

12. If any recommendations in relation to transition arrangements were made by the Panel to what extent were these accepted or rejected by:
 - a. Any Human Services Agency or Relevant Stakeholder;
 - b. Alternative services/care providers for transition clients;
 - c. Transition clients and or their families, friend or carers; and
 - d. Staff working at the BAC.
13. Outline and explain the transition arrangements in place and how those transition arrangements developed in the period from August 2013 to January 2014.
14. Outline and explain any administrative and or other deadline imposed for the transition arrangements.
15. In identifying, developing and implementing the transition arrangements, outline and explain the support, if any, the Panel received from any Human Services Agency or Relevant Stakeholder.
16. Were you aware of any concerns about the transition arrangements held by any Human Services Agency or Relevant Stakeholder, alternative services/care provider, transition client and or their family, friend or carer or member of the BAC staff communicated to the Panel?
 - a. If yes, identify the concerns;
 - b. How were these concerns recorded?
 - c. How were these concerns dealt with?
17. What were the key challenges in the development, management and implementation of the BAC transition plans?
18. Did the communicated closure date affect the transition planning process, and if so, how?

19. What involvement (if any) did the Panel have in ensuring that the educational needs of BAC patients were considered in the development, management and implementation of their clinical transition plans?
20. Were there any discussions held with the families of BAC patients and other relevant stakeholders about the future model for adolescent mental health care in Queensland (particularly in relation to Tier 3 – inpatient services)? If so, how were stakeholder views about this model considered, evaluated and incorporated in the transition planning process?
21. What arrangements were made for adolescents on the BAC waiting list or who would otherwise have been admitted to the BAC?
22. Outline and explain the procedures, if any, established by the Panel to follow-up and monitor the outcome of the transition arrangements.
23. Were any new or replacement adolescent mental health services established in Queensland immediately following/in the course of the closure of BAC? If so, were any BAC patients transitioned to these new or replacement services and if so, which ones?
24. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) you have relevant to the Commission's Terms of Reference.
25. Identify and exhibit all documents in your custody or control that are referred to in your statement.

Commissions of Inquiry Act 1950
Section 5(1)(b)
REQUIREMENT TO PRODUCE DOCUMENTS

To: Dr Elizabeth Hoehn
Of: c/- Crown Solicitor, by email to [REDACTED]

I, **THE HONOURABLE MARGARET WILSON QC**, Commissioner appointed pursuant to *Commissions of Inquiry Order (No. 4) 2015* to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to produce the following documents to the Commission:

All documents (including copies and originals of any books, writings, letters, emails, recordings or other records of information in any form, electronic or otherwise) in your possession or control relating to any of the Terms of Reference, other than those documents already produced or still to be produced, in response to the notice issued to your employer, Children's Health Queensland Hospital and Health Service. The documents required by this notice include but are not limited to personal records such as diary records, meeting notes, emails and letters.

YOU MUST COMPLY WITH THIS REQUIREMENT BY GIVING THE DOCUMENTS TO THE COMMISSION BY 4.00 PM ON THURSDAY 29 OCTOBER 2015.

You may do so:

- (a) in the manner described in the accompanying letter; or
- (b) by making the documents available for inspection by Commission staff at Level 10, 179 North Quay, Brisbane, and permitting Commission staff to take such copies of them as they require.

If you intend to hand deliver the documents, please contact the Commission's Executive Director, Mr Ashley Hill, on telephone (07) 3239 6040 or email to info@barrettinquiry.qld.gov.au. Your solicitor may attend and produce the documents in your stead.

If you believe you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2) (b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 14th day of October 2015

[REDACTED]
The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry

**Job ad reference:**

H14RCH02481

Role title:

Director, Queensland Centre for Peri-natal and Infant Mental Health (QCPIMH), Child & Youth Mental Health Service

Status:

Permanent Full-Time

(This position is a full-time role. For the first 3 years of operation, this role will have accountabilities as a Medical Director. At the expiration of the 3 year period, the incumbent will retain a role as a Senior Medical Officer, however, the Director component of the role will be renegotiated in the employment contract).

Unit/Branch:

Division of Child & Youth Mental Health Service (CYMHS),

Hospital and Health Service:

Children's Health Queensland Hospital and Health Service (CHQ HHS)

Location:

Brisbane

Note: Please refer to 'About CHQ HHS' section of this document for further information regarding the location of this role.

Classification level:

L18-L29

Salary level:

154,957 - 179,993 (L18-L24)

185,304 – 196,468 (L25-L27)

\$204,764 - \$215,837 (L28-L29)

A Clinical Manager's allowance will be negotiable

*Note: Following recommendations outlined in the **Queensland Government Blueprint for Better Health Care**, work is currently underway to introduce contracts for senior medical officers (SMOs) and visiting medical officers (VMOs) throughout Queensland Health. These new contracts are scheduled to be signed by the end of April 2014 and commence on 1 July 2014 for both VMOs and SMOs who choose to sign. Your employment will be regulated by the Medical Officers (Queensland Health) Certified Agreement (No. 3) 2012 while it is in force until such time as you elect to sign a contract and this contract comes into effect.*

Closing date:

Wednesday, 5 March 2014

Contact:

Dr. Stephen Stathis, Clinical Director, CYMHS

Telephone:**Online applications:**<http://www.smartjobs.qld.gov.au>**SPECIAL CONDITIONS – TARGETED ADVERTISING (PHASE 1 – AT LEVEL POSITIONS)**

This vacancy is only available to eligible CHQ HHS and Mater Health Service (MHS) employees.

