

Sent: Tuesday, 9 September 2014 7:56 AM
To: KOTZE, Beth
Subject: Re: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Thanks Beth.

I will do my best to group the care coordinators according to patients, however there may be some overlap issues. Would you like to speak with RN Vanessa Clayworth or would you prefer leave that to Tania? Unfortunately, I do not have specific details of the extent of her involvement with any particular patients, I've just been advised that she played a key role in the transition planning and would therefore be someone we need to speak with.

In the interests of time, do you think it would be possible to obtain the information you require from the receiving agencies via information requests instead of interviews? If so, if you are able to provide me with a list of the specific information you require, I can attend to those requests and hopefully have the information for you upon your return from leave.

I look forward to hearing from you.

Kind regards,
 Kristi.

Kristi Geddes
 Senior Associate
 Minter Ellison

On 8 Sep 2014, at 5:23 pm, "KOTZE, Beth" wrote:

Thanks Kristi

If at all possible we need to have the clinicians grouped by patients so that I do all the interviews associated with patient x and Tania does all the interviews associated with patient y.

If we start with the medical staff and the care coordinators for the 6 patients whose files I reviewed that would be good – there were [REDACTED]

I've had a look at the ToR again and I think it may be difficult to answer 3.1.2 and 3.1.3 in general and 3.1.4 in particular without talking to the agencies that received the referrals because appropriateness goes to the issue of the capacity and capability at the receiving end and the quality of the communication – I am wondering if some of these interviews could be done by telephone if the staff of these agencies are comfortable and willing to cooperate.

What do you think?

Beth

Associate Professor Beth Kotze
 MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
 Acting Associate Director, Health System Management
 Mental Health and Drug and Alcohol Office
 NSW Ministry of Health

Direct Dial: [REDACTED] | Mobile: [REDACTED] | Fax: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Website: www.health.nsw.gov.au/mhdao

<image003.png>

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Monday, 8 September 2014 11:40 AM
To: KOTZE, Beth
Subject: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Hi Beth,

I hope you had a lovely weekend after your trip up on Friday.

As discussed, I am currently arranging staff interviews for you on Monday, 13 October 2014. You had requested meeting with Dr Brennan, Dr Sadler and then each of the care coordinators for the [REDACTED]. In total, that would be 9 witnesses.

I'm allowing an hour for each interview and based on your flight times last Friday, unfortunately that would only leave time for 6. I just wanted to check how you would therefore prefer I prioritise interviews. I have currently prioritised Dr Brennan and Dr Sadler and then at least one care co-ordinator for each patient. That leaves us with one spot left over.

I've been advised by WMHHS that RN Vanessa Clayworth, although not a care coordinator, played an integral role in transition planning.

I just wanted to check if perhaps I fill the last spot for that day with RN Clayworth and/or if you would prefer stay on an extra day and speak with all care coordinators for those complex patients?

Obviously, I will endeavour to instead arrange for Tania to interview the other care coordinators for those patients if you are not able to.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

www.minterellison.com

 Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

From: KOTZE, Beth [REDACTED]
Sent: Wednesday, 10 September 2014 12:47 pm
To: Kristi Geddes
Cc: SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Two days in October is probably more practical.
 I could do 13th and 14th
 Under the circumstances we think we should do the interviews together
 Will just need Tania's confirmation
 B.

Associate Professor Beth Kotze
 MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
 Acting Associate Director, Health System Management
 Mental Health and Drug and Alcohol Office
 NSW Ministry of Health
 Direct Dial: [REDACTED] Fax: [REDACTED]
 Address: [REDACTED]
 Email: [REDACTED]
 Website: www.health.nsw.gov.au/mhdao



From: Kristi Geddes [mailto:[REDACTED]]
Sent: Wednesday, 10 September 2014 12:44 PM
To: KOTZE, Beth
Cc: SKIPPEN, Tania
Subject: Re: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Thanks Beth.

I am not in the office today, but will look at starting to gather the additional requested information when I am back in tomorrow.

In the meantime, as we had discussed, I have now contacted almost all of the relevant witnesses and split them according to patients over one day for Tania in September and one for you in October. I can re-issue the formal requests with new dates, but I'm not sure that all can be done in one day. Are you proposing to stay overnight and spread them across the Monday and Tuesday? I just want to be absolutely sure about dates before I re-issue the interview requests, so that they won't need to be changed again, particularly given that a number have involved insurers/ the union.

In relation to the level of specificity, I have sought guidance from the department if they are expecting an individual review of the plans for each patient, or an overall review with specific consideration of the more complex patients. I will let you know when I get their response.

Kind regards,
 Kristi.

Kristi Geddes
 Senior Associate
 Minter Ellison

On 10 Sep 2014, at 11:34 am, "KOTZE, Beth" [REDACTED] wrote:

Dear Kristi

I have now touched base with Tania and this is what we've agreed:

1. Tania will use the 2 days when she comes up in September to finalise the review of the clinical files and to write up the clinical summaries that will be required for the report for all the patients in scope. These will be in the nature of brief over-view of each clinical scenario with particular comment on the documented transition plans.
2. In relation to the care coordinators can you please clarify:
 - a. A number of the patients have 2 care coordinator names written beside them on the summary sheet – what does this mean? Was there a principal coordinator and a buddy? Or were there 2 care coordinators with clearly delineated roles? Some names have 'associate cc' written beside them – but in other cases there are 2 names and no difference noted.
 - b. Is there a written statement of duties for the care coordinators?
 - c. Vanessa Clayworth's name isn't against any of the patients as care coordinator – what was the nature of her role? Was it formalised? If so can we please have a copy of the statement of duties?
 - d. What is 'business as usual' transition/discharge practice for the service as articulated in formal policies and procedures? If there is a service transition/discharge policy and procedure? Can we please have a copy?
 - e. Were there any specific policies/procedures/statement of duties put in place for the transition coordination for these particular patients? If so can we please have a copy?
3. Re the BAC review (2008) can we please have any excerpt relevant to the topic of transition/discharge planning? Given the very

long length of stay of the service one would expect that this would be a major field of activity even during 'business as usual', let alone in preparation for the closure. Did BAC routinely conduct followup of former patients? If so is a summary report available?

4. We will conduct the interviews together – so Tania will come up with me on Monday 13th October. The priorities for the interviews that day are the 2 medical officers (Clinical Director and Acting CD) and the care coordinators for the patients [redacted] and [redacted]. Looking through the sheet, it looks like all the patients in question had at least 2 care coordinators and some 3 but the same care coordinators were involved with more than 1 of the patients – by my calculations it looks like there are [redacted] care coordinators involved with these [redacted] patients? That would be 10 witnesses, I think we should try for 1 hour each for the medical interviews and 45 minutes for the care coordinators.
5. In relation to the ToR and particularly noting 3.1.4 which refers to the information available to clinicians and is quite specific about the care planning for [redacted] we definitely need to get information from the services to which they were referred. Can we obtain some general information about each one (what does the service provide etc) and if they have intake forms or assessments and initial care plans or equivalent? Tania and I can follow up with telephone calls to verify or clarify anything that we need to – so a key contact name and telephone number for each would be helpful.

In essence we are proposing that:

- the medical interviews and the file review and the information from the receiving services deal with the patient cohort overall (ToR 3.1.2; 3.1.3, 3.1.4)
- the medical interviews, the care coordinator interviews and the file reviews and the info from the receiving services deal with the specific cases identified as having poor outcome or complex transitions (ToR 3.1.4)

Can you clarify your interpretation of 3.1.2 – it could be read to mean that we would have to interview all the patients and their families to get the other side of the story – ie what did they think their needs were and how well were they met? It could also be limited to, based on the documented care planning and interviews, were the psychosocial needs of the patients and families identified comprehensively and comprehensively planned for?

Regards

Beth

Associate Professor Beth Kotze

MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)

Acting Associate Director, Health System Management

Mental Health and Drug and Alcohol Office

NSW Ministry of Health

Direct Dial: [redacted] | Fax: [redacted]

Address: [redacted]

Email: [redacted]

Website: www.health.nsw.gov.au/mhdao

<image002.png>

From: Kristi Geddes [mailto:Kristi [redacted]]

Sent: Tuesday, 9 September 2014 7:56 AM

To: KOTZE, Beth

Subject: Re: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Thanks Beth.

I will do my best to group the care coordinators according to patients, however there may be some overlap issues. Would you like to speak with RN Vanessa Clayworth or would you prefer leave that to Tania? Unfortunately, I do not have specific details of the extent of her involvement with any particular patients, I've just been advised that she played a key role in the transition planning and would therefore be someone we need to speak with.

In the interests of time, do you think it would be possible to obtain the information you require from the receiving agencies via information requests instead of interviews? If so, if you are able to provide me with a list of the specific information you require, I can attend to those requests and hopefully have the information for you upon your return from leave.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes
Senior Associate
Minter Ellison

On 8 Sep 2014, at 5:23 pm, "KOTZE, Beth" <[redacted]> wrote:

Thanks Kristi

If at all possible we need to have the clinicians grouped by patients so that I do all the interviews associated with patient x and Tania does all the interviews associated with patient y.

If we start with the medical staff and the care coordinators for the 6 patients whose files I reviewed that would be good – there were [REDACTED]

I've had a look at the TOR again and I think it may be difficult to answer 3.1.2 and 3.1.3 in general and 3.1.4 in particular without talking to the agencies that received the referrals because appropriateness goes to the issue of the capacity and capability at the receiving end and the quality of the communication – I am wondering if some of these interviews could be done by telephone if the staff of these agencies are comfortable and willing to cooperate.

What do you think?

Beth

Associate Professor Beth Kotze

MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)

Acting Associate Director, Health System Management

Mental Health and Drug and Alcohol Office

NSW Ministry of Health

Direct Dial: [REDACTED] | Mobile: [REDACTED] | Fax: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Website: www.health.nsw.gov.au/mhdaq

<Images003.png>

From: Kristi Geddes [mailto:[REDACTED]]

Sent: Monday, 8 September 2014 11:40 AM

To: KOTZE, Beth

Subject: Barrett Centre Investigation – interviews [ME-ME.FID2743997]

Hi Beth,

I hope you had a lovely weekend after your trip up on Friday.

As discussed, I am currently arranging staff interviews for you on Monday, 13 October 2014. You had requested meeting with Dr Brennan, Dr Sadler and then each of the care coordinators for the [REDACTED]. In total, that would be 9 witnesses.

I'm allowing an hour for each interview and based on your flight times last Friday, unfortunately that would only leave time for 6. I just wanted to check how you would therefore prefer I prioritise interviews. I have currently prioritised Dr Brennan and Dr Sadler and then at least one care co-ordinator for each patient. That leaves us with one spot left over.

I've been advised by WMHHS that RN Vanessa Clayworth, although not a care coordinator, played an integral role in transition planning.

I just wanted to check if perhaps I fill the last spot for that day with RN Clayworth and/or if you would prefer stay on an extra day and speak with all care coordinators for those complex patients?

Obviously, I will endeavour to instead arrange for Tania to interview the other care coordinators for those patients if you are not able to.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

[REDACTED]

[REDACTED] www.minterellison.com



Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

From: SKIPPEN, Tania [REDACTED]
Sent: Wednesday, 10 September 2014 03:28 pm
To: KOTZE, Beth; Kristi Geddes
Subject: Re: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Dear Beth and Kristi,
 I can attend on Oct 13 and 14 and confirm that I believe the interviews are best done together.
 Kind regards,
 Tania

On 10 Sep 2014, at 12:47 pm, "KOTZE, Beth" [REDACTED] wrote:

Two days in October is probably more practical.
 I could do 13th and 14th
 Under the circumstances we think we should do the interviews together
 Will just need Tania's confirmation
 B.

Associate Professor Beth Kotze
 MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
 Acting Associate Director, Health System Management
 Mental Health and Drug and Alcohol Office
 NSW Ministry of Health
 Direct Dial: [REDACTED] ; Mobile: [REDACTED] | Fax: [REDACTED]
 Address: [REDACTED]
 Email: [REDACTED]
 Website: www.health.nsw.gov.au/mhdao

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Wednesday, 10 September 2014 12:44 PM
To: KOTZE, Beth
Cc: SKIPPEN, Tania
Subject: Re: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Thanks Beth.

I am not in the office today, but will look at starting to gather the additional requested information when I am back in tomorrow.

In the meantime, as we had discussed, I have now contacted almost all of the relevant witnesses and split them according to patients over one day for Tania in September and one for you in October. I can re-issue the formal requests with new dates, but I'm not sure that all can be done in one day. Are you proposing to stay overnight and spread them across the Monday and Tuesday? I just want to be absolutely sure about dates before I re-issue the interview requests, so that they won't need to be changed again, particularly given that a number have involved insurers/the union.

In relation to the level of specificity, I have sought guidance from the department if they are expecting an individual review of the plans for each patient, or an overall review with specific consideration of the more complex patients. I will let you know when I get their response.

Kind regards,
 Kristi.

Kristi Geddes
 Senior Associate
 Minter Ellison

On 10 Sep 2014, at 11:34 am, "KOTZE, Beth" [REDACTED] wrote:

Dear Kristi

I have now touched base with Tania and this is what we've agreed:

1. Tania will use the 2 days when she comes up in September to finalise the review of the clinical files and to write up the clinical summaries that will be required for the report for all the patients in scope. These will be in the nature of brief over-view of each clinical scenario with particular comment on the documented transition plans.
2. In relation to the care coordinators can you please clarify:
 - a. A number of the patients have 2 care coordinator names written beside them on the summary sheet – what does this mean? Was there a principal coordinator and a buddy? Or were there 2 care coordinators with clearly delineated roles? Some names have 'associate cc' written beside them – but in other cases there are 2 names and no difference noted.
 - b. Is there a written statement of duties for the care coordinators?
 - c. Vanessa Clayworth's name isn't against any of the patients as care coordinator – what was the nature of her role? Was it formalised? If so can we please have a copy of the statement of duties?
 - d. What is 'business as usual' transition/discharge practice for the service as articulated in formal policies and procedures? If there is a service transition/discharge policy and procedure? Can we please have a copy?
 - e. Were there any specific policies/procedures/statement of duties put in place for the transition coordination for these particular patients? If so can we please have a copy?

3. Re the BAC review (?2008) can we please have any excerpt relevant to the topic of transition/discharge planning? Given the very long length of stay of the service one would expect that this would be a major field of activity even during 'business as usual', let alone in preparation for the closure. Did BAC routinely conduct followup of former patients? If so is a summary report available?
4. We will conduct the interviews together – so Tania will come up with me on Monday 13th October. The priorities for the interviews that day are the 2 medical officers (Clinical Director and Acting CD) and the care coordinators for the patients [redacted] and [redacted]. Looking through the sheet, it looks like all the patients in question had at least 2 care coordinators and some 3 but the same care coordinators were involved with more than 1 of the patients – by my calculations it looks like there are [redacted] care coordinators involved with these [redacted] patients? That would be 10 witnesses. I think we should try for 1 hour each for the medical interviews and 45 minutes for the care coordinators.
5. In relation to the ToR and particularly noting 3.1.4 which refers to the information available to clinicians and is quite specific about the care planning for [redacted] we definitely need to get information from the services to which they were referred. Can we obtain some general information about each one (what does the service provide etc) and if they have intake forms or assessments and initial care plans or equivalent? Tania and I can follow up with telephone calls to verify or clarify anything that we need to – so a key contact name and telephone number for each would be helpful.

In essence we are proposing that:

- the medical interviews and the file review and the information from the receiving services deal with the patient cohort overall (ToR 3.1.2;3.1.3,3.1.4)
- the medical interviews, the care coordinator interviews and the file reviews and the info from the receiving services deal with the specific cases identified as having poor outcome or complex transitions (ToR 3.1.4)

Can you clarify your interpretation of 3.1.2 – it could be read to mean that we would have to interview all the patients and their families to get the other side of the story – ie what did they think their needs were and how well were they met? It could also be limited to, based on the documented care planning and interviews, were the psychosocial needs of the patients and families identified comprehensively and comprehensively planned for?

Regards
Beth

Associate Professor Beth Kotze
MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
Acting Associate Director, Health System Management
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Direct Dial: [redacted] | Fax: [redacted]
Address: [redacted]
Email: [redacted]
Website: www.health.nsw.gov.au/mhdao
<image002.png>

From: Kristi Geddes [mailto:[redacted]]
Sent: Tuesday, 9 September 2014 7:56 AM
To: KOTZE, Beth
Subject: Re: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Thanks Beth.

I will do my best to group the care coordinators according to patients, however there may be some overlap issues. Would you like to speak with RN Vanessa Clayworth or would you prefer leave that to Tania? Unfortunately, I do not have specific details of the extent of her involvement with any particular patients, I've just been advised that she played a key role in the transition planning and would therefore be someone we need to speak with.

In the interests of time, do you think it would be possible to obtain the information you require from the receiving agencies via information requests instead of interviews? If so, if you are able to provide me with a list of the specific information you require, I can attend to those requests and hopefully have the information for you upon your return from leave.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes
Senior Associate
Minter Ellison

On 8 Sep 2014, at 5:23 pm, "KOTZE, Beth" <[redacted]@nsw.gov.au> wrote:

Thanks Kristi
If at all possible we need to have the clinicians grouped by patients so that I do all the interviews associated with patient x and Tania does all the interviews associated with patient y.
If we start with the medical staff and the care coordinators for the 6 patients whose files I reviewed that would be good – there were [redacted]

I've had a look at the ToR again and I think it may be difficult to answer 3.1.2 and 3.1.3 in general and 3.1.4 in particular without talking to the agencies that received the referrals because appropriateness goes to the issue of the capacity and capability at the receiving end and the quality of the communication - I am wondering if some of these interviews could be done by telephone if the staff of these agencies are comfortable and willing to cooperate. What do you think?

Beth

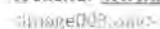
Associate Professor Beth Kotze
MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
Acting Associate Director, Health System Management
Mental Health and Drug and Alcohol Office
NSW Ministry of Health

Direct Dial: [REDACTED] | Mobile: [REDACTED] | Fax: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Website: www.health.nsw.gov.au/mhdao



From: Kristi Geddes [mailto:[REDACTED]]
Sent: Monday, 8 September 2014 11:40 AM
To: KOTZE, Beth
Subject: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Hi Beth,

I hope you had a lovely weekend after your trip up on Friday.

As discussed, I am currently arranging staff interviews for you on Monday, 13 October 2014. You had requested meeting with Dr Brennan, Dr Sadler and then each of the care coordinators for the [REDACTED] In total, that would be 9 witnesses.

I'm allowing an hour for each interview and based on your flight times last Friday, unfortunately that would only leave time for 6. I just wanted to check how you would therefore prefer I prioritise interviews. I have currently prioritised Dr Brennan and Dr Sadler and then at least one care co-ordinator for each patient. That leaves us with one spot left over.

I've been advised by WMHHS that RN Vanessa Clayworth, although not a care coordinator, played an integral role in transition planning.

I just wanted to check if perhaps I fill the last spot for that day with RN Clayworth and/or if you would prefer stay on an extra day and speak with all care coordinators for those complex patients?

Obviously, I will endeavour to instead arrange for Tania to interview the other care coordinators for those patients if you are not able to.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes [REDACTED] / [REDACTED]

www.minterellison.com



Please consider the environment before printing this email

***** IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.

If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.

Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.

Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.

If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.

Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System. Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.

If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.

Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

KG-27

From: Kristi Geddes [mailto: [REDACTED]]
Sent: Thursday, 11 September 2014 10:52 am
To: Wensley Bitton
Cc: Annette McMullan
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Thanks Wensley, much appreciated.

By way of update, Tania and Beth have decided that the interviews will be best conducted together, so will be run over two days on 13 and 14 October 2014. I have contacted almost all relevant witnesses (down to only 12) with formal requests for interviews.

Tania will also be coming up on 22 and 23 September 2014 to conduct her file review and start preparing the report.

At this stage, I believe everyone is still on track for the 31 October 2014 deadline. However, unfortunately, due to the late interview times as a result of Tania and Beth's leave arrangements, any adverse comments made during interviews may cause timing issues in that relevant individuals and/or organisations will need to be given the opportunity to respond.

I will keep you updated and advise straight away if any such issues appear likely to arise.

I also have some further formal requests for information to be issued to WMHHS, [REDACTED] (all except WMHHS were receiving entities for the 6 more complex transitioned patients). Are you happy for me to issue them direct, or would you prefer for them to again go through you?

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]

Minter Ellison Lawyers [REDACTED]
[REDACTED] www.minterellison.com

From: Wensley Bitton [mailto: [REDACTED]]
Sent: Thursday 11 September 2014 10:41 am
To: Kristi Geddes
Cc: Annette McMullan; Wensley Bitton
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Kristi,

I have been instructed that it will be sufficient to consider the appropriateness of the plans generally and then give specific consideration [REDACTED]

Kind regards
Wensley

From: Wensley Bitton
Sent: Wednesday, 10 September 2014 10:21 AM
To: Kristi Geddes
Cc: Annette McMullan; Wensley Bitton
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Kristi

I am still waiting to hear back from Dr Cleary about this.

