms of reference for the health service investigation otherwise remain unchanged.

Should you require any further information, the Department of Health's contact is Ms Wensley Bitton on telephone .

Yours sincerely

Dr Michael Cleary
Acting Director-General

Office
Department of Health
Level 19
147 - 163 Charlotte Street
BRISBANE QLD 4000

Postal
GPO Box 48
BRISBANE QLD 4001

Phone

Fax

TravelEdge

Wednesday 17 September 2014 13:44 - Sydney, NSW

Itinerary for
SKIPPEN/TANIA MS

Booking Number:	B93920
PNR Reference:	3LG5BU
Consultant:	Nathan Giovenco
Booked By:	Kate Blatchly
Departure Date:	22 Sep 14
Debtor:	MINTER ELLISON
Department:	BRISBANE
Return Date:	23 Sep 14
RFT or Matter Number:	1084936

TravelEdge Contact Details

Our national office hours are 8am – 6pm AEST, Monday to Friday. Calls to our offices outside of these hours are diverted to our Afterhours Emergency service where costs may apply.

Date	Service	Details		
Monday 22 Sep 14	**Flight**	**Airline:**	**VIRGIN AUSTRALIA**	**Flight** VA0913
		Departure Date:	**Mon 22 Sep 14 at 07:30**	SYDNEY, AUSTRALIA
		Arrival Date:	**Mon 22 Sep 14 at 09:00**	BRISBANE, AUSTRALIA
		Aircraft:	Boeing 737-800 (winglets)	
		Class:	H - Flexi	
		Stops:	Non-Stop	
		Airline Reference:	WRWEAJ	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	SYDNEY, AUSTRALIA (T - 2) BRISBANE, AUSTRALIA (T - D), Dept Time 22-09-2014 07: 30, Arrival Time 22-09-2014 09:00 - Travelling time: 1 hr 30 mins - Meal Service: Meal	
		Seats:	11D - SKIPPEN/TANIA MS	
Monday [illegible] Sep 14	**Hotel**	**Hotel Name:**	**OAKS ON FELIX**	
		Check-In Date:	**Mon 22 Sep 14**	
		Check-Out Date:	**Tue 23 Sep 14**	
		Hotel Address:	26 FELIX STREET BRISBANE QLD, 4000, Australia	
		Room Type:	T1* (1)	
		Booking Reference:	217458855	
		Status:	Confirmed	
		Payment Method:	On third party credit card	
		Local Rate:	AUD199.00 Per Night	
		Rate:	AUD199.00 Per Night	
		Duration:	1 (Nights)	

TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

Tuesday	**Flight**	**Airline:**	**VIRGIN AUSTRALIA**	**Flight** VA0970
23 Sep 14		**Departure Date:**	**Tue 23 Sep 14 at 17:00**	BRISBANE, AUSTRALIA
		Arrival Date:	**Tue 23 Sep 14 at 18:35**	SYDNEY, AUSTRALIA
		Aircraft:	Boeing 737-800 (winglets)	
		Class:	H - Flexi	
		Stops:	Non-Stop	
		Airline Reference:	WRWEAJ	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	BRISBANE, AUSTRALIA (T - D) SYDNEY, AUSTRALIA (T - 2), Dept Time 23-09-2014 17:00, Arrival Time 23-09-2014 18:35 - Travelling time: 1 hr 35 mins - Meal Service: Meal	
		Seats:	22C - SKIPPEN/TANIA MS	

Ticket Numbers

TKT VA 5466384593 - SKIPPEN/TANIA MS - ADULT - SYD-BNE-SYD

Pre Pay	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Ticket	VA - H - Flexi 5466384593 - 17 Sep 14 - ADULT 22 Sep 14 SYDNEY- BRISBANE- SYDNEY	687.50	44.96	73.24	805.70
	Due	**687.50**	**44.96**	**73.24**	**805.70**
	Deposits/Paid				**805.70**
	Outstanding				**0.00**

Pay Direct	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Hotel	OAKS ON FELIX - 217458855 BRISBANE Date: 22 Sep 14/23 Sep 14	180.91	0.00	18.09	199.00
	Total Booking Cost Inc Pay Direct			**91.33**	**1004.70**

Final Ticket Date: 17 Sep 14

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Internet: www.traveledge.com.au

ABN: 70092658421

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To contact Travel Guard and its global assistance centre from anywhere overseas:

- **If calling from overseas:**
- **If calling from Australia:**

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- **e-mail: auassistance@travelguard.com**
- **Subject: Immeadiate response required to <your name>**
- **Quote our AIG Corporate Travel Policy number: 23000 36426**
- **State that your are from Minter Ellison.**

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Domestic Check-In

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Airfare Disclaimer and Important Information

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Baggage Allowance

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Check-in requirments for Christmas & Cocos Islands

...hts to these Islands operate slightly differently as they are Domestic flights but depart and arrive from Perth International Terminal. ...oms and Immigration consider these flights International, therefore specific ID requirements apply. Although a passport is not required, it is strongly recommended that if any traveller has a passport that this be used as their photographic identification. Note: Travellers will be required to check in 2hrs prior to departure.

