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.001.004.0001 Susan Daniel statement	8(b); 20(a)-(c); 23(a); 24(a), (b); 28(a).

OATHS ACT 1867

STATUTORY DECLARATION

QUEENSLAND

TO WIT

I, **Susan Elizabeth Daniel**, 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 27 January 1995.

   (b) I graduated from University of Southern Queensland with a Bachelor of Nursing at the end of 1994.

   (c) I undertook an 18 month post graduate psychiatric nursing course at Wolston Park Hospital which I completed in 1996.

   (d) I commenced employment as a Registered Nurse (RN) at the Barrett Adolescent Centre (BAC) in October 1996 where I remained employed until July 2014.

   (e) Attached and marked [[QNU.001.004.0020]] is a copy of my curriculum vitae.

Signed: …  ……

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 first employed at the BAC as a RN from October 1996 to November 2007. I was then appointed as Community Liaison (CL) at the BAC which was my substantive position from November 2007 to 13 July 2014. During this time I relieved as acting Nurse Unit Manager (NUM) from time to time and was the acting NUM from May 2012 to 4 May 2013. I then returned to my substantive position as CL.

   (b) I was employed by the West Moreton Hospital & Health Service (WMHHS) on a full time basis working Monday to Friday 9am to 5 pm.

   (c) I was a permanent employee.

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

   (a) In my role as CL I worked set days and hours, Monday to Friday from 9 am to 5 pm.

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 18 years.

   (b) I was first employed as a RN and then as CL which was my substantive position from November 2007 to 13 July 2014.

   (c) I relieved in other higher duties positions from time to time and most notably acted in the role of NUM from May 2012 to 4 May 2013. I then returned to my substantive position as CL.

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

(a) My role as CL mostly featured administrative duties. I was the interface for referral enquiries and admission wait list decisions. The CL was the 'gatekeeper' for admission to the BAC, the first point of contact for community referrals.

(b) The CL was responsible for ensuring there was a suitable mix of patients in the BAC. It required a delicate balancing act, taking into account that the BAC provided care to both adolescent boys and girls all with complex mental health issues, who lived in close quarters at the BAC. It was important to strike the right balance of patients to ensure the BAC provided a therapeutic environment for all the patients; diagnostic mix and acuity levels were important considerations.

(c) The duties and responsibilities of the CL are detailed in my curriculum vitae.

(d) The duties and responsibilities of the acting NUM are also detailed in in my curriculum vitae.

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

(a) As CL, I reported to the NUM and Unit Director.

(b) As acting NUM, I reported to the Nursing Director and to the Unit Director.

(c) I believe at about the time Dr Brennan commenced employment at the BAC, our reporting lines were adjusted to include the Queensland Children's Hospital (QCH). I cannot recall the exact arrangement but it may have been to report to QCH clinical matters involving the transition arrangements, and then all other non-clinical matters were reported to WMHHS.

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

(a) Record systems included the Consumer Information Mental Health Application (CIMHA), patient charts, Risk Assessment folder (originals filed to chart; copies to

RA folder), Care Planning folder (current copies kept here; then filed to patient chart), and Legal folder (which held current Limited Community Treatment documents; expired documents filed to patient chart). I also had a filing cabinet for all my current referrals (on admission, these patient charts were located in the Nursing Station; closed cases were sent to Medical records department for archiving).

(b) As CL, I recorded new referrals onto the Referral Application form and Community Liaison Report. In 2012 or 2013, The Park increased the use of the CIMHA database, which was accessible State-wide, and I also documented referrals in CIMHA. All clinical notes, referral forms, and print offs of CIMHA clinical notes would be filed to the consumer's chart. Admission documentation included a renewed risk assessment, consent forms, Health of the Nations Outcomes Scale for Children and Adolescents (HoNOS-CA), Physical Observation form, Care Plan, Dietician Weight/Height form and MHA legal forms for involuntary patients. Admission notes were also documented into the patient chart.

(c) On admission, I would ask caregivers of referred adolescents for copies of past school reports which were then provided to the BAC School. Psychologists, Speech Therapists and Occupational Therapists would also have access to these to help flag any past developmental issues that may need further assessment and management.

(d) Also on admission, I would provide the parents/adolescent with psychometric rating scales to complete which I would then send to the relevant discipline for interpretation of the results. Throughout admission, I would coordinate meetings for Intensive Case Reviews within BAC and external service providers (e.g. Mental Health, DChS). I would ensure reports from these Reviews were attached within CIMHA and the patient chart. These reports contained progress reports and care planning from each discipline (e.g. Case Coordinator/Nursing, Medical, Psychology, Speech Therapy, Occupational Therapy, Social Worker, Dietitian, BAC School).

(e) Case Coordinators were also encouraged to enter their weekly progress summary into CIMHA rather than writing this into the non-electronic patient charts (printouts would

be filed to the patient chart). This document was also accessible to Q-Health community MHS case managers involved in the case (they were sent an electronic message notifying them of the document).

(f) Any interactions with a patient's network or parents, or any relevant treatment activities, were recorded in the progress notes of the patient's clinical record. I filed any emails relevant to a patient in their chart.

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

(a) As CL I was not involved in the day to day care of the patients in the BAC and not allocated a specific patient load.

(b) I was asked to be an assistant Case Coordinator for the day patient [redacted]

[redacted]

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

(a) On Mondays I would attend the weekly case conference which was scheduled from 9am to 12 midday but often finished later (sometimes 2pm). I would present information on new referrals and the multidisciplinary team would discuss the referrals and decide which were suitable for admission to the BAC.

(b) I also attended a monthly Business Unit Meeting on Mondays.

Signed: ..... [redacted]

(c) Outside of fixed ward meeting times (e.g. Tuesdays, Thursdays and Wednesday or Friday afternoons), I conducted assessment interviews, attended to report writing, and reviewed CIMHA in respect of new referrals to assist in answering questions I may have about suitability for admission to the BAC and to decide on readiness for admission.

(d) On Wednesdays and Fridays mornings I attended Intensive Case Reviews (ICR) where one to two cases were presented.

(e) Because there was no Clinical Nurse Consultant (CNC) position at the BAC, I often picked up the duties for this position, such as attending the bimonthly clinical records committee meeting, the monthly care planning work group and the monthly carer participation work group which were conducted by The Park. This also included CIMHA meetings and workshops (frequency variable). I was required to assist in the day to day care of patients in the BAC when there were nursing staff shortages.

