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West Moreton Hospital and Health Service Procedure

Mental Health Divisional

Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to another

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Name:
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Signature:

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Accreditation Reference and
Key Performance Indicators

EQUIP National 12.8

1. Purpose

This procedure details the process by which consumers of the Mental Health HHS receive an efficient and safe transition of care between mental health services.

2. Scope

This procedure relates to all staff within West Moreton Hospital and Health Service.

3. Supporting Documents

- The MHA2000
- The MHA2000 Resource Guide
- National safety priorities in mental health: a national plan for reducing harm
- National Standards for Mental Health Services 1996
- National Safety and Quality Standards 2011
- Queensland's Mental Health Patient Safety Plan 2008 – 2013
- Queensland Plan for mental Health 2007 – 2017
- Queensland Health Mental Health Standardised Suites of Clinical Documentation User Guides (2008, 2009)
- Patient Access and Flow Health Service Directive, Inter Hospital Transfer <http://www.health.qld.gov.au/directives/docs/ptl/qh-hsdptl-025-3.pdf>
- Procedure, Mental Health Divisional, Transport of Mental Health Consumers (WMHHS20100223)
- Workplace Instruction, Mental Health, The Park, HSIS-Queensland Police Escort Assistance (WMHHS2013167)
- Policy, Procedure and Workplace Instruction Staff Sign Off Sheet <http://qheps.health.qld.gov.au/wm/docs/document-signoff.dot>

4. References and Suggested Reading

Nil

5. Procedure Process

BACKGROUND

West Moreton Hospital and Health Service: Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to another

It is well established that mental health consumers are at an increased risk of harm during periods of transition. South Queensland Mental Health Clinical Cluster Hospital and Health Service are committed to an agreed set of key principles to ensure the comprehensive and safe transition of consumer care between mental health services. This procedure clarifies and standardises the roles, expectations and responsibilities of both parties in the transition of care of mental health consumers.

For consumer transport considerations refer:-

- Procedure, Mental Health Divisional, Transport of Mental Health Consumers (WMHHS201000223).
- Workplace Instruction, Mental Health, The Park, HSIS-Queensland Police Escort Assistance (WMHHS2013167).

OVERARCHING PRINCIPLES

- Irrespective of an individual's place of residence a consumer **will always** have access to mental health services.
- The clinical documentation must comply with minimum standards as indicated in this procedure to ensure the receiving organisation can provide a safe, timely and appropriate service to the consumer.
- Consumer and carer engagement is an essential component of any transition of care planning.
- A recovery oriented service approach is recommended to ensure a consumer focused transition of care occurs.
- Clinical governance resides with the current HHS until a consultant psychiatrist from the receiving service has accepted the care of the consumer, this must occur within 5 working days of receiving relevant information.
- The cultural needs of the consumer and their carers will be acknowledged and respected (See APPENDIX A).
- Shared care arrangement is to be available during the transition process to ensure engagement and management of identified risks.
- For consumers who are mental health service employees we acknowledge treatment may occur outside of their local HHS.

In order to ensure that these principles are adhered to, **two (2) key processes** have been identified as essential for the safe, timely and appropriate clinical transition of care from one Health and Hospital Service to another.

1. Clinical Handover¹

When a decision is made to transition a consumer from one service to another, the key principles of clinical handover must be adhered to:

- Clinical handover refers to the process whereby professional responsibility and accountability for some or all aspects of care for a consumer who is transitioning to another person or professional group on a temporary or permanent basis. This should occur at every point of transition.
- Clinical Handover involves the verbal and written communication of critical consumer-care related information between or among members of the healthcare team.
- The purpose of clinical handover is to facilitate continuity of consumer care across care transitions, to promote coordination of care amongst healthcare providers and to maintain high quality, safe consumer care.
- The process of clinical handover is standardised in accordance with five best practice principles:
 - preparation
 - organisation
 - situation and environmental awareness

¹ Standard 6, Australian Commission on Safety and Quality in Health Care. <http://www.safetyandquality.gov.au/our-work/accreditation/nsqhs/>

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- transferred responsibility and accountability
- consumer/carer involvement.

2. Clinical documentation

All clinical documentation must be recorded using the standardized suite of Mental Health clinical forms in the Consumer Integrated Mental Health Application (CIMHA). All consumer documentation must be readily accessible in this information management program.