Thanks
Wensley

From: Kate Blatchly [mailto: [REDACTED]] **On Behalf Of** Kristi Geddes
Sent: Tuesday, 9 September 2014 11:56 AM
To: Wensley Bitton
Cc: Annette McMullan
Subject: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Wensley,

I just wanted to check with you if there is an expectation that the investigation and report will specifically consider the appropriateness of transition plan for each individual patient, or if it will be sufficient to consider the appropriateness of the plans generally and then give specific consideration [REDACTED]

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

[REDACTED]
Minter Ellison Lawyers

www.minterellison.com

 Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia [REDACTED] or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

From: Wensley Bitton [REDACTED]
Sent: Thursday, 11 September 2014 11:27 am
To: Kristi Geddes
Cc: Annette McMullan; Wensley Bitton
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Kristi

Thanks for the update.

Please do all you can to keep on track for that deadline of 31 October 2014. I do acknowledge natural justice rights but please notwithstanding do all you can to keep on track.

I am happy for you to issue documentation requests directly if you have an existing senior contact that has already assisted you.

For new QH area requests, I will co-ordinate through John Allen to ensure that they are actioned by the right person and no wastage of time.

 Please send me the new ones we need to action.

Thanks
Wensley


From: Kristi Geddes [mailto:REDACTED]
Sent: Thursday, 11 September 2014 10:52 AM
To: Wensley Bitton
Cc: Annette McMullan
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Thanks Wensley, much appreciated.

By way of update, Tania and Beth have decided that the interviews will be best conducted together, so will be run over two days on 13 and 14 October 2014. I have contacted almost all relevant witnesses (down to only 12) with formal requests for interviews.

Tania will also be coming up on 22 and 23 September 2014 to conduct her file review and start preparing the report.

At this stage, I believe everyone is still on track for the 31 October 2014 deadline. However, unfortunately, due to the late interview times as a result of Tania and Beth's leave arrangements, any adverse comments made during interviews may cause timing issues in that relevant individuals and/or organisations will need to be given the opportunity to respond.

I will keep you updated and advise straight away if any such issues appear likely to arise.

I also have some further formal requests for information to be issued to WMHHS, [REDACTED] (all except WMHHS were receiving entities for the 6 more complex transitioned patients). Are you happy for me to issue them direct, or would you prefer for them to again go through you?

Kind regards,
Kristi.

Kristi Geddes Senior Associate

Minter Ellison Lawyers Waterfront Place • 7 Eagle Street • Brisbane • QLD 4000
www.minterellison.com

From: Wensley Bitton [mailto:]
Sent: Thursday 11 September 2014 10:41 am
To: Kristi Geddes
Cc: Annette McMullan; Wensley Bitton
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Kristi,

I have been instructed that it will be sufficient to consider the appropriateness of the plans generally and then give specific consideration to .

Kind regards
Wensley

From: Wensley Bitton
Sent: Wednesday, 10 September 2014 10:21 AM
To: Kristi Geddes
Cc: Annette McMullan; Wensley Bitton
Subject: RE: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Kristi

I am still waiting to hear back from Dr Cleary about this.

Thanks
Wensley

From: Kate Blatchly [mailto:] **On Behalf Of** Kristi Geddes
Sent: Tuesday, 9 September 2014 11:56 AM
To: Wensley Bitton
Cc: Annette McMullan
Subject: Barrett Health Service Investigation [ME-ME.FID2743997]

Hi Wensley,

I just wanted to check with you if there is an expectation that the investigation and report will specifically consider the appropriateness of transition plan for each individual patient, or if it will be sufficient to consider the appropriateness of the plans generally and then give specific consideration to .

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

t [] f [] m + []
Minter Ellison Lawyers []
www.minterellison.com

 Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery).

Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia [REDACTED] or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

KG-28

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 12:54 pm
To: 'Wensley Bitton'
Subject: Barrett - further request for information/documents [ME-ME.FID2743997]
Attachments: Letter to [REDACTED] - 11.09.14.pdf; Letter to [REDACTED] - 11.09.14.pdf; Appointments and Terms of Reference.pdf

Dear Wensley

Please see **attached** correspondence.

Regards

Kristi Geddes Senior Associate

[REDACTED]
www.minterellison.com



11 September 2014

DX 102 BRISBANE www.minterellison.com
T F+6

BY EMAIL c/-

Dear

Health Service Investigation – Barrett Adolescent Psychiatric Centre

We confirm the appointment of Associate Professor Beth Kotze, Ms Tania Skippen and the writer as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre (**the Centre**). These appointments were pursuant to instruments of appointment dated 14 August 2014 and we **enclose**, for your reference, a copy of the writer's Instrument of Appointment and the relevant Terms of Reference for the investigation.

We understand that from the Centre, was transitioned to the following the closure of the Centre in January 2014 and until

The investigators would appreciate your assistance in coordinating the provision of the following documents and information in order to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Records held by regarding the care received and relating to transition there; and
2. Further information generally about the service provided by the including any policies and/or procedures about intake of patients.

We request that the documents and information be provided by close of business next Friday, 19 September 2014. Please let us know if that is likely to cause you any difficulties.

Yours faithfully

MINTER ELLISON

Contact: Kristi Geddes Direct phone: Direct fax:
Email:
Partner responsible: Shane Evans Direct phone
Our reference: SGE KXMM 1084936

enclosure

MINTER ELLISON GROUP AND ASSOCIATED OFFICES
ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON



11 September 2014

DX 102 BRISBANE www.minterellison.com
T [REDACTED] F [REDACTED]

BY EMAIL c/- [REDACTED]

Dear [REDACTED]

Health Service Investigation – Barrett Adolescent Psychiatric Centre

We confirm the appointment of Associate Professor Beth Kotze, Ms Tania Skippen and the writer as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre (**the Centre**). These appointments were pursuant to instruments of appointment dated 14 August 2014 and we **enclose**, for your reference, a copy of the writer's Instrument of Appointment and the relevant Terms of Reference for the investigation.

We understand that [REDACTED] from the Centre, [REDACTED] were transitioned [REDACTED] following the closure of the Centre in January 2014. [REDACTED] transitioned to [REDACTED]

The investigators would appreciate your assistance in coordinating the provision of the following documents and information in order to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Records held by [REDACTED] regarding the care received and relating to their transition; and
2. Further information generally about the services provided by [REDACTED] including any policies and/or procedures about intake of patients.

We request that the documents and information be provided by close of business next Friday, 19 September 2014. Please let us know if that is likely to cause you any difficulties.

Health Service Investigation – Barrett Adolescent Psychiatric Centre
11 September 2014

2

Yours faithfully

MINTER ELLISON

[Redacted signature block]

Contact: Kristi Geddes Direct phone: [Redacted] Direct fax: [Redacted]
Email: [Redacted]
Partner responsible: Shane Evans Direct phone: [Redacted]
Our reference: SGE KXMM 1084936

enclosure

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

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

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH

108/2014

14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tanla Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.



IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

SCHEDULE 1**QUEENSLAND HEALTH****INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES
FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE****TERMS OF REFERENCE****1. Purpose**

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

2. Appointment

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

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

3. Scope of the investigation

The functions of the health service investigators are to:

- 3.1. Investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

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

- (a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- 3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
 - 3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
 - 3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for [REDACTED] should be undertaken.
- 3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:
 - 3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and
 - 3.2.2. any other matter identified during the course of the investigation.

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

4. Power of the Health Service Investigators

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

5. Conduct of the investigation

- 5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.
- 5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.
- 5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.
- 5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.
- 5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.
- 5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading '*Assessment of Evidence*'.
- 5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.
- 5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.
- 5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

SCHEDULE 2
INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tanja Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the indemnified") in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy 13, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this Instrument.

14 AUG 2014

Signed this day of 2014.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH

From: Kristi Geddes ([REDACTED])
Sent: Thursday, 11 September 2014 12:57 pm
To: [REDACTED]
Cc: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to Sharon Kelly - 11.09.14.pdf; Appointments and Terms of Reference.pdf

Dear Ms Kelly

Please see **attached** correspondence.

Regards

Kristi Geddes Senior Associate

[REDACTED]
Minter Ellison Lawyers [REDACTED]

www.minterallison.com



11 September 2014

DX 102 BRISBANE www.minterellison.com
T F

BY EMAIL

Sharon Kelly
Executive Director of Mental Health and Specialised Services
West Moreton Hospital and Health Service

Dear Ms Kelly

Health Service Investigation – Barrett Adolescent Psychiatric Centre

As you are aware, Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office have been appointed investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre.

The investigators would appreciate your assistance in coordinating the provision of the following further information and/or documents to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Any document setting out a statement of duties or role description for care coordinators;
2. Information about the shared role of care coordinators, where patients were allocated more than one or also allocated an 'associate care coordinator', including whether there were clearly delineated roles between them;
3. Information and/or documents about the 'business as usual' transition/discharge practice for the service, as articulated in formal policies and procedures, including any service transition/discharge policy or procedure;
4. Any specific policies, procedures and/or statements of duties put in place for the transition coordination for these particular patients;
5. Further information about the role played by RN Vanessa Clayworth and Megan Hayes, OT, in the transition planning process, including whether specific roles were ever formalised and copies of any applicable written statements of duties and/or role descriptions developed; and
6. Whether BAC routinely conducted follow up with former patients and, if so, copies of any policies and/or procedures regarding the practice and summary reports of the outcomes from such follow up; and

MINTER ELLISON GROUP AND ASSOCIATED OFFICES
ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

Health Service Investigation – Barrett Adolescent Psychiatric Centre
11 September 2014

2

7. In relation to the BAC Review conducted in or around 2008, please provide any excerpt relevant to the topic of transition and/or discharge planning of patients.

We request that the information and documents be provided by close of business next Friday, 19 September 2014. Please let us know if that is likely to cause you any difficulties.

Thank you very much for your assistance and cooperation to date.

Yours faithfully
MINTER ELLISON

Contact: Kristi Geddes Direct phone: +61 7 3 [REDACTED] Direct fax: [REDACTED]
Email: [REDACTED]
Partner responsible: Shane Evans Direct phone: [REDACTED]
Our reference: SGE KXMM 1084936

enclosure


cc: Holly Ahern, Legal Services, WMHHS
[REDACTED]

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.



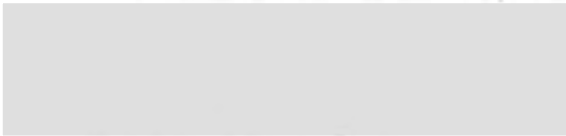
IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
108 / 2014
14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.




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

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by 16 September 2014 or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.



IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

SCHEDULE 1**QUEENSLAND HEALTH****INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES
FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE****TERMS OF REFERENCE****1. Purpose**

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

2. Appointment

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

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

3. Scope of the investigation

The functions of the health service investigators are to:

- 3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

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

- (a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- 3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
- 3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for [REDACTED] should be undertaken.
- 3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:
 - 3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and
 - 3.2.2. any other matter identified during the course of the investigation.

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

4. Power of the Health Service Investigators

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

5. Conduct of the investigation

- 5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.
- 5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.
- 5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.
- 5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.
- 5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.
- 5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading *'Assessment of Evidence'*.
- 5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.
- 5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.
- 5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

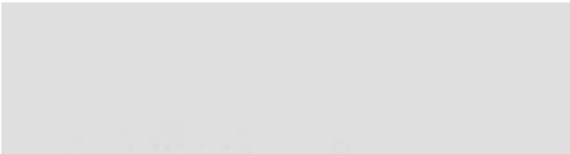
SCHEDULE 2
INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health (the indemnified) in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy 13, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this Instrument.

14 AUG 2014

Signed this day of 2014.



IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 04:30 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to [REDACTED] - 11.09.14.pdf; Appointments and Terms of Reference.pdf

Dear [REDACTED]

Please see **attached** correspondence.

Regards

Kristi Geddes Senior Associate

[REDACTED]
Minter Ellison Lawyers [REDACTED]

www.minterellison.com



11 September 2014

DX 102 BRISBANE www.minterellison.com
T F

BY EMAIL

Dear

Health Service Investigation – Barrett Adolescent Psychiatric Centre

We confirm the appointment of Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre (**the Centre**). These appointments were pursuant to instruments of appointment dated 14 August 2014 and we **enclose**, for your reference, a copy of the relevant Instruments of Appointment and Terms of Reference for the investigation.

We understand that care [redacted] from the Centre, [redacted], was transitioned to [redacted] following the closure of the Centre in January 2014 [redacted]

The investigators would appreciate your assistance in coordinating the provision of the following documents and information in order to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Records held by [redacted] regarding the care [redacted] received and relating to [redacted] transition of care; and
2. Further information generally about the service provided by [redacted] including any policies and/or procedures about intake of patients.

We request that the documents and information be provided by close of business next Friday, 19 September 2014. Please let us know if that is likely to cause you any difficulties.

Yours faithfully

MINTER ELLISON

Contact: Kristi Geddes Direct phone: [redacted] Direct fax: [redacted]
Email: [redacted]
Partner responsible: Shane Evans Direct phone: [redacted]
Our reference: SGE KXMM 1084936

enclosure

MINTER ELLISON GROUP AND ASSOCIATED OFFICES
ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
108 / 2014

14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

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

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

SCHEDULE 1**QUEENSLAND HEALTH****INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES
FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE****TERMS OF REFERENCE****1. Purpose**

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

2. Appointment

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

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

3. Scope of the investigation

The functions of the health service investigators are to:

- 3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

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

- (a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- 3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
- 3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for [REDACTED] should be undertaken.
- 3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:
 - 3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and
 - 3.2.2. any other matter identified during the course of the investigation.

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

4. Power of the Health Service Investigators

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

5. Conduct of the investigation

- 5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.
- 5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.
- 5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.
- 5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.
- 5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.
- 5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading '*Assessment of Evidence*'.
- 5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.
- 5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.
- 5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

SCHEDULE 2
INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the indemnified") in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy 13, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this Instrument.

14 AUG 2014

Signed this day of 2014.

.....
TANIA WATKINS
DIRECTOR-GENERAL
QUEENSLAND HEALTH

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 04:32 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to [REDACTED] - 11.09.14.pdf

Dear [REDACTED]

Please see **attached** correspondence.

Regards

Kristi Geddes Senior Associate

t [REDACTED] f [REDACTED]

Minter Ellison Lawyers [REDACTED]

www.minterellison.com



11 September 2014

DX 102 BRISBANE www.minterellison.com
T F+

BY EMAIL

Dear

Health Service Investigation – Barrett Adolescent Psychiatric Centre

As you are aware, Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office have been appointed investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre.

We understand that [redacted] from the Centre, [redacted] was transitioned to the [redacted] following the closure of the Centre in January 2014.

The investigators would appreciate your assistance in coordinating the provision of the following further information and/or documents to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Records held by [redacted] regarding the care [redacted] received and relating to [redacted] transition there; and
2. Further information generally about the service provided by the [redacted] including any policies and/or procedures about intake of patients.

We request that the documents and information be provided by close of business next Friday, 19 September 2014. Please let us know if that is likely to cause you any difficulties.

Yours faithfully
MINTER ELLISON

A handwritten signature in dark ink, appearing to read 'Kristi Geddes'.

Contact: Kristi Geddes Direct phone: [redacted] Direct fax: [redacted]
Email: [redacted]
Partner responsible: Shane Evans Direct phone: [redacted]
Our reference: SGE KXMM 1084936

MINTER ELLISON GROUP AND ASSOCIATED OFFICES
ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 04:59 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to [REDACTED] - 11.09.14.pdf; Appointments and Terms of Reference.pdf

Dear [REDACTED]

Please see **attached** correspondence.

Regards

Kristi Geddes Senior Associate

Minter Ellison Lawyers [REDACTED]

www.minterellison.com



11 September 2014

DX 102 BRISBANE www.minterellison.com
T F+

BY EMAIL

Dear

Health Service Investigation – Barrett Adolescent Psychiatric Centre

We confirm the appointment of Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre (**the Centre**). These appointments were pursuant to instruments of appointment dated 14 August 2014 and we **enclose**, for your reference, a copy of the relevant Instruments of Appointment and Terms of Reference for the investigation.

We understand that care one of the patients from the Centre, was transitioned to following the closure of the Centre in January 2014

The investigators would appreciate your assistance in coordinating the provision of the following documents and information in order to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Records held by regarding the care received and relating to transition of care; and
2. Further information generally about the service provided by , including any policies and/or procedures about intake of patients.

We request that the documents and information be provided by close of business next Friday, 19 September 2014. Please let us know if that is likely to cause you any difficulties.

Yours faithfully

MINTER ELLISON

Contact: Kristi Geddes Direct phone: Direct fax:
Email:
Partner responsible: Shane Evans Direct phone:
Our reference: SGE KXMM 1084936

enclosure

MINTER ELLISON GROUP AND ASSOCIATED OFFICES
ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

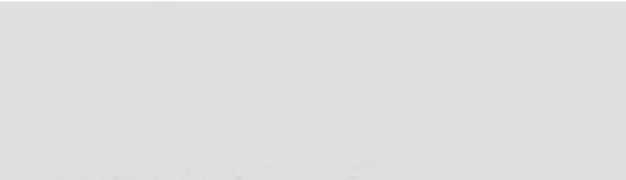
IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014
14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tanla Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.



IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

SCHEDULE 1**QUEENSLAND HEALTH****INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES
FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE****TERMS OF REFERENCE****1. Purpose**

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

2. Appointment

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

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

3. Scope of the investigation

The functions of the health service investigators are to:

- 3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

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

- (a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- 3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
- 3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for [REDACTED] should be undertaken.
- 3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:
 - 3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and
 - 3.2.2. any other matter identified during the course of the investigation.

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

4. Power of the Health Service Investigators

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

5. Conduct of the investigation

- 5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.
- 5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.
- 5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.
- 5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.
- 5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.
- 5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading '*Assessment of Evidence*'.
- 5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.
- 5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.
- 5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

SCHEDULE 2
INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the Indemnified") in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy 13, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this instrument.

14 AUG 2014

Signed this day of 2014.

.....
DIRECTOR-GENERAL
QUEENSLAND HEALTH

KG-29

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 04:29 pm
To: [REDACTED]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Mara,

Further to our conversation this morning, I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skippen, at 9:15am on Monday, 13 October 2014. As noted in our letter, the interview will take place in our offices on [REDACTED]

Thank you very much for your cooperation and I again apologise for the changes in dates.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]
[REDACTED] www.minterellison.com

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Tuesday 9 September 2014 11:29 am
To: [REDACTED]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Kochardy,

I am sincerely sorry to do this, but unfortunately I will need to change your interview day from Monday, 13 October 2014 to Tuesday, 23 September 2014 and it will be with Tania Skippen, not A/Prof Beth Kotze.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]
Minter Ellison Lawyers [REDACTED]
[REDACTED] www.minterellison.com

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Monday 8 September 2014 02:22 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Kochardy

Please see attached correspondence.

Kind regards

Kristi Geddes Senior Associate
[REDACTED]
Minter Ellison Lawyers [REDACTED]
[REDACTED] www.minterellison.com

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 04:32 pm
To: Trevor Sadler
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Thank you, Dr Sadler.

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skippen, to take place at 3:45pm on Monday, 13 October 2014. As noted in our letter, the interview will take place in our offices on [REDACTED]

Thank you very much for your cooperation.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]
[REDACTED] www.minterellison.com

From: Trevor Sadler [mailto:[REDACTED]]
Sent: Monday 8 September 2014 09:48 pm
To: Kristi Geddes
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Geddes,

Thank you for the information. I will, of course, co-operate.

I don't know Dr Koske's timetable. If possible, I would appreciate being scheduled towards the end of the day. I'm fine if it needed to go longer than an hour. There is a lot to be said and explained about my concerns for patients at the time.

Kind regards,

Trevor

From: Kate Blatchly [mailto:[REDACTED]] **On Behalf Of** Kristi Geddes
Sent: Monday, 8 September 2014 11:55 AM
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Dr Sadler

Please see **attached** correspondence.

Kind regards

Kristi Geddes Senior Associate
[REDACTED]
Minter Ellison Lawyers [REDACTED] www.minterellison.com

 Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly

prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access), Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 04:37 pm
To: [REDACTED]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Richardson,

I am sincerely sorry to do this, but unfortunately I will need to change your interview day from Tuesday, 23 September 2014 to **Tuesday, 14 October 2014 at 9:00am**. It will also now be with both Ms Tania Skippen and A/Prof Beth Kotze.

Could you please confirm your availability for this interview.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

[REDACTED]

[REDACTED] www.minterellison.com



From: Kristi Geddes [mailto:[REDACTED]]
Sent: Tuesday 9 September 2014 02:52 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Richardson

Please see **attached** correspondence.