(f) At any time during the week, I could liaise with external parties about existing or new referrals to obtain updates or to provide answers to queries.

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

(a) When I first started at the BAC in 1996, the facilities were old but well maintained.

(b) When there were plans to relocate the BAC maintenance requests were often not approved due to the impending relocation. The condition of the building was slowly deteriorating.

(c) The approvals for maintenance requests started again when the closure of the BAC was imminent. At this time, there were new senior level managers appointed at The Park. I understand that some of the inpatients of the BAC sent complaints about the facility to these managers out of frustration due to the long delays in attending to maintenance issues such as the air conditioner which was old and not working properly and the leaky roof.

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 at the BAC the work was easier as the patients were not as complex. Over the years the patients' mental health issues became more complex. This was due in part to the implementation of Child and Youth Mental Health Services (CYMHS), which commenced providing a service within the community. I cannot now recall when this started. Consumers who were treatment-resistant and requiring more intensive treatment and rehabilitation were then referred to BAC by CYMHS. These consumers were often found to be developmentally delayed and tended to benefit from the multidisciplinary, strengths-based approach, structure and therapeutic environment of BAC which helped them 'catch up' developmentally so that they were more 'equipped' to manage their mental health issues. These things contributed to longer admission timeframes and consequently longer wait lists.

(b) As the acuity of patients increased the NUM at the time prepared a Business Case which resulted in extra staff on day and afternoon shifts.

(c) In 2012 the permanent NUM retired from the position. I was asked to act in the NUM position which I did from May 2012 to May 2013. I was asked to step down as acting NUM by the acting Director of Nursing Padraig McGrath to return to my substantive position of CL. At the time I was struggling with the NUM workload and staff (nursing) dynamics. At around this time a grievance against one nurse by another staff member was about to be investigated.

(d) After I returned to the CL position, there were a number of nurses who acted in the NUM position until the facility closed in January 2014.

(e) The BAC did not have a CNC position until an acting CNC was appointed in late 2013. Because there was no CNC for most of the time I worked at the BAC, I carried aspects of the CNC role in my role as CL, which was not ideal as my workload became overwhelming. The NUM's position was already saturated so it was not feasible for the NUM to pick up this extra work.

(f) In relation to Clinical Nurse (CN) positions, there was no impediment to recruiting permanent CNs at the BAC when I first started there. Once the decision was made to relocate the BAC to Redlands, permanent appointments of CNs stopped and positions were filled by nurses acting in the permanent positions. This flowed onto RN positions as the RNs would backfill the CN positions and were replaced with temporary workers. In April/May 2013 the DON decided to permit recruitment of three RNs and one EN to BAC due to ongoing delays in moving to Redlands.

(g) The situation worsened with the decision to close the BAC. I went on stress leave at the end of October/beginning of November 2013 as I was finding it difficult to perform my job. The week before I went on stress leave I was told that my role as CL was no longer needed and I was then to work on the 'floor' of the BAC as a CN. I believe this request was completely insensitive and showed no appreciation of the hard work and difficulties we were all facing as the closure of the BAC was approaching. I had been there for about 18 years. The position description for CL was Mon-Fri (not shift work), whereas the CN position required shift work and weekends. There was a suggestion that I work week days and day shifts but I had doubts about how this could be maintained, considering this significant change in rostering would impose on an already stressed CN group.

(h) In relation to the medical team, it had remained fairly stable for most of the time I worked at the BAC.

(i) There was a registrar position which stopped in or about September 2013.

(j) Then Dr Sadler was terminated from his position at a most critical time for the BAC.

(k) From the time of the announcement of the closure, there was also a loss of allied health staff as well. Workloads for the remaining staff were stretched. The Park also had a review of staffing numbers for Allied Health – this review recommended reductions at BAC in Speech Therapy, Occupational Therapy and Psychology staff numbers. This further stretched staffing resources; in addition to providing existing functions within the ward, staff had to manage patient reactions to the upcoming closure and

establish follow up therapy options within the community.

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

(a) I recall being on holidays when a staff member texted me about a media report indicating that the BAC was to close at a specified time. I cannot now recall the specified time but recall learning of this late 2012.

(b) There was a follow up meeting with Queensland Health staff at the BAC initiated by the Chief Executive of WMHHS, the Executive Director of Mental Health and Specialised Services (EDMHSS) and other senior management from The Park. The purpose of the meeting was to inform the BAC staff of the errors in the media report and that a date for closure had not been decided.

(c) Attached and marked [[QNU.001.004.0027]] is a copy of an email from Ms Sharon Kelly EDMHSS dated 9 November 2012 which I received providing an update regarding the BAC. This email confirms that several media articles appeared on 8 November 2012 concerning the future of the BAC. It also confirms that a meeting was held at the BAC on 9 November 2012 to correct the misreported information.

(d) Attached and marked [[QNU.001.004.0028]] is a copy of an email dated 15 November 2012 (with an attached letter from the Chief Executive of WMHHS dated 12 November 2012, at [[QNU.001.004.0029]]) which I sent to Dean Potts, who was assigned to BAC by the Commission for Young People, advising him that the parents had been informed by telephone of the upcoming closure of BAC and that the attached letter was sent to the parents.

(e) From this point onwards, two separate meetings were held to inform BAC staff about the closure; one for BAC Education Queensland staff and another for the Queensland Health staff. Previously, general meetings about the BAC and its functions had included Education Queensland and Queensland Health staff.

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

(a) Please refer to my response set out at paragraph 12 of my statement.

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) In the email from Ms Kelly EDMHSS dated 9 November 2012 (attached and marked [[QNU.001.004.0027]]) three points were made about '*the present thinking in relation to the future of adolescent services at The Park*' as follows:

1. *I can confirm that high level discussions have been taking place in regards to the future of Barrett Adolescent Service in the context of the 'Redlands option' no longer being available.*

2. *Any decision will take into account that the role and structure of The Park facility is that of an adult forensic service, and have regard to concerns held by some stakeholders regarding the co-location of adolescent services and adult forensic/secure services.*

3. *The West Moreton Hospital and Health Service supports the national reform agenda to ensure young people are treated closer to their homes in the least restrictive environment, and with minimum possible disruption to their families, educational, social and community networks. As all of you would be aware, the National Mental Health Service Planning Framework clearly recommends community-based and non-acute care settings for the care of mental health consumers, particularly young people.*

(b) Although the email did not say that the BAC was to close it was clear from '*the present thinking*' that the BAC would close.