Clinical Documentation must include:

- ✓ **Consumer demographic information form** (demographic information generated from CIMHA is also acceptable)
- ✓ **Consumer intake form**
- ✓ **Consumer assessment form** (associated assessment modules particularly the Family Developmental History and Social Assessment are highly desirable)
- ✓ **Risk Assessment** including risk mitigation plan.
- ✓ **MHA 2000 documentation** (if applicable)

Documentation for a Mental Health Act Administrator (MHAA)

- When receiving notification of a transfer of an ITO via CIMHA email facility, the receiving service MHAA will confer with the Team Leader of the relevant team to establish if the transition handover process has been completed and the consumer has been accepted to the service.
- When the referral has been accepted the receiving service, the Principal Service Provider (PSP- usually a case manager) will notify the transferring service team and the receiving service MHAA so transfer of the ITO can be arranged.
- If the transition handover has not occurred, the receiving service MHAA must inform the transferring service that the ITO is to remain with them until the process is completed. If the consumer has been accepted to the receiving service, the ITO must be accepted by the receiving service MHAA.
- ✓ **Consumer End of Episode/ Discharge Summary.**
- ✓ **Transition Plan**
 - What information has been provided by the transitioning service to whom (receiving service) both verbally (including date and time) and written.
 - There is an agreed transition plan including dates and time, this is especially important in regards to consumers under the MHA 2000 and for consumers under Forensic Orders. (Please refer to The MHA2000 Resource Guide, chapter 8 "moving and transfer" http://www.health.qld.gov.au/mha2000/documents/resource_guide_08.pdf)
 - The transitioning service has ensured that any information sent by means other than CIMHA has been acknowledged by the receiving service and that this is document in the consumer's record
 - Details regarding follow up appointment have been noted in the consumer's record prior to transfer.

Clinical Transition Procedure:

The following steps required to transfer consumers between services will vary, dependent upon the service type. For transition of consumers between all service types, the following steps are recommended to ensure the best clinical outcome for the consumer.

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1. Consumer has Indicated a need to move to another HHS
2. Consultant contacts the receiving service in that HHS
3. Treating team ensures the relevant documentation is readily accessible;
 - ☐ Consumer demographic information form (demographic information generated from CIMHA is also acceptable)
 - ☐ Consumer intake form
 - ☐ Consumer assessment form (associated assessment modules particularly the Family Developmental History and Social Assessment are highly desirable)
 - ☐ Risk Assessment including risk mitigation plan.
 - ☐ MHA 2000 documentation (if applicable)
 - ☐ Consumer End of Episode/ Discharge Summary.

If transitioning from Emergency Department:

- ☐ Medical Officer R/V notes if initial MH assessment has not been completed
- ☐ Medical Assessment & Clearance.
- ☐ Most recent clinical documentation.

Highly desirable documentation:

- ☐ **My Recovery Plan** located within the Clinical Note module within CIMHA.
The Recovery Plan will include the transition plan ensuring that consumer's from rural and remote areas have ongoing access to their care network if they transitioned out of area.
- ☐ **Care Review Summary Plan**, this includes the Involuntary treatment plan review and case review summary.

4. Formulate a Transition Plan in collaboration with the consumer/carer and receiving service.
5. Transition clinical care of the consumer to the new Mental Health Service.
6. With the consent of the consumer, the family/next of kin are to be notified

Escalation process

If a clinical difference of opinion occurs regarding the transition and ongoing management of a consumer transitioning between HHS, the consultant of the receiving service has the final decision and responsibility for the ongoing care. For involuntary patients the Executive Director of Mental Health and Specialised Services can be approached to assist in resolving disagreements.

6. Definition of Terms

Definitions of key terms are provided below.

Term	Definition / Explanation / Details	Source
MHS	Mental Health Service	
HHS	Hospital and Health Service	
SNFP	Special Notification Forensic Persons	
MHA	Mental Health Act	
CIMHA	Consumer Integrated Mental Health Application	
Queensland Private Health Care Sector	Health Care services which are not Queensland Health provided	

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7. Procedure Revision and Approval History

Version No	Modified by	Amendments authorised by
1	Created Michelle Kohleis Cluster Coordinator	South Qld Mental Health Clinical Cluster

8. Audit Strategy

Level of risk	Medium
Audit strategy	Audit of clinical handover processes pertaining to consumers
Audit tool attached	
Audit date	Twice yearly
Audit responsibility	NUMs
Key Elements / Indicators / Outcomes	<ul style="list-style-type: none"> • preparation • organisation • situation and environmental awareness • transferred responsibility and accountability • consumer/carer involvement.
Endorsing Committee	Clinical Records Committee

9. Appendices

NIL.

