

(a) State whether this is correct and if it is, explain what the position of a 'Policy Custodian' entailed, including your role and responsibilities in developing the Guideline.

(b) Explain the instructions that were given to you and by whom, in relation to developing the Guideline.

(c) Explain the steps you took to action the development of the Guideline.

(d) Please identify any other people who were involved in the development of the Guideline and the nature of their roles and responsibilities.

11. The Commission understands that the Guideline was developed following the October 2014 release of the Report. Explain how the findings of the Report and the positive learnings from the BAC process in relation to good quality transitional planning were incorporated into the Guideline, and what steps you took to ensure that the Guideline adequately reflected these findings and positive learnings.

12. Page 10 of the Report states *"there were numerous examples of the BAC staff working in a collaborative way with receiving agencies, as evidenced by the number of times young people were escorted to the other agencies, the detailed discussions and documentation in relation to risk management, maintaining contact post-transfer of care and joint working by staff across the agencies. These activities would be considered best-practice in transitional care and in the main appear to have been implemented."* Please identify how and where each of the following factors (which the Report identified as being best-practice in transitional care) have been incorporated into the Guideline:

(a) The number of times young people were escorted to other agencies.

(b) Detailed discussions and documentation in relation to risk management.

(c) Maintaining contact post-transfer of care.

(d) Joint working by staff across agencies.

13. Page 8 of the Report states that the *"process of transitional planning occurred in an atmosphere of crisis"* which *"contributed to the complexity of the situation"* but did *"not appear to have detrimentally affected the process of transitional care planning for the patients"*. Page 3 of the Guideline states that *"the timing of transition needs to attempt to ensure that the actual transition does not occur during a crisis period for the young person"*. Explain why the Guideline states that it is best practice not to conduct transitions in an atmosphere of crisis when the Report suggests that transitioning patients in an atmosphere of crisis does not detrimentally affect the process of transition care planning.
14. Page 2 of the Guideline states that *"in developing this guideline acknowledgement is given to the work of the Agency for Clinical Innovation in New South Wales and Trapeze, the Sydney Children's Hospitals Network, which produced the document: Key principles for Transition of Young People from Paediatric to Adult Health Care"* (*"the ACI and Trapeze document"*). The Commission understands that the ACI and Trapeze document focuses on adolescents who have survived chronic physical conditions which arose during childhood. State whether to your knowledge, this is correct, and please answer the following questions:
- (a) Why and how was the ACI and Trapeze document chosen to assist in the development of the Guideline?
 - (b) How is the ACI and Trapeze document relevant to transitions for child and adolescent mental health patients in Queensland?
15. Why do the principles and best practice elements for the transition of care for young people from the Guideline mirror the key principles in the ACI and Trapeze document? In particular, please explain:
- (a) How incorporating the key principles from the ACI and Trapeze document into the Guideline assists in implementing the findings of the Report?

Barrett Anderson & Co. Pty Ltd
14/04/14

- (b) Who (to your knowledge) made the decision to place such significant weight and emphasis on the ACI and Trapeze document when developing the Guideline and what (to your knowledge) was the basis for this decision?
16. The Commission encloses correspondence from West Moreton Hospital and Health Service which is relevant to the Report. The Commission understands from this correspondence that there were no specific policies, procedures or guidance provided to staff in implementing transitions for BAC consumers during the transition period, and that staff were expected to employ "business as usual" transition practices which were described in the Queensland Health documents titled *Inter-district Transfer of Mental Health Consumers within South Queensland Health Service Districts* (which was in effect between 9 November 2010 and 12 May 2014) and *Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to another* (which was in effect from 13 May 2014) ("the Inter-District transfer documents"). The Commission encloses the Inter-District transfer documents. Given that the Report recommends on page 12 that positive learnings from the BAC process be distilled into "the development of a state policy (or review of the current transfer of care policy)", please answer the following questions:
- (a) Who made the decision to implement the Report's recommendation by developing the Guideline ("a state policy") as opposed to reviewing the Inter-District transfer documents ("the current transfer of care policy")? To your knowledge, how and why was this decision made?
- (b) What is the relationship between the Inter-District transfer documents and the Guideline? To what extent, if any, is the content of the Inter-District transfer documents reflected in the Guideline?
17. Please confirm whether the Guideline is now finalised and if so, when this occurred. If the Guideline is not finalised, please explain (to your knowledge) when it is expected to be finalised.