Sydney Airport Terminal Information

There are 3 airport terminals in Sydney
T1 - Sydney International Terminal:
Qantas flights QF1-QF399, Oneworld and Jetstar International flights operate from this terminal.
T2 - Sydney Domestic Terminal:
Virgin Australia, Regional Express and Jetstar Domestic flights operate from this terminal.
T3 - Qantas Sydney Domestic Terminal:
Qantas Domestic flights QF400-QF1599 and QantasLink flights 1600 and above operate from this terminal.

TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

TravelEdge

Tuesday 23 September 2014 11:47 - Sydney, NSW

Itinerary for
SKIPPEN/TANIA MS

Booking Number:	B95298
PNR Reference:	3U2PSZ
Consultant:	Joelle Brodie
Booked By:	Kate Blatchly
Departure Date:	30 Sep 14
Debtor:	MINTER ELLISON
Department:	BRISBANE
Return Date:	02 Oct 14
RFT or Matter Number:	1084936

TravelEdge Contact Details

Our national office hours are 8am – 6pm AEST, Monday to Friday. Calls to our offices outside of these hours are diverted to our Afterhours Emergency service where costs may apply.

Date	Service	Details		
Tuesday 30 Sep 14	**Flight**	**Airline:**	**VIRGIN AUSTRALIA**	**Flight** VA0965
		Departure Date:	**Tue 30 Sep 14 at 17:00**	SYDNEY, AUSTRALIA
		Arrival Date:	**Tue 30 Sep 14 at 18:30**	BRISBANE, AUSTRALIA
		Aircraft:	Boeing 737-700 (winglets)	
		Class:	B - Flexi	
		Stops:	Non-Stop	
		Airline Reference:	LAPQOL	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	SYDNEY, AUSTRALIA (T - 2) BRISBANE, AUSTRALIA (T - D), Dept Time 30-09-2014 17: 00, Arrival Time 30-09-2014 18:30 - Travelling time: 1 hr 30 mins - Meal Service: Meal	
Tuesday 30 Sep 14	**Hotel**	**Hotel Name:**	**OAKS ON FELIX**	
		Check-In Date:	**Tue 30 Sep 14**	
		Check-Out Date:	**Thu 02 Oct 14**	
		Hotel Address:	26 FELIX STREET BRISBANE QLD, 4000, Australia	
		Room Type:	T1* (1)	
		Booking Reference:	218035051	
		Status:	Confirmed	
		Payment Method:	Room & B'fast (if avail) on 3rd Party Credit Card	
		Local Rate:	AUD199.00 Per Night	
		Rate:	AUD199.00 Per Night	
		Duration:	2 (Nights)	
		Cancellation:	24 hours cancellation notice required	

TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

Thursday 02 Oct 14	**Flight**	**Airline:**	**VIRGIN AUSTRALIA**	**Flight** VA0970
		Departure Date:	**Thu 02 Oct 14 at 17:00**	BRISBANE, AUSTRALIA
		Arrival Date:	**Thu 02 Oct 14 at 18:35**	SYDNEY, AUSTRALIA
		Aircraft:	Boeing 737-800 (winglets)	
		Class:	B - Flexi	
		Stops:	Non-Stop	
		Airline Reference:	LAPQOL	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	BRISBANE, AUSTRALIA (T - D) SYDNEY, AUSTRALIA (T - 2), Dept Time 02-10-2014 17:00, Arrival Time 02-10-2014 18:35 - Travelling time: 1 hr 35 mins - Meal Service: Meal	

Ticket Numbers

TKT VA 5466455210 - SKIPPEN/TANIA MS - ADULT - SYD-BNE-SYD

Pre Pay	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Service Fee	Domestic booking fee (manual)	23.00	0.00	2.30	25.30
Ticket	VA - B - Flexi 5466455210 - 23 Sep 14 - ADULT 30 Sep 14 SYDNEY- BRISBANE- SYDNEY	887.50	44.96	93.24	1025.70
	Due	**910.50**	**44.96**	**95.54**	**1051.00**
	Deposits/Paid				**1025.70**
	Outstanding				**25.30**