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APPENDIX A

Cultural considerations when transferring consumers

Cultural factors of consumer transfer between HHSs include the cultural sensitivity of the transfer/relocation of a consumer. Mental health staff in both the transferring and receiving services must obtain access to cultural expertise and advice.

Factors to be aware of:

- Locality/community
- Transferring service to liaise with Indigenous and culturally and linguistically diverse (CALD) mental health workers
 - Within their team and with the receiving HHS
- Social and emotional wellbeing considerations
 - links to family, friends, elders

Locality/community – when Aboriginal and Torres Strait Islander people are local to a specific area/town/city/suburb cultural protocol states the mental health service will contact the local Aboriginal or Torres Strait Islander community. There are several ways of contacting and involving the Aboriginal and Torres Strait Islander community:

- Through family connection if the consumer has a relative within that particular community
- Consulting the Indigenous mental health worker in the receiving HHS.

If the consumer is going to a community that is not well known the Indigenous mental health worker must provide orientation for the consumer to the local Aboriginal and Torres Strait Islander community, with the consumer's consent.

Transferring service – It is the responsibility of the clinical team/case manager to notify the Indigenous mental health worker in the receiving HHS of the transfer of the consumer, whether to private or public follow up care. In the event that there is no mental health service in a community, notification to the Aboriginal Medical Service in that community is recommended. The Indigenous mental health worker from the transferring service needs to be involved / consulted in the transfer of all Indigenous consumers of mental health services.

In addition, the consumer's family, allied person, etc. need to be notified of the transfer between HHSs, with the consumer's permission. Sometimes family exist in both the transferring HHS and the receiving HHS. Consumers need to be orientated to the new HHS for services and links with Aboriginal and Torres Strait Islander organisations, such as the Aboriginal Medical services; cultural events, activities and meetings; other Queensland Health services and other Queensland Government services.

Social and emotional wellbeing - Following on from this, the consumer's social and emotional needs in the receiving service has to include: family and other relationships; cultural connections/support; other health concerns; housing; income; spirituality; stability of home environment; and, culturally appropriate psycho social interventions in the areas of: further education; diversional activities; fitness activities; clubs etc.

Attachment 9

The Park - Centre for Mental Health
Treatment, Research and Education
Together... Towards Recovery

The Barrett Adolescent Centre

Information for Parents and Carers



Reviewed: 08.09.06

DISCHARGE PLANNING

Planning for discharge back into the community begins at the time your adolescent is admitted to the Barrett Adolescent Centre. District Mental Health Services are encouraged to maintain close contact with your adolescent and the Centre throughout their admission in an attempt to ensure a smooth transition back into the community service.

District Case Managers are invited to attend team meetings or to discuss any concerns with Barrett Adolescent Centre staff. Assistance, advice, information, training and transitional support is regularly negotiated with particularly complex cases.

WHAT IF I HAVE A COMPLIMENT OR COMPLAINT?

The Centre strives to provide the best quality care for adolescents but there may be times when we do not meet your needs and expectations or we exceed them.

If you have a complaint or would like to pass on a compliment, please do not hesitate to lodge these orally (direct face-to-face, via the telephone or in writing).

To lodge a complaint you can contact:

The Centre Nurse Unit Manager on [REDACTED]
The Director of Barrett Adolescent Centre on [REDACTED]
The Consumer Advocate on [REDACTED]
The Patient and Consumer Advisory Group on [REDACTED]
The Service Development Officer on [REDACTED]
Community Visitor on [REDACTED] or [REDACTED]

Individuals have the right to independently complain to external agencies at any time.

Staff will take all complaints seriously and will keep you informed of what they are doing to deal with your complaint. All complaints will be handled confidentially.

We trust the information will be of assistance to you, however should you require any further information after reading this booklet, feel free to telephone the Centre on [REDACTED] at any time.