(c) Another reason given for the closure of the BAC was that the building infrastructure was poor and not fit for purpose.

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 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 but if I had been consulted I would have expressed my view that the high acuity patients, those with high risk behaviours and impaired emotional regulation, would not have enough supports in the community to keep them actively engaged, supervised, supported and safe.

(b) I was also worried about the possibility of retaliation by suicide due to anger, perceived rejection and abandonment. I was also concerned about the difficulties for patients to either complete therapy before closure, or cope with a change of therapist (community-based) mid-progress in therapy.

(c) Around September 2012 when it became known that BAC would no longer move to Redlands, BAC staff were informed that there would be a review committee established to recommend alternative options to the current inpatient structure of BAC. This committee was known as the Expert Clinical Reference Group (ECRG). It outlined its recommendations in approximately mid-2013 but these were not initiated prior to closure, if at all. Prior to the closure date announcement, staff and patients were in limbo regarding what transition would occur, most believing that a BAC alternative or temporary interim option would be made available until the recommendations of the ECRG could be put into action.

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

(a) One week Dr Sadler was there, the next he wasn't.

(b) Ms Sharon Kelly (EDMHSS) held a meeting with BAC staff to inform them that he was taking 'leave'. She directed us not to make contact with him. I cannot now recall whether Ms Kelly provided reasons for his leave.

(c) There was a statement in the media about why he was placed on leave but I can't recall the details.

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

(a) I know that she was employed on a full time basis to occupy Dr Sadler's position during his absence.

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 involved in the planning of the transitional arrangement of the BAC patients associated with its closure.

(b) In September 2013 I was approached by Dr Brennan who sought my advice as to who to involve in the transitional planning and how to coordinate it. I suggested we have a multidisciplinary panel and proposed the names of various staff according to their current responsibilities and availability.

(c) The resulting transitional planning group consisted of Dr Brennan, Vanessa Clayworth (acting CNC), Danielle Corbett (clinical supervisor and psychologist), Megan Hayes (occupational therapist) and Justine Oxenham (teacher representative), a project officer assigned to this group by central office for Mental Health (Brisbane) and me.

(d) I created a checklist as a guide for requirements that would be needed for each patient. This checklist included inpatients and day patients, and was initially intended to include those on the wait list as well. I am unsure whether those on the wait list were included in the end as my role as Community Liaison was ended prior to this.

(e) My involvement in the transitional planning group included making desperate internet

searches for possible community support services and numerous telephone calls to make referrals to other agencies or facilities with the hope of being able to jump wait lists. I believe my experience was similar to other members of the panel.

(f) Once the transitional planning for each individual patient concluded my role as CL was considered redundant and I was directed to work as a CN on the unit. I took sick leave due to the stress and concerns I held for the safety and well-being of the patients. I felt emotionally drained and was unable to perform my role.

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 [redacted] as [redacted] associate Case Coordinator. [redacted] was a day patient.

(b) [redacted]

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(c) [redacted]

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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. There was just a directive to 'transition' these patients out of BAC prior to January 2014, I cannot recall if it was the beginning or end of January. I cannot recall who provided this directive.

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 cannot recall whether there was a deadline imposed for the transitions. It's my recollection that some patients (mainly day patients) were issued earlier dates as they were already on the path of transitioning out of BAC when the closure was announced.

(b) It was communicated to the staff through the WMHHS BAC Staff Communique 1 dated 3 October 2013 that there was an aim to cease services from the BAC by 14 January 2014 but that this was a flexible date that would be responsive to the needs of 'our consumer group' and depend on the availability of ongoing care options for each and every young person currently at the BAC. Attached and marked [[QNU.001.004.0031]] is a copy of the WMHHS BAC Staff Communique 1.

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 the transitional care arrangements for [redacted] as [redacted] Associate Case Coordinator.

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) [redacted]

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(b) [redacted]

Signed: [redacted]

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) Even though there were no specific timeframes given for carrying out the transitional arrangements, it was abundantly clear that they were aiming to close the BAC sometime around 14 January 2014. Given this, the time for transitioning patients was significantly reduced compared with the time it usually took to transition a patient prior to the decision to close the BAC.

(b) It was usual for a patient to be commenced on a gradual transition from institution to community. For example, the patient would move from being an inpatient to a day patient as part of the transition plan. This did not happen for those inpatients being transitioned once the closure decision was made. Instead there was a scurry to find places as quickly as possible for the patients. There was no opportunity to transition the patients as the focus was on finding alternative places in the community.

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

(a) The transitional care arrangements were tailored to the individual needs and care requirements of each patient.

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 believe the transition plans developed for individual patients adequately considered patient care, patient support, and 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 needs of the families of each patient.

(b) The problem for the transition team was not how the plan was developed but how it could be implemented given the limited services available to meet the individual patient's needs. Most of the available services did not provide the same type of service as the BAC.

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

(a) My involvement with the transitional arrangements ceased when the transitional planning team meetings stopped which was just prior to me taking leave in or about late October/early November 2013.

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

(a) Yes there were challenges associated with organising transitional care for the patients at the BAC.

(b) It was particularly challenging to find youth accommodation with appropriate supervision and mental health supports. There were also limits to the number of services who could support the adolescent with their developmental needs which, if unmet, can exacerbate the mental health issues, for example, support with activities of daily living, educational needs, social needs and vocational needs.

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 ward environment was tense; some patients were quiet and appeared sad, others were angry and unsettled.

(b) Staff were highly stressed and worried about their future job situation and the safety of the patients.

Signed: .

(c) It was my impression that some patients were trying to hold in their emotional issues more than they would normally knowing that staffing numbers were an issue and if they let out their distress it might result in a contagion effect. I describe it as a pressure cooker effect which further affected their mood.

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 since 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 cannot now recall what provision was made for the re-deployment or redundancy of staff of the BAC after the closure decision and after the transition arrangement had been finalised.

(b) I was told that I would have a job in the forensic unit. I was not at all comfortable or confident about working in forensics given my depth of experience in adolescent mental health nursing and having worked Monday to Friday 9am to 5pm for at least 17 years.

(c) I was offered a redundancy which I took.

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 cannot recall any formal support being offered to me. The acting NUM Alex Bryce was sympathetic and supportive of me.

(b) After my involvement in the transition planning team finished, I went on stress leave.

I have not yet returned to nursing practice.

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) Attached and marked [[QNU.001.004.0020]] is a copy of my curriculum vitae.