- Barrett Adolescent Centre (Barrett)
18. If the Guideline is finalised, in relation to the document titled *Action Plan: Implementing the recommendation from the Report Transitional Care for Adolescent Patients of the Barrett Adolescent Centre ("the Action Plan")*, please answer the following questions:
- (a) Who are the "key stakeholders" who were identified for consultation and involvement in the review process?
 - (b) What feedback was received from these "key stakeholders" and how was this feedback incorporated into the final Guideline?
 - (c) Explain the first and second round consultations which occurred in relation to the Guideline and what was involved in those consultations.
 - (d) Has the audit of the implementation of the Guideline which was scheduled to occur in December 2015 been completed? If so, what was the outcome of the audit?
19. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.
20. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

B

Curriculum Vitae

Name: Janet Martin

Address:



Telephone:



Current Position: A/Director Clinical Governance
Office of the Chief Psychiatrist
Mental Health Alcohol and Other Drugs Branch

Career Summary:

My passion for mental health care is evidenced through a 25 year history working in a variety of clinical, policy, project/program management and strategic leadership roles in Queensland Health. After graduating with a Bachelor of Occupational Therapy in 1990, I worked in inpatient and community-based mental health services for 10 years, during which time I gained a Masters of Business Administration and worked as a Team Leader of two large community-based multi-disciplinary mental health teams. I moved into Queensland Health Corporate Office (the then Mental Health Branch) 15 years ago, and have since undertaken a variety of policy development and project/program management roles, including strategic leadership roles. Even though no longer providing direct clinical intervention, it is important to me to work in roles where I can have a positive impact on the mental health care of consumers, carers and families.

Tertiary Education:

1990	Graduated Bachelor of Occupational Therapy
1991	Received First Class Honours (B. Occ Thy)
1998	Graduated Masters in Business Administration (Professional)