Attachment 10



West Moreton Hospital and
Health Service



Job ad reference:

Role title:

Nurse Unit Manager

Status:

Temporary Full Time (*up to 9 months*)

Unit/Branch:

Barrett Adolescent Unit

**Division/Hospital and
Health Service:**

The Park - Centre for Mental Health Treatment, Research and
Education

Division of Mental Health

West Moreton Health Service District

Location:

The Park - Centre for Mental Health Wacol

Classification level:

Nurse Grade 7

Salary level:

Closing date:

Contact:

Padraig McGrath A/ND

Telephone:

Online applications:

www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

If you are unable to apply online, please contact Statewide
Recruitment Services on [redacted] or
[redacted]

Fax application:

Post application:

West Moreton Recruitment Services, PO Box 2221, Mansfield BC
Qld 4122

Deliver application:

West Moreton Recruitment Services, [redacted]
[redacted]

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Our behaviour is guided by Queensland Health's commitment to high levels of ethics and integrity and the following **five core values**:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

To find out more about Queensland Health, visit www.health.qld.gov.au

October 2012

Purpose

- Provide an evidence based and contemporary clinical nursing service within a designated unit via operational management, leadership and the co-ordination of knowledge, skills and resources.
- The Nurse Unit Manager is a Registered Nurse who is an expert practitioner in a specific area of practice. The Nurse Unit Manager is accountable for the planning, coordination, implementation and evaluation of high standards of consumer care in the ward/unit.
- The Nurse Unit Manager in collaboration with the Nursing Director manages the delivery of safe, high quality, cost effective care.

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.
- Staffing and budget responsibilities:
 - This position supervises: Clinical Nurses, Registered Nurses, Enrolled Nurses, nursing undergraduates, visiting nurses and other delegated nursing staff within the Medium Secure Unit
 - Financial accountability for the nursing stream within the unit including the management of all nursing rosters for the unit.
 - Operational and Administrative staff liaise with the Nurse Unit Manager on daily operational issues
 - The Nurse Unit Manager reports to the Nursing Director.
- Expert knowledge and skills in mental health nursing including in the specialty area of the designated clinical unit of Medium Secure.
- Integrates key objectives from the Strategic Plan into service delivery for the clinical unit through the development unit specific plans in consultation with the Nursing Director.
- Coordinates, formulates and directs evidence based policies relating to the provision of nursing care by integrating consumer care across the continuum of care.
- Supports the strategies for a work based culture that promotes and supports education, learning, research and workforce development by providing training and development opportunities for staff.
- Integrates and prioritises the strategic direction of the service using a quality framework.
- Lead and manage in a multi disciplinary environment utilising the principles of contemporary human, material and financial resource management, incorporating change management principles.
- Achieve optimal consumer outcomes by ensuring that the model of care reflects contemporary practice.
- Coordinate the delivery advanced nursing practice in accordance with legislation and relevant standards of nursing practice, code of ethics for nurses and code of conduct.
- Deputise for the Nursing Director as required.
- Manage human resources according to HRM framework, including rostering, leave planning, team building, change management, recruitment, education, performance management and counselling.
- Act in accordance and ensure compliance with workplace health and safety, equal employment opportunity and anti-discrimination requirements.

Qualifications/Professional registration/Other requirements

- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association within Australia. Certified copies of the required information must be provided to the appropriate supervisor/manager, prior to the commencement of clinical duties.
- Relevant clinical experience an advantage.
- **The successful completion of, or the ability to complete, the Qld Health sponsored Aggressive Behaviour Management (ABM) Course on appointment is mandatory.**
- Expectation to be involved in and participate in Clinical Supervision.
- Post Graduate qualifications and experience in the forensic mental health field are also highly desirable.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Specialist Knowledge	Demonstrated specialist knowledge of mental health service associated with the management of complex consumer care.
Consumer Focus	Delivers and sets standards for high levels of consumer service, demonstrating a logical approach and remaining solutions focused when resolving issues for customers.
Staff Management	Manages staff effectively by providing clear direction, support and respecting diversity, considering the impacts of actions and motivating the achievement of positive outcomes.
Operational Management	Manages resources within designated controls to ensure highest levels of service delivery through the application of sound risk management and rostering practices.
Leadership	Inspires staff and colleagues to participate in solutions that support organisational objectives and removes perceived obstacles to positive change.
Continuous Improvement	Evaluates and assesses the effectiveness and efficiency of the operational environment through proactively reviewing and implementing processes and managing resources to support major objectives.
Continuous Learning	Proactively develops self and others, supporting learning and sharing information with others.
	Demonstrates honesty, integrity and respect for all consumers, carers and staff.
Problem Solving	Demonstrated ability to anticipate, identify and initiate or coordinate solutions to problems that are effective and appropriate with a systematic approach

How to apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response (maximum 1–2 pages)** on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key responsibilities and meet the key attributes.
- **Application form** (only required if not applying online).