CHQ HHS and MHS EMPLOYEES

To be eligible to apply for a Phase 1 position at the Lady Cilento Children's Hospital, applicants **must meet** the following criteria:

- Be a **permanent employee** of CHQ HHS or MHS whose substantive position is at the same classification level as the advertised position and is involved in the delivery of paediatric services within CHQ HHS or the Mater Children's Hospital (MCH).

NOTE: Permanent CHQ HHS employees includes employees of CHQ HHS whose position is involved in the delivery of paediatric services who are on secondment to another HHS or agency.

- Be a **temporary employee** of CHQ HHS or MHS whose temporary position is at the same classification level as the advertised position and is involved in the delivery of paediatric services within CHQ HHS or MCH and **all** of the following criteria are met (as prescribed in Public Service Commission Directive No. 20/10 *Temporary Employment*):
 - At the time of advertising, you have performed the same or similar role for a continuous period of two (2) years or more; and
 - During the previous two (2) year period in the same or similar role, the combined total breaks in employment does not exceed three (3) months; and
 - The position you are currently in was advertised and you were appointed to the position through an open merit process; and
 - You have been assessed as meeting the agreed performance objectives of the position

NOTE: If there is no written evidence of advertising of your current position and/or appointment on merit then you cannot be considered for a LCCH position in this phase of the recruitment process.

Applicants that do not meet eligibility requirements will not be considered.

Targeted Advertising is specified in section 9.7 of the *Recruitment and Selection Directive No. 15/13* where a chief executive may elect to limit the advertising to a specific agency where exemption from or limited advertising will prevent the displacement of existing permanent public service employees.

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Children's Health Queensland Hospital and Health Service (CHQ HHS) has adopted the **five core values** that guide our behaviour:

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

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

Purpose

The Director, Queensland Centre for Peri-natal and Infant Mental Health, CYMHS will:

- Lead and manage the delivery of high quality tertiary paediatric statewide peri-natal and infant mental health services across CYMHS, CHQ HHS following the opening of the Lady Cilento Children's Hospital (LCCH).
- Prior to this, assist the Medical Director CHQ HHS to lead and manage the safe and efficient transition of the Future Families Service at CHQ HHS and the Mater Infant Parent Service (MIPS), Mater Hospitals and Health Services to statewide peri-natal and infant mental health services across HS HHS.

Your key responsibilities

You will fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined below.

PEOPLE

- Lead and manage the staff of the service using contemporary human resource practices.
- Ensure all staff of the service are provided with comprehensive orientation and onboarding.
- Ensure that training and supervision of staff is consistent with the requirements of CHQ and relevant professional and regulatory bodies.
- Implement effective performance appraisal and staff development systems within the service.
- Promote and develop a multidisciplinary team using well-developed professional and interpersonal skills, fostering and promoting an environment of participation and collaboration for service developments, improvements and innovations.
- Develop a positive culture which encourages and recognises high performance, builds leadership capabilities and supports staff to maximise their health and wellbeing.

SERVICE

- Provide ethical decision making and effective issues management and communication in the achievement of organisational goals, ensuring issues are resolved effectively and in a timely manner.
- Model positive leadership behaviours and contribute to the health service and professional community and affairs.
- Develop a high functioning service inclusive of inpatient, outpatient, outreach, telehealth and evidence based models of care as appropriate within a multidisciplinary team environment.
- Actively promote and model family centred care principles and practices in the design and delivery of services. Involve consumers in design and evaluation of services.
- Build effective and timely communication and consultation processes within the service, and with families, referring clinicians and other health services.
- Support the planning and service capacity in outer locations across South East Queensland and within the context of the Southeast Queensland Paediatric Planning Report.
- Actively explore and implement alternatives to hospital admission where clinically appropriate.
- Undertake inpatient and outpatient consultation and treatment of patients in Early Years psychiatry.

SAFETY AND QUALITY

- Implement the Children's Health Queensland Patient Safety and Quality Improvement Strategy as it applies to Early Years Mental Health.
- Lead and model a 'just' approach to staff, promoting open and honest identification of hazards and incidents, and taking action to address quality and safety gaps.
- Develop, maintain and report on measures of the quality of the services provided across all domains of quality, using data to drive continuous improvement. Benchmark service performance with peer services in Australia and internationally.

- Drive reliability and consistency of clinical services through the use of standard operating procedures, procedures, care pathways, and appropriate training, assessment and coaching of staff.
- Actively engage in early identification and resolution of patient/family and staff complaints using open disclosure principles.
- Maintain a regular audit schedule focussed on known risk areas, and use this audit data to inform and prioritise improvement efforts.
- Ensure compliance with contemporary healthcare safety and quality standards and participate in CHQ assurance processes including Accreditation.