Pay Direct	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Hotel	OAKS ON FELIX - 218035051 BRISBANE Date: 30 Sep 14/02 Oct 14	361.82	0.00	36.18	398.00
	Total Booking Cost Inc Pay Direct			**131.72**	**1449.00**

Final Ticket Date: 23 Sep 14

TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

Insurance Details Policy

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To contact Travel Guard and its global assistance centre from anywhere overseas:

- **If calling from overseas:**
- **If calling from Australia:**

- **If phoning is not possible, email and request an immeadiate response**
- **e-mail: auassistance@travelguard.com**
- **Subject: Immeadiate response required to <your name>**
- **Quote our AIG Corporate Travel Policy number: 23000 36426**
- **State that your are from Minter Ellison.**

Emergency Afterhours Service

To contact the Emergency Afterhours service please call +61 (02) 9080 1700. This service is for emergency enquiries only that can not wait until the next business day. Additional fees may apply.

omestic Check-In

k-In closes 30mins prior to the flight departure. Passengers who arrive after Check-In has closed will not be able to board their flight. Please refer to the fare rules of the ticket purchased in the event you arrive after Check-In closes as you could forfeit the fare with no credit or refund given. Please ensure you have appropriate photo identification upon Check-In.

Check My Trip

View your updated travel reservations along with weather forecasts, maps, directions, restaurants and destination information. All are available 24 hours, 7 days a week via the internet at www.checkmytrip.com. All you require is you surname and reservation code which appear on the top right hand side of your itinerary labelled PNR Reference, then the e-mail address in your profile. Check your travel details on your mobile too, just visit www.checkmytrip.com on your smart phone.

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Check-in requirments for Christmas & Cocos Islands

hts to these Islands operate slightly differently as they are Domestic flights but depart and arrive from Perth International Terminal. oms and Immigration consider these flights International, therefore specific ID requirements apply. Although a passport is not required, it is strongly recommended that if any traveller has a passport that this be used as their photographic identification. Note: Travellers will be required to check in 2hrs prior to departure.

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T2 - Sydney Domestic Terminal:
Virgin Australia, Regional Express and Jetstar Domestic flights operate from this terminal.
T3 - Qantas Sydney Domestic Terminal:
Qantas Domestic flights QF400-QF1599 and QantasLink flights 1600 and above operate from this terminal.

TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

TravelEdge

Tuesday 07 October 2014 15:56 - Sydney, NSW

Itinerary for
SKIPPEN/TANIA MS

Booking Number:	B98675
PNR Reference:	4KMC2R
Consultant:	Naomi Bosnjak
Booked By:	Kate Blatchly
Departure Date:	13 Oct 14
Debtor:	MINTER ELLISON
Department:	BRISBANE
Return Date:	14 Oct 14
RFT or Matter Number:	Matter 1084936

TravelEdge Contact Details

Our national office hours are 8am – 6pm AEST, Monday to Friday. Calls to our offices outside of these hours are diverted to our Afterhours Emergency service where costs may apply.

Date	Service	Details		
Monday 13 Oct 14	**Flight**	**Airline:**	**QANTAS AIRWAYS**	**Flight** QF0506
		Departure Date:	**Mon 13 Oct 14 at 07:35**	SYDNEY, AUSTRALIA
		Arrival Date:	**Mon 13 Oct 14 at 08:05**	BRISBANE, AUSTRALIA
		Aircraft:	Boeing 737-800 (winglets)	
		Class:	B - fully Flex	
		Stops:	Non-Stop	
		Airline Reference:	4KMC2R	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	SYDNEY, AUSTRALIA (T - 3) BRISBANE, AUSTRALIA (T - D), Dept Time 13-10-2014 07: 35, Arrival Time 13-10-2014 08:05 - Travelling time: 1 hr 30 mins - Meal Service: Breakfast	
Monday 13 Oct 14	**Hotel**	**Hotel Name:**	**OAKS ON FELIX**	
		Check-In Date:	**Mon 13 Oct 14**	
		Check-Out Date:	**Tue 14 Oct 14**	
		Hotel Address:	26 FELIX STREET BRISBANE QLD, 4000, Australia	
		Room Type:	One Bedroom Apartment (1)	
		Booking Reference:	219422740	
		Status:	Confirmed	
		Payment Method:	Room & B'fast (if avail) on 3rd Party Credit Card	
		Local Rate:	AUD199.00 Per Night	
		Rate:	AUD199.00 Per Night	
		Duration:	1 (Nights)	
		Cancellation:	24 hours cancellation notice required	

TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

Tuesday 14 Oct 14	**Flight**	**Airline:**	**QANTAS AIRWAYS**	**Flight** QF0545
		Departure Date:	**Tue 14 Oct 14 at 16:25**	BRISBANE, AUSTRALIA
		Arrival Date:	**Tue 14 Oct 14 at 19:00**	SYDNEY, AUSTRALIA
		Aircraft:	Boeing 767-300	
		Class:	B - fully Flex	
		Stops:	Non-Stop	
		Airline Reference:	4KMC2R	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	BRISBANE, AUSTRALIA (T - D) SYDNEY, AUSTRALIA (T - 3), Dept Time 14-10-2014 16:25, Arrival Time 14-10-2014 19:00 - Travelling time: 1 hr 35 mins - Meal Service: Refreshment	

Ticket Numbers

TKT QF 5466627529 - SKIPPEN/TANIA MS - ADULT - SYD-BNE-SYD

Pre Pay	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Service Fee	Domestic booking fee (manual)	23.00	0.00	2.30	25.30
Ticket	QF - B - fully Flex 5466627529 - 07 Oct 14 - ADULT 13 Oct 14 SYDNEY- BRISBANE- SYDNEY	610.44	37.90	64.84	713.18
	Due	**633.44**	**37.90**	**67.14**	**738.48**
	Deposits/Paid				**738.48**
	Outstanding				**0.00**

Pay Direct	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Hotel	OAKS ON FELIX - 219422740 BRISBANE Date: 13 Oct 14/14 Oct 14	180.91	0.00	18.09	199.00
	Total Booking Cost Inc Pay Direct			**85.23**	**937.48**

Final Ticket Date: 07 Oct 14

TravelEdge Melbourne

Email:

Internet: www.traveledge.com.au

ABN: 70092658421

Insurance Details Policy

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TravelEdge Melbourne

Email:
Internet: www.traveledge.com.au
ABN: 70092658421

Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre

Authors: Associate Professor Beth Kotzé and Ms Tania Skippen

Date: ....October 2014

Table of Contents

Authorisation

This report has been prepared in accordance with the Instrument of Appointment and Terms of Reference, both dated 14th August 2014 and both authorised by Mr Ian Maynard, Director-General Queensland Health, and revised 28th August 2014.

Scope and Purpose

To provide expert clinical review and a report under section 199 of the Hospital and Health Boards Act 2011 (HHBA) for the Director-General, Queensland Health in line with the Terms of Reference.

The functions of the health service investigators were to:

1.1 Investigate the following matters relating to the management, administration and delivery of public sector health services:

1.1.1 Asses the governance model put in place within Queensland Health (including the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;

1.1.2 Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;

1.1.3 Advise if the healthcare transition plans developed for individual patients by the transitions team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

1.1.4 Based on the information available to clinicians and staff between 6 August 2013 and closure of BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients [redacted] should be undertaken.

2.1 Make findings and recommendations in a report under section 199 of the HHBA in relation to:

2.1.1 The ways in which the management, administration or delivery of public sector health services, with particular regards to the matters identified in paragraph 1 above, can be maintained and improved: and

2.1.2 Any other matter identified during the course of the investigation.

Process

1. Extensive documentation was made available to the investigators; refer Index of Documentation (Appendix A), including patient files, policies and miscellaneous.
2. Written statement, Dr Anne Brennan, 13/10/14 (Appendix B).
3. Additional email communication Dr Trevor Sadler 21/10/14 and 22/10/14 (Appendix C).
4. Interviews were conducted face to face over 2 days being 13th and 14th October 2014 (Appendix D: Schedule).

Context

- On 6th August 2013 Minister for Health, Mr Lawrence Springborg announced the closure of the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service (WMHHS)[1]. A planning process to develop new service options for the population of the State was announced under the governance of Children's Health Queensland (CHQ)[2]. A governance process to manage the transition of current individual patients of BAC was developed.
- The concentrated and focussed process for managing the transition of individual patients from the care of BAC to alternative options commenced in September 2013[3] with the expectation that the service would close in January 2014.
- The process of managing the transition of individual patients was centred on individualized and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers.
- The clinically driven process was supported by a formal governance structure comprising:
    - Clinical Care Transitional Panel:

[1] Refer: letter dated 24th August 2014 from Lesley Dwyer Health Service Chief Executive West Moreton Hospital and Health Service to Dr John Allan.

[2] This process was identified as out of scope by the investigators because it concerned strategic forward planning at the population level rather than care planning for the individual patients of BAC.