Employment History

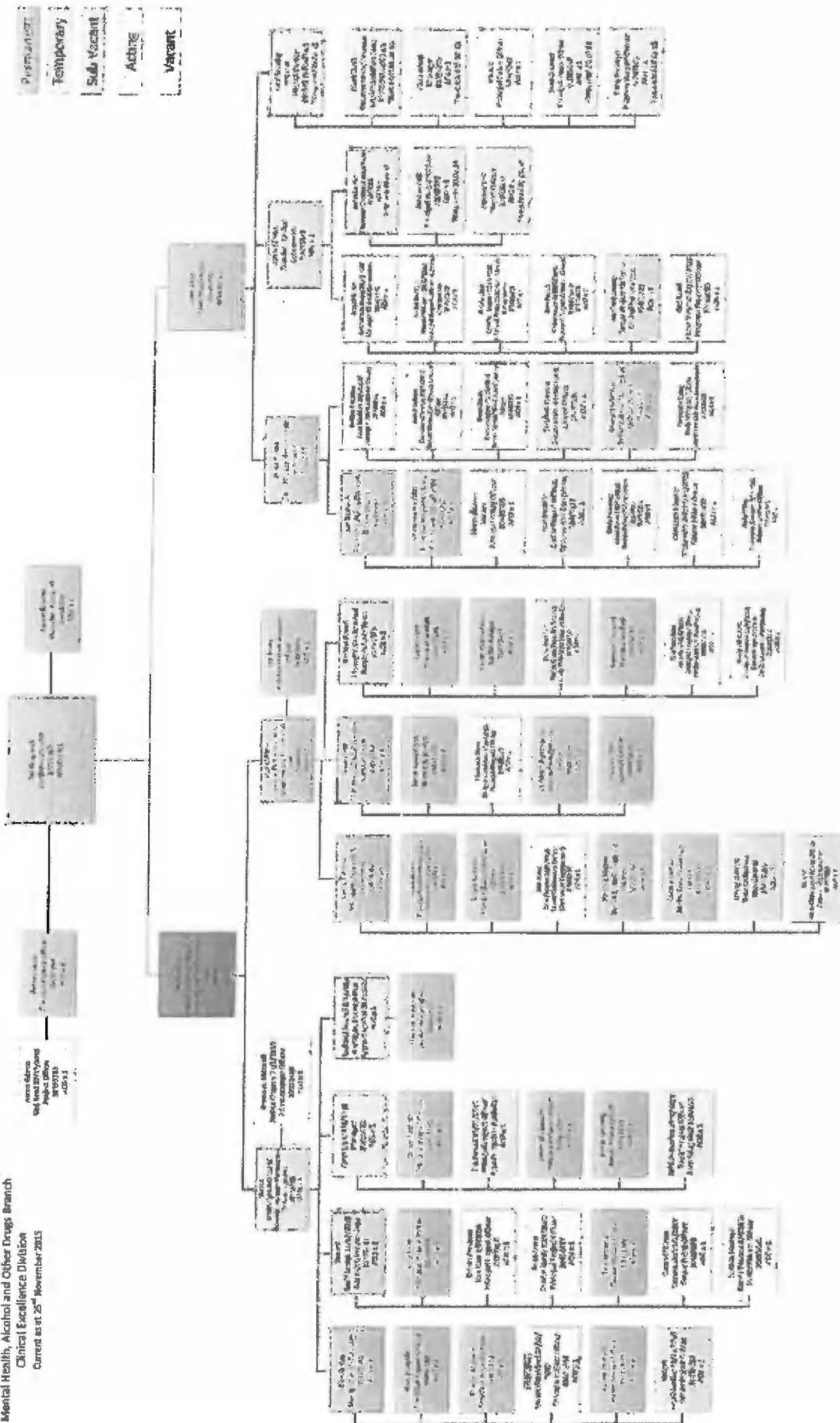
Sept 2013 - Current	<p>Director Clinical Governance Office of the Chief Psychiatrist Mental Health Alcohol and Other Drugs Branch</p> <p>Responsible for the leadership, supervision and coordination of clinical governance activities initiated by the Mental Health Alcohol and Other Drugs Branch.</p>
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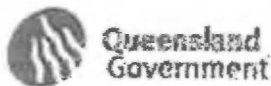
Oct 2012 – Sept 2013	<p>Manager Clinical Governance Office of the Chief Psychiatrist Mental Health Alcohol and Other Drugs Branch</p> <p>Provides strategic leadership and input to a range of system manager service improvement activities in mental health alcohol and other drugs services. Assist the Chief Psychiatrist in the consultation, development and coordination of statewide clinical governance activities, policies, implementation standards and guidelines. Undertakes high-level tasks related to administration of the Mental Health Act 2000.</p>
Oct 2007 – Oct 2012	<p>Manager (Integrated Care Team) (AO8) Strategic Policy Unit Mental Health Alcohol and Other Drugs Directorate</p> <p>The Integrated Care Team developed mental health policy and implemented programs that contributed to integrating and improving the continuum of clinical mental health treatment and care. This was achieved through engagement and collaboration with mental health consumers, carers and their families, and the establishment of effective partnerships with private and public service providers in both the government and non government sectors.</p> <p>The Manager's role provided high level advice and support for the development and implementation of mental health policy and government priorities, particularly progressing the initiatives of the <i>Queensland Plan for Mental Health 2007-2017</i>. The position was responsible for the management of 7.0 FTE staff and two cost centres.</p>
Jan 2005 – Oct 2007	<p>Principal Project Officer (Mental Health Therapeutic Services) (AO7) Child Safety Unit, Queensland Health</p> <p>The purpose of this position was to manage a complex, strategic and state-wide mental health therapeutic services project within Queensland Health that contributed to achieving children safety reform agenda recommendations, within agreed timeframes and resources, and to quality standards. The position provided project-related advice and support to the project's Queensland Health and interdepartmental governance structures (including project sponsor, higher authorities, and project teams) and other relevant stakeholders internal and external to Queensland Health. The role included planning, distribution and monitoring of an \$11 million budget.</p> <p>The project was the implementation of the Evolve Therapeutic Services program which consists of seven multi-disciplinary child and youth mental health teams providing intensive therapeutic interventions to children on child protection orders.</p>