Kind regards

Kristi Geddes Senior Associate

[REDACTED]

[REDACTED] www.minterellison.com

From: Rosangela [REDACTED]
Sent: Thursday, 11 September 2014 05:42 pm
To: Kristi Geddes
Subject: Re: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]


I'm confirming the interview date for the 14th of October 2014

Thank you
Rosangela Richardson

On 11 Sep 2014, at 4:37 pm, Kristi Geddes [REDACTED] wrote:

Dear Ms Richardson,

I am sincerely sorry to do this, but unfortunately I will need to change your interview day from Tuesday, 23 September 2014 to **Tuesday, 14 October 2014 at 9:00am**. It will also now be with both Ms Tania Skippen and A/Prof Beth Kotze.

ould you please confirm your availability for this interview.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]
www.minterellison.com

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Tuesday 9 September 2014 02:52 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Richardson

Please see **attached** correspondence.

Kind regards

 Kristi Geddes Senior Associate
[REDACTED]
www.minterellison.com

 Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

From: Brenton Page [REDACTED]
Sent: Thursday, 11 September 2014 11:32 am
To: Kristi Geddes
Subject: Re: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Ok thanks, will be there at 1pm on Tuesday.

Yep my mobile will be the best contact.

Thanks Kristi,

Brenton.

On Thursday, September 11, 2014, Kristi Geddes - [REDACTED] wrote:
 Thanks Brenton.

I will arrange a meeting room and copies of the patient files for you to review from 1:00pm until 2:00pm next Tuesday (though I expect should only take you 20-30 minutes). You will need to come to reception on [REDACTED]

Unfortunately, I will not be in the office next Tuesday, but I will make sure that someone is available to assist you as necessary.

I will otherwise book your interview by telephone at 11:00am Brisbane time on Monday, 13 October 2014. I'm assuming the your mobile - [REDACTED] - will be the best contact. Please advise if this is not the case.

Kind regards,
 Kristi.

Kristi Geddes Senior Associate

[REDACTED]
 [REDACTED]
www.minterallison.com

From: Brenton Page [mailto:[REDACTED]]
Sent: Thursday 11 September 2014 11:03 am
To: Kristi Geddes
Subject: Re: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Hey Kristi,

Is 1pm ok on Tuesday to visit your offices, I can head there from the airport. Where do I need to go?

Monday the 13th of Oct is probably the best time for the phone interview, maybe 11am would be the best time, although I may be in transit as I'll still be on tour, but I think it should be ok.

I can have a look at [REDACTED] files if you like, but I didnt really have anything to do with [REDACTED] transition, as I only came on as [REDACTED] associate CC towards the end, and was not involved with [REDACTED] transition.

Brenton.

On Thu, Sep 11, 2014 at 10:35 AM, Kristi Geddes [REDACTED] wrote:
 Thanks Brenton.

Unfortunately, neither of the other two investigators are available for an interview at that time, so I am proposing that you attend our offices during the afternoon that day, to review the patient files for those patients the investigators wish to discuss with you (T and E and then we can arrange a phone interview on either 13 or 14 October 2014.

Could you please confirm that will be suitable and let me know:

1. What time you can attend our offices next Tuesday, 16 September 2014 to review the patient charts; and
2. What time on 13 or 14 October 2014 (Brisbane time) you will be available for a telephone interview and the best contact number for that interview.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

T.
M.

www.minterellison.com

From: Brenton Page [mailto:]

Sent: Tuesday 9 September 2014 04:57 pm

To: Kristi Geddes

Subject: Re: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Hey Kristi,

I had a look at my tour run sheet, and by the looks I'm only in Brisbane for one day for the next few weeks, I land in Brisbane around midday on the 16th of this month, is there any time that afternoon you guys are available?

On Tuesday, September 9, 2014, Kristi Geddes - wrote:

Dear Mr Page

Please see **attached** correspondence.

Regards

Kristi Geddes Senior Associate

Minter Ellison Lawyers

www.minterellison.com



Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

From: Kristi Geddes [REDACTED]
Sent: Thursday, 11 September 2014 11:28 am
To: SKIPPEN, Tania; KOTZE, Beth
Subject: Proposed interview schedule [ME-ME.FID2743997]
Attachments: Barrett - interview schedules.DOCX


Dear Tania and Beth,

I have now prepared the **enclosed** proposed interview schedule for 13 and 14 October 2014. This would be based on the following flights for you both:

1. 13 October 2014 leave Sydney 7:35am, arrive Brisbane 8:05am
2. 14 October 2014 leave Brisbane 3:25pm, arrive Sydney 6:00pm

Please let me know if there are any issues or concerns and I will attempt to address. Some of the times have now been confirmed, but there is still some room to move. I appreciate that with daylight saving, the schedule for 13 October may be a little heavy, and you may wish to move one or two to the following day.

Once I have confirmed you are happy with the proposal, I will finalise with all of the witnesses.

 I am still waiting for further information about the specific roles played by Megan Hayes and Vanessa Clayworth, I have left them at the end of the schedule.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]

Minter Ellison Lawyers [REDACTED]
[REDACTED] www.minterellison.com

Proposed interview schedule [ME-ME.FID2743997]->Barrett - interview schedules.DOCX

MinterEllison

L A W Y E R S

File Note

Author Kristi Geddes

Matter Queensland Health
Health Service Investigation - Barrett Adolescent Centre
1084936

Date 11 September 2014

Subject Proposed interview schedules

Monday 13 October 2014		
8:45am	Arrive ME Brisbane	
9:15am	RN Mara Kochardy	Care coordinator for [REDACTED]
10:00am	RN Moira Macleod	Care coordinator for [REDACTED]
10:45am	Break	
11:00am	RN Brenton Page	Care coordinator for [REDACTED] and [REDACTED] (by phone)
11:45am	RN Matthew Beswick	Care coordinator for [REDACTED] and [REDACTED]
12:30pm	Break	
1:00pm	RN Peta-Louise Yorke	Care coordinator for [REDACTED] and [REDACTED]
1:45pm	CN Susan Daniel	Care coordinator for [REDACTED]
2:30pm	Break	
2:45pm	Dr Anne Brennan	Clinical Director from September 2013
3:45pm	Dr Trevor Sadler	Clinical Director until September 2013
4:45pm	Finish	
Tuesday 14 October 2014		
9:00am	RN Rosangela Richardson	Care coordinator for [REDACTED] and [REDACTED]

Proposed interview schedule [ME-ME.FID2743997]->Barrett - interview schedules.DOCX

2

9:45am	RN Victoria Young	Care coordinator for ■■■
10:30am	Break	
10:45am	Megan Hayes	OT, active role in transition planning
11:45am	RN Vanessa Clayworth	Active role in transition planning
12:45pm	Break	
1:00pm	Further interviews/dictate report/meet with Kristi Geddes	
2:00pm	Finish and leave for airport	

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

TIME (end)

PAGE

OF

Circle activity

With whom

TO

TI

CW

AT

Des Corone know?

As best the Dept can
tell, yes.

Support person - Holly
or Lisa?

Discussed:

- not involved
- keeping in mind
confidentiality.

Advised who interviewed

cc Cor

+ Drs

+ maybe meg Hays
Vanessa Chapman

-> meeting on Luther
ala.

L A W Y E R S

CLIENT

MATTER

FILE NO

AUTHOR

DATE _____

TIME (start)

TIME (end)

PAGE

OF

am/pm

am/pm

Circle activity

With whom

TO

TI

CW

AT

a

Reminders

Who agreed to do what?

By when?

Without prejudice stipulated?

From: Kristi Geddes [REDACTED]
Sent: Monday, 15 September 2014 08:56 am
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to Victoria Young - 12.09.14.pdf; Appointments and Terms of Reference.pdf

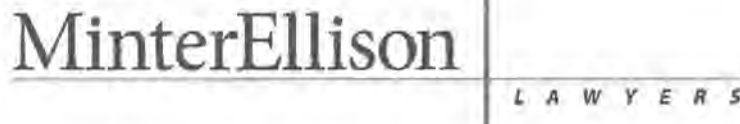
Dear Ms Young

Please see **attached** correspondence.

Kind regards

Kristi Geddes Senior Associate

[REDACTED]
[REDACTED] www.hinterellison.com



12 September 2014

DX 102 BRISBANE www.minterellison.com
T F +

By post and

PRIVATE & CONFIDENTIAL

Victoria Young

Dear Ms Young

Health Service Investigation - Barrett Adolescent Psychiatric Centre

Thank you for your time in discussing this matter with us today.

We confirm the appointment of Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre (**the Centre**) and transition of patients.

These appointments are pursuant to instruments of appointment dated 14 August 2014, copies of which are **enclosed**, together with the relevant Terms of Reference.

Part of our terms of reference for this investigation is to consider if the transition plans developed for individual patients was appropriate, in light of information available to clinicians and staff of the Centre between 6 August 2013 and its closure in January 2014.

As a staff member of the Centre during the relevant period and care co-ordinator for a then inpatient of the Centre, the investigators consider your evidence is relevant for the investigation in this regard and request your assistance by attending an interview. As you will note, under the instrument of appointment, the investigators have been delegated authority under the *Hospital and Health Boards Act 2011* to interview any person who may be able to provide information which assists in the investigation.

It is proposed that the interview take place at 9:45am on Tuesday, 14 October 2014, at our offices on [REDACTED]. Both A/Prof Beth Kotze and Ms Tania Skippen will be conducting the interview with you, and we anticipate it will take no longer than one hour. You are welcome to bring along a support person with you, but we reiterate the confidentiality of this process. Clinical records for individual patients will be available for your review during the interview.

Could you please confirm your availability to participate in the proposed interview?

MINTER ELLISON GROUP AND ASSOCIATED OFFICES
ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

12 September 2014

2

We look forward to hearing from you.

Yours faithfully

MINTED ELLISON

Contact: Kristi Geddes Direct phone: Direct fax:
Email: kristi
Partner responsible: Shane Evans Direct phone: +61 7 3119 6450
Our reference: SGE KXMM 1084936

enclosure

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, appoint, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
108 / 2014
14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.
3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

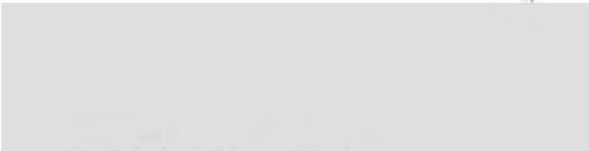
IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014
14 AUG 2014

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, IAN MAYNARD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, ("the appointee"), as a health service investigator to investigate and report on matters relating to the management, administration or delivery of public sector health services in Queensland Health statewide as set out in the Terms of Reference contained in Schedule 1, and provide a written report to me by **16 September 2014** or such other date as agreed by me.

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.
2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.



IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

SCHEDULE 1

QUEENSLAND HEALTH

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

TERMS OF REFERENCE

1. Purpose

The purpose of this health service investigation is to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measures undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

2. Appointment

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

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

3. Scope of the investigation

The functions of the health service investigators are to:

- 3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

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

- (a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- 3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
- 3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for [REDACTED] should be undertaken.
- 3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:
 - 3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and
 - 3.2.2. any other matter identified during the course of the investigation.

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

4. Power of the Health Service Investigators

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

5. Conduct of the investigation

- 5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.
- 5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.
- 5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.
- 5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.
- 5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.
- 5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading '*Assessment of Evidence*'.
- 5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.
- 5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.
- 5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

SCHEDULE 2

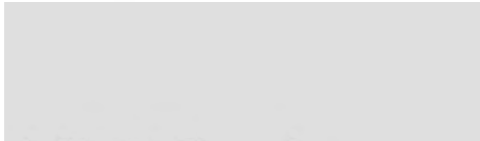
INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tanja Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the indemnified") in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy 13, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this Instrument.

14 AUG 2014

Signed this day of 2014.


IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH

MinterEllison**KG-32**

L A W Y E R S

15 September 2014

DX 102 BRISBANE www.minterellison.com

BY REGISTERED POST – PRIVATE & CONFIDENTIAL

Susan Daniel

Dear Ms Daniel

Health Service Investigation - Barrett Adolescent Psychiatric Centre

We confirm the appointment of Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre (**the Centre**) and transition of patients.

These appointments are pursuant to instruments of appointment dated 14 August 2014, copies of which are **enclosed**, together with the relevant Terms of Reference.

Part of our terms of reference for this investigation is to consider if the transition plans developed for individual patients was appropriate, in light of information available to clinicians and staff of the Centre between 6 August 2013 and its closure in January 2014.

As a staff member of the Centre during the relevant period and care co-ordinator for a then inpatient of the Centre, the investigators consider your evidence is relevant for the investigation in this regard and request your assistance by attending an interview. As you will note, under the instrument of appointment, the investigators have been delegated authority under the *Hospital and Health Boards Act 2011* to interview any person who may be able to provide information which assists in the investigation.

It is proposed that the interview take place at **1:45pm on Monday, 13 October 2014**, at our offices on [REDACTED] Both A/Prof Beth Kotze and Ms Tania Skippen will be conducting the interview with you, and we anticipate it will take no longer than one hour. You are welcome to bring along a support person with you, but we reiterate the confidentiality of this process. Clinical records for individual patients will be available for your review during the interview.

Could you please confirm your availability for the proposed interview?

We look forward to hearing from you.

MINTER ELLISON GROUP AND ASSOCIATED OFFICES

ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

15 September 2014

2

Yours faithfully
MINTER ELLISON

Contact: Kristi Geddes Direct phone: [REDACTED] Direct fax: [REDACTED]
Email: [REDACTED]
Partner responsible: Shane Evans Direct phone: [REDACTED]
Our reference: SGE KXMM 1084936

enclosure

MinterEllison

Post service request

Submitted by	Kate Blatchly		15/Sep/2014	01:59 pm	
	Name	Extension	Date	Time	Office/WS location
Requested by	Kristi Geddes		BKXMM		
	Name (lawyer/manager)	Extension	Login code		
Matter No.	1084936				
Firm charge (55)	<input type="checkbox"/>				
	Partner/Senior Associate/Manager's name			Signature	

Post service instructions

NOTE:

- Restrictions may apply for Express Post next business day delivery*
- Additional fee for Registered Post delivery confirmation services*

* For more information enquire at the courier desk – Business Services

Type of service

- ☐ Express Post (Please supply 1 additional label)
- ☒ Registered Post (Please supply 2 additional labels) ☒ Delivery confirmation ☐ Person to Person
- ☐ Bulk mail out

Postal address

Name & Address:

PRIVATE & CONFIDENTIAL

Susan Daniel

Special instructions

Office use only

Express or Registered
Post Barcode number _____ Cost (pre-GST) \$ _____ Person _____

Form: INTNAT089 9/2009

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

am/pm

TIME (end)

am/pm

PAGE

OF

Circle activity

With whom

TO

TI

CW

AT

Ltr to

197

194(2) - does not
apply to that

Not under H+HBA

MinterEllison**KG-34**

L A W Y E R S

15 September 2014

DX 102 BRISBANE www.minterellison.com

T F

BY COURIER

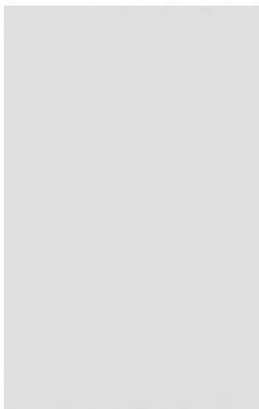
Harry McCay
Head of Legal
Avant Mutual Group
Level 11, 100 Wickham Street
FORTITUDE VALLEY QLD 4006

Dear Harry

Health Service Investigation - Barrett Adolescent Psychiatric Centre

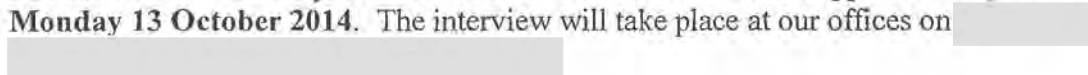
Further to our recent correspondence and discussions about the above investigation and proposed interview between investigators, Associate Professor Beth Kotze, Ms Tania Skippen, and your client Dr Anne Brennan, we confirm the following:

1. It is intended that the discussion about the transition planning for patients include a general discussion about the process for all patients, but be focussed on the following six more complex patients of the Barrett Adolescent Psychiatric Centre:



We **enclose** electronic copies of the records we hold, and which form part of the investigation, for these six patients. We note that these records are not complete, but rather have been provided by the facility with the intention of covering only the transition period, plus some prior months as background to their condition.

2. The interview will take place with both A/Prof Kotze and Ms Skippen at **2:45pm on Monday 13 October 2014**. The interview will take place at our offices on



MINTER ELLISON GROUP AND ASSOCIATED OFFICES

ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

15 September 2014

2

3. There may be some additional discussion during the interview about the relevant governance model, to the extent that Dr Brennan's involvement allows, addressing the relevant issues set out in the Terms of Reference for the investigation.

Please advise if you require anything further, otherwise, we look forward to meeting with you and Dr Brennan for the interview on 13 October 2014.

Yours faithfully
MINTER ELLISON

Contact: Kristi Geddes Direct phone: [REDACTED]
Email: [REDACTED]
Partner responsible: Shane Evans Direct phone: +61 [REDACTED]
Our reference: SGE KXMM 1084936

enclosures

cc by email, without enclosures – Dr Anne Brennan, [REDACTED]

E-MAILED

16/9/14 9:08 am

Courier service request

Submitted by	Kate Blatchly		16/Sep/2014	09:00 am	
	Name	Extension	Date	Time	Courier's location
Requested by	Kristi Geddes		BKXMM		
	Name (lawyer/manager)	Extension	Login code		
Matter No.	1084936				
Firm charge (55)	<input type="checkbox"/>				
	Partner/Senior Associate/Manager's name			Signature	

Courier service instructions

NOTE:

- Phone number required for all recipients
- Turn around times subject to traffic, weather, location and size of delivery
- Normal delivery times (shown in brackets) are from the time the article is collected by the courier driver, NOT from the time the article is left at the courier desk

Type of service ☒ Delivery ☐ Pick up ☐ Delivery and Return

CBD/Suburban

☒ To be delivered in 30 mins to 1 hour

☐ To be delivered in 1 to 2 hours

☐ To be delivered in 2 to 4 hours

Domestic (Regional/Interstate)

☐ Same day

☐ Overnight by _____

☐ Off peak by road

International

☐ Overseas DOCUMENTS
plain/un-bound

☐ Overseas NON DOCUMENTS
and DOCUMENTS in folders,
bound or pamphlets and
marketing material etc.
(a customs declaration is required)

Deliver to

Name & Address:

Phone number:

The company is located in a Government building
(Brisbane office only)

☐

Pick up from

Name & Address:

Phone number:

The company is located in a Government building
(Brisbane office only)

☐

Special instructions

Office use only

Time booked	_____	Job number	_____	Barcode	_____
				(Syd only)	
Service used	_____	Cost (pre-GST)	\$ _____	Person	_____

From: Kristi Geddes [REDACTED]
Sent: Tuesday, 16 September 2014 09:09 am
To: [REDACTED]
Subject: Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to Avant Mutual Group - 15.09.14.pdf

Dear Dr Brennan

Please see **attached** correspondence.

Kind regards

Kristi Geddes Senior Associate

[REDACTED]
www.minterellison.com

15 September 2014

2

3. There may be some additional discussion during the interview about the relevant governance model, to the extent that Dr Brennan's involvement allows, addressing the relevant issues set out in the Terms of Reference for the investigation.

Please advise if you require anything further, otherwise, we look forward to meeting with you and Dr Brennan for the interview on 13 October 2014.

Yours faithfully

MINTER ELLISON

Contact: Kristi Geddes Direct phone: [REDACTED] Direct fax: [REDACTED]
Email: [REDACTED]
Partner responsible: Shane Evans Direct phone: [REDACTED]
Our reference: SGE KXMM 1084936

enclosures

cc by email, without enclosures – Dr Anne Brennan, [REDACTED]

MinterEllison

KG-35

LAWYERS

CLIENT

DATE

18.9.14

MATTER

Barnett

TIME (start)

am/pm

FILE NO

TIME (end)

am/pm

AUTHOR

Kamm

PAGE

OF

Circle activity

With whom

Jasus Keller

TO

TI

CW

AT

2:48pm - 16 Sept - left msg on my voicemail

9:33am - left msg to he.

1:59pm - T/I.

#7 → he is not aware of any BTL review of award 2008.

Where did that come from?

I'm not aware - that may be another miscommunication who is now overseas. I will send email, but don't expect response anytime soon.

Pls make note of that when responding re. the rest + I will let him know it + when I get response of further info to it.

From: Kristi Geddes
Sent: Thursday, 18 September 2014 02:17 pm
To: KOTZE, Beth
Cc: SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Hi Beth,

As requested, I've issued further requests for information to the various organisations set out below and am starting to get some responses.

