

NOTICE

This statement contains information the publication of which is prohibited by an order made by the Commissioner of the Barrett Adolescent Centre Commission of Inquiry on 15 October 2015.

Document	Paragraph containing information the publication of which is prohibited
QNU.001.005.0001 Victoria Young statement	5(b); 20(b); 28(b).

OATHS ACT 1867**STATUTORY DECLARATION****QUEENSLAND****TO WIT**

I, **Victoria Louise Young**, c/o Roberts & Kane Solicitors, level 4, 239 George St, Brisbane in the State of Queensland, do solemnly and sincerely declare that:


The following statement is provided in response to a notice I received from the Barrett Adolescent Centre Commission of Inquiry requiring me to give information in a written statement in regard to my knowledge of matters set out in the Schedule annexed to the notice.

Response to Schedule of Questions**1. Outline your professional qualifications and provide a copy of your current or most recent curriculum vitae.**

- (a) I am a Registered Nurse and hold registration with the Nursing & Midwifery Board of Australia. I was first registered on 13 January 2012.
- (b) I graduated from QUT with a Bachelor of Nursing at the end of 2011.
- (c) Attached and marked [[QNU.001.005.0014]] is a copy of my curriculum vitae.

2. We understand that you were a nurse involved in some way with providing care at the Barrett Adolescent Centre (BAC). What was your position or job title? On what basis and by whom were you employed? Was this employment on a permanent, full time, part time, casual or some other basis?

- (a) I was employed under a contract of employment to work at the BAC on a full time basis as a Registered Nurse (RN) by the West Moreton Hospital & Health Service (WMHHS). I commenced there on 10 June 2013, initially on a 3 month contract which was extended until I finished at the BAC on 23 January 2014.

Signed: .. 

3. How many shifts did you carry out per week?

(a) I worked 10 shifts per fortnight.

4. How long were you employed at the BAC? Did you occupy the same position for the entire period or did your job description or duties and responsibilities change over time? If so, explain the changes.

(a) I was employed at the BAC for 7 months and occupied the same position as RN for the entire period. My job description or duties and responsibilities did not change over that time.

5. What were your duties and responsibilities during your employment at the BAC?

(a) My duties and responsibilities at the BAC, as a new staff member with limited experience in adolescent mental health nursing, was confined to providing day to day care to the patients of the BAC, including:

- i. monitoring and assessing mental state, mood and behaviour of the patients;
- ii. assessing physical health of the patients;
- iii. administering medications;
- iv. accompanying patients and other staff members of the BAC on outings and medical appointments;
- v. ensuring patients attended BAC school activities;
- vi. supervising mealtimes and activities of daily living;
- vii. supervising visits to patients; and
- viii. documenting patient progress and some care coordination, which involved collating information about an individual's weekly progress into a summary for the weekly team meeting.

Signed:

(b) In addition to my role as RN I was the associate Care Coordinator for [REDACTED]

[REDACTED] Confidential [REDACTED]

6. What were the reporting systems in place at the BAC during your employment? Who did you report to?

(a) I reported to senior staff members which included the Clinical Nurse (CN), the Nurse Unit Manager (NUM), the After Hours Nurse Manager, the duty doctor and the Central Staffing Office.

(b) As Associate Care Coordinator I occasionally reported to the weekly Case Conference on the progress of my patient during the week.

7. What record systems did you use to record the carrying out of your tasks?

(a) The record systems I used to record the carrying out of my tasks included:

- i. daily nursing entries in the progress notes of each individual patient's clinical record;
- ii. entries in the nursing report book (also known as the handover book) when I was required to manage a shift;
- iii. uploading information onto an online data base CIMHA such as the care plans for patients I was designated as Associate Care Coordinator. The care plans did not involve transitional care planning rather the weekly updates on the patient's progress and mental state;
- iv. the administration of medications to patients was recorded on each patient's medication chart and when administering schedule 4 medications in the BAC s4 drug book; and

Signed: [REDACTED]

v. visual observations of patients were recorded on visual observations tick sheets.