VALUE

- Develop an annual operational plan for the service in line with CHQ planning, and addressing budget, activity and quality.
- Actively monitor and manage balanced scorecard performance and take action to address poor performance.
- Explore innovative ways to improve value for money services.
- Drive transparency of service and individual performance and productivity. Benchmark with peers in Australia through Health Round Table and other relevant service groupings.

RESEARCH

- Encourage and support the development of high quality research by departmental staff across all elements of the multidisciplinary team.
- Contribute to the development of contemporary evidence in peri-natal and infant mental health services.
- Use research evidence to improve practice and care outcomes.

Position Reports To

The Director, Queensland Centre for Peri-natal and Infant Mental Health, CYMHS:

- Reports directly to the Divisional Director, CYMHS, CHQ HHS.
- Reports professionally to the Medical Director, CYMHS, CHQ HHS.

Staffing and Budgetary Responsibilities

The Director, Queensland Centre for Peri-natal and Infant Mental Health, CYMHS:

- Has service-line management responsibility in accordance with the attached organisational chart.
- Has delegations in accordance with the CHQ delegations manual for financial and human resources.
- Will manage staff in accordance with Queensland Health human resource management practice and principles, equal employment opportunity and anti-discrimination requirements.

Qualifications / Professional registration / Other requirements

Mandatory

- Current registration with/or eligible for registration with AHPRA (Australian Health Practitioner Regulation Agency), as a specialist in psychiatry, and possessing a Certificate in Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists.
- Appointment to this position is dependent upon written confirmation of a Scope of Clinical Practice (SOCP) from the Executive Director of Medical Services. The candidate will be required to provide appropriately validated documents for credentialing purposes.

Are you the right person for the job?

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

- You will be recognised by your peers for your abilities as a child and adolescent psychiatrist with expertise in peri-natal and infant mental health services.
- You will have a successful track record as a leader and manager within a tertiary paediatric hospital or service.
- You will have advanced leadership abilities with demonstrated ability to build trust and positively influence professional peers in order to deliver high quality services.
- You will be an exceptional communicator; able to adjust your communication style for the audience and with a high levels of emotional intelligence.
- You will have a track record of successfully leading change at a service level. You are proficient in redesign methods and will have been responsible for driving measurable improvement in service outcomes.
- You will be a team player, and will be recognised for your abilities to bring together staff from various professional disciplines and to build effective and cohesive teams.

How to apply

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

- **Complete Attachment A – Resume Template** (no more than 4 pages. Should you wish to provide a more extensive employment history, you may do so in a separate attachment. Please ensure you use the same format as outlined in Attachment A).

Please include two referees that can attest to your performance and conduct in the workplace. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel.

- **Complete Attachment B – Application Template.** Please provide a brief summary of no more than 2 pages addressing how your skills, experience and knowledge meet the requirements of the role listed under “Are you the right person for the job” in the context of the “key responsibilities” of the role.

For guidance on how to complete Attachments A and B please refer to the *Lady Cilento Children’s Hospital job application guide* attached to the advertised vacancy.

Additional Information for Applicants

- All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.
- Pre-employment screening, including criminal history and disciplinary history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card.
- A minimum probation period of three (3) months may apply for permanent appointments.
- All newly appointed applicants who have been employed as a lobbyist in the previous two (2) years are required to provide a disclosure to the Director-General within one (1) month of taking up the appointment in accordance with the Disclosure of Previous Employment as a Lobbyist policy.
- Travel may be a requirement.
- Applications will remain current for twelve (12) months and may be considered for other vacancies which may include an alternative employment basis (temporary, full time, part time).

About Children's Health Queensland Hospital and Health Service

Children's Health Queensland provides:

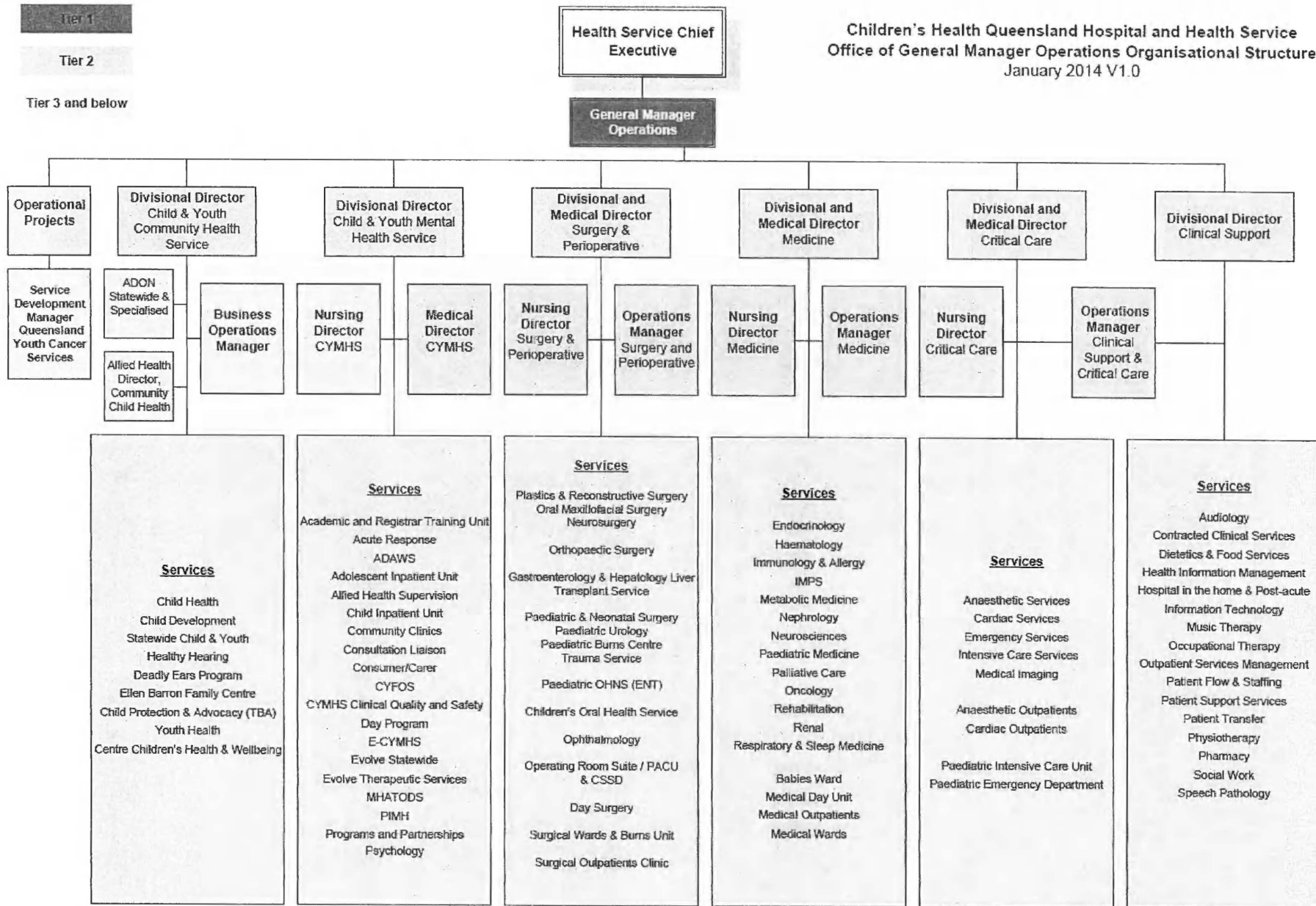
- Paediatric services to its local community
- Tertiary paediatric services at the Royal Children's Hospital (Brisbane)
- Child and Youth Mental Health Service
- Child and Youth Community Health Service
- Outreach children's specialist services across Queensland
- Implementation and support for new and enhanced emergency, inpatient and ambulatory children's services in Greater Metropolitan Brisbane
- Paediatric education and research

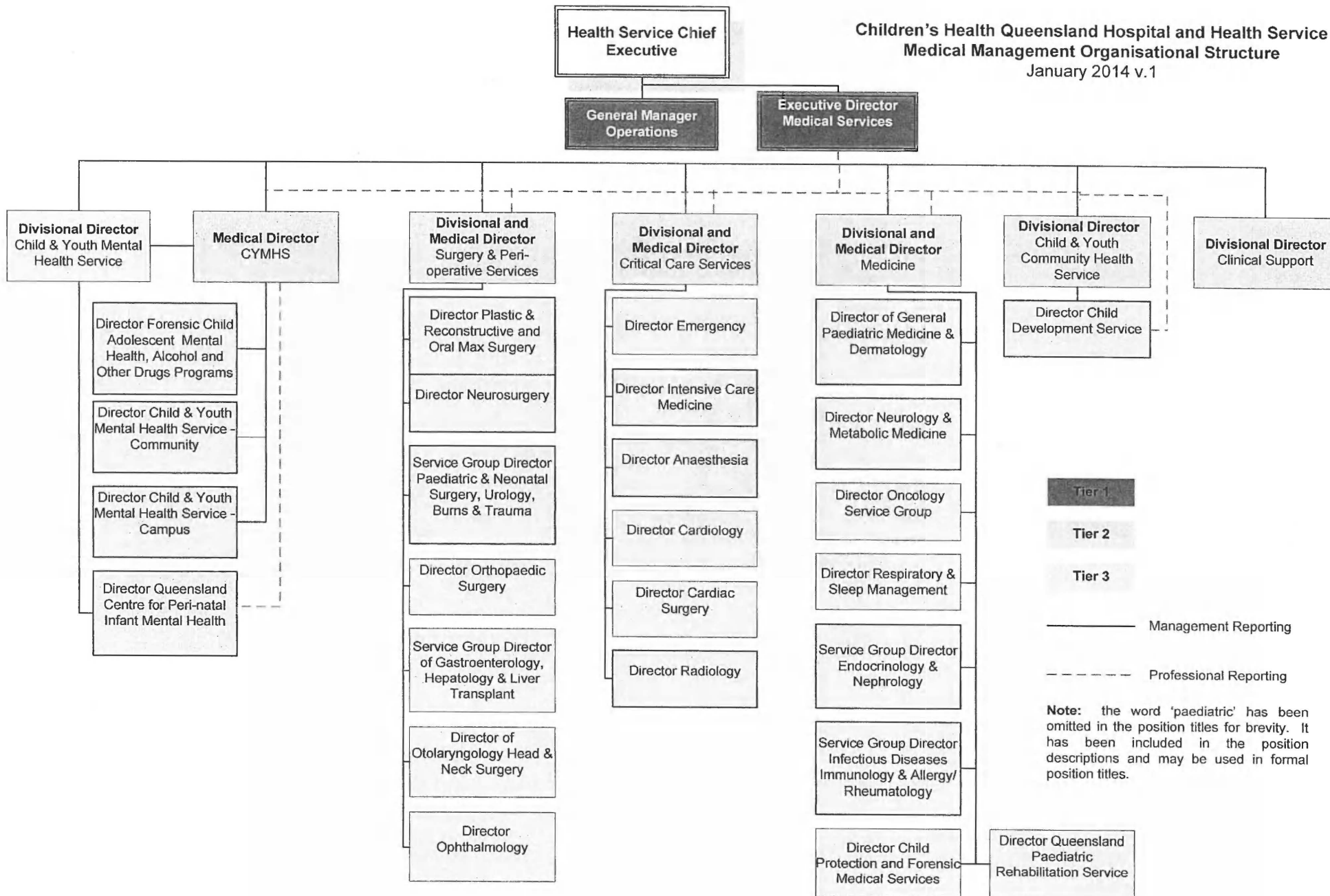
As part of CHQ HHS, the new purpose-designed Lady Cilento Children's Hospital (formerly the Queensland Children's Hospital) is being built at South Brisbane and is expected to open in late 2014 (www.health.qld.gov.au/childrenshospital). The hospital will bring together the existing specialist paediatric services of the Royal Children's Hospital and the Mater Children's Hospital (www.mater.org.au) and will be the central point of a statewide paediatric network, designed to cater for the future health care needs of children and youth.