WMHHS have requested further information about the BAC review (2008?) you have referred to below, as the contact we have there (Corporate Counsel) is not aware of one having occurred. She has asked where in the material a reference to such a review is.

I appreciate that you are away for another 2 weeks and may not be able to answer that, so have asked them to respond to the remaining requests in the meantime, but if you are able to shed some light, I'd really appreciate it.

Sorry to bother you on your holiday.

Kind regards,
 Kristi.

Kristi Geddes *Senior Associate*

www.minterpollison.com

From: KOTZE, Beth [mailto:]
Sent: Wednesday 10 September 2014 11:34 am
To: Kristi Geddes
Cc: SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Dear Kristi

I have now touched base with Tania and this is what we've agreed:

1. Tania will use the 2 days when she comes up in September to finalise the review of the clinical files and to write up the clinical summaries that will be required for the report for all the patients in scope. These will be in the nature of brief over-view of each clinical scenario with particular comment on the documented transition plans.
2. In relation to the care coordinators can you please clarify:
 - a. A number of the patients have 2 care coordinator names written beside them on the summary sheet – what does this mean? Was there a principal coordinator and a buddy? Or were there 2 care coordinators with clearly delineated roles? Some names have 'associate cc' written beside them – but in other cases there are 2 names and no difference noted.
 - b. Is there a written statement of duties for the care coordinators?
 - c. Vanessa Clayworth's name isn't against any of the patients as care coordinator – what was the nature of her role? Was it formalised? If so can we please have a copy of the statement of duties?
 - d. What is 'business as usual' transition/discharge practice for the service as articulated in formal policies and procedures? If there is a service transition/discharge policy and procedure? Can we please have a copy?
 - e. Were there any specific policies/procedures/statement of duties put in place for the transition coordination for these particular patients? If so can we please have a copy?
3. Re the BAC review (?2008) can we please have any excerpt relevant to the topic of transition/discharge planning? Given the very long length of stay of the service one would expect that this would be a major field of activity even during 'business as usual', let alone in preparation for the closure. Did BAC routinely conduct followup of former patients? If so is a summary report available?
4. We will conduct the interviews together – so Tania will come up with me on Monday 13th October. The priorities for the interviews that day are the 2 medical officers (Clinical Director and Acting CD) and the care coordinators for the patients [redacted] and [redacted]. Looking through the sheet, it looks like all the patients in question had at least 2 care coordinators and some 3 but the same care coordinators were involved with more than 1 of the patients – by my calculations it looks like there are [redacted] care coordinators involved with these [redacted] patients? That would be 10 witnesses. I think we should try for 1 hour each for the medical interviews and 45 minutes for the care coordinators.
5. In relation to the ToR and particularly noting 3.1.4 which refers to the information available to clinicians and is quite specific about the care planning for [redacted] we definitely need to get information from the services to which they were referred. Can we obtain some general information about each one (what does the service provide etc) and if they have intake forms or assessments and initial care plans or equivalent? Tania and I can follow up with telephone calls to verify or clarify anything that we need to – so a key contact name and telephone number for each would be helpful.

In essence we are proposing that:

- the medical interviews and the file review and the information from the receiving services deal with the patient cohort overall (ToR 3.1.2;3.1.3,3.1.4)
- the medical interviews, the care coordinator interviews and the file reviews and the info from the receiving services deal with the specific cases identified as having poor outcome or complex transitions (ToR 3.1.4)

Can you clarify your interpretation of 3.1.2 – it could be read to mean that we would have to interview all the patients and their families to get

the other side of the story – ie what did they think their needs were and how well were they met? It could also be limited to, based on the documented care planning and interviews, were the psychosocial needs of the patients and families identified comprehensively and comprehensively planned for?

Regards
Beth

Associate Professor Beth Kotze
MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
Acting Associate Director, Health System Management
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Direct Dial [REDACTED]
Address: [REDACTED]
Email: [REDACTED]
Website: www.health.nsw.gov.au/mhdao



From: Kristi Geddes [mailto:[REDACTED]]
Sent: Tuesday, 9 September 2014 7:56 AM
To: KOTZE, Beth
Subject: Re: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Thanks Beth.

I will do my best to group the care coordinators according to patients, however there may be some overlap issues. Would you like to speak with RN Vanessa Clayworth or would you prefer leave that to Tania? Unfortunately, I do not have specific details of the extent of her involvement with any particular patients, I've just been advised that she played a key role in the transition planning and would therefore be someone we need to speak with.

In the interests of time, do you think it would be possible to obtain the information you require from the receiving agencies via information requests instead of interviews? If so, if you are able to provide me with a list of the specific information you require, I can attend to those requests and hopefully have the information for you upon your return from leave.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes
Senior Associate
Minter Ellison

On 8 Sep 2014, at 5:23 pm, "KOTZE, Beth" [REDACTED] wrote:

Thanks Kristi
If at all possible we need to have the clinicians grouped by patients so that I do all the interviews associated with patient x and Tania does all the interviews associated with patient y.
If we start with the medical staff and the care coordinators for the 6 patients whose files I reviewed that would be good – there were [REDACTED]
I've had a look at the ToR again and I think it may be difficult to answer 3.1.2 and 3.1.3 in general and 3.1.4 in particular without talking to the agencies that received the referrals because appropriateness goes to the issue of the capacity and capability at the receiving end and the quality of the communication – I am wondering if some of these interviews could be done by telephone if the staff of these agencies are comfortable and willing to cooperate.
What do you think?
Beth

Associate Professor Beth Kotze
MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
Acting Associate Director, Health System Management
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Direct Dial [REDACTED] | Mobile: [REDACTED] | Fax: [REDACTED]

Address: [REDACTED]
 Email: [REDACTED]
 Website: www.health.nsw.gov.au/mhdao
dwg@mh12.pugg

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Monday, 8 September 2014 11:40 AM
To: KOTZE, Beth
Subject: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Hi Beth,

I hope you had a lovely weekend after your trip up on Friday.

As discussed, I am currently arranging staff interviews for you on Monday, 13 October 2014. You had requested meeting with Dr Brennan, Dr Sadler and then each of the care coordinators for the [REDACTED] In total, that would be 9 witnesses.

I'm allowing an hour for each interview and based on your flight times last Friday, unfortunately that would only leave time for 6. I just wanted to check how you would therefore prefer I prioritise interviews. I have currently prioritised Dr Brennan and Dr Sadler and then at least one care co-ordinator for each patient. That leaves us with one spot left over.

I've been advised by WMHHS that RN Vanessa Clayworth, although not a care coordinator, played an integral role in transition planning.

I just wanted to check if perhaps I fill the last spot for that day with RN Clayworth and/or if you would prefer stay on an extra day and speak with all care coordinators for those complex patients?

Obviously, I will endeavour to instead arrange for Tania to interview the other care coordinators for those patients if you are not able to.

I look forward to hearing from you.

Kind regards,
 Kristi.

Kristi Geddes Senior Associate

[REDACTED]
www.minterellison.com

 Please consider the environment before printing this email

***** IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
 Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
 If you are not the intended recipient, please delete it and notify the sender.
 Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security

System.

Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System. Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender. Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System. Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

TIME (end)

PAGE

OF

Circle activity

TO

TI

CW

AT

With whom

re: interviews

support person - who?

- don't want to dictate who, but they are all healthy & good + aware of confidentiality obs.

- keep that in mind

Have also explained and be anyone from BTH as they are a potential witness.

re: what they will be asked?

can't really provide anything more than give
 NO - consider appropriateness in light of who are only
 - need to speak to them to determine that.

will be focused on pts.

KG-37

From: SKIPPEN, Tania [redacted]
Sent: Thursday, 18 September 2014 04:20 pm
To: Kristi Geddes
Cc: KOTZE, Beth
Subject: RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Thanks Kristi,
 I understood there had been some kind of evaluation of the BAC service sometime around 2008 from discussions with colleagues in CAMHS/CYMHS at the time. We were looking at long-stay CAMHS inpatient models for NSW in 2008 and I was keen to receive any advice on what worked well with this type of model. I didn't ever see a copy of the report but if there was one, it may have outlined good practice and protocols used for transition planning.
 Kind regards,
 Tania

From: Kristi Geddes [mailto:redacted]
Sent: Thursday, 18 September 2014 2:17 PM
To: KOTZE, Beth
Cc: SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Hi Beth,

As requested, I've issued further requests for information to the various organisations set out below and am starting to get some responses.

WMHHS have requested further information about the BAC review (2008?) you have referred to below, as the contact we have there (Corporate Counsel) is not aware of one having occurred. She has asked where in the material a reference to such a review is.

I appreciate that you are away for another 2 weeks and may not be able to answer that, so have asked them to respond to the remaining requests in the meantime, but if you are able to shed some light, I'd really appreciate it.

Sorry to bother you on your holiday.

Kind regards,
 Kristi.

Kristi Geddes Senior/Assistant

www.minterelissen.com

From: KOTZE, Beth [mailto:redacted]
Sent: Wednesday 10 September 2014 11:34 am
To: Kristi Geddes
Cc: SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Dear Kristi

I have now touched base with Tania and this is what we've agreed:

1. Tania will use the 2 days when she comes up in September to finalise the review of the clinical files and to write up the clinical summaries that will be required for the report for all the patients in scope. These will be in the nature of brief over-view of each clinical scenario with particular comment on the documented transition plans.
2. In relation to the care coordinators can you please clarify:
 - a. A number of the patients have 2 care coordinator names written beside them on the summary sheet – what does this mean? Was there a principal coordinator and a buddy? Or were there 2 care coordinators with clearly delineated roles? Some names have 'associate cc' written beside them – but in other cases there are 2 names and no difference noted.
 - b. Is there a written statement of duties for the care coordinators?
 - c. Vanessa Clayworth's name isn't against any of the patients as care coordinator – what was the nature of her role? Was it formalised? If so can we please have a copy of the statement of duties?
 - d. What is 'business as usual' transition/discharge practice for the service as articulated in formal policies and procedures? If there is a service transition/discharge policy and procedure? Can we please have a copy?
 - e. Were there any specific policies/procedures/statement of duties put in place for the transition coordination for these particular patients? If so can we please have a copy?
3. Re the BAC review (2008) can we please have any excerpt relevant to the topic of transition/discharge planning? Given the very long length of stay of the service one would expect that this would be a major field of activity even during 'business as usual', let alone in preparation for the closure. Did BAC routinely conduct followup of former patients? If so is a summary report available?
4. We will conduct the interviews together – so Tania will come up with me on Monday 13th October. The priorities for the interviews that day are the 2 medical officers (Clinical Director and Acting CD) and the care coordinators for the patients [redacted] and [redacted]. Looking through the sheet, it looks like all the patients in question had at least 2 care coordinators and some 3 but the same care coordinators were involved with more than 1 of the patients – by my calculations it looks like there are [redacted] care coordinators involved with these [redacted] patients? That would be 10 witnesses. I think we should try for 1 hour each for the medical interviews and 45 minutes for

the care coordinators.

5. In relation to the ToR and particularly noting 3.1.4 which refers to the information available to clinicians and is quite specific about the care planning for the [REDACTED] we definitely need to get information from the services to which they were referred. Can we obtain some general information about each one (what does the service provide etc) and if they have intake forms or assessments and initial care plans or equivalent? Tania and I can follow up with telephone calls to verify or clarify anything that we need to – so a key contact name and telephone number for each would be helpful.

In essence we are proposing that:

- the medical interviews and the file review and the information from the receiving services deal with the patient cohort overall (ToR 3.1.2;3.1.3,3.1.4)
- the medical interviews, the care coordinator interviews and the file reviews and the info from the receiving services deal with the specific cases identified as having poor outcome or complex transitions (ToR 3.1.4)

Can you clarify your interpretation of 3.1.2 – it could be read to mean that we would have to interview all the patients and their families to get the other side of the story – ie what did they think their needs were and how well were they met? It could also be limited to, based on the documented care planning and interviews, were the psychosocial needs of the patients and families identified comprehensively and comprehensively planned for?

Regards
Beth

Associate Professor Beth Kotze
MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
Acting Associate Director, Health System Management
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Direct Dial: [REDACTED] Mobile: [REDACTED] | Fax: [REDACTED]
Address: [REDACTED]
Email: [REDACTED]
Website: www.health.nsw.gov.au/mhdao



From: Kristi Geddes [mailto:Kristi@health.nsw.gov.au]
Sent: Tuesday, 9 September 2014 7:56 AM
To: KOTZE, Beth
Subject: Re: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Thanks Beth.

I will do my best to group the care coordinators according to patients, however there may be some overlap issues. Would you like to speak with RN Vanessa Clayworth or would you prefer leave that to Tania? Unfortunately, I do not have specific details of the extent of her involvement with any particular patients, I've just been advised that she played a key role in the transition planning and would therefore be someone we need to speak with.

In the interests of time, do you think it would be possible to obtain the information you require from the receiving agencies via information requests instead of interviews? If so, if you are able to provide me with a list of the specific information you require, I can attend to those requests and hopefully have the information for you upon your return from leave.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes
Senior Associate
Minter Ellison

On 8 Sep 2014, at 5:23 pm, "KOTZE, Beth" [REDACTED] wrote:

Thanks Kristi

If at all possible we need to have the clinicians grouped by patients so that I do all the interviews associated with patient x and Tania does all the interviews associated with patient y.

If we start with the medical staff and the care coordinators for the 6 patients whose files I reviewed that would be good – there were the [REDACTED]

I've had a look at the ToR again and I think it may be difficult to answer 3.1.2 and 3.1.3 in general and 3.1.4 in particular without talking to the agencies that received the referrals because appropriateness goes to the issue of the capacity and capability at the receiving end and the quality of the communication -- I am wondering if some of these interviews could be done by telephone if the staff of these agencies are comfortable and willing to cooperate.

What do you think?

Beth

Associate Professor Beth Kotze

MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)

Acting Associate Director, Health System Management

Mental Health and Drug and Alcohol Office

NSW Ministry of Health

Direct Dial: [REDACTED] | Mobile: [REDACTED] | Fax: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Website: www.health.nsw.gov.au/mhdag

<image003.png>

From: Kristi Geddes [mailto:[REDACTED]]

Sent: Monday, 8 September 2014 11:40 AM

To: KOTZE, Beth

Subject: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Hi Beth,

I hope you had a lovely weekend after your trip up on Friday.

As discussed, I am currently arranging staff interviews for you on Monday, 13 October 2014. You had requested meeting with Dr Brennan, Dr Sadler and then each of the care coordinators for the [REDACTED]. In total, that would be 9 witnesses.

I'm allowing an hour for each interview and based on your flight times last Friday, unfortunately that would only leave time for 6. I just wanted to check how you would therefore prefer I prioritise interviews. I have currently prioritised Dr Brennan and Dr Sadler and then at least one care co-ordinator for each patient. That leaves us with one spot left over.

I've been advised by WMHHS that RN Vanessa Clayworth, although not a care coordinator, played an integral role in transition planning.

I just wanted to check if perhaps I fill the last spot for that day with RN Clayworth and/or if you would prefer stay on an extra day and speak with all care coordinators for those complex patients?

Obviously, I will endeavour to instead arrange for Tania to interview the other care coordinators for those patients if you are not able to.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

[REDACTED] www.minterellison.com

 Please consider the environment before printing this email

***** IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.

Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

MinterEllison

LAWYERS

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

TIME (end)

PAGE

OF

Circle activity

With whom

TO

TI

CW

AT

Advised re: response
from Linda about
BHC Review (2008?).

KG-38

From: Kristi Geddes [REDACTED]
Sent: Tuesday, 23 September 2014 03:08 pm
To: [REDACTED]
Subject: RE: Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Mr Beswick,

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skippen, to take place at 11:45am on Monday, 13 October 2014. As noted in our letter, the interview will take place in our offices on [REDACTED]

Could you please advise as soon as possible if you are not able to attend at this time.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]

[REDACTED] www.minterellison.com

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Friday 5 September 2014 02:26 pm
To: [REDACTED]
Subject: Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Mr Beswick

Please see attached correspondence.

Kind regards

Kristi Geddes Senior Associate
[REDACTED]

[REDACTED] www.minterellison.com

From: Kristi Geddes [redacted]
Sent: Tuesday, 23 September 2014 03:10 pm
To: [redacted]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Yorke,

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skippen, to take place at 1:00pm on Monday, 13 October 2014. As noted in our letter, the interview will take place in our offices or [redacted] Street Brisbane.

Thank you very much for your cooperation.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

[redacted]
[redacted] www.minterellison.com

From: Kristi Geddes [mailto:[redacted]]
Sent: Monday 8 September 2014 11:53 am
To: [redacted]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Yorke,

Please see attached correspondence.

Kind regards

Kristi Geddes Senior Associate

[redacted]
[redacted] www.minterellison.com

From: Kristi Geddes ([REDACTED])
Sent: Tuesday, 23 September 2014 03:11 pm
To: [REDACTED]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Macleod,

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skinnen, to take place at 10:00am on **Monday, 13 October 2014**. As noted in our letter, the interview will take place in our offices on [REDACTED] Street Brisbane.

Could you please advise as soon as possible if you are unable to attend at that time.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

[REDACTED]
[REDACTED] www.minterellison.com

From: Kristi Geddes ([mailto:[REDACTED]])
Sent: Tuesday 9 September 2014 04:17 pm
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Macleod

Please see attached correspondence.

Kind regards

Kristi Geddes Senior Associate

[REDACTED]
[REDACTED] www.minterellison.com

From: Kristi Geddes [redacted]
Sent: Tuesday, 23 September 2014 03:16 pm
To: [redacted]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Megan,

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skjopen, to take place at 10:45am on Tuesday, 14 October 2014. As noted in our letter, the interview will take place in our offices on [redacted] Street Brisbane.

Could you please advise as soon as possible if you are unable to attend at that time.

Kind regards,
Kristi.

Kristi Geddes Senior Associate



[redacted]
www.mintere ellison.com

From: Kristi Geddes [mailto:[redacted]]
Sent: Monday 8 September 2014 02:24 pm
To: [redacted]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Hayes

Please see attached correspondence.

Kind regards

Kristi Geddes Senior Associate

[redacted]
Minter Ellison Lawyers

[redacted]
www.mintere llison.com



From: Kristi Geddes [REDACTED]
Sent: Tuesday, 23 September 2014 03:19 pm
To: [REDACTED]
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Clayworth,

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skippen, to take place at 11:45am on Tuesday, 14 October 2014. As noted in our letter, the interview will take place in our offices on [REDACTED] Street Brisbane.

Could you please advise as soon as possible if you are unable to attend at that time

Kind regards,
Kristi.

Kristi Geddes Senior Associate
[REDACTED]
[REDACTED] www.minterellison.com

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Wednesday 10 September 2014 08:54 am
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Clayworth

Please see **attached** correspondence.

Kind regards

Kristi Geddes Senior Associate

t [REDACTED] f [REDACTED]
Minter Ellison Lawyers

[REDACTED] www.minterellison.com

From: Kristi Geddes [REDACTED]
Sent: Tuesday, 23 September 2014 03:43 pm
To: Trevor Sadler
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Dr Sadler,

Would it be possible to change your interview time to 1:30pm on Tuesday, 14 October 2014? It will still be at our offices and with both A/Prof Beth Kotze and Ms Tania Skippen.

My apologies for the change.

Kind regards,
 Kristi.

Kristi Geddes Senior Associate
 t [REDACTED] f [REDACTED]
 Minter Ellison Lawyers
www.minterellison.com

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Thursday 11 September 2014 04:32 pm
To: Trevor Sadler
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Thank you, Dr Sadler.

I confirm arrangements for your interview with investigators, A/Prof Beth Kotze and Ms Tania Skippen, to take place at 3:45pm on **Monday, 13 October 2014**. As noted in our letter, the interview will take place in our offices on [REDACTED] Street Brisbane.

Thank you very much for your cooperation.

Kind regards,
 Kristi.

Kristi Geddes Senior Associate
 [REDACTED]
 Minter Ellison Lawyers [REDACTED]
www.minterellison.com

From: Trevor Sadler [mailto:[REDACTED]]
Sent: Monday 8 September 2014 09:48 pm
To: Kristi Geddes
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Geddes,

Thank you for the information. I will, of course, co-operate.

I don't know Dr Koske's timetable. If possible, I would appreciate being scheduled towards the end of the day. I'm fine if it needed to go longer than an hour. There is a lot to be said and explained about my concerns for patients at the time.

Kind regards,

Trevor

From: Kate Blatchly [REDACTED] **On Behalf Of** Kristi Geddes
Sent: Monday, 8 September 2014 11:55 AM
To: [REDACTED]
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Dr Sadler

Please see attached correspondence.

Kind regards

Kristi Geddes Senior Associate

www.minterellison.com



Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

TIME (end)

PAGE

am/pm

am/pm

OF

Circle activity

With whom

TO

TI

CW

AT

Move to 1:30pm on 1/10
- that's fine

David Watt hour
K+L Gates

Advised no criticism @
this stage - will let him
know if there is.