8. What on average was the number of patients that you provided care for?

(a) All the nursing staff rostered on a shift were involved in the care of all the patients in the BAC. There were 14 inpatients and a number of day patients. I cannot now recall the number of day patients.

9. Describe how you went about your care of BAC patients on a day to day basis.

(a) Please refer to my response at paragraph 5.

10. Describe the state of the BAC facilities during the period of your employment at the BAC.

(a) The BAC facility was an older style building yet still functional. I recall several repairs being needed during the time I worked there.

(b) At times we had to call maintenance to have things urgently seen to as they posed a risk to patient safety especially those patients who self-harmed. Examples of this included:

- i. a broken light fitting cover which exposed the bulb in the day lounge area needed urgent repair;
- ii. glass or rigid plastic covering over a recessed wall mounted night lights in the day areas and halls outside the bedrooms were found broken needing urgent repair;
- iii. a moderate sized hole was left in a MDF wall of the girls' hall after a patient punched or kicked it when having an emotional outburst;
- iv. a security window screen in one of the patient's bedroom needed replacing after two patients broke it and absconded from the unit overnight; and
- v. in the last weeks before closure an exterior ceiling panel broke loose and fell to


Signed: ..



the ground outside the main entrance.

11. Describe briefly your experience and observations of the operations and management of the BAC during the time of your involvement or employment.

- (a) There were several changes in nursing management positions. There were at least three acting NUMs in seven months I was there and two different Community Liaison Clinical Nurses. The atmosphere did not feel stable to me although staff acting in those positions were experienced, capable, and dedicated. At the time they appeared to me to be doing their utmost to maintain the smooth operation of the BAC.
- (b) It is my recollection that staffing was irregular at times. During the time I worked there at least six core members of the nursing staff ceased working at BAC and found work elsewhere. Nurses from the casual pool and agency staff were often used to temporarily fill positions. The turnover of staff impacted on the skill mix as the nurses used to temporarily fill the positions did not have the depth of experience of the staff members who left.
- (c) I was a beginner practitioner with limited experience in adolescent mental health nursing. There were occasions when I was the most senior RN on the shift and as such was allocated as the team leader for the shift. This was very challenging given my limited experience in the area. I found it difficult at times to confidently deal with the management of some of the more complex patients. I also found it difficult to deal with telephone calls from distressed anxious and at times angry family members who were understandably worried about the future and well-being of their children.
- (d) The team leader role required a higher level of experience in adolescent mental health nursing than I possessed as a beginner practitioner with under 2 years of post-graduate experience.
- (e) I did not voice my concerns at the time because initially I didn't realise the level of experience required to undertake the team leader role. Once I realised my limitations I believed it was a normal part of the learning curve and persisted with it.

Signed: 


- (f) As the closure drew nearer, several senior experienced core regular nurses found jobs elsewhere and the less experienced nurses were often required to manage shifts which sometimes included escorting patients on outings.
- (g) There was also a change in the senior medical management of the BAC during the transition phase with the Director of the BAC, Dr Sadler, suddenly leaving his position and being replaced by Dr Brennan.
- (h) Closer towards closure, there was a policy change which required the BAC to become a locked unit. It used to be locked from 5 pm to 7 am the following morning. With the introduction of the new policy the unit became fully locked which presented problems with ferrying the patients to and from school and with outdoor activities.
- (i) I do not know why this change was introduced.

12. When did you first become aware of the intention to close the BAC?

- (a) When I started work at The Park in March 2012, I had heard that the BAC was being moved away from The Park to another location.
- (b) By the time I started my contract to work in the BAC in June 2013, I heard it was probably going to close. I believe a formal announcement was made after I started there but I cannot now recall when.