July 2004 – Jan 2005	Senior Project Officer (Mental Health) (AO6) Central Zone Management Unit, Queensland Health
Mar 2004 – July 2004	A/Team Leader (Structural and Services Reform and Strategic Partnerships Teams) (AO8) Mental Health Unit (Secondment)
Mar 2001 – Mar 2004	Senior Project Officer (Mental Health) (AO6) Central Zone Management Unit, Queensland Health Including 3 months Acting Team Leader (Mental Health) , Central Zone Management Unit (AO8) October 2003 – January 2004
Oct 2000 – Mar 2001	Senior Project Officer (Hospital Redevelopment Team) (AO6) Mental Health Unit
May 2000 – Oct 2000	Senior Occupational Therapist (PO4) (Part time Job Share) Division of Mental Health Princess Alexandra Hospital Health Service District
Aug 1999 – May 2000	Maternity leave
Mar 1997 – Aug 1999	Team Leader (Mental Health Teams) (PO4) Princess Alexandra Hospital Health Service District
Jan 1994 – Mar 1997	Senior Occupational Therapist (PO4) Division of Mental Health Princess Alexandra Hospital Health Service District Including 3 months Acting Manager Occupational Therapy (PO5)
Apr 1991 – Jan 1994	Occupational Therapist (Mental Health) Princess Alexandra Hospital

July 1990 – Apr 1991	Occupational Therapist (Acute Psychiatry) Belmont Private Hospital (Job Share 0.5 FTE)
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Mental Health, Alcohol and Other Drugs Branch
Clinical Excellence Division
Current as at 25 November 2013





Health Service and Clinical Innovation Division


Job ad reference:
Role title: Director - Clinical Governance Unit

Status:

(Permanent/Temporary)

(Full-time/ Part-Time)

(Casual)

Unit/Branch:

Division/District:

Location:
Classification level: HP6

Salary level: \$116 450 - \$120 543 per annum

Closing date:
Contact:
Telephone:
Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
Fax application:
Post application:
Deliver application:

About our organisation

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

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

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August 2011

Purpose

The position is responsible for the leadership, supervision and coordination of clinical governance activities initiated by the Mental Health Alcohol and Other Drugs Branch.

The position is responsible for the supervision, coordination and evaluation of clinical governance activities initiated by Mental Health Alcohol and Other Drugs Branch.

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.
- Provide leadership in the participation and provision of expert clinical advice to health partners in the development of mental health services clinical governance framework.
- Ability to incorporate and integrate the specifics of the interface between; mental health and the alcohol and other drug sector, mental health across the lifespan, consumer and carer value and cultural diversity including the Aboriginal and Torres Strait Islander peoples agenda.
- Accountability for the professional and operational leadership and governance of the Office of the Chief Psychiatrist, Clinical Governance Unit.
- Ensure effective human resource management services including payroll, personnel, and workplace health & safety services in accordance with industrial awards, legislation, policies, and directives.
- Lead and manage the development, co-ordination, implementation and evaluation of strategic and state-wide initiatives to innovate and reform Mental Health clinical practice and service delivery systems.
- Develop and manage the implementation of annual Office of the Chief Psychiatrist, Clinical Governance Unit business plan.
- Oversee and manage the implementation of a Mental Health Patient Safety Strategic Plan, in accordance with the National Mental Health Standards 2010 and the Queensland Plan for Mental Health.2007-2017
- Develop staff competencies by developing, supporting and implementing appropriate training programs and personal development programs as required. Ensure regular evaluation of relevant, viable and contemporary research, education and training activities are occurring.
- Provide expert clinical advice and support to team leaders, clinicians, managers on activities which will continually improve mental health clinical practice and service delivery systems according to best practice, state and national frameworks and standards.
- Contribute to multidisciplinary staff clinical supervision, as appropriate to the role and professional qualifications of the incumbent.
- Provide authoritative advice and submissions and reports to the Chief Psychiatrist and Executive Director on mental health services policy and procedures.
- Participate as a member of the Mental Health Alcohol and Other Drugs Branch Executive team and provide leadership in the organisation's development.
- Represent the Mental Health and Other Drugs Branch on State-wide and National committees in partnership with consumer and carer groups, government and non-government service providers and the community to develop effective, innovative and strategic Hospital and Health Service (HHS) responses to the needs of people with mental health disorders.
- Manage the Office of the Chief Psychiatrist Clinical Governance Unit as per Human Resources and Financial delegations, and hold accountability of the Unit's Cost Centre Codes.
- Establish and maintain effective communication, promote negotiation strategies and partnerships with all the key stakeholders.