But line to bring appeal
person.

Chat review.

Difficulty @ time managing
mind that of adolescents
who were disturbed
by announcement.

Quite a few incidents of
self harm, etc.

- Wand report books
- PRIME medical reports

Expected to be doing nursing stuff
up to 60 names - huge #
of caseloads.

KG-40

From: Kristi Geddes [redacted]
Sent: Tuesday, 23 September 2014 04:19 pm
To: KOTZE, Beth; SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]
Attachments: 20140919 -letter to Minter Ellison re SGE KXMM 1084936.pdf; 20140919 - BAC - Attachments.pdf; Barrett - interview schedules.DOCX; Investigation and report framework.DOCX

Dear Tania and Beth,

We have received the enclosed response from WMHHS regarding the queries raised below (Tania this is what I had in hard copy for your review). We have also now received responses from all of the receiving agencies for the 6 complex patients under detailed review, some of which are quite large in volume, so they have been printed and included in the hard copy files we have here.

I enclose an updated witness schedule. All of the witnesses have now been advised of their scheduled time and advised to contact me as soon as possible if there are any issues. I have noted where we are aware of the support person they are bringing with them.

I also enclose an updated framework for investigation/report, which includes the flowcharts of governance and details of the further discussions I had with some key personnel from WMHHS.

Finally, I have had a discussion with Dr Sadler this afternoon regarding his changed interview time and he indicated that he thinks the Barrett Ward Record Book and PRIME incident reports would be relevant for our review. He explained that the ward was quite unsettled following the announcement and there were [redacted]. Having not reviewed the clinical records myself, I just wanted to check whether either of you have come across any such incident reports and, if not, whether you consider these records for the transition period would be relevant for consideration in the report. If you think they will be, I will issue a further specific request to WMHHS for copies.

Kind regards,
 Kristi.

Kristi Geddes [redacted]
 [redacted]
 [redacted] kristi.geddes@wmhhs.com.au

From: KOTZE, Beth [mailto:[redacted]]
Sent: Wednesday 10 September 2014 11:34 am
To: Kristi Geddes
Cc: SKIPPEN, Tania
Subject: RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Dear Kristi

I have now touched base with Tania and this is what we've agreed:

1. Tania will use the 2 days when she comes up in September to finalise the review of the clinical files and to write up the clinical summaries that will be required for the report for all the patients in scope. These will be in the nature of brief over-view of each clinical scenario with particular comment on the documented transition plans.
2. In relation to the care coordinators can you please clarify:
 - a. A number of the patients have 2 care coordinator names written beside them on the summary sheet – what does this mean? Was there a principal coordinator and a buddy? Or were there 2 care coordinators with clearly delineated roles? Some names have 'associate cc' written beside them – but in other cases there are 2 names and no difference noted.
 - b. Is there a written statement of duties for the care coordinators?
 - c. Vanessa Clayworth's name isn't against any of the patients as care coordinator – what was the nature of her role? Was it formalised? If so can we please have a copy of the statement of duties?
 - d. What is 'business as usual' transition/discharge practice for the service as articulated in formal policies and procedures? If there is a service transition/discharge policy and procedure? Can we please have a copy?
 - e. Were there any specific policies/procedures/statement of duties put in place for the transition coordination for these particular patients? If so can we please have a copy?
3. Re the BAC review (?2008) can we please have any excerpt relevant to the topic of transition/discharge planning? Given the very long length of stay of the service one would expect that this would be a major field of activity even during 'business as usual', let alone in preparation for the closure. Did BAC routinely conduct followup of former patients? If so is a summary report available?
4. We will conduct the interviews together – so Tania will come up with me on Monday 13th October. The priorities for the interviews that day are the 2 medical officers (Clinical Director and Acting CD) and the care coordinators for the patients [redacted] and [redacted]. Looking through the sheet, it looks like all the patients in question had at least 2 care coordinators and some 3 but the same care coordinators were involved with more than 1 of the patients – by my calculations it looks like there are [redacted] care coordinators involved with these [redacted] patients? That would be 10 witnesses. I think we should try for 1 hour each for the medical interviews and 45 minutes for the care coordinators.
5. In relation to the ToR and particularly noting 3.1.4 which refers to the information available to clinicians and is quite specific about the care planning for the [redacted] we definitely need to get information from the services to which they were referred. Can we obtain some general information about each one (what does the service provide etc) and if they have intake forms or assessments and initial care plans or equivalent? Tania and I can follow up with telephone calls to verify or clarify anything that we need to – so a key contact name and telephone number for each would be helpful.

In essence we are proposing that:

- the medical interviews and the file review and the information from the receiving services deal with the patient cohort overall (ToR 3.1.2;3.1.3,3.1.4)
- the medical interviews, the care coordinator interviews and the file reviews and the info from the receiving services deal with the specific cases identified as having poor outcome or complex transitions (ToR 3.1.4)

Can you clarify your interpretation of 3.1.2 – it could be read to mean that we would have to interview all the patients and their families to get the other side of the story – ie what did they think their needs were and how well were they met? It could also be limited to, based on the documented care planning and interviews, were the psychobiosocial needs of the patients and families identified comprehensively and comprehensively planned for?

Regards
Beth

Associate Professor Beth Kotze
MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
Acting Associate Director, Health System Management
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Direct Dial: [REDACTED] | Mobile: [REDACTED] | Fax: [REDACTED]
Address: [REDACTED]
Email: [REDACTED]
Website: www.health.nsw.gov.au/mhdao



From: Kristi Geddes [mailto:[REDACTED]]
Sent: Tuesday, 9 September 2014 7:56 AM
To: KOTZE, Beth
Subject: Re: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]

Thanks Beth.

I will do my best to group the care coordinators according to patients, however there may be some overlap issues. Would you like to speak with RN Vanessa Clayworth or would you prefer leave that to Tania? Unfortunately, I do not have specific details of the extent of her involvement with any particular patients, I've just been advised that she played a key role in the transition planning and would therefore be someone we need to speak with.

In the interests of time, do you think it would be possible to obtain the information you require from the receiving agencies via information requests instead of interviews? If so, if you are able to provide me with a list of the specific information you require, I can attend to those requests and hopefully have the information for you upon your return from leave.

I look forward to hearing from you.

Kind regards,
Kristi.

Kristi Geddes
Senior Associate
Minter Ellison

On 8 Sep 2014, at 5:23 pm, "KOTZE, Beth" [REDACTED] wrote:

Thanks Kristi

If at all possible we need to have the clinicians grouped by patients so that I do all the interviews associated with patient x and Tania does all the interviews associated with patient y.

If we start with the medical staff and the care coordinators for the 6 patients whose files I reviewed that would be good – there were the [REDACTED]

I've had a look at the ToR again and I think it may be difficult to answer 3.1.2 and 3.1.3 in general and 3.1.4 in particular without talking to the agencies that received the referrals because appropriateness goes to the issue of the capacity and capability at the receiving end and the quality of the communication – I am wondering if some of these interviews could be done by telephone if the staff of these agencies are comfortable and willing to cooperate.

What do you think?

Beth

Associate Professor Beth Kotze
 MBBS FRANZCP FRACMA Cert Child Psychiatry MMed (Psychotherapy) MHA (UNSW)
 Acting Associate Director, Health System Management
 Mental Health and Drug and Alcohol Office
 NSW Ministry of Health

Address: [REDACTED]
 Email: [REDACTED]
 Website: www.health.nsw.gov.au/mhdag
 <image003.png>

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Monday, 8 September 2014 11:40 AM
To: KOTZE, Beth
Subject: Barrett Centre Investigation - interviews [ME-ME.FID2743997]

Hi Beth,

I hope you had a lovely weekend after your trip up on Friday.

As discussed, I am currently arranging staff interviews for you on Monday, 13 October 2014. You had requested meeting with Dr Brennan, Dr Sadler and then each of the care coordinators for the [REDACTED]. In total, that would be 9 witnesses.

I'm allowing an hour for each interview and based on your flight times last Friday, unfortunately that would only leave time for 6. I just wanted to check how you would therefore prefer I prioritise interviews. I have currently prioritised Dr Brennan and Dr Sadler and then at least one care co-ordinator for each patient. That leaves us with one spot left over.

I've been advised by WMHHS that RN Vanessa Clayworth, although not a care coordinator, played an integral role in transition planning.

I just wanted to check if perhaps I fill the last spot for that day with RN Clayworth and/or if you would prefer stay on an extra day and speak with all care coordinators for those complex patients?

Obviously, I will endeavour to instead arrange for Tania to interview the other care coordinators for those patients if you are not able to.

I look forward to hearing from you.

Kind regards,
 Kristi.

Kristi Geddes Senior Associate

www.minterellison.com

 Please consider the environment before printing this email

***** IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
 Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

RE: Barrett Centre Investigation - Interviews [ME-ME,FID2743997]->Investigation and report framework.DOCX

**File Note**

Author	Kristi Geddes
Matter	Queensland Health Health Service Investigation - Barrett Adolescent Psychiatric Centre 1084936
Date	25 August 2014
Subject	Investigation and report framework

Introduction

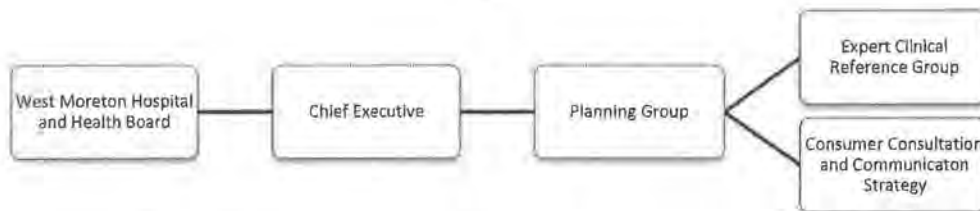
1. Background
2. Terms of Reference
3. Methodology
4. Evidence
5. Key Findings

Part A – Governance Model

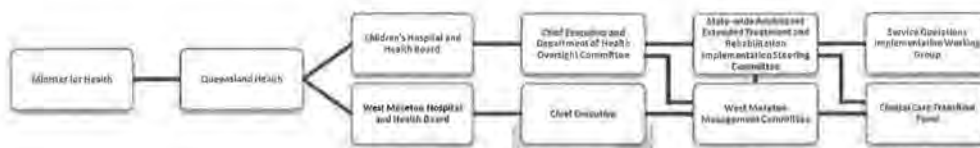
1. Background
 - 1.1 Timeline of key events
 - (a) provided by WMHHS
 - 1.2 Summary
 - (a) Phase 1 (November 2013 to August 2013)
 - (b) Phase 2 (August 2013 to January 2014)
 - (c) Phase 3 (January 2014 onwards)
2. Summary of governance structures
 - (a) Phase 1 of Barrett Adolescent Strategy

RE: Barrett Centre Investigation - interviews [ME-ME.FID2743997]->Investigation and report framework.DOCX

2



(b) Phase 2 of Barrett Adolescent Strategy



3. Issues to be considered

- 3.1 Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.2 Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model.

4. Review of relevant documents

- (a) Project Plan - 'Barrett Adolescent Strategy' (provided by WMHHS)
- (b) Minutes, agendas, reports and other papers from Adolescent Strategy Planning Group
- (c) Expert Clinical Reference Group Recommendations (provided by WMHHS)
- (d) Minutes, agendas, reports and other papers from Expert Clinical Reference Group
- (e) Minutes, agendas, reports and other papers from Steering Committee (provided by Children's HHS)
- (f) Minutes, agendas, reports and other papers from Chief Executive and Department of Health Oversight Committee (provided by Children's HHS)
- (g) West Moreton Management Committee (BAC weekly update) (provided by WMHHS)
- (h) Minutes, agendas, reports and other papers from Clinical Care Transition Panel (provided by Children's HHS)

RE: Barrett Centre Investigation - Interviews [ME-ME/FID2743997]->Investigation and report framework.DOCX

3

- (i) Minutes, agendas, reports and other papers from West Moreton Complex Care Review Panel
- (j) WMHHS and Children's HHS Board Papers *(provided by WMHHS and Children's HHS)*
- (k) Other Project documents *(provided by WMHHS)*
- (l) Minutes, agendas, reports and other papers from Young Persons Extended Treatment and Rehabilitation Initiative Committee *(provided by Children's HHS)*
- (m) Minutes, agendas, reports and other papers from Service Operations Implementation Working Group

5. Further information provided

5.1 A meeting was convened between Kristi Geddes, Investigator, Sharon Kelly, Executive Director Mental Health and Specialist Services at WMHHS, and Dr Leeanne Geppert, Director of Strategy Mental Health and Specialised Services WMHHS, on 4 September 2014 to confirm the above governance arrangements.

5.2 During that meeting:

- (a) the Barrett Adolescent Centre Timeline – Key Events was utilised to further explain the governance structure in place during the different phases of the project and changes that were made;
- (b) it was confirmed that during phase 2 of the project, the governance structure overseen by the Children's HHS was focussed on and responsible for the future of mental health services for adolescents in Queensland, post the closure of BAC and the governance structure overseen by WMHHS was focussed on and primarily responsible for the transition and discharge of patients from BAC up until its closure;
- (c) it was confirmed that the West Moreton Management Committee was a less formal Committee than the previous Planning Group, but had membership from various stakeholders and met once a week to address any concerns raised during the transition process and assist in developing solutions;
- (d) it was confirmed that the following was in place to ensure communication between the two governance structures, primarily between the WMHHS Management Committee and Children's HHS Steering Committee:
 - (i) mutual committee membership by a number of practitioners from each HHS, including:
 - (A) Dr Leeanne Geppert;
 - (B) Dr Stephen Stathis (or his occasional proxy, Dr Elizabeth Hoehn;
 - (C) Dr Bill Kingswell;
 - (ii) informal input sought and received on the drafting and development of key material;

ME_115528318_1 (W2007)

ME Barrell Centre Investigation - Interviews [ME-ME.FID2743997]->Investigation and report framework.DOCX

4

- (iii) informal and open communication and sharing of documentation;
- (iv) regular formal reporting by both committees to the Department of Health and Minister for Health;
- (v) formal monthly reporting from Clinical Care Transition Panel to Steering Committee.

6. Findings

Part B – Transition Plans

1. Background and summary
 - (a) Generally of method employed to prepare and implement transition plans
 - (b) Relevant patients
2. Issues to be considered
3. Review of relevant documents – general
 - (a) Records from Clinical Care Transition Panel (*provided by Children's HHS*)
 - (b) Transition planning documents (*provided by WMHHS*)
 - (c) Communication with parents (*provided by WMHHS and Children's HHS*)
 - (d) Communication with staff (*provided by WMHHS*)
 - (e) Communication with aftercare providers (*provided by WMHHS*)
 - (f) Communication with other relevant stakeholders (*provided by WMHHS*)
4. Review of relevant documents – patient specific (complex patients)
5. Interviews with relevant staff
 - (a) RN Vanessa Clayworth
 - (b) RN Matthew Beswick

Re: Daniel Berné, Investigador - Invenção (HABM 01/2008/1) - investigação do copiar francês DGSI

§

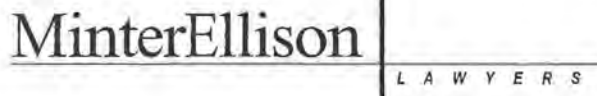
- (c) RN Mara Kochardy
- (d) RN Peta-Louise Yorke
- (e) CN Susan Daniel
- (f) RN Rosangela Richardson
- (g) RN Moira Macleod
- (h) RN Brenton Page
- (i) RN Victoria Young
- (j) Dr Anne Brennan
- (k) Dr Trevor Sadler
- (l) Megan Hayes (OT)

6. Findings

- (a) General
- (b) Patient specific

Findings and Recommendations

RE: Barrett Centre Investigation - interviews [ME-ME,F/D2743997]->Barrett - interview schedules.DOCX

**File Note**

Author Kristi Geddes

Matter Queensland Health
Health Service Investigation - Barrett Adolescent Centre
1084936

Date 11 September 2014

Subject Proposed interview schedules

Monday 13 October 2014		
8:45am	Arrive ME Brisbane	
9:15am	RN Mara Kochardy	Care coordinator for [REDACTED]
10:00am	RN Moira Macleod	Care coordinator for [REDACTED]
10:45am	Break	
11:00am	RN Brenton Page	Care coordinator for [REDACTED] and [REDACTED] (by phone)
11:45am	RN Matthew Beswick	Care coordinator for [REDACTED] and [REDACTED]
12:30pm	Break	
1:00pm	RN Peta-Louise Yorke	Care coordinator for [REDACTED] and [REDACTED]
1:45pm	CN Susan Daniel	Care coordinator for [REDACTED]
2:30pm	Break	
2:45pm	Dr Anne Brennan	Clinical Director from September 2013 Attending with Harry McCay from Avant
4:45pm	Finish	
Tuesday 14 October 2014		
9:00am	RN Rosangela Richardson	Care coordinator for [REDACTED] and [REDACTED]
9:45am	RN Victoria Young	Care coordinator for [REDACTED]

ME_115920474_1 (W2007)

RE: Barrett Centre Investigation - Interviews [ME-ME.FID2743997]->Barrett - interview schedules.DOCX

2

10:30am	Break	
10:45am	Megan Hayes	OT, active role in transition planning
11:45am	RN Vanessa Clayworth	Active role in transition planning
12:45pm	Break	
1:30pm	Dr Trevor Sadler	Clinical Director until September 2013 Attending with David Watt from K&L Gates Lawyers (on instruction from Avant)
3:00pm	Meeting to discuss progress	
3:30pm	Finish and leave for airport	

KG-41

From: Trevor Sadler [REDACTED]
Sent: Wednesday, 24 September 2014 02:56 pm
To: Kristi Geddes
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Geddes,

Thank you for informing me of the change. I am sorry I couldn't take your call when you first rang.

Just to explain why I thought the additional documents were relevant into an investigation into the transitional plans.

I presume you were given a copy of the Clinical Services Capability Framework (CSCF) for mental health, and the draft Model of Service Delivery for the Adolescent Extended Treatment and Rehabilitation Service. Both these documents are Queensland Health documents which define service provision, and by which Health and Hospital Services are required to abide. Both these documents attempt to capture the severity and complexity of adolescents admitted to Barrett. From referral patterns over more than a decade, I estimate the a community clinician (including private child psychiatrists) would only see a young person of this degree of severity and complexity once in every five years or more.

The CSCF describes the capabilities services need to have to be able to treat and manage a person with varying levels of severity and complexity of their mental illness. Barrett was classified as a CSCF Level 6 service. It had to have the highest levels of capabilities to manage the young people being admitted. The Tier 3 service recommended by the Expert Clinical Reference Group (ECRG) report is identified in that report as a CSCF Level 6 service.

This is highly relevant to the transition plans. If the service to which a young person is being transitioned has the same level of capability, the transition plan is around continuity of staffing expertise, and relocation on the day of transition. An example of this is the closure of the Mater Children's Hospital on 29 November, and the transition to Lady Cilento Children's Hospital.

However, if the only services available to which the adolescents can be transitioned have a lower capability to provide services, those developing the transition plans must include a component of improving "wellness" prior to transition so that the receiving service has the capability to manage the young person.

Ideally the service/system managers would work with the transition plan clinicians to determine when the service could close. This would ensure that levels of "wellness" matched the capability of receiving services. Ideally, service managers would ensure that treatment and rehabilitation services were optimised to facilitate "wellness". They could gain some crude measure of the "unwellness" of adolescents by monitoring the frequency and nature of PRIME reports. Ideally, they would then discuss with the clinicians factors – whether in clinicians, the adolescent or the health service – which may impair some young people from proceeding to gain in "wellness".

These issues move from being an ideal to critically essential if service/system managers pre-determine the closure date. The problems are

- the transition time may be less than what adolescents need to achieve wellness and
- if, during this process, transition clinicians are forced to focus on managing continuing high levels of "unwellness" (captured in PRIME reports), there may a moratorium on transition plans facilitating "wellness".

Consequently, when time for closure comes, even though a young person is transitioned to the highest level of available capability, they are still too unwell for the receiving service.

A number of factors contribute to continuing levels of "unwellness" and impair progress to "wellness" in this situation.