About the Health Service Division/Branch/Unit

West Moreton Hospital and Health Service (WMHHS) comprises of four local government areas, Scenic Rim Regional Council, Lockyer Valley Regional Council, Somerset Regional Council and Ipswich City Council.

Ipswich is the major city of the region. Esk, Laidley, Gatton, Boonah and Wacol are townships spread throughout the service area.

The WMHHS services a population of approximately 249,000 people. The region's demographics are diverse and include metropolitan and small rural community settings.

To find out more about Queensland Health, visit www.health.qld.gov.au

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WMHHS is home to one medium size hospital, Ipswich Hospital, four rural facilities, Boonah Rural Health Service (RHS), Esk RHS, Gatton RHS and Laidley RHS.

Based at Gailes are The Brisbane Youth Dentition Centre Health Service and The Park –Centre for Mental Health, Treatment, Research and Education which also hosts the state- wide service of Queensland Centre for Mental Health Learning and Queensland Centre for Mental Health Research.

Community Health Services operate from both the Ipswich Health Plaza and Goodna Community Health Centre and provides an outreach service to the rural area. Brisbane Women's Offender Health Services (including Helana Jones at Albion) and Brisbane Offender Health Service became apart of the Community Health Division on 1 July 2012 as part of the state- wide health reform.

Oral Health services are provided in 18 fixed clinics and 12 mobile dental clinics across the region, coordinated to provide comprehensive adult and school based services. The main oral health clinic is the Ipswich Community Dental Clinic based at Limestone Street Centre.

By 2031 it is projected that the WMHHS population will more than double to approximately 580,000 making the Hospital and Health Service the fastest growing in the state.

The Park – Centre for Mental Health has a Model of Service Delivery which embraces the principles of Recovery, Consumer and Carer Involvement, Consumer Centred Service Delivery, Evidence Based Practice, Outcome Based Services, Managing Risks, Accommodation and Practices that reflect Community Living, Services as Partners in a Network of Mental Health Services and Skilled Staff.

The Park –Centre for Mental Health is the State's major Forensic Mental Health Centre. Presently it comprises Supra District services of:

Extended Treatment and Rehabilitation/ Dual Diagnosis Clinical Program (45 beds)

Medium Secure Clinical Program (34 beds)

High Security Clinical Program (70 beds)

Adolescent Unit (15 beds)

Additional information on the District is available on QHEPS site via www.health.qld.gov.au

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment, as well as any other availability information that could preclude them from undertaking the role.

Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and youth

All relevant health professional (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.

All relevant health professional are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Salary Packaging

To confirm your eligibility for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please contact the Queensland Health Salary Packaging Bureau Service Provider – RemServ via telephone 1300 30 40 10 or <http://www.remserv.com.au>.

To find out more about Queensland Health, visit www.health.qld.gov.au

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Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

Attachment 11



Queensland Government
Queensland Health

DARLING DOWNS-WEST MORETON HEALTH SERVICE DISTRICT

Queensland Health

www.health.qld.gov.au/workforce



Job ad reference: H09WM01712
Role title: Clinical Nurse Consultant
Status: Temporary Full Time for up to 12 months
Unit/Branch: Medium Secure / Dual Diagnosis, The Park - Centre for Mental Health, Treatment, Research and Education
Division/District: Darling Downs - West Moreton Health Service District
Location: Wacol
Classification level: Nurse Grade 7
Salary level: \$3091.20 - \$3312.30 per fortnight
Closing date: Monday, 16 February 2009
 (Applications will remain current for the duration of the vacancy)
Contact: Terry Clancy
Telephone: [REDACTED]
E-mail applications: [REDACTED]
Fax application: [REDACTED]
Post application: Darling Downs-West Moreton Recruitment Services, PO Box 2221, Mansfield BC Qld 4122
Deliver application: Darling Downs-West Moreton Recruitment Services, [REDACTED]

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose of role

- To provide advanced clinical nursing care to consumers of the Medium Secure and Dual Diagnosis Units inpatient service.
- To provide expert professional support and guidance to nursing staff working within the service in the area of clinical practice.