13. How was the closure decision communicated to staff of the BAC?

- (a) I cannot now recall whether I received an email or letter advising of the decision.
- (b) I believe the NUM informally spoke to nursing staff about it also. A meeting was arranged to inform staff which I didn't attend as I was on a rostered day off. I cannot recall the date of the meeting. As I did not attend the meeting, I received a telephone call on the same day as the meeting from the Director of Nursing Will Brennan who talked to me about redeployment and a possible closure date. I don't recall the exact date proposed by him for closure but I think it was during January 2014. I told him

Signed: 

that I had a permanent position in the permanent pool at The Park which meant I did not need to consider redeployment.

14. Were the staff of the BAC offered any explanation or reason for the decision to close the BAC? If so, what were the bases of the closure decision as communicated to staff of the BAC?

- (a) I don't clearly remember the full explanation offered for closure. I recall part of it being that the BAC represented an 'older model of care' and it was better for the adolescents to be managed in their community.

15. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure?

- (a) I was not consulted about the intention to close the BAC and my views and opinions were not sought about the likely impact of closure.

16. If you were consulted – what were your views?

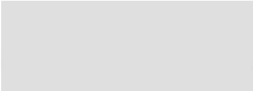
- (a) I was not consulted.

17. What if any knowledge do you have in relation to the termination of Dr Sadler?

- (a) I do not recall being given any formal information about his termination. I was told by my fellow nurses at the time that he had been stood aside. I later read in the news that a senior doctor at the BAC had been stood down. Even though the article did not mention his name I assumed it referred to Dr Sadler.

18. What, if any, knowledge do you have about the employment of Dr Anne Brennan?

- (a) I have no knowledge about the employment of Dr Anne Brennan other than that she would be filling Dr Sadler's position until the BAC closed.

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19. Were you involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC? If so what was your involvement?

- (a) I was not involved in the planning of the transitional arrangement of the BAC patients associated with its closure. I did not expect to be involved given I was new member of staff with limited experience in this area.

20. Were you involved in the care of any BAC patients who were part of the transitional arrangements? If so, what was your involvement?

- (a) I was involved in the usual day to day care of all the BAC patients who were part of the transitional arrangements.

- (b) I was appointed as Associate Care Coordinator for [REDACTED] Confidential

[REDACTED]

21. Were you consulted about an appropriate timeframe for the transitioning of patients of the BAC? If so, elaborate on these consultations.

- (a) I was not consulted about an appropriate timeframe for the transitioning of patients of the BAC.

22. Was there an administrative or other deadline imposed for the transitions? If so, what was the deadline date? Was the deadline date different for each patient?

- (a) I believe we were given a date for closure of the BAC which later changed. I understood from this that the BAC patients would be transitioned by the closure date.

- (b) I believe the closure date given initially was 13 January 2014.

Signed:

[REDACTED]

23. Were you involved in the carrying out of the transitional care arrangements for the any of the BAC patients? Were you consulted in relation to the transitional arrangements for the patients?

(a) I was not involved in carrying out transitional care arrangements for any of the BAC patients and was not consulted in relation to these arrangements.

(b) I recall having informal talks with the acting Community Liaison Clinical Nurse Vanessa Clayworth who would give nursing staff a rundown on their efforts to find suitable placements. The purpose of these talks was to share information with me. She was not seeking input from me.

24. Describe the transitional arrangements that you were involved in and for whom those arrangements were made. Did you consult with patients, their families or carers about the transitional arrangements?

(a) I was not involved in the transitional arrangements.

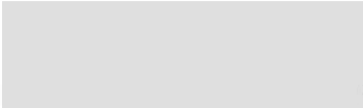
25. What timeframes were you given (and by whom) for the carrying out of the transitional arrangements? How did these timeframes compare with the usual timeframes within which you operated when a patient was being transitioned out of the BAC?

(a) I was not involved in the transitional arrangements.