- If there is loss of hope and despair in adolescents on hearing the news of the closure (as evidenced in one young person's testimony on www.patientopinion.org.au) this may result in withdrawal from therapy, [REDACTED] or a withdrawal from the service. The impact of the news of the closure can be gauged from the nature and frequency of PRIME reports from 1/1/2013 – 5/8/2013 cf 6/8/2013 – 31/12/2013.
- High levels of "unwellness", as indicated by [REDACTED] requires high levels of observations. This is staff intensive. It therefore stretches the resources available to facilitate "wellness" in other adolescents. These incidents may include adolescents whose charts are not being reviewed. The ward report books provide further information on the situation with the whole ward.
- The need to optimise resources includes the need to provide staffing stability. The impacts of staffing instability on adolescents are recorded in their submissions to a Business Unit Meeting. This was an issue raised with various levels of service management in the preceding two years. High levels of casual nurses result in utilisation of a workforce who

are largely unskilled in adolescent mental health; who do not know the adolescents well; whom adolescents do not readily approach with issues and who are not skilled in detecting incidents early. This means that the capacity to manage crises associated with high levels of "unwellness" is impaired, regular staff are more stretched in their capacity to provide therapeutic and rehabilitation interventions because there are fewer of them, and they are managing crises. Crises are more likely to occur because adolescents will not approach unfamiliar staff. This can be a significant contributing factor to a moratorium on transition plans. Staffing lists provide an indication of the level of non-regular staff employed during this period, and be an indication of what service managers did to address this issue. The Quality Network of Inpatient CAMHS (QNIC) of the Royal College of Psychiatrists has established recommendations for acceptable levels of casual staffing, with notes on the implications for patient care.

- If PRIME incidents increased after the announcement of the closure, it may suggest the closure caught adolescents unawares. If clinicians were forced to manage crises because of sudden distress of the announcement, instead of implementing transition plans, this is a severe limitation on the capacity to facilitate "wellness" to a level that the capability of receiving services can manage. This raises the issue of why adolescents (and perhaps parents) were caught unaware. Was information from the consultation process with adolescents and parents/carers prior to the closure (identified in the Project Plan of the Planning Group) not disseminated more broadly? Did clinical leaders have information which should have been known to adolescents and parents/carers prior to 6 August? What was the process of consultation with adolescents and parents/carer regarding service design and delivery in the transition period? (Involvement of "consumer" and carers is a key element of the National Mental Health Plan, of the Mental Health Directorate, and the West Moreton HHS. Active involvement has the capacity to reduce anxiety; provide a collaborative working together towards transition and identify potential issues. This facilitates transition plans.)

I was only involved for the first 5 weeks of the approximately 25 week transition period. I do not have information as to what happened on the unit, and how these issues were managed after mid-September.

Others, while not having the same tragic outcome, have experienced far worse outcomes than I had to reason to expect.

Thank you for your time in considering these matters.

Kind regards,

Trevor

From: Kristi Geddes [mailto:]

Sent: Tuesday, 23 September 2014 3:43 PM

To: Trevor Sadler

Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Dr Sadler,

Would it be possible to change your interview time to 1:30pm on Tuesday, 14 October 2014? It will still be at our offices and with both A/Prof Beth Kotze and Ms Tania Skippen.

My apologies for the change.

Kind regards,

Kristi.

Kristi Geddes Senior Associate

Minister Ellison Lawyer

www.minister Ellison.com

From: Kristi Geddes [REDACTED]
Sent: Thursday, 25 September 2014 11:08 am
To: SKIPPEN, Tania; KOTZE, Beth
Subject: FW: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Tania and Beth,

I have received the following email from Dr Sadler summarising a number of issues and concerns he considers relevant for the investigation. While a number of these may be out of the scope of our Terms of Reference, they will no doubt be raised in the interview with him, so thought it best to bring them to your attention.

In relation to the Clinical Services Capability Framework (CSCF) for mental health and Model of Service Delivery for the Adolescent Extended Treatment and Rehabilitation Service he has referred to, I have not personally come across these in the material but note that they are publicly available online. I believe the second document may have been created during the transition period for application following the transition of patients, but I could be wrong.

Please let me know if you would like for me to make any further queries in this regard, or in relation to any of the other issues/concerns raised by Dr Sadler in his email.

Kind regards,
 Kristi,

Kristi Geddes, Senior Associate

www.minterellison.com

From: Trevor Sadler [mailto:REDACTED]
Sent: Wednesday 24 September 2014 02:56 pm
To: Kristi Geddes
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Geddes,

Thank you for informing me of the change. I am sorry I couldn't take your call when you first rang.

Just to explain why I thought the additional documents were relevant into an investigation into the transitional plans.

I presume you were given a copy of the Clinical Services Capability Framework (CSCF) for mental health, and the draft Model of Service Delivery for the Adolescent Extended Treatment and Rehabilitation Service. Both these documents are Queensland Health documents which define service provision, and by which Health and Hospital Services are required to abide. Both these documents attempt to capture the severity and complexity of adolescents admitted to Barrett. From referral patterns over more than a decade, I estimate the a community clinician (including private child psychiatrists) would only see a young person of this degree of severity and complexity once in every five years or more.

The CSCF describes the capabilities services need to have to be able to treat and manage a person with varying levels of severity and complexity of their mental illness. Barrett was classified as a CSCF Level 6 service. It had to have the highest levels of capabilities to manage the young people being admitted. The Tier 3 service recommended by the Expert Clinical Reference Group (ECRG) report is identified in that report as a CSCF Level 6 service.

This is highly relevant to the transition plans. If the service to which a young person is being transitioned has the same level of capability, the transition plan is around continuity of staffing expertise, and relocation on the day of transition. An example of this is the closure of the Mater Children's Hospital on 29 November, and the transition to Lady Cilento Children's Hospital.

However, if the only services available to which the adolescents can be transitioned have a lower capability to provide services, those developing the transition plans must include a component of improving "wellness" prior to transition so that the receiving service has the capability to manage the young person.

Ideally the service/system managers would work with the transition plan clinicians to determine when the service could close. This would ensure that levels of "wellness" matched the capability of receiving services. Ideally, service managers would ensure that treatment and rehabilitation services were optimised to facilitate "wellness". They could gain some crude measure of the "unwellness" of adolescents by monitoring the frequency and nature of PRIME reports. Ideally, they would

then discuss with the clinicians factors – whether in clinicians, the adolescent or the health service – which may impair some young people from proceeding to gain in “wellness”.

These issues move from being an ideal to critically essential if service/system managers pre-determine the closure date. The problems are

- the transition time may be less than what adolescents need to achieve wellness and
- if, during this process, transition clinicians are forced to focus on managing continuing high levels of “unwellness” (captured in PRIME reports), there may a moratorium on transition plans facilitating “wellness”.

Consequently, when time for closure comes, even though a young person is transitioned to the highest level of available capability, they are still too unwell for the receiving service.

A number of factors contribute to continuing levels of “unwellness” and impair progress to “wellness” in this situation.

- If there is loss of hope and despair in adolescents on hearing the news of the closure (as evidenced in one young person’s testimony on www.patientopinion.org.au) this may result in withdrawal from therapy, [redacted] or a withdrawal from the service. The impact of the news of the closure can be gauged from the nature and frequency of PRIME reports from 1/1/2013 – 5/8/2013 cf 6/8/2013 – 31/12/2013.
- High levels of “unwellness”, as indicated by [redacted] requires high levels of observations. This is staff intensive. It therefore stretches the resources available to facilitate “wellness” in other adolescents. These incidents may include adolescents whose charts are not being reviewed. The ward report books provide further information on the situation with the whole ward.
- The need to optimise resources includes the need to provide staffing stability. The impacts of staffing instability on adolescents are recorded in their submissions to a Business Unit Meeting. This was an issue raised with various levels of service management in the preceding two years. High levels of casual nurses result in utilisation of a workforce who are largely unskilled in adolescent mental health; who do not know the adolescents well; whom adolescents do not readily approach with issues and who are not skilled in detecting incidents early. This means that the capacity to manage crises associated with high levels of “unwellness” is impaired, regular staff are more stretched in their capacity to provide therapeutic and rehabilitation interventions because there are fewer of them, and they are managing crises. Crises are more likely to occur because adolescents will not approach unfamiliar staff. This can be a significant contributing factor to a moratorium on transition plans. Staffing lists provide an indication of the level of non-regular staff employed during this period, and be an indication of what service managers did to address this issue. The Quality Network of Inpatient CAMHS (QNIC) of the Royal College of Psychiatrists has established recommendations for acceptable levels of casual staffing, with notes on the implications for patient care.
- If PRIME incidents increased after the announcement of the closure, it may suggest the closure caught adolescents unawares. If clinicians were forced to manage crises because of sudden distress of the announcement, instead of implementing transition plans, this is a severe limitation on the capacity to facilitate “wellness” to a level that the capability of receiving services can manage. This raises the issue of why adolescents (and perhaps parents) were caught unaware. Was information from the consultation process with adolescents and parents/carers prior to the closure (identified in the Project Plan of the Planning Group) not disseminated more broadly? Did clinical leaders have information which should have been known to adolescents and parents/carers prior to 6 August? What was the process of consultation with adolescents and parents/carers regarding service design and delivery in the transition period? (Involvement of “consumer” and carers is a key element of the National Mental Health Plan, of the Mental Health Directorate, and the West Moreton HHS. Active involvement has the capacity to reduce anxiety; provide a collaborative working together towards transition and identify potential issues. This facilitates transition plans.)

I was only involved for the first 5 weeks of the approximately 25 week transition period. I do not have information as to what happened on the unit, and how these issues were managed after mid-September. [redacted]

[redacted] Others, while not having the same tragic outcome, have experienced far worse outcomes than I had to reason to expect.

Thank you for your time in considering these matters.

Kind regards,

Trevor

From: Kristi Geddes [mailto:[redacted]]

Sent: Tuesday, 23 September 2014 3:43 PM

To: Trevor Sadler

Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Dr Sadler,

Would it be possible to change your interview time to 1:30pm on Tuesday, 14 October 2014? It will still be at our offices and with both A/Prof Beth Kotze and Ms Tania Skippen.

My apologies for the change.

Kind regards,
Kristi.

Kristi Geddes Senior Associate

www.minterellison.com

KG-42

From: Kristi Geddes [REDACTED]
Sent: Tuesday, 30 September 2014 02:26 pm
To: Holly Ahern
Cc: Jacqueline Keller; Sharon Kelly; Leanne Geppert; MD09-WestMoreton-HSD
Subject: RE: Barrett Investigation [ME-ME.FID2743997]

Hi Holly,

The information the investigators would be seeking to elicit from that material is in relation to what, if any, distress was experienced by consumers as part of or during the transition process, and how that was managed through transition planning.

As discussed, please let me know if you would prefer a formal request for this material.

Kind regards,
Kristi,

Kristi Geddes Senior Associate

t: [REDACTED]
Minter Ellison Lawyers [REDACTED]
www.minterellison.com

From: Holly Ahern [mailto:[REDACTED]]
Sent: Tuesday 30 September 2014 10:17 am
To: Kristi Geddes
Cc: Jacqueline Keller; Sharon Kelly; Leanne Geppert; MD09-WestMoreton-HSD
Subject: RE: Barrett Investigation [ME-ME.FID2743997]
Importance: High

Morning Kristi

I refer to your email below

Can you please advise what it is you are seeking to elicit from these documents so that we can advise whether the documents requested are the most suitable for this purpose?

Also, could you also please direct all future requests for information to [REDACTED]

Kind Regards

Holly Ahern
Lawyer
Legal Services
Office of the Chief Executive
West Moreton Hospital and Health Service

T: [REDACTED] | F: [REDACTED] | M: [REDACTED]
E: [REDACTED]
[REDACTED]

Your partner in healthcare excellence

www.health.qld.gov.au/westmoreton

Facebook: www.facebook.com/pages/West-Moreton-Hospital-and-Health-Service/390111887692956

Twitter: www.twitter.com/wm_health

From: Kristi Geddes [mailto:[REDACTED]]
Sent: Thursday, 25 September 2014 10:55 AM
To: Holly Ahern
Subject: Barrett Investigation [ME-ME.FID2743997]

Hi Holly,

Are you able to please confirm whether there are any PRIME incident reports for Barrett inpatients during the transition period, or a Ward Record Book that would otherwise record patient incidents?

If these documents do in fact exist, I can issue a further formal request for their provision if that makes it easier for you to facilitate.

Thanks,
Kristi.

Kristi Seddes Senior Associate

www.minterellison.com



Please consider the environment before printing this email

IMPORTANT INFORMATION - PLEASE READ

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). Please notify us if you have received this message in error, and remove both emails from your system. Any unauthorised use is expressly prohibited. Minter Ellison collects personal information to provide and market our services (see our privacy policy at <http://www.minterellison.com> for more information about use, disclosure and access). Minter Ellison's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia [REDACTED] or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.


Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

KG-43

From: SKIPPEN, Tania [REDACTED]
Sent: Wednesday, 1 October 2014 08:33 am
To: Kristi Geddes
Cc: KOTZE, Beth
Subject: Governance

Hi Kristi,
could you please let me know if you have completed the overview of the governance structures yet or share with me what you have so far? I would be keen to work with you for a couple of hours across these next 2 days if you have the time as you may know where to put your hands on things quickly, given you were indexing the documents.
Since I was here last I have started the outline of the report and developed a matrix for reviewing the Transition Plans for the complex clients against the Qld Health Policy criteria. I am populating it at the moment and anticipate working with Beth on reviewing the quality aspects of the transition planning and governance.
Thanks,
Tania

Disclaimer: This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

From: Kate Blatchly
Sent: Wednesday, 1 October 2014 09:46 am
To: SKIPPEN, Tania
Subject: RE: Governance
Attachments: Investigation and report framework.docx

Good Morning Tania

Kristi does not work on Wednesday's but will be back in the office tomorrow, she has asked that I forward to you the **attached** document.

Please feel free to contact me should you need anything further today.

Kind regards

Kate Blatchly Secretary

www.intelligence.com

From: "SKIPPEN, Tania"
Date: 1 October 2014 8:32:32 am AEST
To: Kristi Geddes
Cc: "KOTZE, Beth"
Subject: Governance

Hi Kristi,
could you please let me know if you have completed the overview of the governance structures yet or share with me what you have so far? I would be keen to work with you for a couple of hours across these next 2 days if you have the time as you may know where to put your hands on things quickly, given you were indexing the documents.
Since I was here last I have started the outline of the report and developed a matrix for reviewing the Transition Plans for the complex clients against the Qld Health Policy criteria. I am populating it at the moment and anticipate working with Beth on reviewing the quality aspects of the transition planning and governance.
Thanks,
Tania

Disclaimer: This message is intended for the addressee named and may contain confidential information.
If you are not the intended recipient, please delete it and notify the sender.
Views expressed in this message are those of the individual sender, and are not necessarily the views of the NSW Ministry of Health.

This email has been scanned for the NSW Ministry of Health by the Websense Hosted Email Security System.
Emails and attachments are monitored to ensure compliance with the NSW Ministry of Health's Electronic Messaging Policy.

RE: Governance->Investigation and report framework.docx



File Note

Author Kristi Geddes
Matter Queensland Health
Health Service Investigation - Barrett Adolescent Psychiatric Centre
1084936
Date 25 August 2014
Subject Investigation and report framework

Introduction

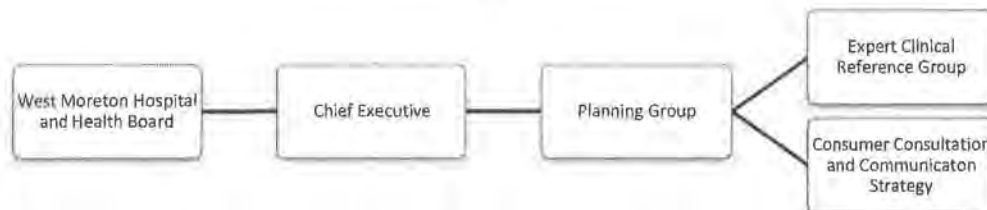
1. Background
2. Terms of Reference
3. Methodology
4. Evidence
5. Key Findings

Part A – Governance Model

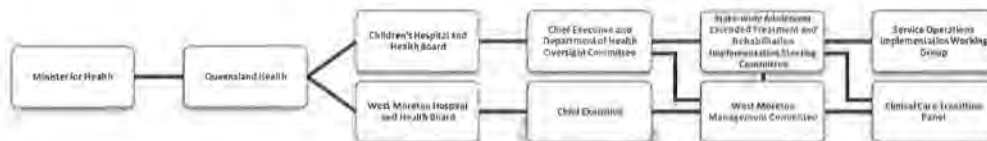
1. Background
 - 1.1 Timeline of key events
 - (a) provided by WMHHS
 - 1.2 Summary
 - (a) Phase 1 (November 2013 to August 2013)
 - (b) Phase 2 (August 2013 to January 2014)
 - (c) Phase 3 (January 2014 onwards)
2. Summary of governance structures
 - (a) Phase 1 of Barrett Adolescent Strategy

RE: Governance->Investigation and report framework.docx

2



(b) Phase 2 of Barrett Adolescent Strategy



3. Issues to be considered

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

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

4. Review of relevant documents

- (a) Project Plan – 'Barrett Adolescent Strategy' (provided by WMHHS)
- (b) Minutes, agendas, reports and other papers from Adolescent Strategy Planning Group
- (c) Expert Clinical Reference Group Recommendations (provided by WMHHS)
- (d) Minutes, agendas, reports and other papers from Expert Clinical Reference Group
- (e) Minutes, agendas, reports and other papers from Steering Committee (provided by Children's HHS)
- (f) Minutes, agendas, reports and other papers from Chief Executive and Department of Health Oversight Committee (provided by Children's HHS)
- (g) West Moreton Management Committee (BAC weekly update) (provided by WMHHS)
- (h) Minutes, agendas, reports and other papers from Clinical Care Transition Panel (provided by Children's HHS)

RE: Governance->Investigation and report framework.docx

3

- (i) Minutes, agendas, reports and other papers from West Moreton Complex Care Review Panel
- (j) WMHHS and Children's HHS Board Papers (*provided by WMHHS and Children's HHS*)
- (k) Other Project documents (*provided by WMHHS*)
- (l) Minutes, agendas, reports and other papers from Young Persons Extended Treatment and Rehabilitation Initiative Committee (*provided by Children's HHS*)
- (m) Minutes, agendas, reports and other papers from Service Operations Implementation Working Group

5. Further information provided

5.1 A meeting was convened between Kristi Geddes, Investigator, Sharon Kelly, Executive Director Mental Health and Specialist Services at WMHHS, and Dr Leeanne Geppert, Director of Strategy Mental Health and Specialised Services WMHHS, on 4 September 2014 to confirm the above governance arrangements.

5.2 During that meeting:

- (a) the Barrett Adolescent Centre Timeline – Key Events was utilised to further explain the governance structure in place during the different phases of the project and changes that were made;
- (b) it was confirmed that during phase 2 of the project, the governance structure overseen by the Children's HHS was focussed on and responsible for the future of mental health services for adolescents in Queensland, post the closure of BAC and the governance structure overseen by WMHHS was focussed on and primarily responsible for the transition and discharge of patients from BAC up until its closure;
- (c) it was confirmed that the West Moreton Management Committee was a less formal Committee than the previous Planning Group, but had membership from various stakeholders and met once a week to address any concerns raised during the transition process and assist in developing solutions;
- (d) it was confirmed that the following was in place to ensure communication between the two governance structures, primarily between the WMHHS Management Committee and Children's HHS Steering Committee:
 - (i) mutual committee membership by a number of practitioners from each HHS, including:
 - (A) Dr Leeanne Geppert;
 - (B) Dr Stephen Stathis (or his occasional proxy, Dr Elizabeth Hoehn;
 - (C) Dr Bill Kingswell;
 - (ii) informal input sought and received on the drafting and development of key material;

ME_115528518_1 (W2007)

RE: Governance->Investigation and report framework.docx

4

- (iii) informal and open communication and sharing of documentation;
- (iv) regular formal reporting by both committees to the Department of Health and Minister for Health;
- (v) formal monthly reporting from Clinical Care Transition Panel to Steering Committee.

6. Findings

Part B – Transition Plans

1. Background and summary
 - (a) Generally of method employed to prepare and implement transition plans
 - (b) Relevant patients
2. Issues to be considered
3. Review of relevant documents – general
 - (a) Records from Clinical Care Transition Panel (*provided by Children's HHS*)
 - (b) Transition planning documents (*provided by WMHHS*)
 - (c) Communication with parents (*provided by WMHHS and Children's HHS*)
 - (d) Communication with staff (*provided by WMHHS*)
 - (e) Communication with aftercare providers (*provided by WMHHS*)
 - (f) Communication with other relevant stakeholders (*provided by WMHHS*)
4. Review of relevant documents – patient specific (complex patients)
5. Interviews with relevant staff
 - (a) RN Vanessa Clayworth
 - (b) RN Matthew Beswick

RE: Governance-investigation and report framework.docx

5

- (c) RN Mara Kochardy
- (d) RN Peta-Louise Yorke
- (e) CN Susan Daniel
- (f) RN Rosangela Richardson
- (g) RN Moira Macleod
- (h) RN Brenton Page
- (i) RN Victoria Young
- (j) Dr Anne Brennan
- (k) Dr Trevor Sadler
- (l) Megan Hayes (OT)

6. Findings

- (a) General
- (b) Patient specific

Findings and Recommendations

MinterEllison

KG-44

LAWYERS

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

am/pm

TIME (end)

am/pm

PAGE

OF

Circle activity

With whom

TO

TI

CW

AT

Megan Hayes - asked to come + assist

Harry said he's been giving material

- Same will be much more interesting

→ 2 hrs

allowed

Exdained 6 complex pls being closely reviewed + genaghl 95 about transition as she is involved

6 pts = A

Anticipate more general information + will be directed to any spec. doc on the day.