(b) Attached and marked [[QNU.001.004.0027]] is a copy of an email from Sharon Kelly, Executive Director, Mental Health and Specialised Services, sent to unknown recipients including "VM TeamConnect", dated 9 November 2012 and bearing subject line "ATTN STAFF: Update regarding Barrett Adolescent Centre".

(c) Attached and marked [[QNU.001.004.0028]] is a copy of an email from Susan Daniel to Dean Potts (assigned to BAC by the Commission for Young People), dated 15 November 2012 and bearing the subject line "Letter to parents – Barrett Adolescent Centre", and its attachment (at [[QNU.001.004.0029]]), being a letter from the Chief Executive of WMHHS dated 12 November 2012 bearing document name "1211 BAC – letter to Parents".

(d) Attached and marked [[QNU.001.004.0031]] is a copy of the WMHHS BAC Staff Communique 1 dated 3 October 2013.

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

.....

Susan Elizabeth Daniel

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

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Judith Simpson, Solicitor

Susan Daniel

Curriculum Vitae

Susan Daniel

Curriculum Vitae

Professional Registration and Qualifications

Current	**Registered with Australian Health Practitioners Regulation Agency (AHPRA)**
1995-1996	**18-MONTH POST-REGISTRATION PSYCHIATRIC NURSING COURSE, WOLSTON PARK HOSPITAL**
1991-1994	**BACHELOR OF NURSING, UNIVERSITY OF SOUTHERN QUEENSLAND**

Employment History – Career Summary

Dates	Employers	Positions
Previous Employment:		
Substantive Position 19.11.2007 – 13.07.14	Queensland Health Barrett Adolescent Centre, Wacol	• Community Liaison, Clinical Nurse – Grade 6
Secondment March – October 2005	Queensland Health West Moreton Child & Youth Mental Health Service (CYMHS), Ipswich	• Project Officer – Service Review of WM CYMHS
Higher Duties	Queensland Health Barrett Adolescent Centre, Wacol	• Nurse Unit Manager – Grade 7 • Nurse Unit Manager – NO3 • Nurse Practice Coordinator / Clinical Nurse Consultant – NO3 • Community Liaison – NO2 • Clinical Nurse – NO2
October 1996 – November 2007	Queensland Health Barrett Adolescent Centre, Wacol	• Registered Nurse

Employment History – Key Duties

Acting Nurse Unit Manager (NUM, Grade 7 / NO3), Adolescent Mental Health – Extended Treatment & Rehabilitation, Inpatient & Day-patient Care, full-time

Acting Clinical Nurse Consultant / Nurse Practice Coordinator (CNC/NPC, NO3), Adolescent Mental Health – Extended Treatment & Rehabilitation, Inpatient & Day-patient Care, full-time

2000, 2001, 2002, 2004, 2012, 2013	**BARRETT ADOLESCENT CENTRE** ***The Park, Centre for Mental Health (and Wolston Park Hospital)*** ***West Moreton Regional Health Service, Wacol*** ***(03.07-10.09.00; 18-24.09.00; 18.01-04.02.01; 17.12.01-20.01.02; 19.07.04-01.08.04; 05.12-04.05.13)***

- Operated in accordance with Queensland Health's core values
- Coordinated the delivery of advanced nursing practice in accordance with legislation and relevant standards of nursing practice, code of ethics for nurses and code of conduct
- Expert knowledge and skills in mental health nursing
  - Worked approximately 18 years in Adolescent Mental Health with consistent professional development activities, clinical supervision, and appraisal and performance reviews

- Coordinated, formulated and directed evidence based policies relating to the provision of nursing care by integrating consumer care across the continuum of care
  - Ensured clinical indicators (e.g. HoNOSCA, risk assessments) were performed for case reviews
- Supported the strategies for a work-based culture that promotes and supports education, learning, research and workforce development
  - Facilitated training and development opportunities for staff
  - Ensured students were assigned preceptors
  - Provided orientation and induction of new/casual staff or students
  - Contributed in the formulation of student nurse clinical objectives for adolescent mental health placement
  - Facilitated the set up of journal article discussion with staff and SoMH
  - Clinical supervision with my Line Manager
  - Representing Unit at Senior Management and Organisational meetings; and communicate and facilitate the implementation of Organisational directives within the Unit
- Integrated and prioritised the strategic direction of the service using a quality framework
  - Participated in reviewing that workplace practices met National Mental Health Standards (NMHS)
  - Aligned Business Plans with the District
  - Collated evidence of work improvement activities and NMHS-met work practice for accreditation purposes
  - Involved in committees developing the NPC role, policy development, duress response in preparation for integration into the new facility (The Park, Centre for Mental Health), integration of the new Models of Service Delivery (2000)
- Strategic Planning and Business Planning
  - Integrated key objectives from the Strategic Plan into service delivery for the clinical unit through the development of unit specific plans in consultation and collaboration with the Unit Director
  - Attended Business Unit Committee meetings to report Nursing Management matters, review ward processes and budget, address any concerns, and enhance quality improvement
- Achieved optimal consumer outcomes by ensuring that the model of care reflects contemporary practice
- Managed human resources
  - Ensured staff vacancies are covered
  - Developed nursing rosters with aim of appropriate skills mix at ward programmes, and of accommodating adequate leave planning as well as staff attendance at professional development/ mandatory training and team building activities
  - Saw staff/students on an individual basis to permit ventilation of concerns or assess their level of coping
  - Negotiated and diffused interdisciplinary staff disputes
  - Panelled staff recruitment interviews and processed outcomes
  - Participated in change management activities (e.g. assisting staff to improve performance; providing education or in-services of new practice to facilitate enhanced compliance; and implementing monitoring activities and feedback loops to evaluate effectiveness; reviewing incident reports and making recommendations)
  - Participated in performance, planning and review of nursing staff
- Staffing and budget responsibilities
  - Supervised nursing staff within Adolescent Mental Health Unit
  - Held financial accountability for nursing stream
  - Managed nursing rosters for the unit
  - Liaised with operational and administrative staff on daily operational issues
  - Reported to the Nursing Director
- Acted in accordance and ensure compliance with workplace health and safety, equal employment opportunity and anti-discrimination requirements
  - Debriefed appropriate staff/client following critical incidents
  - Reviewed critical incidents and providing reports to my line manager and research facilities
  - Ensured staff with work compensation or special needs are appropriately catered
- Networked with services partners to enhance appropriate service access/entry, collaborated care and discharge process
  - Familiarised developing acute adolescent units with our treatment styles for specific disorders
  - Orientated visiting staff from other adolescent facilities to our ward processes, behavioural modification programs, etc
  - Monitor reports by Community Liaison regards Referral and Admission waiting list