26. Were the transitional care arrangements tailored to the individual needs and care requirements of each patient?

(a) I was not involved in the transitional care arrangements. However, it was my impression that every effort was made by the staff involved in the transitional planning to find the most suitable care available for each individual patient.

(b) The planning team were highly committed and appeared to work extremely hard to find appropriate placements given the resources available to them at the time.

Signed: 

27. If so, did the transition plans developed for individual patients adequately take into consideration patient care, patient support, patient safety, the health of each patient, the education/ vocational needs of each patient, the housing or accommodation needs of each patient, service quality and the needs of the families of each patient?

(a) I did not see the transition plans developed for each patient so cannot comment about their adequacy.

28. When did your involvement with the transitional arrangements of each patient in your care cease?

(a) Although I was not involved in the transitional arrangement of the patients, my involvement in the care of each patient ceased when they were transitioned.

(b)

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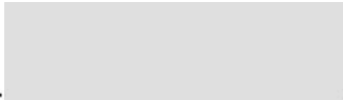
29. Were there any challenges associated with organising transitional care for the patients at BAC? What were those challenges?

(a) Although I was not involved in organising the transitional care for the patients I understood there were challenges in finding suitable accommodation or facilities in Queensland for the patients at the BAC.

30. What are your observations of the effect of the closure decision on the inpatients and outpatients of the BAC, their families, carers, friends and staff of the BAC?

(a) There were generally feelings of stress, anger, anxiety, frustration, helplessness, uncertainty and lowered morale for the patients, their families and the nursing staff.

(b) In relation to the patients I often overheard them voice feelings of abandonment as they had known many of the nursing staff for a long time.

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- (c) At times I had the impression that some of the patients tried to deal with their feelings of abandonment through acting out and rebellious behavior, sometimes towards the nursing staff.
- (d) The patients' families were clearly distressed and worried about their children. This was sometimes expressed through some parents appearing to take out their anger and frustration on nursing staff during phone calls to BAC, if nurses were unable to give answers to queries about closure and transition, or if they had concerns about their child's wellbeing, all which was understandable due to their anxiety about the future for their child. However, this was difficult at times for the staff to manage.
- (e) The nursing staff were concerned about the patients and felt powerless to really help them.
- (f) There was low morale about securing future employment as many of the nursing staff were trying to find jobs at time when there had been significant job losses and redundancies in the health sector.
- (g) There was also a sense of loss when a regular staff member found a job elsewhere.

31. Explain what (if any contact) you have had with any former BAC patients or their families, carers or friend following the closure of the BAC.

- (a) I have had no contact with any former BAC patients, their families, carers or friends following the closure of the BAC.

32. What provision, if any, was made for the re-deployment or redundancy of staff of the BAC after the closure decision? And after the transition arrangements had been finalised?

- (a) I was not aware of the provisions made for re-deployment or redundancy as I had a permanent position in the permanent pool at The Park to return to when the BAC closed. Because of this I did not have to consider re-deployment or redundancy.

Signed: 

- (b) I was involved in discussions with some of my colleagues at the BAC about their future re-deployment. I recall that they had to attend an interview with management to discuss their options. I got the impression that there was not a lot of choice as to where they would be re-deployed.

33. Explain what (if any) support was offered and or provided to you between the announcement of the closure decision on 6 August 2013 up to and including the final day of your involvement with the transitional arrangements.

- (a) I do not recall any particular support being offered to me between the closure decision and my last day at the BAC.
- (b) There was a general 'peer support' program available upon request within the hospital that nurses could access. I heard informally through a fellow nurse that there were weekly 'clinical supervision' sessions that we could attend in our own time.

34. Provide any information you have in relation to your experience with the operation and management of the BAC following the closure decision.

- (a) Please refer to my response at paragraph 11.

35. Provide any information you have in relation to your experience with the operation and management of the BAC at the time of the transitional arrangements.

- (a) Please refer to my response at paragraph 11.

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

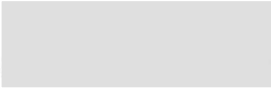
- (a) At this stage I have no other information to provide.

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

- (a) A copy of my curriculum vitae is attached to my statement at [[QNU.001.005.0014]]. I do not have other relevant documents in my custody or control.

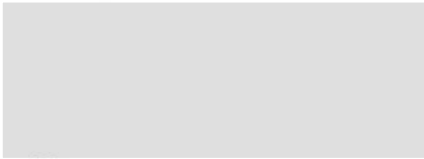
Signed: 

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

..... 

Victoria Louise Young

Taken and declared before me at Brisbane this 30th day of October 2015



Judith Simpson, Solicitor

RESUME

Victoria Young

Introduction

I am currently employed in the Permanent Pool at the Park Centre for Mental Health, based in Franklin Unit, High Secure. In early 2013 I completed the TPNEP (Transition to Practice Nurse Education Program) at The Park where I completed placements at ET&R (Extended Treatment & Rehabilitation) and Tamborine and Kondalilla Units (High Secure Inpatients Service).

During my employment at The Park I have worked in HSIS (High Secure) (Tamborine, Kondalilla, Franklin, Daintree); Medium Secure (Cassowary and Bandicoot); ET&R and Barrett Adolescent Unit (BAU).

I have enjoyed the challenges of working in all of these areas and caring for a diverse group of consumers as well as the teamwork involved.

I have a strong commitment to continue learning and to extend my skills as a Mental Health nurse and believe this position would help broaden my experience, ability and knowledge in order to provide good quality holistic care to consumers at The Park.

Key Strengths

A proven work ethic, reliable and conscientious.

Personal qualities of initiative, self discipline, flexibility and resourcefulness.

Ability to work as an autonomous practitioner as well as team member.

Strong clinical problem solving skills using current assessment framework.

Interpersonal skills which include assessment, conflict resolution, mediation and counseling skills.

Education

QUT

Bachelor of Nursing.

Graduated: 2011.

Employment History

March 2012 – March 2013: Registered Nurse, The Park Centre for Mental Health, Wacol, QLD.

TPNEP program - (placements at Kondalilla, Tamborine & Extended Treatment & rehab).

March 2013 – July 2013: Registered Nurse, The Park Centre for Mental Health.

Casual Pool - HSIS (Tamborine, Kondalilla, Franklin, Kuranda, Daintree); Medium Secure (Cassowary and Bandicoot); ET&R and BAU.

July 2013 – Jan 2014: Registered Nurse, The Park Centre for Mental Health. Wacol.

Contract (6 months) at Barrett Adolescent Unit.

Feb 2014 - Current Position Profile

Registered Nurse, The Park Centre for Mental Health.
Permanent Pool, based in Franklin Unit, HSIS.

Responsibilities

- Assess consumers and prioritise care.
- Follow direct instructions from Doctors and CNs.
- Document assessments, care plans and outcomes.
- Understand and apply knowledge of the Mental Health Act on an ongoing basis.
- Physical and Mental Health assessment.
- Use of holistic nursing care.
- Use of time management skills.
- Follow the Recovery Model.
- Knowledge of Mental illness (symptoms, triggers, interventions).
- Believe in Teamwork concept.
- Conflict resolution, negotiation, defusing explosive situations.
- Working with the Multidisciplinary team to promote a holistic approach.
- Provide patient focused care and problem solving in line with ANMC competency standards.
- Practice within an evidence based framework and participate in quality improvement and research.
- Apply and adhere to organisational policies relating to human resources, occupational health and safety and finance.
- Provide teaching to both patients and clients and their families in order to facilitate learning and enable them to move toward independence.
- Integrate nursing and health care knowledge, skills and ability specific to Mental Health Nursing by supporting an evidence based learning environment and participating in learning activities/ opportunities for self and others.
- Provide ethical decision making in the achievement of organisational goals.
- Use regular ABM training to maintain a safe environment.