Qualifications/Professional registration/Other requirements

- Possession of an allied health qualification from a recognised tertiary institution and eligible for registration (where applicable) or membership or accreditation of the relevant allied health professional body/association in one of the following professions; nursing, audiology, medical imaging, exercise physiology, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work, speech pathology.
- Appointment to this position requires proof of qualification and/or registration with the appropriate registration authority, including any necessary endorsements, to be provided to the employing service prior to the commencement of duty.
- While not mandatory, a post-graduate qualification in management or leadership or previous advanced level management experience would be well regarded.

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- Professional post-graduate qualifications in relevant clinical mental health related field.

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:

- Demonstrated ability to provide expert leadership across professional, clinical and operational governance domains
- Demonstrated experience in the management of mental health service delivery with proven ability in financial, human resource, information management.
- Demonstrated ability to lead and manage multidisciplinary service units
- Demonstrated ability to supervise and manage staff in line with quality human resource management practices including workplace health & safety, employment equity, anti-discrimination and ethical behaviour.
- Extensive knowledge and demonstrated ability in the concepts and application of strategic management and organisational change.
- Demonstrated knowledge of health information systems and the measurement of health outcomes within a health environment.
- Highly developed communication, negotiation, and interpersonal skills, particularly in a cross-cultural environment.

How to apply

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

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

About the Health Service District/Division/Branch/Unit Health Services and Clinical Innovation Division

The Health Services and Clinical Innovation Division delivers statewide clinical support and coordination functions to assist the Hospital and Health Services (HHS).

The Division is responsible for:

- Statutory functions related to public health, private health licensing, and mental health, as required under relevant legislation
- Statewide coordination and monitoring of health protection; disease surveillance, prevention, and control; alcohol and other drug; and mental health services
- Advice and support services to maximise patient safety outcomes; and clinical process improvement to help resolve and improve patient access to care across Queensland and improve the health system efficiency and performance
- Provision of statistical information to enable decision-making, clinical improvement, monitoring and evaluation of health services, and for reporting against national agreements and other requirements
- Development of strategies to meet the future clinician workforce challenges
- Provision of advice and coordination, workforce development and support, including education and training, and performance and productivity monitoring, for nursing, medical, allied health and dental professions.

The Division also delivers the statewide services of:

- coordination of aeromedical and other clinical transport across HHS boundaries
- emergency coordination and response in crisis situations
- support for the victims of offenders with a mental illness and/or intellectual disability who have committed serious violent offences.

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- Organ and tissue donation; and blood management

The Division is comprised of three Branches:

- Chief Health Officer Branch
- Mental Health, Alcohol and Other Drugs Branch
- Health Systems innovation Branch

The offices of the Principal Medical Officer, Chief Nursing and Midwifery Officer, Chief Dental Officer and Chief Allied Health Officer are also located within the Health Services and Clinical Innovation Division.

Mental Health Alcohol and Other Drugs Branch

The Mental Health Alcohol and Other Drugs Branch is responsible for setting the strategic policy and planning direction for mental health reform in Queensland, leading mental health legislative policy analysis and development, and supporting the Director of Mental Health's statutory functions. The strategic priorities of the Directorate are set in accordance with the *National Mental Health Strategy*, particularly the *Fourth National Mental Health Plan 2009-2014*, the *COAG National Plan for Mental Health 2006-2011*, the *National Standards for Mental Health Services 2010*, the *Queensland Health Strategic Plan 2007-2012* and the *Queensland Plan for Mental Health 2007-2017*.