- Managed consumer and staff grievances
  - Handled staff, client or parental complaints by gathering the facts and steered toward solutions using a quality framework or through a conflict resolution / collaborative approach
  - Liaised / collaborated with the Consumer Advocacy Consultants re solutions to client issues

Substantiative and Acting Community Liaison Person (Grade 6 & NO2), Adolescent Mental Health – Extended Treatment & Rehabilitation, Inpatient & Day-patient Care, full-time

Higher Duties 2000, 2004-2005, 2006-2007	**BARRETT ADOLESCENT CENTRE** ***West Moreton Regional Health Service, Wacol (03.04.00-14.05.00; 06-09.06.00; 19.04.04-30.06.04, 01.08.04-16.01.05; 2006-2007)***
Substantiative	***(19.11.07-13.07.14)***

- Service Enquiries and Referrals
  - Informed enquiring agencies of service function
  - Received referrals from outside mental health agencies
  - Documented referral contact
  - Attended inter-agency meetings in the community to promote awareness of the organization's function
- Assessment Interviews
  - Performed assessment interviews of referees and their carer
  - Collated findings from the interview with supporting collateral information into a report
  - Provided feedback to the interdisciplinary team for consideration of suitability for admission
  - Ensured adequate orientation to the Centre and admission expectations
  - Documented referral information to Assessment Interview report, CLP Report and Referral Package (& CIMHA)
- Admission Waiting List
  - Sought monthly progress reports from treating community mental health agencies of consumers awaiting admission to BAC
  - Updated referring agencies with status of admission waiting list
- Admission Care Plans
  - Orientated relevant therapists (including Case Coordinator) of case history and initial treatment plan
- Admissions
  - Orientated client and their families to the unit and the in-patient process
  - Encouraged positive reception by staff and consumers through adequate notification of new admission and assigning a 'buddy' consumer (where appropriate) to facilitate their transition
  - Ensured relevant forms completed and legal forms are in order; enter details into Progress Notes and CIMHA
  - Reviewed or conduct Risk Assessments and Health of the Nations Outcomes Scale for Children and Adolescents (HoNOS-CA)
  - Streamlined BAC school transition by ensuring school reports are available on admission
  - Coordinated any required medical appointments
  - Acquired client's physical observation, weight, height
- Community Liaison Person Reports
  - Met with Unit Director and Nurse Unit Manager with updates consumers on the admission waiting list
- Intensive Case Review appointments
  - Appointed Case Review dates, contacting relevant external agencies
  - Scheduled Case Review dates (navigating around nursing shift-work roster, other part-time staff and external agencies' hours
  - Coordinated handover reports in lieu of absent staff
  - Created cross-sectional analysis of past OIS (Outcomes) entries for Case Review
  - Set up Case Review (including room layout, video conferencing, projector equipment) and met with guest agencies)
- Case Management
  - Collaborative liaisons with consumer, parent, external agencies
  - Communicated clinical issues in Progress notes, at Case Reviews and Outcomes entries
  - Intervention: Participated in Conflict Resolution, Counselling, Family therapy
  - Review: Weekly and Intensive Case Reviews

  - Discharge: Writing "Progress Summary " Report for Discharge Summary; Facilitated handovers
- Meetings
  - Attend various meetings (including Case Conference, Consumer, Business Unit, Administration, Nursing, CLP-NUM, CLP-Unit Director, Southern Zone CYMH, Intensive Case Workup, Assessment Interviews, interagency, Care Planning Workgroup, Carer Involvement Workgroup, Clinical Records Committee, Work Improvement Groups, Accreditation Workgroups)
- Orientations to BAC
  - Orientated new staff/students to my role and the referral-assessment-admission-discharge process
  - Orientated external agencies to BAC, referral process and various therapies
  - Orientated potential referrals and their parents to unit and admission expectations
- Quality Activities and Improvements
  - Collated evidence of Quality Activities and Improvements for the benefit of Accreditation Review
- Technical Support Person (re video-conferencing or telephone conference equipment – including multi-conferencing; projector) and CIMHA Resource Person (CIRP).

Project Officer – Service Review of West Moreton Child and Youth Mental Health, full-time, secondment

2005 **Child & Youth Mental Health Service (CYMHS)**
West Moreton Regional Health Service, Ipswich
(07.03.05- October 2005)

- Purpose of Review
  - This review examined the operational and clinical processes within the West Moreton Community Child and Youth Mental Health Service and benchmarked these findings against like-Services with the aim of providing recommendations for enhancing efficiency (responsiveness and flexibility) of service provision
- Project Proposal
  - Produce a Project Business Case
- Quality Evaluation
  - Review auditing processes
  - Review existing policies and procedures and benchmark practice with like-Services
  - Collect / Review Key Performance Indicators
  - Develop awareness of Core Business and assess against National Standards and Benchmarking
- Workgroups and Staff Meetings
  - Coordinate meeting dates between multiple parties
  - Identify current practice and explore service strengths, gaps and solutions within staff workgroups
  - Document and distribute minutes of meetings
  - Report findings to senior management (local, district and zonal) and CYMHS team meetings
  - Document findings within report
- Liaisons
  - Communicate/Consult with multiple stakeholders
  - Consult with staff to obtain individual confidential reports re service standards and process feedback
  - Involve CYMHS staff in determining change strategies
  - Co-facilitate change process with Executive Sponsor (Service Manager) and CYMHS Team Leader
  - Communicate with Reference Group (including representation from clinical staff and local and zonal management, representatives from CAFHS and district CYMHS)
  - Report findings to IMHS Structural Review Steering Committee and CYMHS Review Steering Committee
  - Communicate through various mediums (minutes, email, meetings, phone conference, tele-conference)
  - Establish terms of reference and schedule meeting times for reporting groups
- To assist the CYMHS team through individual-team consultation and workgroups
  - Review the operational practices within their service
  - Benchmark current practice with like-Services
  - Facilitate identification of current service gaps and recommendations to address these gaps
  - Provide a conduit of communication between the CYMHS team and Executive Sponsor
- Consultation at a District level
  - Consult with CYMHS district partners to address needs of CYMHS target population and promote shared working commitment to developing goals and implementing solutions to District service gaps within an