The Director, Queensland Centre for Peri-natal and Infant Mental Health, CYMHS will officially relocate to the new Lady Cilento Children's Hospital when it is commissioned in late 2014.

Want to know more?

- For details regarding salary information, leave entitlements, flexible working arrangements and other benefits please refer to the *Working for CHQ HHS, Applicant Information* provided with the advertised vacancy or visit the Queensland Health website at: www.health.qld.gov.au
- For further information about the Lady Cilento Children's Hospital please visit: www.health.qld.gov.au/childrenshospital
- For further information about the Children's Health Queensland Hospital and Health Service please visit: www.health.qld.gov.au/rch/



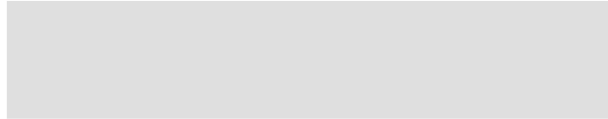


Curriculum Vitae

Dr. ELISABETH HOEHN
M.B.B.S (Hons) FRANZCP

ADDRESS: Queensland Centre for Perinatal and Infant Mental Health
 31-33 Robinson Road
 Nundah QLD 4012

CONTACTS:



CLINICAL EXPERIENCE

I have been eligible for specialist registration in Psychiatry since 27th October 1990. I completed my sub-specialty training in Child and Adolescent Psychiatry in May 1996. I have Medical Board of Queensland registration to practice medicine and registration for practice in the specialty of Psychiatry. I have been employed by Queensland Health since 1984 and have been employed in the area of child and youth mental health since 1990. Since 1991, I have provided consultant child psychiatry services to child and youth mental health services across North Brisbane, initially as a VMO and now as an SMO, as well as providing leadership to service development in perinatal and infant mental health across Queensland.

QUALIFICATIONS & EDUCATION

- 1998 Granted Membership of Faculty of Child and Adolescent Psychiatry of The Royal Australian and New Zealand College of Psychiatrists
20th February 1998
- 1996 Awarded Certificate of Child and Adolescent Psychiatry of The Royal Australian and New Zealand College of Psychiatrists
18th May 1996
- 1990 Awarded Fellowship of The Royal Australian and New Zealand College of Psychiatrists
27th October 1990
- 1978 - 1983 Attended University of Queensland
Bachelor of Medicine, Bachelor of Surgery
Graduated 12 December 1983 with First Class Honours
Awarded University Medal

EMPLOYMENT AND PRACTICING HISTORY

- 1984 Internship, Royal Brisbane Hospital, Herston, Brisbane
- 1985 Junior House Officer (6 months)
Wolston Park Hospitals Complex, Wacol, Brisbane
- 1985 - 1989 Psychiatry Registrar
The Prince Charles Hospital, Chermside Brisbane
Inala Child Guidance Clinic, Inala, Brisbane
Wolston Park Hospitals Complex, Wacol, Brisbane

- 1990 Medical Officer (9 months)
Indooroopilly Child Guidance Clinic, Indooroopilly, Brisbane
- 1991 - 1996 Consultant Psychiatrist
Indooroopilly Child & Adolescent Mental Health Service, Indooroopilly,
Brisbane
- 1997 -1999 Consultant Psychiatrist
Pine Rivers Child & Youth Mental Health Service, Strathpine, Brisbane
- 2000 - 2005 Consultant Psychiatrist
Enoggera Child and Youth Mental Health Service, Enoggera subsequently
becoming North West Child and Youth Mental Health Service, Keperra and
Future Families Infant Mental Health Service, Brisbane
- 2006 – 2014 Program Director and Consultant Child Psychiatrist
Future Families, COPMI Program, Queensland Centre for Perinatal and
Infant Mental Health and Parent Aide Unit, Nundah, Brisbane
- Dec 2014 - Medical Director
Queensland Centre for Perinatal and Infant Mental Health, Nundah, Brisbane