We can provide if the month, but harder to accommodate in/c as a matter of course

Reminders

Who agreed to do what?

By when?

Without prejudice stipulated?

He is not under review
+ any adverse comments
are just provided with
of a response of
copies of material, etc.

hisa will recommend
he doesn't need, but
will see what she says.

KG-45

From: Kristi Geddes [REDACTED]
Sent: Thursday, 2 October 2014 12:01 pm
To: [REDACTED]
Cc: [REDACTED]
Subject: Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]
Attachments: Letter to Sharon Kelly - 02.10.14.pdf

Dear Ms Kelly

Please see **attached** correspondence.

Kind regards

Kristi Geddes, Senior Associate

[REDACTED]
[REDACTED] www.huntermail.co.nz



2 October 2014

DX 102 BRISBANE www.minterellison.com

T F

BY EMAIL –

Attention: Sharon Kelly
Executive Director of Mental Health and Specialised Services
West Moreton Hospital and Health Service

Dear Ms Kelly

Health Service Investigation – Barrett Adolescent Psychiatric Centre

As you are aware, Associate Professor Beth Kotze, Ms Tania Skippen and Kristi Geddes of our office have been appointed investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Psychiatric Centre.

The investigators would appreciate your assistance in coordinating the provision of the following further information and/or documents to assist with their investigation. We confirm that this request is made pursuant to section 194(2) of the *Hospital and Health Boards Act 2011 (Qld)*:

1. Any PRIME incident reports for Barrett inpatients during the transition period;
2. Copy of the Ward Record book during the relevant period, or other record of inpatient incidents for that period; and
3. Policies, procedures or evidence of guidance provided to staff in implementing transitions for consumers during the relevant period (endorsed by the West Moreton executive and/or Department of Health).

We request that the information and documents be provided by close of business this Friday, 3 October 2014. Please let us know if that is likely to cause you any difficulties.

Thank you very much for your assistance and cooperation to date.

Yours faithfully

MINTER ELLISON

Contact:

Kristi Geddes Direct phone:

Direct fax:

Email:

Partner responsible: Shane Evans Direct phone:

Our reference: SGE KXMM 1084936

cc:

Holly Ahern, Legal Services, WMHHS

MINTER ELLISON GROUP AND ASSOCIATED OFFICES

ADELAIDE AUCKLAND BEIJING BRISBANE CANBERRA DARWIN GOLD COAST HONG KONG
LONDON MELBOURNE PERTH SHANGHAI SYDNEY ULAANBAATAR WELLINGTON

ME_11M23512_1 (W2009)

MinterEllison

KG-46

LAWYERS

CLIENT

MATTER

FILE NO

AUTHOR

DATE

TIME (start)

am/pm

TIME (end)

am/pm

PAGE

OF

Circle activity

With whom

TO

TI

CW

AT

Jacqui + Holly on leave from tomorrow.

88 PRIME incident reports
 → not be done by tomorrow.

Word book will done by tomorrow.

Ext to COB Wednesday

KG-47

From: Kristi Geddes [REDACTED]
Sent: Thursday, 9 October 2014 04:50 pm
To: KOTZE, Beth; SKIPPEN, Tania
Subject: Barrett Health Service Investigation [ME-ME.FID2743997]
Attachments: Queensland Health Clinical Services Capability Framework - Mental Health Services (endorsed by Director-General and CHO in September 2012).pdf; Investigation and report framework.DOCX; Barrett - interview schedules.DOCX; Document Index.DOCX; Barrett Adolescent Centre - In&Outpatients - 06-08-13 - Updated with CCdoc; B98675-SKIPPENTANIA MS-Itinerary & Costing - Full.pdf; B98681-KOTZEBETH MS-Itinerary & Costing - Full.pdf

Dear Beth and Tania,

To ensure you both have copies of all relevant material, I now **enclose** the following:

1. Queensland Health Clinical Services Capability Framework for Mental Health, as endorsed by the Director-General in September 2012 and currently still in operation (referred to by Dr Sadler in his email);
2. Index to investigation material;
3. Final interview schedule (we have been unable to confirm Vanessa Clayworth's attendance or otherwise contact her at all since sending the requests, but note that she has been reluctant from the beginning to participate at all and unfortunately we have no powers to compel her to attend);
4. Draft Report/Investigation Framework (setting out the organisational structures and summary of further information obtained through my meeting with WMHHS);
5. Consumer list with care co-ordinators listed.

We are yet to receive a response from WMHHS regarding our further request for copies of incident reports, the ward record book and policies, procedures or evidence of guidance to staff in implementing transition plans for consumers. I expect to have received that by tomorrow and will forward you both a copy upon receipt.

I will also have USBs ready for you both next Monday with copies of all of the additional material we have received since the first round of responses. That will ensure that you both have complete electronic copies of everything with you in Sydney while preparing the report, if you do need to refer to anything.

In relation to transcripts from the interviews next week, I've been advised by our WP that we should have them completed by Thursday. I will forward you both complete copies once complete, together with the electronic recordings.

Finally, I also **enclose** your travel itineraries for next Monday and Tuesday. Please let me or Kate know if you need to make any amendments.

I look forward to seeing you both again next Monday. Have a lovely weekend in the meantime.

Kind regards,
Kristi.

Kristi Geddes Social Worker

www.mindallison.com

Barrett Health Service Investigation [ME-ME.FID2743997]->Barrett - interview schedules.DOCX

**File Note**

Author Kristi Geddes

Matter Queensland Health
Health Service Investigation - Barrett Adolescent Centre
1084936

Subject Interview schedules (to be conducted by Beth Kotze and Tania Skippen)

Monday 13 October 2014		
8:45am	Arrive ME Brisbane	
9:15am	RN Mara Kochardy	Care coordinator for [REDACTED]
10:00am	RN Moira Macleod	Care coordinator for [REDACTED]
10:45am	Break	
11:00am	RN Brenton Page	Care coordinator for [REDACTED] and [REDACTED] (by phone)
11:45am	RN Matthew Beswick	Care coordinator for [REDACTED] and [REDACTED] Attending with Judy Simpson from QNU
12:30pm	Break	
1:00pm	RN Peta-Louise Yorke	Care coordinator for [REDACTED] and [REDACTED]
1:45pm	CN Susan Daniel	Care coordinator for [REDACTED]
2:30pm	Break	
2:45pm	Dr Anne Brennan	Clinical Director from September 2013 Attending with Harry McCay from Avant
4:45pm	Finish	
Tuesday 14 October 2014		
9:00am	RN Rosangela Richardson	Care coordinator for [REDACTED] and [REDACTED]
9:45am	RN Victoria Young	Care coordinator for [REDACTED] Attending with QNU representative

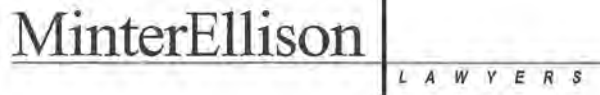
ME_115920474_1 (W2007)

Barrett Health Service Investigation [ME-ME FID2743897]->Barrett - interview schedules.DOCX

2

10:30am	Break	
10:45am	Megan Hayes	OT, active role in transition planning Attending with Lisa Harris from Coors Chambers Westgarth Lawyers (in instruction from WMHHS)
11:45am	RN Vanessa Clayworth	Active role in transition planning (Unable to contact to confirm attendance)
12:45pm	Break	
1:30pm	Dr Trevor Sadler	Clinical Director until September 2013 Attending with David Watt from K&L Gates Lawyers (on instruction from Avant)
3:00pm	Meeting to discuss progress	
3:30pm	Finish and leave for airport	

Barrett Health Service Investigation (ME-ME.FID2743997)->Investigation and report framework.DOCX



File Note

Author Kristi Geddes
Matter Queensland Health
Health Service Investigation - Barrett Adolescent Psychiatric Centre
1084936
Date 25 August 2014
Subject Investigation and report framework

Introduction

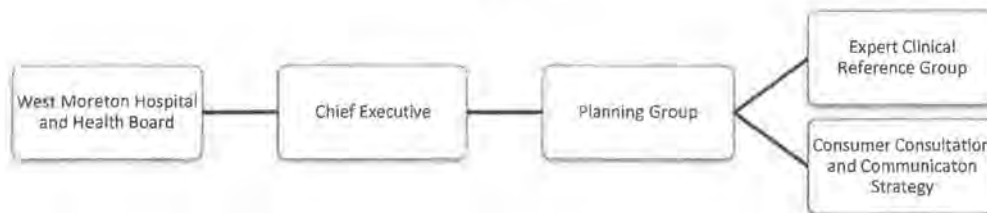
1. Background
2. Terms of Reference
3. Methodology
4. Evidence
5. Key Findings

Part A – Governance Model

1. Background
 - 1.1 Timeline of key events
 - (a) provided by WMHHS
 - 1.2 Summary
 - (a) Phase 1 (November 2013 to August 2013)
 - (b) Phase 2 (August 2013 to January 2014)
 - (c) Phase 3 (January 2014 onwards)
2. Summary of governance structures
 - (a) Phase 1 of Barrett Adolescent Strategy

Barrett Health Service Investigation [ME- ME.FID2743997]->Investigation and report framework.DOCX

2.



(b) Phase 2 of Barrett Adolescent Strategy



3. Issues to be considered

- 3.1 Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
- 3.2 Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model.

4. Review of relevant documents

- (a) Project Plan – 'Barrett Adolescent Strategy' (*provided by WMHHS*)
- (b) Minutes, agendas, reports and other papers from Adolescent Strategy Planning Group
- (c) Expert Clinical Reference Group Recommendations (*provided by WMHHS*)
- (d) Minutes, agendas, reports and other papers from Expert Clinical Reference Group
- (e) Minutes, agendas, reports and other papers from Steering Committee (*provided by Children's HHS*)
- (f) Minutes, agendas, reports and other papers from Chief Executive and Department of Health Oversight Committee (*provided by Children's HHS*)
- (g) West Moreton Management Committee (BAC weekly update) (*provided by WMHHS*)
- (h) Minutes, agendas, reports and other papers from Clinical Care Transition Panel (*provided by Children's HHS*)

ME-115528318_1 (W2007)

Barrett Health Service Investigation [ME-ME.FID2743997]->Investigation and report framework.DOCX

3

- (i) Minutes, agendas, reports and other papers from West Moreton Complex Care Review Panel
- (j) WMHHS and Children's HHS Board Papers (*provided by WMHHS and Children's HHS*)
- (k) Other Project documents (*provided by WMHHS*)
- (l) Minutes, agendas, reports and other papers from Young Persons Extended Treatment and Rehabilitation Initiative Committee (*provided by Children's HHS*)
- (m) Minutes, agendas, reports and other papers from Service Operations Implementation Working Group

5. Further information provided

5.1 A meeting was convened between Kristi Geddes, Investigator, Sharon Kelly, Executive Director Mental Health and Specialist Services at WMHHS, and Dr Leeanne Geppert, Director of Strategy Mental Health and Specialised Services WMHHS, on 4 September 2014 to confirm the above governance arrangements.

5.2 During that meeting:

- (a) the Barrett Adolescent Centre Timeline – Key Events was utilised to further explain the governance structure in place during the different phases of the project and changes that were made;
- (b) it was confirmed that during phase 2 of the project, the governance structure overseen by the Children's HHS was focussed on and responsible for the future of mental health services for adolescents in Queensland, post the closure of BAC and the governance structure overseen by WMHHS was focussed on and primarily responsible for the transition and discharge of patients from BAC up until its closure;
- (c) it was confirmed that the West Moreton Management Committee was a less formal Committee than the previous Planning Group, but had membership from various stakeholders and met once a week to address any concerns raised during the transition process and assist in developing solutions;
- (d) it was confirmed that the following was in place to ensure communication between the two governance structures, primarily between the WMHHS Management Committee and Children's HHS Steering Committee:
 - (i) mutual committee membership by a number of practitioners from each HHS, including:
 - (A) Dr Leeanne Geppert;
 - (B) Dr Stephen Stathis (or his occasional proxy, Dr Elizabeth Hoehn;
 - (C) Dr Bill Kingswell;
 - (ii) informal input sought and received on the drafting and development of key material;

ME_115528318_J (W2007)

Barrett Health Service Investigation [ME-ME.FID2743997]->Investigation and report framework.DOCX

4

- (iii) informal and open communication and sharing of documentation;
- (iv) regular formal reporting by both committees to the Department of Health and Minister for Health;
- (v) formal monthly reporting from Clinical Care Transition Panel to Steering Committee.

6. Findings

Part B – Transition Plans

1. Background and summary
 - (a) Generally of method employed to prepare and implement transition plans
 - (b) Relevant patients
2. Issues to be considered
3. Review of relevant documents – general
 - (a) Records from Clinical Care Transition Panel (*provided by Children's HHS*)
 - (b) Transition planning documents (*provided by WMHHS*)
 - (c) Communication with parents (*provided by WMHHS and Children's HHS*)
 - (d) Communication with staff (*provided by WMHHS*)
 - (e) Communication with aftercare providers (*provided by WMHHS*)
 - (f) Communication with other relevant stakeholders (*provided by WMHHS*)
4. Review of relevant documents – patient specific (complex patients)
5. Interviews with relevant staff
 - (a) RN Vanessa Clayworth
 - (b) RN Matthew Beswick

ME_115528318_1 (W2007)

~~Sarah Elanby - Sarah Elanby@wv.gov / 484-321-1111 / 1111 - 1111 and 1111 - 1111~~

5

- (c) RN Mara Kochardy
- (d) RN Peta-Louise Yorke
- (e) CN Susan Daniel
- (f) RN Rosangela Richardson
- (g) RN Moira Macleod
- (h) RN Brenton Page
- (i) RN Victoria Young
- (j) Dr Anne Brennan
- (k) Dr Trevor Sadler
- (l) Megan Hayes (OT)

6. Findings

- (a) General
- (b) Patient specific

Findings and Recommendations

Mental Health Services

Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including the glossary and acronym list).

The Mental Health Services module represents a range of mental health services for people in Queensland. Mental health is a specialist area of healthcare that promotes optimal quality of life for people with mental disorders or mental health problems. Mental health services are concerned with the assessment, diagnosis, monitoring and treatment of people who have a mental illness or disorder characterised by a clinically significant disturbance of thought, mood, perception, memory and/or behaviour.

Mental health services address the needs of a broad mix of patient types across the entire age spectrum (children, adolescents, adults and older persons). A person's need for mental health services can be short, medium, long term or intermittent, and often spans various levels of care and service areas across the health continuum.

The delivery of mental health services routinely considers and responds to the special needs that may be associated with the mental health of:

- Aboriginal and Torres Strait Islander peoples
- people of culturally and linguistically diverse backgrounds
- people living in rural and remote areas
- people with a comorbidity or complex needs—this may include, but is not restricted to, patients with a mental health diagnosis as well as:
 - an intellectual disability
 - a substance-use disorder
 - a dementing illness or other brain disorder/s
 - severe or complex medical problems
 - a sensory impairment
 - a forensic history.

For the purpose of this module, the term:

- *dedicated pharmacy service* refers to a pharmacy that is either based on the hospital campus or is a nominated pharmacy in the community with which a service agreement has been established for the delivery of mental health pharmacy services. These services are delivered according to requirements outlined in the Australian Council on Healthcare Standards
- *extended-hours* refers to hours of service provided outside of business hours and are determined by the service.

By national convention, the accepted term used when referring to a mental health patient is *consumer*. However, the terms *patient*, *people* and *person* have been used in the module to maintain consistency with other modules.

The Mental Health Services module consists of four sections as described in Table 1:

- Section 1: Child and Youth Services
- Section 2: Adult Services
- Section 3: Older Persons Services
- Section 4: Statewide and Other Targeted Services.

Table 1: Mental health services defined in the Framework

Service section	Service subsections	Service subsection notes
1. Child and Youth Services	1.1 Ambulatory Services	Levels 1–6
	1.2 Acute Inpatient Services	Levels 2–6
	1.3 Non-Acute Inpatient Services	Levels 5–6, including criteria for the Adolescent Drug and Alcohol Withdrawal Service and the Adolescent Extended Treatment Centre
2. Adult Services	2.1 Ambulatory Services	Levels 1–6, including services delivered by Continuing Care Teams, Mobile Intensive Treatment Teams and community-based Acute Care Teams
	2.2 Acute Inpatient Services	Levels 2–6. Private sector commences at Level 3 for psychosurgery only, otherwise commences at Level 4
	2.3 Non-Acute Inpatient Services	Levels 4–6, including criteria for Community Care Units, Medium Secure Services, and Acquired Brain Injury and Mental Health Units
3. Older Persons Services	3.1 Ambulatory Services	Levels 1–6
	3.2 Acute Inpatient Services	Levels 2–6
	<i>Non-Acute Inpatient Services</i>	To allow for further statewide strategic planning and development for this service area, this section will be held over until the next review of the Framework

Continued over page

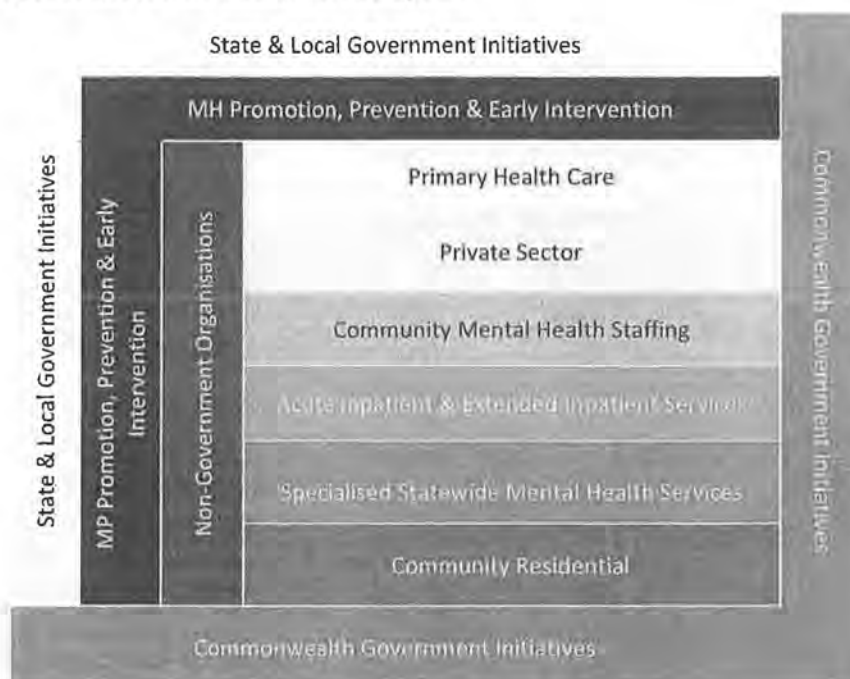
Table 1 continued

Service section	Service subsections	Service subsection notes
4. Statewide and Other Targeted Services	4.1 Child and Youth Forensic Services	Level 5 (relevant to public sector mental health services only)
	4.2 Adult Forensic Services	Level 6 (relevant to public sector mental health services only)
	4.3 Perinatal and Infant Services	Levels 3–6
	4.4 Emergency Services	Levels 4–5, including services delivered by hospital-based Acute Care Teams (relevant to public sector mental health services only)
	4.5 Evolve Therapeutic Services	Levels 4–5 (relevant to public sector mental health services only)
	4.6 Eating Disorders Services	Level 6
	4.7 Homeless Health Outreach Services	Level 5 (relevant to public sector mental health services only)
	4.8 Deafness and Mental Health Services	Level 6 (relevant to public sector mental health services only)
	4.9 Transcultural Services	Level 6 (relevant to public sector mental health services only)
	<i>Intellectual Disability and Mental Health Services</i>	To allow for further statewide strategic planning and development for this service area, this section will be held over until the next review of the Framework
	<i>Consultation-Liaison Mental Health Services</i>	To allow for further statewide strategic planning and development for this service area, this section will be held over until the next review of the Framework
	<i>Early Psychosis Services</i>	To allow for further statewide strategic planning and development for this service area, this section will be held over until the next review of the Framework

An integrated Queensland mental health service system

A strong focus on the integration of mental health services across Queensland ensures people living with mental illness have access to the right care and support at the appropriate time. The mental health service system offers a range of inter-connected clinical and community service options to ensure an individual's care is coordinated and responds to changing needs over time.

Along the continuum, mental health care may take place in a number of settings, including a general acute unit, a dedicated mental health unit or hospital, a residential program, an institutional facility (e.g. a prison), a community-based setting or in the person's home. All service components within the Queensland mental health service system are integrated and work together to promote continuity of care (Figure 1).