integrated networking framework

- Benchmarking with Like-Services and Target Population
  - Collate demographic comparisons across selected Health Service Districts
  - Liaise with other CYMH services to compare core business and key performance criteria
  - Collect WMCYMHS staff feedback on service through individual and group meetings
- Steer project around timeframes
- Intended Project Objectives
  - Review frequency of CESA entry and associated barriers to reduced usage
  - Review manageability of caseloads (no. per clinician, client types, interventions, discharge criteria)
  - Examine Entry and Exit criteria
  - Define service episode and throughput
  - Clarify share care arrangement (GPs, support agencies, IMHS)
  - Review Crisis Management:
    - Roles & Responsibilities
    - On-call processes
    - After hours processes
    - Reporting lines / processes
    - Hospital Consultation-Liaison services
  - Review Skill mix and Recruitment process
- Intended Project Outcomes
  - Streamline processes (internally and inter-departmentally)
  - Enhanced communication processes
  - Enhanced Intake processes
    - Improved throughput
    - Enhanced efficiency
  - Reduced waiting list
  - Maximised supports (internal and external)
- Address barriers to change process
  - Steer through staff resistance
  - Develop rapport with staff to enhance data collection and participation
  - Strengthen communication pathway between senior management
- Documentation
  - Review findings and synthesize into report
  - Secretariat of meetings and distribute minutes
  - Display findings in graph form
  - Coordinate the development of draft Target Population statement
  - Document CYMHS clinical pathways for current practice via flow diagrams
  - Document clinical Procedures/Policies/Work Instructions
  - Document Recommendations with Timeframes

Acting Clinical Nurse (NO2), Adolescent Mental Health – Extended Treatment & Rehabilitation, Inpatient & Day-patient Care, full-time

2000-2001 **BARRETT ADOLESCENT CENTRE**
(9 wks) ***Wolston Park Hospital, Wacol***
(14.02-26.03.00; 10-13.04.01; 16-29.04.01)

- Delegated responsibilities to nursing staff on shift (appropriate to their level of experience)
- Collaborated with interdisciplinary members to facilitate suitable consistent management of consumers' compromised emotions and behaviours
- Ensured feedback is provided by staff to facilitate adequate handover to next shift
- Write handover reports
- Diffused critical incidents and ensuring adequate debriefing to staff and clients
- Ensured adequate interventions have been taken to ensure least restrictive and safe practice of critical incidents

18-month full-time student in the post-registration Mental Health Nursing course

1995-1996 **WOLSTON PARK HOSPITAL, WACOL**

- Clinical placements included forensic (high secure, medium secure and interim secure), rehabilitation (including psycho-geriatric and dual diagnosis), acute, community and adolescent

2 years full-time student in the pre-registration General Nursing course

12 months of casual employment as an assistant and enrolled nurse

1988-1990 **MACKAY BASE HOSPITAL**

- Clinical experience included the following specialty areas: casualty (triage, emergency, out-patient clinic), intensive care, coronary care, operating theatre, central sterilizing unit, paediatric, renal, psychiatric, general/surgical

Additional Courses, Seminars and Workshops

26.11.12	**Mental Health Clinical Supervision Training: "Into to Supervision"** The Park – Centre for Mental Health, Wacol
13.09.12	**Clinical Managers: "Early Days in the Journey"** Goodna Community Centre
26.07.12	**WorkBrain Line Manager Training** Computer Training Room at School of Mental Health (SoMH ***)***
04-05.06.12	**Clinical Leadership Workshop** Goodna Community Health Centre
03.05.12	**Performance Appraisal & Development and Managing Unsatisfactory Performance** The Park – Centre for Mental Health, Wacol
04.07.11	**Workshop - NUM/CNC Management Development** The Park – Centre for Mental Health, Wacol
20.10.10	**Outcomes Master Class** The Park – Centre for Mental Health, Wacol
10.08.09	**Clinical Supervision** The Park – Centre for Mental Health, Wacol

Susan Daniel - ATTN STAFF: Update regarding Barrett Adolescent Centre

From: WM TeamConnect
To: WM TeamConnect
Date: 9/11/2012 2:41 PM
Subject: ATTN STAFF: Update regarding Barrett Adolescent Centre

Security: Proprietary

Yesterday there were several media articles that appeared in relation to the future of the Barrett Adolescent Service that have caused some anxiety among staff at the centre.

On Friday 9 November I along with the Chief Executive, Lesley Dwyer met with the majority of staff at the Barrett Adolescent Service to correct this misreported information and ensure all staff are given detailed and factual information about any proposed organisational change in adolescent mental health services.

Given the current speculation and in the interests of our staff, patients and their families I am keen to inform you about the present thinking in relation to the future of adolescent services at The Park.

1. I can confirm that high level discussions have been taking place in regards to the future of Barrett Adolescent Services in the context of the 'Redlands option' no longer being available.
2. Any decision will take into account that the role and structure of The Park facility is that of an adult forensic service, and have regard to concerns held by some stakeholders regarding the co-location of adolescent services and adult forensic/secure services.
3. The West Moreton Hospital and Health Service supports the national reform agenda to ensure young people are treated closer to their homes in the least restrictive environment, and with minimum possible disruption to their families, educational, social and community networks. As all of you would be aware, the National Mental Health Service Planning Framework clearly recommends community-based and non-acute care settings for the care of mental health consumers, particularly young people.

We gave a commitment to staff today to ensure that as soon as information becomes available they will be kept up-to-date. Staff have access to Employee Assistance Program (EAP) and I encourage any staff who require this assistance to call

Meetings will now be arranged with the System Manager, other Hospital and Health Services and key experts to discuss options. Staff will have the opportunity to be involved and we welcome input during this process.

Staff and unions will be advised directly and in detail about whatever direction our services will take in the future. Once any decision is made I am committed to consultation about the implementation of any organisational change, particularly in regard to minimising the impact of any change on staff.

As always staff are welcome at any time to bring forward all suggestions and ask questions. I would ask you speak to you line manager in the first instance or alternatively you can email

Kind Regards

Sharon Kelly
Executive Director Mental Health and Specialised Services

Susan Daniel - Letter to parents - Barrett Adolescent Centre

From: Susan Daniel
To: Dean Potts
Date: 15/11/2012 4:06 PM
Subject: Letter to parents - Barrett Adolescent Centre
Attachments: 1211 BAC - Letter to parents.pdf

Hi Dean,

The parents were informed via phone and the attached letter was also posted.