Staffing and budget responsibilities

- This role reports operationally and professionally to the Nursing Director, Extended Treatment and Rehabilitation Unit

Key accountabilities

- Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above.
- Provide high quality recovery orientated clinical care, within scope of practice, to both clinical units
- Establish and maintain clinical and operational liaison with nursing, medical and allied health staff
- Clinical guideline development to ensure an evidence based recovery orientated service
- Establish and maintain clinical and operational liaison with nursing, medical and allied health staff in the integrated mental health services of client Districts and non-government organisations to ensure effective pre assessment, admission, and discharge processes for consumers
- In collaboration with the Nursing Director and Nurse Unit Managers participate in relevant human resource management processes including orientation, performance appraisal, professional development planning and clinical supervision of nursing staff
- In collaboration with the Nursing Director and Nursing Director, Education develop and coordinate an ongoing program of professional development relevant to the needs of nursing staff and others within the service
- Take a lead role in the ongoing development, coordination of and use of the formal care planning package.
- Develop, facilitate and participate in nursing relevant research activities
- Promotes a collaborative, team based model of care within the service
- Enthusiastically leads and manages a team in collaboration with the unit NUM by planning for the unit, involving staff in decision making, setting clear expectations for staff, providing an example to others and delegating appropriately

Qualifications/Professional Registration/Other requirements

- Registration as a Registered Nurse under the Queensland Nursing Act 1992 with a current annual practicing certificate is essential.
- Endorsement with the Queensland Nursing Council as a Mental Health Nurse is desirable.
- 'C' class drivers licence

Key skill requirements/competencies

Clinical Expertise	Advanced clinical skills in the areas of clinical practise, research and education in a recovery based service
Continuous Improvement	Flexible, open to change, actively maintains awareness of relevant research, utilises data as basis of service improvement and advanced problem solving
Continuous Learning	Proactively manages own and others continuous learning and development, identifying training needs and conducting or coordinating coaching, mentoring and inservice training for continuous learning in the team.
Patient Focus	Promotes a patient focus in the service by building rapport, effective communication with patients and staff and high level clinical problem solving, whilst promoting a positive environment.
Problem Solving	Proactively finds solutions and uses tact, diplomacy and sensitivity to solve problems.
Work Values	Demonstrates honesty, integrity, respect and caring for all patients, carers and staff.

How to apply

Please provide the following information for the panel to assess your suitability:

- **A short response** (maximum 1–3 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements.
- **Your current CV or résumé, including referees.** Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. Referees will only be contacted with your consent.
- **Application form** (only required if not applying online).

About the Health Service Area/District/Area/Division/Branch/Unit

Darling Downs-West Moreton Health Service District offers exciting employment and professional development opportunities. Whether you are interested in administrative, allied health, medical, nursing or operational, we offer a family friendly environment committed to accommodating the needs of workers with family responsibilities and the requirements of Queensland Health. It has a major teaching role providing both undergraduate and postgraduate clinical experience for members of the healthcare team.

The West Moreton South Burnett District covers approximately 19,460km² to the West of Brisbane and extends from the New South Wales border to Proston in the North. The District population has grown from 200 558 in 2001 to 218,172 in 2006, and is projected to increase to 240,875 in 2011, constantly remaining at approximately 5.5% of the total Queensland population.

Toowoomba & Darling Downs District comprises 17 Health Services, and three Outpatient Clinics and provides a comprehensive clinical services to approximately 243 000 people across 91 000 square kilometres. The District's demographics are diverse and include city, large rural town and small rural community settings.

The Darling Downs-West Moreton Health Service District employs approximately 5700 staff with an annual budget of \$670m.

Working for the Darling Downs-West Moreton Health Service District provides unique and valuable experiences, such as working within Ipswich Hospital, community health, mental health (including a tertiary mental health facility), oral health or at one of our many rural facilities.

If you are looking for a challenging and supportive working environment, we encourage you to consider progressing your career with us.

Pre-Employment screening

Pre-employment screening, including a criminal history check, may be undertaken on persons recommended for employment. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people

All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Attachment 12

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 AETR 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



Acting Nurse Unit Manager (NUM)

Mr Alex Bryce will be commencing as the Acting NUM at BAC from Monday 14 October 2013. Alex is a senior nurse with extensive experience in nursing management. This will allow Vanessa Clayworth to move into the Acting CNC role, and directly support the clinical needs of the young people at BAC and the progress of the Clinical Care Transition Panels.

HR

Discussions have commenced with HR regarding processes, options and issues for yourselves. HR and Senior clinical staff will soon commence work with each of you individually to identify your individual employment options.