[3] Refer interview with Dr Anne Brennan.

- Chaired by Dr Anne Brennan
- Key members: internal to BAC: multidisciplinary senior clinicians responsible for patient care and Acting Principal of the school.
- Reported to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee and the West Moreton Management Committee.
- Met twice-weekly and on an ad hoc basis to focus on day to day patient care and planning for transition. An issues log was maintained and provided to the investigators by Dr Brennan.
- Agendas and minutes provided to investigators (Appendix A). No formal Terms of Reference available.

- The West Moreton Management Committee[4]:
  - Chaired by A/Director of Strategy
  - Key members: range of senior clinician and management representatives from the health service, representative from CHQ and MHAOD Branch.
  - Reported to the Chief Executive WMHHS and Chief Executive and Department of Health Oversight Committee.
  - Met weekly from September 2013 until January 2014.
- Chief Executive and Department of Health Oversight Committee:
  - Key members: Deputy Director General Department Health, Health Service Chief Executives from key hospital and health services; Executive Director MHAOD Branch and other key representatives from CHQ.

- The clinically driven process was supported by additional and specific resourcing:
  - Project Officer appointed to support the Clinical Care Transitional Panel and the Barrett Adolescent Update Meeting.
    - Role to schedule agenda to ensure all patients reviewed in a timely way and record keeping.
- The closure of BAC was supported by a formal communication plan in effect from September 2013 to February 2014. This was managed by the Project Officer (above). The scope included families and carers, community, staff of BAC, hospital/health services, industrial organisations etc.

[4] This meeting appears to have had an alternative meeting name: Barrett Adolescent Update Meeting.

- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.
- The published literature regarding transitional care for adolescents provides guidance and principles in relation to the planning and outcomes for this group:
    - Optimal transition may be defined as adequate transition planning, good information transfer between teams and continuity of care following transition.
    - Predictors of positive transition include individual factors such as severe mental illness and treatment and care issues such as medication and inpatient care.
    - Neurodevelopmental disorders, personality disorders, complex needs and emotional/neurotic disorders can be associated with less favourable outcomes.
    - Other factors associated with poor outcomes include if the process is seen simply as an administrative event.
    - It is better to undertake transitional care in the context of relative stability for the young person rather than crisis.
    - Transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition. The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviours.
    - Models for collaboration that support transition include: shared care/joint working across services and liaison models.
    - Barriers to transitional care include: lack of alignment between referral thresholds and criteria between Child and Youth Mental Health Services (CYMHS) and Adult Mental Health Services.
- The Queensland Health Procedure Document 201000447, *Inter-district Transfer of Mental Health Consumers within South Queensland Service Districts*, effective 8/11/10 and active at the time of the closure of BAC, provides guidance in relation to transitional care, notably including: the roles and responsibilities of transferring and receiving services; and consideration of potential shared care arrangements.
- Noting that transition is a process in which the communication and negotiations between the referring and receiving services are critical, this investigation was limited to review of the available documentation and interviews with key clinicians formerly from BAC. Staff of receiving services were not interviewed and limited documentation was available from these services. Education staff were also not interviewed.

Findings

- The process of transitional planning occurred in an atmosphere of crisis consequent to the announcement of the closure and the standing-down of the senior leader of the service in the context of an unrelated matter, with escalation of distress in a number of the adolescents and staff of BAC. However whilst the general atmosphere of crisis contributed to the complexity of the situation, it does not appear to have detrimentally affected the process of transitional care planning for the patients.
- Transitional care planning was led by a small multidisciplinary team of clinicians headed by the Acting Clinical Director BAC. Their task was enormous as they were required to review and supervise current care plans, manage incidents and crises, seek out information about service options that many times was not readily available, negotiate referrals, coordinate with the education staff and manage communication with patients and their families/carers. The team was dedicated to these tasks, with the day to day supervision of the young people undertaken by the Care Coordinators.
- In relation to the patient cohort, it is noted:
    - The young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse. In short, this was a cohort in the main characterized by high, complex and enduring clinical and support needs.
    - Organizing transitional care for such a complex group would have been a very significant challenge even under ideal conditions. Each very complex young person required highly individualized care assessment and planning. These are not the kind of individuals who readily 'fit' with service systems because of the scope and intensity of their needs. The model of care in existence at BAC had promoted prolonged inpatient care and the forthcoming closure required the rapid development of care pathways to community care.
    - The BAC team undertook an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process.
- The process of communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained. As would be expected during a time of heightened emotions and anxiety about the future, there appears to have been some misunderstandings at times along the way but these appear to have been in each case dealt with promptly