Regards,
Sue

Susan Daniel
Acting Nurse Unit Manager
Barrett Adolescent Centre | The Park - Centre for Mental Health | Orford Drive | Wacol Q 4076
Alternative Postal Address: Locked Bag 500, Sumner Park BC Q 4074
PH:

Enquiries to: Chief Executive Officer
Telephone:
Facsimile:
Our Ref: 1112 BAC

Name
Address
Town QLD pc

Dear Mr / Mrs /Ms

West Moreton Hospital and Health Service, in partnership with the Mental Health Branch, Queensland Health have commenced discussions with key experts, other health services and staff regarding the future model of adolescent mental health care in Queensland.

A new Barrett Adolescent Centre that was to be built at Redlands as part of the Statewide Mental Health Plan is no longer an option and the current condition of the Barrett Adolescent Centre building at The Park – Centre for Mental Health is no longer fit for purpose.

The Park - Centre for Mental Health in accordance with the Statewide Mental Health Plan is to become an adult high forensic centre. It will no longer be appropriate to have young teenagers in a facility that was purpose built for adults in a medium to high security setting.

In light of the centre at Redlands no longer being built we have now commenced reviewing the model of mental health care for young people in Queensland. We need to ensure that it is aligned to expert clinical opinion and research to ensure the future care provides the best available outcomes young people.

The West Moreton Hospital and Health Service supports the national reform agenda to ensure young people are treated closer to their homes in the least restrictive environment, and with minimum possible disruption to their families, educational, social and community networks. The National Mental Health Service Planning Framework clearly recommends community-based and non-acute care settings for the care of mental health consumers, particularly young people.

It was always our intention to ensure that discussions about the future model of adolescent mental health included our clinicians, patients and their families. Unfortunately information and concerns were raised with the media before thorough planning and consultation could commence.

I understand you have been advised by staff from our service of the current status of discussions and this letter is to formally acknowledge your concerns and to inform you that no decision has been made on the future of the Barrett Adolescent Centre. The care plan your child is currently on, is the care plan they will continue on.

Office
Ipswich Hospital
Chelmsford Avenue
IPSWICH QLD 4305

Postal
PO Box 73
IPSWICH QLD 4305

Phone

Fax

This is a complex issue and one which will require wider consultation before a way forward is found. As the family of one of the adolescents currently receiving care, I will ensure you are kept up to date as information becomes available.

Should you require any further information in relation to this matter, I encourage you to contact Dr Trevor Sadler, Clinical Services Director, Barrett Adolescent Centre, on telephone [redacted] who will be able to assist with any questions you may have.

Yours sincerely

[redacted]

Lesley Dwyer
Chief Executive
West Moreton Hospital and Health Service
12 / 11 / 2012

West Moreton Hospital and Health Service
BAC STAFF COMMUNIQUE 1

Barrett Adolescent Centre

Welcome to our first Barrett Adolescent Centre Staff Communiqué. I hope this communiqué helps keep you informed about what is happening and how it will impact on yourselves as staff at the BAC.

Barrett Adolescent Centre Building
To provide certainty to both our current consumers and our staff, we continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date that will be responsive to the needs of our consumer group and as previously stated, will depend on the availability of ongoing care options for each and every young person currently at BAC. The closure of the building is not the end of services for young people. WMHHS will ensure that all young people have alternative options in place before the closure of the BAC building.

Clinical Care Transition Panels
Clinical Care Transition Panels have been planned for each individual young person at BAC, to review individual care needs and support transition to alternative service options when they are available. The Panels will be chaired by Dr Anne Brennan, and will consist of a core group of BAC clinicians and a BAC school representative. Other key stakeholders (HHS's, government departments and NGOs) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

Admissions to BAC
WMHHS is committed to safe and smooth transitions of care for each young person currently attending BAC. These transitions will occur in a manner and time frame that is specifically tailored to the clinical care needs of each individual young person. In order to meet this goal, there will be no more admissions to BAC services from this date forward. For adolescents currently on the waiting list, we will work closely with their referring service to identify their options for care.

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy
The statewide project for the Adolescent Extended Treatment and Rehabilitation (SW AETR) Implementation Strategy has commenced under the governance of Children's Health Queensland, and the Steering Committee has met three times since 26 August 2013. As part of the statewide project, two Working Groups have been defined to deliver on various aspects of this initiative. Working Group one is the SW AETR Service Options Implementation Working Group, which will build on the work surrounding service models completed by the Expert Clinical Reference Group earlier this year. Working Group two will focus on the financial and staffing requirements of any future service options that are developed.

SW ATER Service Options Implementation Working Group
The SW AETR Service Options Implementation Working Group met for the first time on 1 October 2013 for a half-day Forum. This Forum was attended by a range of multi-disciplinary clinicians and service leaders from Child and Youth Mental Health Services (CYMHS) across Queensland, a BAC staff member (Vanessa Clayworth), a carer representative, and non government organisation (NGO) representation. Feedback suggests that the Forum was a very successful and productive day. A second Forum will be held within the next month to further progress the work on service models. Families and carers have also been invited to provide written submissions on the development of the new service options moving forward for the consideration of this working group.

Date: Thursday, 3 October 2013

Queensland Government

Susan Daniel - Fwd: RE: Future of BAC - consumer/carer representation

From: Susan Daniel
To: Logan Steele
Date: 3/12/2012 12:54 PM
Subject: Fwd: RE: Future of BAC - consumer/carer representation
CC: Bryan Raddatz; Darryn Collins; Kevin Rodgers
Attachments: Barrett Adolescent Center

Hi Logan,

The patients are still struggling with the heat in the absence of air conditioning. They have recently taken this further to Sharon Kelly. Do you have any idea when the decision around the quotes might be made? This issue has continued for an entire school term. Recently adolescents have increased in acuity and although this not uncommon in this service, it is comprehensible that this may have been a contributing factor. Unfortunately temporary measures, such as open windows offer little respite from the heat and ceiling fans are not an option (hanging points). Please note that we continue our service through the school holiday period.

Can you please give this issue priority.

Regards,
Sue

>>> RODGERS Kev [redacted] 3/12/2012 12:15 pm >>
Sue

Please see attachment from [redacted] which is the result of a recent discussion by clients in a morning meeting. I'll have to do something about his spelling!

I would also add that the main airconditioner at the school has not worked for 11 weeks now and the weather is getting hotter. It is affecting the adolescents ability to concentrate at school.