Support available

The Employee Assistance Service (EAS) is available for you to access at any time. This service is completely confidential and self referral. For more information on EAS please visit: <http://qheps.health.qld.gov.au/eap/html/WestMortHSD.htm>. Please also be reminded that your line managers are available to discuss any concerns or queries you may have.

Communication to Families and Carers

Fast Facts 8 will soon be going out to all BAC families, carers and staff to ensure they receive the most update information on what is happening with BAC.

Communication with Department of Education, Training and Employment (DETE)

WMHHS continues to liaise directly with DETE on a regular basis, keeping them up-to-date with changes and plans regarding BAC. DETE is committed to responding to the educational needs of each young person at BAC, and will work with us on the Clinical Care Transition Panels.

Kind regards

Sharon Kelly

Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Barrett Adolescent Centre Timeline - Key Events

2012	September 2012	Appointment of Executive Director (ED), Mental Health and Specialised Services (MH&SS) Ms Sharon Kelly. Agreed commencement of Turn Around Plan for MH&SS to focus on contemporary service models and changing workforce culture
	25/10/2012	Meeting between ED, MH&SS and Mental Health Alcohol and Other Drugs Branch (Department of Health) for confidential briefing and concept development regarding closure of Barrett Adolescent Centre (BAC)
	02/11/2012	Initial confidential meeting with Executive Director MH&SS (Sharon Kelly) Director of BAC (Dr Trevor Sadler) and Clinical Director (Dr Terry Stedman) of The Park Centre for Mental Health regarding the options and future of BAC
	08/11/2012	Psychiatrist from another Hospital and Health Service "announced" without endorsement the potential closure of BAC during a hearing within the Child Protection Commission of Inquiry
	09/11/2012	Chief Executive (CE) West Moreton (Ms Lesley Dwyer) and ED of MH&SS meeting with BAC Staff
	12/11/2012	Letter from CE to all BAC parents/carers regarding future of BAC
	15/11/2012	Commencement of Phase 1 of Barrett Adolescent Strategy - Planning Group Established. Planning Group governed by West Moreton Hospital and Health Service (WMHHS)
	23/11/2012	Barrett Adolescent Strategy Project Plan presented to WMHHS Board
	28/11/2012	CE WMHHS (Ms Lesley Dwyer) and CE Children's Health Queensland (Dr Peter Steer) commence communication regarding transition of statewide adolescent mental health extended services governance to Children's Health Queensland
	01/12/2012	Expert Clinical Reference Group (ECRG) established under the Planning Group of the Barrett Adolescent Strategy
	11/12/2012	Minister for Health, Opposition Leader and CE WMHHS meet to discuss Barrett future.
	14/12/2012	Minister for Health and Chief of Staff briefed by WMHHS Board Chair (Dr Mary Corbett), CE and ED MH&SS of West Moreton on significant culture changes planned for The Park Centre for Mental Health, inclusive of the Barrett Adolescent Centre
2013	05/03/2013	Petition for Save the Barrett tabled in Parliament
	15/04/2013	Barrett Adolescent Strategy Meeting: Dr Mohan Gilhotra Dr Michael Cleary Dr Leanne Geppert, Ms Marie Kelly (Department of Health), and Ms Lesley Dwyer and Ms Sharon Kelly (WMHHS)
	08/05/2013	ECRG endorsed recommendations submitted to the Barrett Adolescent Strategy Planning Group
	11/05/2013	Dr Leanne Geppert seconded from Department of Health to WMHHS as Director of Strategy MH&SS
	24/05/2013	ECRG endorsed recommendations and Planning Group comments for BAC presented to WMHHS Board
	11/06/2013	Future Model of Care governance meeting: Dr Peter Steer (CHQ), Ms Lesley Dwyer, Ms Sharon Kelly and Dr Leanne Geppert (WMHHS)
	17/06/2013	Barrett Adolescent Strategy Meeting to confirm proposed closure and support: Director General (Dr O'Connell), DDG Health Services and Clinical Innovation (Dr Cleary), Lesley Dwyer, Sharon Kelly and Dr Leanne Geppert (WMHHS)
	15/07/2013	Minister briefed by Chair of WMHHS Board (Dr Mary Corbett) and CE (Ms Lesley Dwyer) on progress of the turnaround plan inclusive of the Barrett
	02/08/2013	Meeting with DDG Education, CE Ms Lesley Dwyer and ED MH&SS Ms Kelly to discuss education future
	05/08/2013	Final preparation with key parties regarding pending announcement of BAC closure on 6/08/14
	06/08/2013	Minister for Health announces closure of BAC. BAC staff meetings regarding announcement. Parents/carers called regarding BAC closure announcement
	26/08/2013	Commencement of Phase 2 of Barrett Adolescent Strategy - Statewide Adolescent Extended Treatment and Rehabilitation Initiative
	30/08/2013	CE WMHHS (Ms Lesley Dwyer), ED MH&SS (Ms Sharon Kelly), Children's Health Qld (Dr Stephen Stathis) meeting with and Save the Barrett leader (AE)
	05/09/2013	
	06/09/2013	
	09/09/2013	
	11/09/2013	#####