The Office of the Chief Psychiatrist

Protects and promotes the rights of people with mental illness by fulfilling the statutory responsibilities of the Director of Mental Health and leading Mental Health Act implementation and reform. The Office also supports Hospitals and Health Services to deliver optimal mental health consumer outcomes through the development and coordination of clinical governance activities.

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment. In addition, any factors which could prevent the recommended applicant complying with the requirements of the role are to be declared.

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

Salary Packaging

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

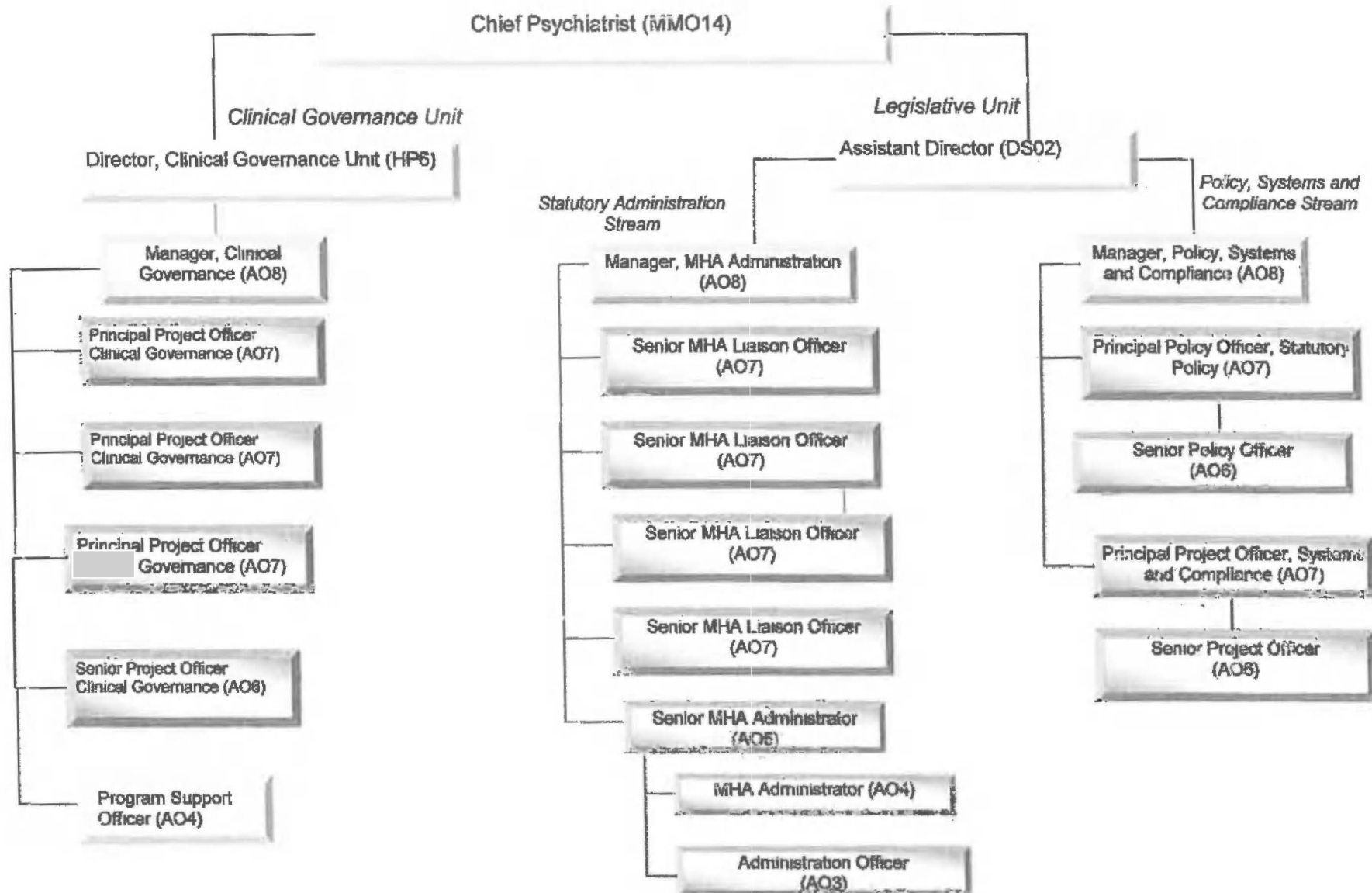
Disclosure of Previous Employment as a Lobbyist