ADDITIONAL PROFESSIONAL ACTIVITIES

- Supervision and teaching in Child & Adolescent Psychiatry
- Policy and program development for CHQ HHS CYMHS
- State-wide program development for Perinatal and Infant Mental Health
- Member of CHQ HHS CYMHS management and quality improvement committees
- Member of CYMHS Working Group of State-wide Mental Health Network
- Member of Queensland Paediatric Quality Council
- Peer reviewed presentations (papers, posters & symposia) at infant mental health conferences (national & international)

PROFESSIONAL MEMBERSHIPS

- Membership of the Faculty of Child & Adolescent Psychiatry RANZCP
- Membership of the Australian Medical Association (AMA)
- Membership of Marce Society
- Membership of Australian Association Infant Mental Health
- Membership of World Association Infant Mental Health

REGISTRAR TRAINING AND TEACHING

- I am actively involved in and committed to the training of registrars in the area of Child Psychiatry and Infant Mental Health
- I currently supervise an advanced Child Psychiatry trainee.
- I have conducted numerous workshops for CYMHS staff and other mental health professionals on a range of topics in the Child and Adolescent Mental Health area, most recently in the area of Infant Mental Health.
- I regularly give lectures and run workshops for health professionals in the government and non-government sectors in the area of perinatal and infant mental health

PUBLICATION

- Joyce van der Ham, Karen Berry, Elisabeth Hoehn, and Jennifer Fraser. A collaborative approach to perinatal and infant mental health service delivery in Australia *Australasian Psychiatry August 2013 21: 371-375*

AWARDS

- 13.12.1982: The John Bostock Prize in Psychiatry – University of Queensland
- 21.03.1984: University Medal 1983 (Medicine) – University of Queensland
- 10.12.1999: District Excellence Award – RCH&HSD
- 06.12.2000: Senior Specialist status
- 09.10.2006: Mental Health Week Recognition – RCH&HSD
- 25.01.2008: Australia Day Award – Queensland Health
- 28.01.2009: Australia Day Award – Department of Child Safety
- 30.01.2013: Australia Day Award – Queensland Health

From: John Wakefield
To: Elisabeth Hoehn; Mark Mattiussi; Peter Steer
Date: 9/10/2013 10:27 am
Subject: CONFIDENTIAL - update
Attachments: John Wakefield1.vcf

** Confidential **
Colleagues,

I have just spoken with Elisabeth and here is a quick summary of the plan which will no doubt develop further through the day:

1) Elisabeth will be providing support and back up for the business continuity at the Centre following the proposed action of the health service on current management. Elisabeth is an employee of CHQ and is credentialled here. This makes this arrangement pretty simple in that I will send across her credentialling file with EDMS endorsement to Mark for provision of SOCP at W Moreton.

2) Dr Ann Brennan (child and adolescent psychiatrist in private practice) [REDACTED] has agreed to take on the role of clinical director on a part time (0.5FTE) basis. She is well known to Elisabeth. The difficulty here is that this will require West Moreton to employ her from scratch and undertake emergency credentialling and SOCP. Following this email, I will call her and put her in touch with Mark to determine their preferred approach to this. This will not be a simple task and I would be confident that this would not be possible to achieve in one working day.

3) On-call arrangements. Elisabeth is of the view that on-call for the Service should be plugged into existing on-call arrangements for CHQ. As such, that will require reciprocal SOCP for all CHQ psychiatrists. This however, can be done as a second stage once business continuity is maintained today/tomorrow.

4) I understand that Elisabeth has cleared diary for tomorrow and would plan to go to the Centre with Ann to commence working up a plan with W Moreton team and local senior staff to maintain business continuity and address the range of issues that this precipitates.

5) Questions that Ann has about indemnity etc would all be addressed as part of the employment arrangement that would cover her engagement.

I hope that this helps provide clarity on current proposal.

NEXT STEPS-

I will call Ann and clarify her understanding and agreement.

I will then get in touch with Mark again to clarify W Moreton decisions.

Peter, will there be a teleconference today as you indicated this morning?

Regards

John

Dr John Wakefield
Executive Director Medical Services
Children's Health Queensland

Hospital & Health Service
Adjunct Professor Public Health, Queensland University of Technology

Children's Health Queensland Hospital and Health Service Queensland Health

Level 1, North Tower, RCH, Herston Road, Herston QLD 4029
www.health.qld.gov.au/childrenshealth/

Children's Health Queensland - Vision
Best possible health for every child and young person, in every family, in every community in Queensland

P Please consider the environment before printing this email

Kerry Short

A/Executive Support Officer to
Executive Director Medical Services
Royal Children's Hospital

Children's Health Queensland Hospital and Health Service Queensland Health

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www.health.qld.gov.au/childrenshealth/

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P Please consider the environment before printing this email

TODD BYERS ^{Director of clinical services} "E"

Meeting Anne Bill, Leanne Geppert, Will Brennan (DON), Deborah Nillie.

1.8m minimum + Bridging finance short-term.
4+m after decommissioning

Clinical Handover

150m underspend - expression of interest MHAOSB - request for 20m.
+ 9m for youth -> x2 YPARK facilities

2pm Ministerial announcement ~
lack of confidence in ~~BAC~~ BAC
Serious failure of clinical governance.

5 ITO.

Stood aside pending an investigation
Strictly confidential.
Parents to be redirected to ED.
offered EAS.

school on site



4-5 exceptional nurses

Care Co-ordinators - Nursing Staff ^(Need 20, Have 16) 5/5/2
MDT

4-5 extreme

Clinical case R/V care plan R/V regularly involving stakeholders.

Registrar - junior reg - Tom

Is this an appropriate placement?

EXHIBIT 1041 Steve Formato

~ ? 4 - today patient.

→

- Sharon

→

- Will

→

Leanne

→ Mark Mattusi

Peter Blatch - Ed 4

Nursing Director: Padraig M'Grath

A/NUM

Vanessa Clareworth (from BAE)

Sue Daniels (Nurse) in community-liaison officer. ↳ discharge

↳ Activity Nurse

Triage waiting list.

Speech therapist

OT

Psychologist

Registrar

↳ Proactive

Ingrid Hansson

2 part-time psychologists
1 SW - 2/12.0

Speech pathologist 0.6
OT < 5/7 per fortnight
X1 leave.

2 OPD
4 Acute
4 DP
3 could be DP
4 moderate
4 Acute
- account problems

A/H Nurse unit managers +
CSO —————> D Duty Doctor.

CAT Red - Continuous obs
~~High Acuity obs - 5 min obs~~ (?! remove)

General obs - 9:15 mins 7am-11pm
9:30 mins 11pm-7am

10 AM
Meeting @ Care

2:45pm

John Wakefield

Tow
pager
desk
switch

Status
Report
+
Action
Plan

Block landline

obj - Current ~~of~~ of each
 ? emergency issues
 - Safety + Organizational
 clinical governance
 processes + controls - is it there.

13/9/13

~~at a unit~~

① Lesley Dwyer - no more
 admissions directive
 → other units.

② ? Overtime - ? extra hours

13/9/13 Review meeting.

West Moreton Hospital and Health Services PROCEDURE

Visual Observation Procedure

The Park – Centre for Mental Health

Document ID:
WMHHS2012053

Custodian / Review Officer:
Insert position

Version no:
1

Approval Date: 11/09/2012

Effective Date: 24/09/2012

Next Review Date: 06/05/2013

Approving Officer Position:
Director, Clinical Services

Name:

Terry Stedman

Signature:

.....

Supersedes:
Document / version

Keywords:
Visual, Observation

**Accreditation References and
Key Performance Indicators:**

Equip5
1.1.6

National Mental Health Standard
1.9

1. Purpose

This procedure describes the processes for the system of observations to be applied to consumers within the facility and the parameters of each component to act as a guide to staff in regard to their responsibilities to each component, undertaken on behalf of Queensland Health.

2. Scope

This procedure relates to all staff at The Park.

3. Procedure Process

3.1 General Principles

Observation arrangements must be exercised or performed so that the consumers' liberty and rights are not adversely affected.

There is no less restrictive way to protect the consumers' health and safety or the health and safety of others. In accordance any adverse effects on the consumers liberty and rights is the minimum necessary in the circumstances (Mental Health Act 2000)

Observation of consumers will occur through a system that supports care by monitoring identified risk

The facility operates a system of visual observations that maximises the safety of consumers and minimises potential risks for both the consumer and others

A system of observations is an important risk management strategy in consumer care. It should form part of the

West Moreton Hospital and Health Service: Visual Observation Procedure

management of known risks and provide a method of identifying changes in the level of risk for each consumer

4. Process

4.1 A current order for observation will be in place for all consumers at all times during their episode of inpatient care

4.2 The consumers treating team is responsible for determining and reviewing the observations arrangements as part of the care planning process

4.3 The nurse in charge is responsible for ensuring that observations ordered are completed and documented and shall determine the appropriate classification of clinical staff, e.g. Nursing , Health Practitioners, to be utilised for observation duty. Staff assigned to this duty must be adequately briefed prior to undertaking the duty and have the required level of skill and expertise to undertake this role.

4.4 Observation levels can be altered by any member of the treating team in consultation with the nurse in charge. The reason for change should be clearly documented and reviewed by the care coordinator and appropriate medical officer as soon as practicable.

5. Types of observation orders

5.1 Base line observations

The base line levels will vary according to the clinical needs of each unit and in accordance with each units' model of service delivery

5.2 Individualised observations

5.2.1 Observations may be individualised to provide the most effective response to identified risks and the likelihood of changes in risk status

5.2.2 Continuous observations (C O) are generally utilised where a consumer is assessed as being at high or imminent risk of an adverse outcome and describe an arrangement where staff are able to continuously observe a consumer from close by

5.3 Rational

Continuous observations should be considered an intervention strategy to manage increased risk by providing therapeutic interventions, limiting the consumer exposure to risky and/or stimulating environments as well as an observation arrangement

5.4 Process

5.4.1 Medical staff and registered nurses in charge are authorised to initiate continuous observations of any consumer where there is sufficient clinical reason to do so. The Consumer is informed about the nature, purpose and type of the visual observation.