16/09/2013	#####	
27/09/2013	BAC update presented to WMHHS Board	
30/09/2013	Appointment of temporary project officer (non clinical position) Ms Laura Johnson to support transition and governance processes. Ms Johnson exited position 24/1/14 on maternity leave	
01/10/2013	Statewide service model forum held, Queensland health staff, and other key stakeholders. Forum to plan for future service options	
17/10/2013	Chief Executive and Department of Health Oversight Committee convened for governance (including WMHHS, Children's Health Qld, Mental Health Alcohol & Other Drugs Branch, Department of Health, Metro South HHS)	
07/11/2013	Phone calls to all parents/carers regarding progression of transition by ED of MH&SS	
04/11/2013	 to the Statewide Adolescent Extended Treatment and Rehabilitation Initiative Steering Committee regarding BAC and future service options and consumer need	
12/11/2013	BAC meeting between Ms Lesley Dwyer, Ms Sharon Kelly, Dr Leanne Geppert (WMHHS) and Dr Bill Kingswell of Mental Health Alcohol and Other Drugs Branch (Department of Health)	
21/11/2013	BAC meeting between Ms Lesley Dwyer, Dr Leanne Geppert (WMHHS) and Dr Stephen Stathis and Ms Ingrid Adamson (Children's Health Qld)	
25/11/2013	CE of Children's Health Qld (Dr Peter Steer), CE WMHHS (Ms Lesley Dwyer) and Dr Stephen Stathis (Children's Health Qld) meet with 	
29/11/2013	Briefing and update to WMHHS Board	
02/12/2013	Briefing to Minister for Health by WMHHS and Children's Health Qld	
02/12/2013	Meeting with Education Queensland (Ms Lesley Dwyer and Ms Sharon Kelly). Meeting between Minister for Health, both Board Chairs of WMHHS and Children's Health Qld, both CE's of WM HHS and Children's Health Qld	
10/12/2013	#####	
December 2013 - January 2014	BAC Holiday Program implemented to support discharge and transition - Engaged local non government organisation to work with BAC clinical team in offering Holiday Program across school holidays	
2014	31/01/2014	Closure of BAC and decommissioning of building commenced subsequently
		Dr Anne Brennan continued as WMHHS until March 2014 to finalise all clinical requirements and followup as required of BAC patient cohort
		Dr Leanne Geppert continued as member of Children's Health Queensland Statewide Adolescent Extended Treatment and Rehabilitation Initiative (representing WMHHS)

SKIPPEN, Tania

From: Kristi Geddes <[REDACTED]>
Sent: Wednesday, 15 October 2014 9:04 PM
To: KOTZE, Beth; SKIPPEN, Tania
Subject: Fwd: Part 9 Investigatioin into BAC transition process

Hi Beth and Tania,

I've received the further information below in relation to Dr Brennan's evidence.

Our WP have also managed to finish all the transcripts today and Kate has sent them on overnight courier, so they should arrive tomorrow.

Kind regards,
Kristi.

Kristi Geddes
Senior Associate
Peter Ellison

Begin forwarded message:

From: Harry McCay <[REDACTED]>
Date: 15 October 2014 4:40:53 pm AEST
To: Kristi Geddes <[REDACTED]>
Subject: Part 9 Investigatioin into BAC transition process

Dear Kristi

Dr Brennan wishes to clarify a statement she made on Monday. After some consideration she believes she did not answer as accurately as she could. Although we cannot recall the exact wording of the question, we believe it was about whether services were resistant to changing their practices. Dr Brennan believes she said that she didn't feel they needed to change practices. However on reflection she would like to amend that to say that for [REDACTED] there were additional requirements, particularly in terms of [REDACTED] etc, which the services found it challenging to incorporate into their usual programs.

Harry McCay

Harry McCay
Queensland State Manager

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