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

Probation

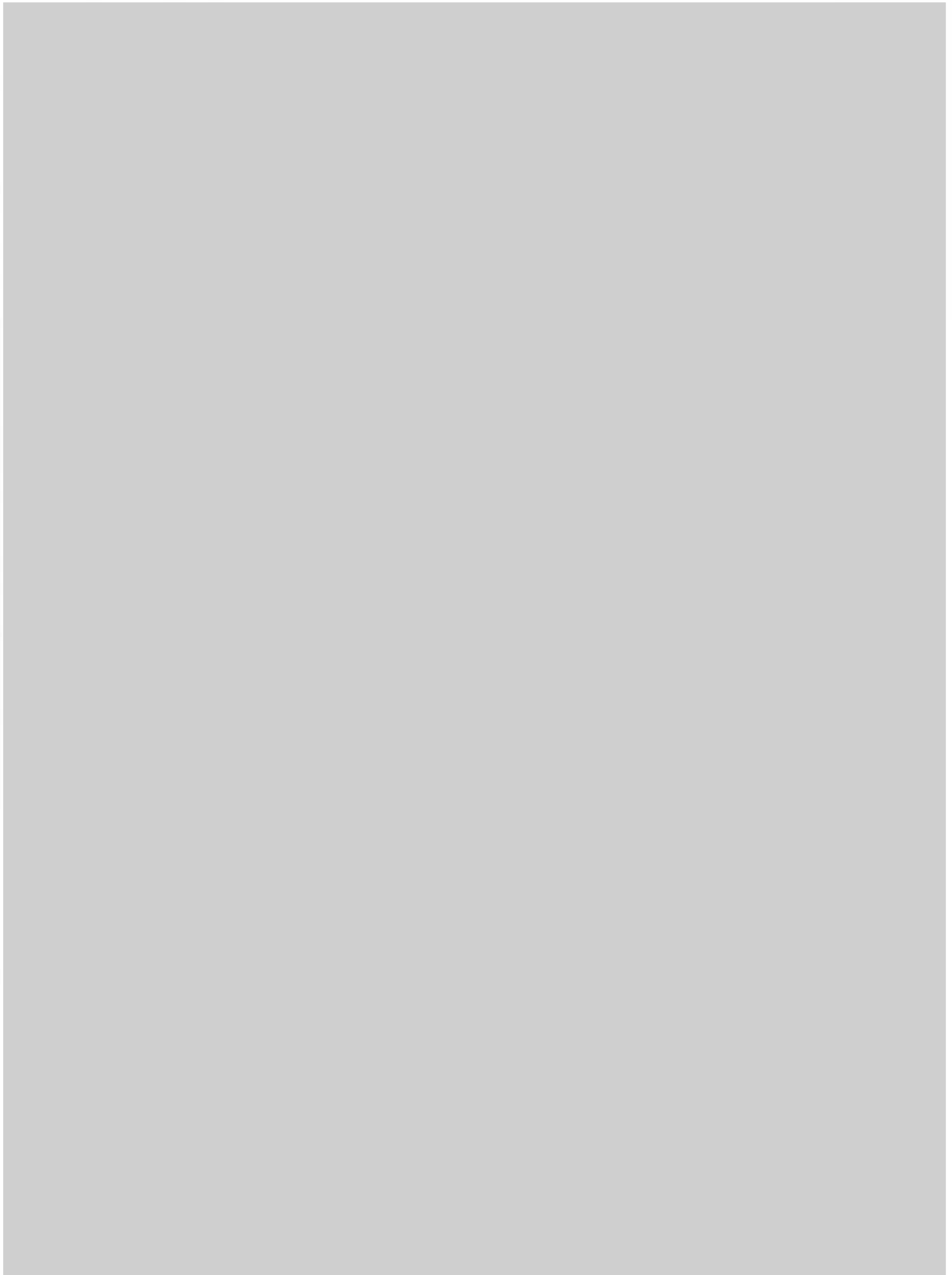
Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