Thanks
Kev

Kev Rodgers PSM
Principal
Barrett Adolescent Centre School

From: Susan Daniel [redacted]
Sent: Friday, 30 November 2012 12:33 PM
To: Debbie Rankin; Di Wallace; Janine Armitage; Jill Medhew; Justine Oxenham; Kevin Rodgers; Susan Cassidy; Steve Marriott; Adrian Walder; Amelia Jones; Amy Kwan; Angela Clarke; Ashleigh Trinder; Brenton Page; Christine Moncada; Chris Zosim; Danielle Corbett; David Ward; David Exley; Elaine Ramsey; Georgia Watkins-Allen; Kalynda Rohde; Kate Partridge; Kathryn Hebble; Kerrie Armstrong; Kimberley Sadler; Kim Hoang; Lourdes Wong; Lucinda Burton; Lucy Nuzum; Mara Kochardy; Matthew Beswick; Melina Sarigiannis; Moira Macleod; Peter Kop; Rosangela Richardson; Steve Sault; Trevor Sadler; Vanessa Clayworth
Cc: Donna Smith; Irene McLean; Karen Avery; Kellie Howe
Subject: Future of BAC - consumer/carer representation

Hi there,

I was asked to invite you to email me any concerns raised by consumers and parents, so this can be collated this Monday morning to provide to Sharon Kelly.

Could you please follow up.

Thanks,
Sue

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Susan Daniel - Nurses Meeting Minutes 10.09.13

From: Vanessa Clayworth
To: BAC Nursing Staff
Date: 13/09/2013 3:38 PM
Subject: Nurses Meeting Minutes 10.09.13
CC: Padraig McGrath
Attachments: Nurses Meeting.doc

Nursing Staff,

Please find attached Minutes from Nurses Meeting 10.09.13.
I plan to have nurses meeting fortnightly on a Tuesday; next meeting to be held 24th September.

Have a nice weekend,

Vanessa.

MINUTES OF BARRETT ADOLESCENT CENTRE NURSES MEETING

Tuesday, 10 September 2013

AGENDA ITEM	DISCUSSION	ACTION REQUIRED	BY WHOM	BY WHEN
1. Meetings re BAC Future	Every second Monday Dr Sadler will run a meeting re the future of BAC.	Await further information from Steering Committee	A/NUM	Await
2. Logan Site Option	Visited by Vanessa, Trevor and Kev	NIL	NIL	NIL
3. Current RN Positions	No Permanent RN position in The Park at present. Vacancy in West Moreton though Unknown if RN's here move to new unit automatically.	Vanessa to speak to Padraig about this	A/NUM	Ongoing
4. Future Admissions	NO new admissions!	Information to be communicated to Waitlist and Assessment List; referring agencies	CL/ANUM/ Consultant	Await direction
6. P&C Meeting	An upcoming P&C meeting to be held	Health and school to liaise about same	CL/ANUM/ Consultant/ School Principal	Await direction
7. Activity Planner for All Outings	An activity planner must be done 24 hours before all outings and by approved by A/NUM In emergency situations if activity planner cannot be done, the CSO must be phoned and outing must go through them for approval	Activity Planner to be made available to A/NUM and A/NUM will sign and date planner and staple into diary. After hours Activity Planner to be faxed to CSO. Blank Activity Planners available in top filing draw in nurses station.	All staff	Ongoing
8. Day Patients	Exploring options of discussing day patients fortnightly for Case Conference	To be reviewed in Case Conference by team	BAC staff	20.09.13

AGENDA ITEM	DISCUSSION	ACTION REQUIRED	BY WHOM	BY WHEN
9. Monday Staffing	Every Monday 2 CN's are to be rostered on – 1 for shift and 1 for Case Conference	Vanessa to Roster accordingly	A/NUM	ongoing
10. Program – Authorised MH Practitioner	Authorised Mental Health Practitioner program to be done online. CN's to do first.	CN's to be given offline time	A/NUM	ASAP
11. Facebook, E-Bay at Work	Do NOT use Facebook/Ebay etc on work computers		Al Nursing Staff I staff	10.09.13
12. CIMHA Problems	Cannot look up past patients on CIMHA	Staff to cease looking past patients up on CIMHA	Nursing Staff	10.09.13
13. TOIL	TOIL for RN's has to be signed off by CN'S. CN's need to have TOIL signed off by NUM or CSO.	If night staff Cns accrue toil please leave toil folder on my desk and note for Vanessa to sign	Nursing Staff	10.09.13
14. Upcoming Inservice	Upcoming inservice for surgical glue use	GHS to attend ward	A/NUM	Awaiting date
15. Peer Support	Continue to provide peer support where needed	Cn"s/ All staff to offer staff Peer Support as required	Nursing Staff	10.09.13
16. Clinical Supervisor	Staff should consider clinical supervision for personal progression	Staff to discuss with A/NUM options for Clinical Supervision or call the School of Mental Health	Nursing Staff	10.09.13
17. Continuous Obs	Continuous obs = CONTINUOUS OBS!!	Staff to read and sign Continuous Observations Policy and leave signed copy on NUMS desk	Nursing Staff	10.09.13
18. Cat Red Hours	RN's can do more than two hours Cat Red if needed (with reasonable breaks)	CN's to complete duty roster according to clinical issues	CN/ Nursing staff	10.09.13
19. Management Plans	Management plans for patients on continuous obs must be written up by CN's All patients need a management plan!	CC/ACC to ensure that all adolescents have a management plan and make plan available in Management Plan Folder and in filing to be included into clinical file	Nursing Staff	ASAP

AGENDA ITEM	DISCUSSION	ACTION REQUIRED	BY WHOM	BY WHEN
20. CIP	CIP must be updated for ITO patients	CC/ACC to update/ complete Crisis Intervention Plans for those adolescent on an ITO	Nursing Staff	ASAP
21. Texts/emails from Patients	If any nurses get texts/facebook/emails (personal) etc from present patients, they must not be opened or read and must be reported to the CN		Nursing Staff	10.09.13
22. Discussion of Patients	Do not discuss patients in front of other patients	Staff to be aware of confidentiality and that nurses station is not sounds proof	Nursing Staff	10.09.13
23. Menu Monitor and Nursing Staff	Menu Monitors are to have a nurse with them on Fridays to help with filling out menus	Nursing staff to support menu monitor	Nursing Staff	10.09.13