5.4.2 A detailed description of the clinical reason for increasing the level of observations to continuous observations will be recorded by the nurse in charge in the clinical record

5.4.3 Where the decision to increase the level of observations to continuous observations is made by the nurse in charge the consumer must be reviewed by a medical officer as soon as practicable

5.4.4 Once a consumer has been placed on continuous observations the nurse in charge will allocate a staff member to undertake this duty. If possible continuous observations

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should be managed within the existing staff profile. If extra resources are required then the Nurse Unit Manager or After Hours Nurse Manager should be contacted. They will then consider the staffing implications of the decision and allocate resources as required. This may include utilising resources from other units within the Park

5.4.5 Dependant on the clinical reason and rationale for continuous observations the staff member undertaking this duty may need to be within eye sight and sufficiently close enough to the consumer to be able to easily intervene to ensure the consumers safety and wellbeing.

They may need to maintain unimpeded visual observations of the consumer at all times, including during toilet breaks and showering

5.4.6 Staff assigned to continuous observations will not undertake any other duties while they are performing this duty

5.4.7 The length of time that a staff member undertakes this duty will be determined by the nurse in charge with regard to the rationale for the need for continuous observations, risk management considerations and the existing skill mix on his/her unit and other clinical and environmental considerations.

5.4.8 The staff undertaking this duty will be provided with relief to facilitate meal and rest breaks

5.4.9 At the completion of their assigned continuous observations duty the staff member will record in the consumer's clinical record all assessments, Inc risk assessments, interventions and evaluations conducted and provide a comprehensive handover to the relieving staff member

5.4.10 When continuous observations are discontinued either by the treating team or by the nurse in charge in consultation with the medical officer the reasons must be clearly documented in the consumers clinical record.

5.4.11 On occasions a consumer may require continuous observations by more that one staff member

5.5 Review

5.5.1 All consumers on continuous observations are reviewed at a minimum daily by the nurse in charge and the relevant medical officer as close as possible to the commencement of the shift and the outcome clearly documented in the consumer's clinical record

5.5.2 If the requirement for continuous observations extends beyond three days the consumers should be reviewed by their treating psychiatrist and the outcome clearly documented in the consumer's clinical record

5.5.3 If the requirement for continuous observations extends beyond seven days the consumers should be reviewed by their treating team the treating team may consider seeking a second opinion

5.6 Documentation

5.6.1 A consumer on continuous observations should have specific interventions documented in his/her file at the end of every shift. including but not limited to a risk assessment, Mental State Examination and PRN medication usage,

5.6.2 The consumers' individual treatment plan should be reviewed and updated to reflect the change in mental state and clinical need. and identify risk mitigation strategies to manage ongoing clinical issues.

5.6.3 The staff member conducting continuous observations will record observations on 'continuous observations monitoring form and document interventions and behaviour in clinical file at the completion of each period of continuous observations

4. Supporting Documents

Include related West Moreton Hospital and Health Service Procedures, Guidelines and Standards developed specifically to support the implementation of this procedure.

5. References and Suggested Reading

Authorising Health Directive, Policy, Aust Standards etc.

6. Definition of Terms

Definitions of key terms are provided below.

Term	Definition / Explanation / Details	Source
Nil		

7. Consultation

Name	Position / Committee	Date
Padriag McGrath – Senior Nurses	Constant Observation Procedure review workshop	23 March 2012
Susette Cardy	BUMAC BU1	May 2012
Darren Neillie	BUMAC BU2	May 2012
Alex Gulash	Consumer Advisory Group	September 2012
David Kelly	Service Improvement Council	September 2012

8. Procedure Revision and Approval History

Version No	Modified by	Amendments authorised by
Version 1	Constant Observation Procedure Review Workshop	William Brennan DON/Terry Stedman – Director of Clinical Services

9. Audit Strategy

Level of risk	
Audit strategy	Manager / Supervisor follow up by auditing staff compliance.
Audit tool attached	
Audit date	
Audit responsibility	
Key Elements / Indicators / Outcomes	

Elisabeth Hoehn - Authorised Doctors for The Park (Adolescent Centre)

From: Warren Storey
To: Elisabeth Hoehn
Date: 9/12/2013 8:40 AM
Subject: Authorised Doctors for The Park (Adolescent Centre)
CC: Darren Neillie; Kim Elger
Attachments: AD Application November 2011.pdf; AD Application November 2011.pdf; AD Application November 2011.pdf

Hi Dr Hoehn,

I am the MHA delegate out at The Park.

Darren Neillie has asked me to contact you about the Barrett Adolescent Centre doctor coverage. I understand that there will be a few different doctors potentially covering the BAC.

In order for the doctors to be able to complete forms, sign reports etc, they will need to be appointed as authorised doctors for The Park. To enable this to occur, can you please forward the attached form to the doctors concerned and ask them to return the completed form to Kim Elger at The Park as soon as possible?

If you could also please provide Kim with a list of doctors who will be coming out this way it would also be appreciated.

Cheers

Warren

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