Figure 1: Queensland Mental Health Service System¹

Note: Private sector includes Acute Inpatient and Ambulatory Mental Health services

Private-sector mental health service system

Private-sector mental health services recognise that people with a mental illness or disorder ideally require access to a comprehensive range of services, with an emphasis on coordination, integration and individualised care.

Care options generally include a comprehensive continuum-of-care model, incorporating multidisciplinary services and care across a range of settings appropriate for the patient. The full continuum of care ranges from intensive, admitted, overnight treatment to day hospital, outpatient and community care, and 24-hour access to psychiatric emergency care for patients of the private mental health service system.

At all times, admission, treatment and care are under the supervision of the treating psychiatrist, irrespective of the care setting.

Mental health service areas

The Mental Health Services module defines broad service areas separately so that detailed definitions can be provided for each specific service area. In line with the framework used for reporting under the National Mental Health Strategy, the service areas are broadly defined as follows:

Ambulatory mental health services deliver mental health care to non-admitted patients, including services at hospital outpatient clinics and non-hospital community mental health services, crisis or mobile assessment treatment services, and day programs. Services are streamed according to age groups.

Acute inpatient mental health services deliver mental health care to admitted patients, usually on a short- to medium-term and intermittent basis. Services are streamed according to age groups.

Non-acute inpatient mental health services deliver mental health care to admitted patients over a long-term period and involve a specialist rehabilitation component to care. Previously, many of these services have been known as extended treatment/care services. Services are streamed according to age groups.

Statewide and other targeted mental health services deliver a statewide, centrally coordinated mental health service and are defined separately for at least one of the following reasons:

- they deliver statewide mental health care
- they provide mental health care across the age spectrum
- they deliver targeted mental health care programs for nominated patient populations.

General support services

Documented processes and collaborative partnerships—relevant to the service being provided and individual patient need—should be established between a mental health service and:

- a range of clinical support services that may include (but is not limited to) registered medical practitioners (general practitioners); health services (acute, non-acute and ambulatory) for the target population; and alcohol, tobacco and other drug agencies
- a range of non-clinical support services that may include (but is not limited to) education, housing, vocational and other appropriate government agencies (e.g. Queensland Police Service) and non-government agencies.

Risk management

In addition to risk management outlined in the Fundamentals of the Framework, there are specific risk management requirements relevant to mental health services. These may include the management of risk behaviours, such as violence or self-harm, or risk issues, such as neglect or maltreatment. As a patient's assessed level of risk (and/or complexity) increases, a higher level of mental health service capability is required to ensure the safety of those involved.

Risk and complexity are defined in the module using the following parameters, which were adapted from the American Association of Community Psychiatrists (2000)²:

- *Risk of harm* refers to potential to cause significant harm to self or others
- *Functional status* refers to the degree to which social responsibilities, interactions with others, vegetative status and self-care can be managed
- *Comorbidity* refers to complications arising in the context of co-existing medical illness, substance use, intellectual disability or other psychiatric disorder
- *Recovery environment* refers to environmental factors (including family support) that contribute to the onset or maintenance of mental illness or that may support efforts to achieve/maintain mental health
- *Treatment and recovery history* refers to recognition of a person's historical experience and its potential to inform the present episode of care
- *Engagement* refers to consideration of the person's understanding of illness and treatment, in addition to their ability or willingness to engage in the treatment and recovery process.

In the application of the American Association of Community Psychiatrists' risk matrix (Table 2), consideration should be given to the consequences, immediacy, magnitude and likelihood of each domain. Risk factors can be categorised as either static, historical factors (e.g. gender, age) or dynamic, changeable factors (e.g. increased stress due to a life event). A range of sources (relevant to the individual case) should be accessed in the assessment of

risk, such as the patient, the patient's carers and relatives, the Queensland Police Service and the referral source.

Consideration should also be given to the complexity of each presentation or situation. For example, a person presenting with several identified 'low-risk' factors might be more accurately assessed as 'moderate risk' due to the complexity of their situation. As situational complexity increases, it is expected that input from a higher level of service is required.

The risk matrix should be used as a guide and is not intended to replace clinical risk assessments conducted on an individual basis by experienced and qualified mental health clinicians. Furthermore, it is acknowledged that this risk matrix does not reflect the risk parameters of all age groups (e.g. infants) and does not necessarily take into account individual special needs or vulnerabilities. Therefore, this risk matrix should be considered as only one component of a suite of risk assessment tools.

Table 2: Risk matrix—a guide to defining risk while using the Mental Health Services module

	Risk of harm	Functional status	Comorbidity	Recovery environment	Treatment and recovery history	Engagement
LOW RISK Requires only a general level of observation and/or standard level of care that might focus on monitoring and/or respite	No current suicidal, homicidal ideation, plan or intentions Low likelihood for harmful behaviour Ability to care for self with support Intact impulse control	Transient impairment in functioning, but able to maintain some meaningful relationships Minor or intermittent disruption/s to usual activities	Evidence that medical, substance use and/or other psychiatric illnesses or problems have the potential to develop, which may affect the presenting problem	Life circumstances are predominantly stable At least one source of support available	Where relevant, prior experience/s with treatment/recovery have been predominantly successful	A potential to understand and accept illness and its effects (with support and psychoeducation)
MODERATE RISK Requires visual proximity and/or regular clinician contact	Current suicidal or homicidal ideation without intent, plan or past history Potential for harmful behaviour Evidence of self-neglect Impaired impulse control	Becoming conflicted, withdrawn, alienated or troubled in most significant relationships, but maintains control over impulsive or abusive behaviour Deterioration in ability to fulfil responsibilities (e.g. work/school)	Medical, substance use and/or other psychiatric illnesses or problems exist that may affect the presenting problem and will then require additional intervention and monitoring	Significant discord or difficulties in family or other important relationships Recent important loss or deterioration of personal/material circumstances Exposure to danger Pressure to perform surpasses ability to do so in a significant area Limited support resources accessible	Previous or current treatment/recovery associated with partial remission or control of symptoms Previous treatment/recovery has required strong professional or peer support in structured settings	Some variability in understanding or accepting illness, associated disability and/or comorbidities. Limited commitment to change and accepting responsibility for recovery

Clinical Services Capability Framework version 3.1

Mental Health Services

	Risk of harm	Functional status	Comorbidity	Recovery environment	Treatment and recovery history	Engagement
HIGH RISK Requires one or more clinicians in immediate proximity	Current suicidal or homicidal intentions with a plan Episodes of harmful behaviour to self or others, or high likelihood for this to occur Extreme compromise of self-care Markedly impaired impulse control.	Extreme deterioration in social interactions with minimal control over impulsive or abusive behaviour Inability to attend to basic personal needs and associated impairment in physical status Complete inability to maintain any aspect of personal responsibility in usual roles (e.g. parental, citizen, occupational).	Significant medical, substance use and/or other psychiatric illnesses or problems currently exist and require significant monitoring/intervention These comorbid illnesses or problems place person in additional danger of complications, and impair potential for recovery from presenting problem.	Serious disruption of family/social milieu or life circumstances Episodes of victimisation or violence Overwhelming demands No support resources accessible.	Past or current treatment/recovery associated with minimal success Symptoms are persistent.	No understanding or awareness of illness, associated disabilities, or comorbidities Unable to actively engage in treatment Avoidant, frightened or guarded.

Source: Adapted from the American Association of Community Psychiatrists (2000)

The reader should consult other key documents, such as the *Model of Service for Mental Health in Queensland* (public sector specific), to inform their knowledge of the mental health system and, more specifically, to understand clinical processes and workforce roles.

For the purposes of this module, age-specific services are generally categorised as follows:

- Child and Youth Services—0 to 18 years
- Adult Services—over 18 years
- Older Persons Services—65 years and older who meet specific criteria associated with the ageing process and complex mental health needs.

However, there will be some exceptions to these age-range guides, based on factors such as culture, personal background or need, clinical presentation, developmental status or the available service setting. Service managers and providers are required to consider these issues and the relevant site-specific policies and procedures before deciding which section of the module is most relevant to their service provision.

Older persons services must consider the following when planning and coordinating services:

- maintenance of function and the ability to remain at home (if preferred)
- family/carer risk factors, including high rates of morbidity among carers
- access to, and collaboration with, appropriate health and aged-care supports
- medical comorbidity, especially chronic diseases related to ageing
- comorbid cognitive disorders
- sensory impairment
- social isolation
- grief and loss.

Where a health service provides a patient with both mental health care and general healthcare, the service is required to comply, for instance, with the relevant components of the Children's Services modules (for patients aged up to 18 years), the Medical Services module (for patients aged over 18 years) and other relevant modules within the Framework, in addition to the Mental Health Services module.

Service networks

In addition to what is outlined in the Fundamentals of the Framework, specific service network requirements include:

- services providing mental health care must have documented processes and collaborative working partnerships with government and/or non-government organisations, support agencies and family support services
- documented processes are to be established and maintained between both lower and higher level services of the one service network (e.g. between Level 2 and 5 of acute inpatient services) and across service networks (e.g. across ambulatory and acute inpatient services).

Service requirements

In addition to what is outlined in the Fundamentals of the Framework, specific service requirements include:

- service delivery reflects the specific needs of the target population and the individual
- routine clinical data are collected to inform assessment/diagnosis/intervention/recovery
- assessments/interventions reflect age-appropriate, evidence-based care
- assessments and interventions in Levels 4, 5 and 6 services reflect multidisciplinary input
- all screening, assessment, treatment and planning tools are age-specific
- all episodes of care are documented in a health record
- a patient's individual educational program is coordinated with and integrated into their inpatient or day program, wherever appropriate
- patients and family/carers are supported to initiate contact with and engage in all ambulatory, inpatient and community-based mental health, health and support services
- assessments and interventions are associated with a documented case review process, and are conducted in accordance with the currently endorsed National Standards for Mental Health Services and the *Mental Health Act 2000*
- multidisciplinary (and, where possible, multisystemic) collaboration for review of all care plans in cases where the risk status of a mental health patient escalates beyond the capability of the current service level (or in the case of emergency mental health presentations). This includes consultation-liaison with a higher level mental health service (may be via telehealth facilities)
- a working knowledge of processes involving involuntary treatments and patient rights under the *Mental Health Act 2000* as issues may arise concerning the ability of children, adolescents and adults to consent to treatment
- consideration of the decision-making capacity and/or the role of an alternate, legally appointed individual or agency in decision-making on behalf of the patient
- acknowledgement of the need for multisystemic input into all mental health care
- Level 3 to 6 ambulatory services and Level 4 to 6 inpatient services deliver integrated mental health care and ensure continuity of care for those accessing services
- Level 4 to 6 services conduct audits of the effectiveness of clinical and referral pathways
- clinicians delivering Level 6 services represent a critical mass of expertise, and provide statewide leadership and education in specialist mental health clinical management to other service providers
- all Level 6 services are authorised mental health services under the *Mental Health Act 2000*
- patients with eating disorders (who are on a refeeding program) should be assumed to be at risk of refeeding syndrome and be managed accordingly in an inpatient setting
- for all services caring for children and/or adolescents, including Subsections 4.1, 4.3 and 4.5 of Section 4, Statewide and Other Targeted Services, and the occasional adult service, there is a documented process and/or contact with a child protection liaison officer with clear child protection referral processes in place.

In addition, current policy and procedure should:

- explicitly outline care pathways and inform the assessment, diagnosis, admission, monitoring, treatment, evaluation, ongoing care, referral, transfer and discharge of mental health patients
- reflect the specific needs of the target population and the individual
- inform the 24 hours a day response to psychiatric emergencies and high-risk situations
- inform the management of high-risk behaviour/s and address any (but not be limited to) relational, pharmacological, physical and environmental interventions used in the management and containment of violent and/or self-harm behaviours
- inform short-term, high-dependency care and the stabilisation of mental health patients awaiting transfer for inpatient admission
- inform the identification, prevention, response to and evaluation of adverse clinical events
- inform the safe administration and ongoing management of patients receiving electroconvulsive therapy (ECT) in services authorised by the *Mental Health Act 2000* to provide ECT, and should inform how to manage special needs and/or age-specific needs, and vulnerabilities of patients accessing the service
- inform the management of non-active patient cases
- inform the processes of consultation-liaison between higher level services (Levels 4, 5 and 6) and lower level services
- inform the refeeding programs used to treat inpatients with eating disorders, and should align/comply with Australian and/or local standards and requirements
- inform the continuing care of mental health patients admitted to/discharged from inpatient mental health care.

Documented processes should:

- demonstrate links and collaborative partnerships with other mental health services (ambulatory, acute inpatient and non-acute inpatient) as is relevant to the target population
- demonstrate links with local government, non-government organisation/s and other general support services
- reflect timely responses and the specific needs of the individual
- demonstrate the involvement of patients and carers in the planning, operation, monitoring and evaluation of mental health services (Levels 3 to 6).

Integrated mental health recovery plans should include:

- developmental/educational/vocational tasks relevant to the patient
- risk assessments pertaining to each mental health presentation
- assessments pertaining to each person's family/carers factors, including family/carers risk factors
- family/carers and community roles in the ongoing care and support of the person.

The common elements for inpatient care include:

- encouragement and support for patients (in conjunction with their family/carers) to participate, when clinically indicated and feasible, in efforts to carry out basic, developmentally appropriate activities of daily living during hospitalisation, and some other general activities (such as recreational, social and educational/vocational activities) may be offered and/or facilitated

- provision of services that reduce the stress related to resuming normal activities in the post-hospitalisation environment (e.g. promoting access to community services associated with ongoing patient care and mobilising family resources)
- where the service level capability is stipulated as short-term or intermittent care only, but medium- or long-term care is warranted for any given patient of that service, ongoing and age-specific consultation-liaison is required with a higher level mental health service.

Workforce requirements

In addition to workforce requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- each mental health area/unit/service is staffed according to:
 - occupancy rates
 - the current severity of illness experienced by patients
 - special individual needs
 - age-specific needs and vulnerabilities
- clinicians within Level 4, 5 and 6 services demonstrate high levels of clinical expertise in the assessment/intervention/evaluation of patients presenting with a dual diagnosis of mental health and substance-use disorders, with ongoing professional development accessed in this area
- clinicians demonstrate ongoing education and training in clinical and safety programs relevant to the practice of mental health service delivery
- clinicians providing mental health services participate in clinical practice supervision with clinician/s who are trained/experienced in mental health
- clinicians providing mental health services for children, adolescents or older persons participate in age-group-specific clinical practice supervision with clinician/s who are trained/experienced in the respective area/s
- clinical practice supervision is required on a case-by-case basis if the clinician's contact with mental health patients or with specific groups of mental health patients, such as children, is intermittent or limited.

Where relevant to specific service levels:

Medical

- registered medical specialists with credentials in psychiatry demonstrate satisfactory completion of clinical training and possess a Fellowship in Psychiatry recognised by the Royal Australian and New Zealand College of Psychiatrists
- psychiatry trainees or registrars supervised according to Royal Australian and New Zealand College of Psychiatrists professional documents and guidelines
- a registered medical specialist with credentials in psychiatry manages the care of patients receiving ECT in accordance with the *Mental Health Act 2000*
- a designated medical officer (however titled) available 24 hours a day to enact a *Care and Treatment Order for a Child* for all child and youth inpatient facilities

Nursing

- registered nurses have qualifications and experience in mental health

Allied health

- allied health professionals have relevant qualifications

Other

- interpreter services (e.g. language and sign language) available as required
- access to mental health workforce and/or associated key stakeholders or service providers as required with expertise in:
 - Aboriginal and Torres Strait Islander mental health
 - transcultural mental health
 - dual diagnosis (e.g. mental health disorder plus alcohol/other drug disorder)
 - patient and carer support needs.

Section 1 Child and Youth Services

Subsection 1.1: Level 1 Ambulatory Service

Service description

A Level 1 service is capable of providing some limited short-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health patients up to 18 years. The service may only be available for limited hours.

This level of service is delivered predominantly by one or more general health clinicians who provide a local community healthcare service that is non-specific to mental health. Typically, the service is delivered via a community clinic or home-based care.

Service provision typically includes: basic screening and assessment; brief and/or basic intervention; patient and carer education; primary care and prevention programs; and referral, where appropriate.

Service requirements

As per module overview, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment and brief interventions of uncomplicated mental health problems
- forward referrals for expert assessment/diagnosis/intervention as required
- development of a care plan
- basic clinical data collection to inform assessment/diagnosis/intervention/recovery
- limited psychoeducation
- mental health assessments/interventions (and referrals to other mental health services) conducted by general health clinicians of this service
- mental health assessments/interventions conducted in consultation with a child and youth mental health clinician, from a Level 4 ambulatory service or above, where clinically indicated, and associated with a documented review process
- service is based within a health service district/local health and hospital network or is part of a service network that also includes a Level 5 or 6 child/adolescent acute inpatient mental health unit.

Workforce requirements

As per module overview, plus access to one or more of the following (may be on a visiting basis or via outreach services):

Medical

- a registered medical practitioner

Nursing

- a registered nurse

Allied health

- allied health professionals.

Clinical Services Capability Framework version 3.1

Mental Health Services

Support service requirements

A Level 1 service requires:

Service	On-site	Accessible
medical imaging		1
medication		1
pathology		1

Section 1 Child and Youth Services

Subsection 1.1: Level 2 Ambulatory Service

Service description

A Level 2 service is capable of providing short- to medium-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health patients up to 18 years. The service is accessible during business hours.

This level of service is delivered predominantly by a team of general health clinicians and visiting mental health professionals who provide a local community healthcare service. These general health clinicians have training/experience in mental health care. Some mental health-specific services/programs are provided at this level. The service may be delivered via a hospital-based outpatient clinic, a community clinic or home-based care.

Service provision typically includes: assessment; interventions, including counselling; patient and carer education and information; documented case review; primary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Service requirements

As per Level 1, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment and interventions for mental health problems (that may be associated with simple comorbidities and/or resistance to treatment)
- a limited range of primary prevention services (e.g. parenting support)
- psychoeducation (including providing information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by one or more general health clinicians with training/experience in mental health and/or by visiting mental health professionals.

Workforce requirements

As per module overview, plus access to one or more of the following:

Medical

- a registered medical practitioner with training/experience in mental health

Nursing

- a registered nurse with training/experience in mental health

Allied health

- allied health professionals with training/experience in mental health

Other

- visiting mental health professionals.

Clinical Services Capability Framework version 3.1

Mental Health Services

Support service requirements

A Level 2 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		1

Section 1 Child and Youth Services

Subsection 1.1: Level 3 Ambulatory Service

Service description

A Level 3 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary mental health patients up to 18 years. The service is accessible during business hours.

This level of service is delivered predominantly by a small team (not necessarily multidisciplinary) of mental health professionals who provide a local mental health care service via a hospital-based outpatient clinic, a community mental health clinic or home-based care. Most clinical team members have training/experience in child and youth mental health care.

Service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented case review; primary and limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Service requirements

As per Level 2, plus:

- care to low- and moderate-risk/complexity voluntary mental health patients
- identification, ongoing assessment, monitoring and interventions for mental health problems that may be associated with comorbidities and/or resistance to treatment
- integrated identification, assessment and intervention of any co-occurring substance-use disorders
- development of individual mental health recovery plans
- a range of primary (e.g. parenting support) and some limited secondary (e.g. weight management) prevention services
- psychoeducation for the patient and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- documented processes and collaborative partnerships with schools, education networks and service providers as required
- mental health assessments/interventions conducted by a team (not necessarily multidisciplinary) of mental health professionals, most of whom demonstrate training/experience in child and youth mental health.

Workforce requirements

As per Level 2, plus:

Medical

- limited access to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent)—may be via telehealth

Nursing and allied health

- access to two or more registered nurses and/or allied health professionals who have training/experience in child and youth mental health

Other

- access to some visiting specialties in health and/or mental health (e.g. Child and Youth Forensic Outreach Service)
- may have access to school-based youth health nurse.

Support service requirements

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		2

Section 1 Child and Youth Services

Subsection 1.1: Level 4 Ambulatory Service

Service description

A Level 4 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients up to 18 years. The service is accessible during business hours with the exception of day programs, which are delivered primarily during school terms and consist of block-based intervention periods.

This level of service is delivered predominantly by a multidisciplinary team of child and youth mental health professionals who provide a local mental health care service via a hospital-based outpatient clinic or day program, a community mental health clinic or through home-based care.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation and liaison with lower and higher level mental health services; and referral, where appropriate.

Service requirements

As per Level 3, plus:

- care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- assertive outreach applicable to the service and target population
- mental health assessments/interventions conducted by a team of mental health professionals with training/experience in child and youth mental health
- may be an authorised mental health service under the *Mental Health Act 2000*.

Workforce requirements

As per Level 3, plus:

Medical

- access to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review
- access—during business hours—to a registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth)