

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.001.007.0001 Moira Macleod	4(a); 5(c); 6(d); 11(e); 19(b); 20(b); 23(a); 24(a)-(e); 25(b); 28(a); 30(a), (d); 31(a)-(d).

OATHS ACT 1867
STATUTORY DECLARATION

QUEENSLAND
TO WIT

I, **Moirra Ann Macleod**, 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 hold registration to practise as a Registered Nurse with the Nursing and Midwifery Board of Australia. I have been a registered nurse since 2007.
 - (b) I hold a Bachelor of Nursing (2007) from the Queensland University of Technology.
 - (c) I first commenced employment as a Registered Nurse (RN) at The Park in February 2007. I commenced a 12 month Transition to Mental Health Nursing Program which I did not complete as I was offered a permanent position as a RN in the BAC.
 - (d) I remained employed as a RN at the BAC until it closed.
 - (e) After the BAC closed I transferred at level to the Brisbane Correctional Centre, and did not require a curriculum vitae; I do not have a 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**

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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 to work as a RN at the BAC on a permanent full time basis by the West Moreton Hospital and Health Service (as it is now known).

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

- (a) During my employment at the BAC 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 approximately seven years commencing in 2007. I was rostered to work the final day and present at the BAC the day the doors were locked. I chose to be there until the last patient left. [REDACTED] was the last patient to leave.
- (b) My substantive position was that of RN which I held for the entire period of my employment at the BAC. On occasions in the couple of years before the BAC closed I provided holiday relief in the position of Clinical Nurse (CN) and then returned to my substantive position.
- (c) The RN job description or duties and responsibilities did not change during my employment at the BAC.

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

- (a) It is difficult to comprehensively detail all the duties and responsibilities of the RN without reference to a position description.
- (b) My main responsibilities as a RN was to provide day to care of the adolescent inpatients and outpatients to ensure their safety and well-being by:

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- i. developing routine in their lives;
- ii. readying them for school;
- iii. administering medications;
- iv. undertaking visual observations as required;
- v. undertaking constant observations as required;
- vi. accompanying them on outings and activities, such as, adventure camps, sporting activities and cooking; and
- vii. providing guidance on daily activities such as, healthy eating, sitting at a table to eat and socially acceptable behaviour.

(c) In addition to my role as RN, I was Care Coordinator for a number of patients over the period of my employment. I first became a Care Coordinator after being employed at the BAC for about 3 years. In the 3 years before the BAC closed, I was Care Coordinator for [REDACTED]. Acting CN Beswick was Associate Care Coordinator for [REDACTED]. The responsibilities of a Care Coordinator included:

- i. when rostered on, I would be allocated the day to day care for the patient/s for whom I was care coordinator;
- ii. bringing care issues of the patient to the attention of the multidisciplinary team;
- iii. forming a therapeutic relationship with the patient and continually assessing and monitoring the patient's mental state;
- iv. communicating with the patient's family/carers to give updates on progress, ask for opinions and feedback on care given and to plan care for the coming week;
- v. ensuring the prescribed treatments for the patient are implemented in a timely manner;

Signed: [REDACTED]

- vi. collaborating with the patient to form a recovery plan and goals to work toward;
- vii. monitoring the progress of agreed actions;
- viii. liaising with members of the multidisciplinary team;
- ix. completing a weekly summary for the patient using the clinical files, handover report book and input from the team; and
- x. continually updating the patient management plan which was a reference guide for all staff about the care needs for the patient.

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

- (a) As a RN I reported to the CN or Nurse Unit Manager (NUM) any concerns I held about the patient's condition, treatment, safety and well-being.
- (b) On occasions patients have reported allegations of child abuse, including sexual abuse, which must be reported to the relevant authorities. In the first instance, I would report these matters to the CN or NUM.
- (c) Mostly I reported clinical concerns to the CN.
- (d) As both a RN and Care Coordinator, I provided updates on the patients' progress or change in condition to the patients' family or carer. Confidential
- (e) As Care Coordinator, I reported to the weekly multi-disciplinary Case Conference about the patient's weekly progress.

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

- (a) On each shift I would record an entry in the progress notes of the clinical record of each patient for whom I provided care. It was usual for me to record anything noteworthy regarding any of the patients.
- (b) Visual observations of patients were recorded on visual observation sheets.
- (c) As Care Coordinator, I prepared weekly summary reports which were presented to the weekly Case Conference. The weekly summary reports were uploaded onto the electronic database CIMHA and the original report was filed in the patient's clinical record.
- (d) If there were any clinical incidents concerning my patients I would report the incident by logging the incident in the PRIME Clinical Incidents Reporting System and documenting in the clinical record.

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

- (a) The nursing staff worked as a team by providing care to all the patients at the BAC which on average included 10-12 inpatients and a varying number of day patients. It is difficult to estimate the number of day patients who attended the BAC but on average there were about five.

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

- (a) On each shift I was involved in taking general observations, undertaking clinical duties and nursing care, de-escalating situations and dealing with safety issues for the patients in my care.
- (b) The care I provided for BAC patients focused on assisting them with activities of daily living and motivating them to participate in the BAC routines, such as getting up out of bed and ready for school, participating in meals, attending school, participating in activities and going to bed. It included encouraging appropriate behaviour at school and in the unit.

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- (c) I continually monitored the situation of the patients in my care by assessing mental state, mood and presentation. I needed to be aware of changes in behaviour and presentation and take appropriate action to keep the patient safe.
- (d) I was mindful of safety issues. If a safety issue arose it may require the additional administration of medication to deal with it.
- (e) I provided the patients with access to the low stimulus environment when required.

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

- (a) The BAC facility was in need of a refurbishment and maintenance when I first started in 2007. It looked shabby and gloomy. Even at that time, I sensed that the BAC would be moved which removed the need to update the place. However, there was some ongoing maintenance.
- (b) The facility was not purpose built to provide accommodation and treatment for adolescents. About three years ago a low stimulus environment room was built to assist with the patients' treatment.
- (c) The BAC facility was reasonably well maintained during my employment.

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

- (a) When I first started there was a team of experienced long-term nursing staff with a good skill mix and a permanent NUM.
- (b) My recollection is that there was a stable medical and allied health team also.
- (c) The NUM retired in 2012 and the position was filled by senior nurses acting one at a time in the NUM role. I believe there were four different nurses who acted in the role from the NUM's retirement until closure of the BAC in January 2014.

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(d) I cannot say with certainty when the changes occurred in the skill mix of the nursing team. I noted there were more RNs acting in the CN role as experienced permanent staff were leaving. It seemed management were making do with staff available to them regardless of whether the staff were experienced enough to undertake the role of CN. I acted in the CN role from time to time and on one occasion felt overwhelmed by the responsibility.

(e) Within the 12 months before the BAC closed, one of the psychologists (Georgi) was moved from the BAC and not replaced.

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(f) Then Dr Sadler, the long-term Director of the BAC, left at a time when he was really needed. He had always been available to provide guidance to all the BAC staff. He left shortly after the decision to close the BAC was made while the patients were being transitioned.

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

- (a) I believe I first became aware of the intention to close the BAC in 2013. However, there were rumours going around earlier than this about it closing.
- (b) I had been made aware about the plans to relocate the BAC to Redland Bay. I recall seeing building plans and my input was sought about the layout. Then a decision was made that the relocation to Redlands would not happen but I thought there would be plans to re-locate it to somewhere else. I did not think the service would cease.

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

- (a) I cannot now recall how the closure decision was communicated to staff at the BAC.
- (b) I do recall discussing the decision among my work colleagues.

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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 recall being told that the BAC was to close because it used an outdated model of care and it was no longer appropriate for the BAC to be located at The Park which was an adult forensic service.
- (b) I recall there was no clear plan about the future of the BAC other than that it would stay open until appropriate alternatives were put in place for patients.

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) No, I was not consulted about the intention to close the BAC and my views or opinions were not sought about the likely impact of the closure.

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

- (a) I was not consulted. If I had been consulted I would have expressed the view that even though the building was old, the environment at the BAC was pleasant enough and it provided holistic care, stability and safety to damaged unwell adolescents.

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

- (a) I knew very little about the termination of Dr Sadler.
- (b) I was shocked to hear about his termination. I thought the decision was badly timed as it occurred when the patients and staff needed him most.

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

- (a) I did not know very much about the employment of Dr Anne Brennan other than she was appointed to replace Dr Sadler. She appeared genuine and caring and had a difficult, if not impossible, task to do in relocating the patients.

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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 arrangements of the BAC patients associated with the closure of the BAC.
- (b) I felt miffed about not being involved, especially in relation to [REDACTED] as I was [REDACTED] Care Coordinator. I had very little input into the decision about where an individual patient would be placed.
- (c) I was told that we (the BAC staff) would have some ongoing supporting role for some patients after the BAC closed but this did not happen.

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 care of all the BAC patients who were part of the transitional arrangements. The nursing staff continued to provide day to day care to the patients as they always had.
- (b) I continued as Care Coordinator for [REDACTED] until [REDACTED] was transitioned out of the BAC.

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. I had hoped for a gradual, supported transition but this did not occur.

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 was under the impression that there was a different deadline for each patient as we were told that no patient would be transitioned until suitable alternate arrangements were established.

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 involved in carrying out transitional care arrangement for [REDACTED] This did not include decision making about the transitional care arrangements.

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?

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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

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timeframes within which you operated when a patient was being transitioned out of the BAC?

(a) I was not given any specific timeframes for carrying out the transitional arrangements.

(b)

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(c) It is my recollection that the timeframes for transitioning patients occurred over a longer period of time than that which occurred for the patients transitioned after the decision to close the BAC. It was not uncommon for inpatients to transition to day patients prior to finding alternative placements. This did not occur for these patients.


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

(a) I was not involved in the planning of the transitional care arrangements so I cannot really comment on whether the plans were tailored to the individual needs and care requirements for each of the patients.

(b) I firmly believe that the members of the transition team attempted to achieve that.

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 am unable to respond to this question as I was not involved in developing the transition plans.

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

(a) My involvement ceased on the day [REDACTED]

(b) The BAC closed at the end of this day.

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

(a) I was not involved in organising transitional care for the patients at 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) The patients were thrown into turmoil. Their anxiety level increased and I believe there was an increase incidence of self-harm. This could be verified by reviewing the PRIME Clinical Incident reports logged from the date of the closure decision.

(b) The patients were scared and did not know what would happen to them.

(c) Their families were also thrown into turmoil. They were worried about their children and I sensed resentment by some families towards the organisation which was understandable.

(d) The staff were concerned about the patients and their own futures. I felt helpless. [REDACTED]

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(e) I felt very sad. The relationship with the patients became more difficult as I found it difficult to reassure them of their future well-being and safety.

Signed: ... [REDACTED]

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

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- 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 cannot now recall what provision was made for re-deployment or redundancy of staff after the decision was made to close the BAC.
- (b) I had expressed an interest in working in the prisons.
- (c) When the BAC closed I worked in other areas of The Park until I was offered a transfer at level to the Brisbane Correctional Centre which I accepted. I commenced there on 17 February 2014.

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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 being offered any support. The staff within the BAC supported each other.

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 of my statement.

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 of my statement.

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) I have not referred to any documents in my statement.

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



Moira Ann Macleod

Taken and declared before me at Brisbane this 5th day of November 2015.



Judith Simpson, Solicitor