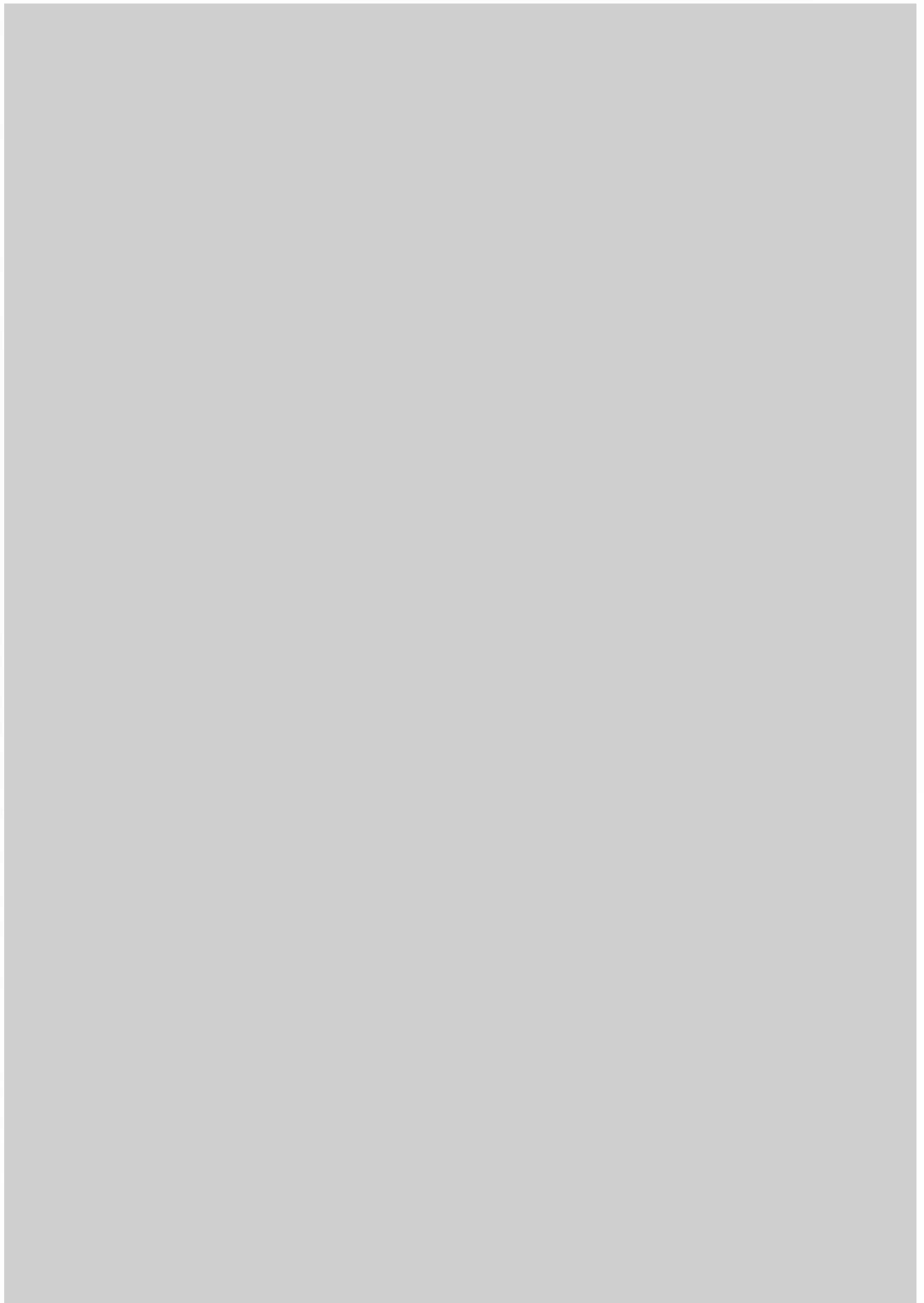
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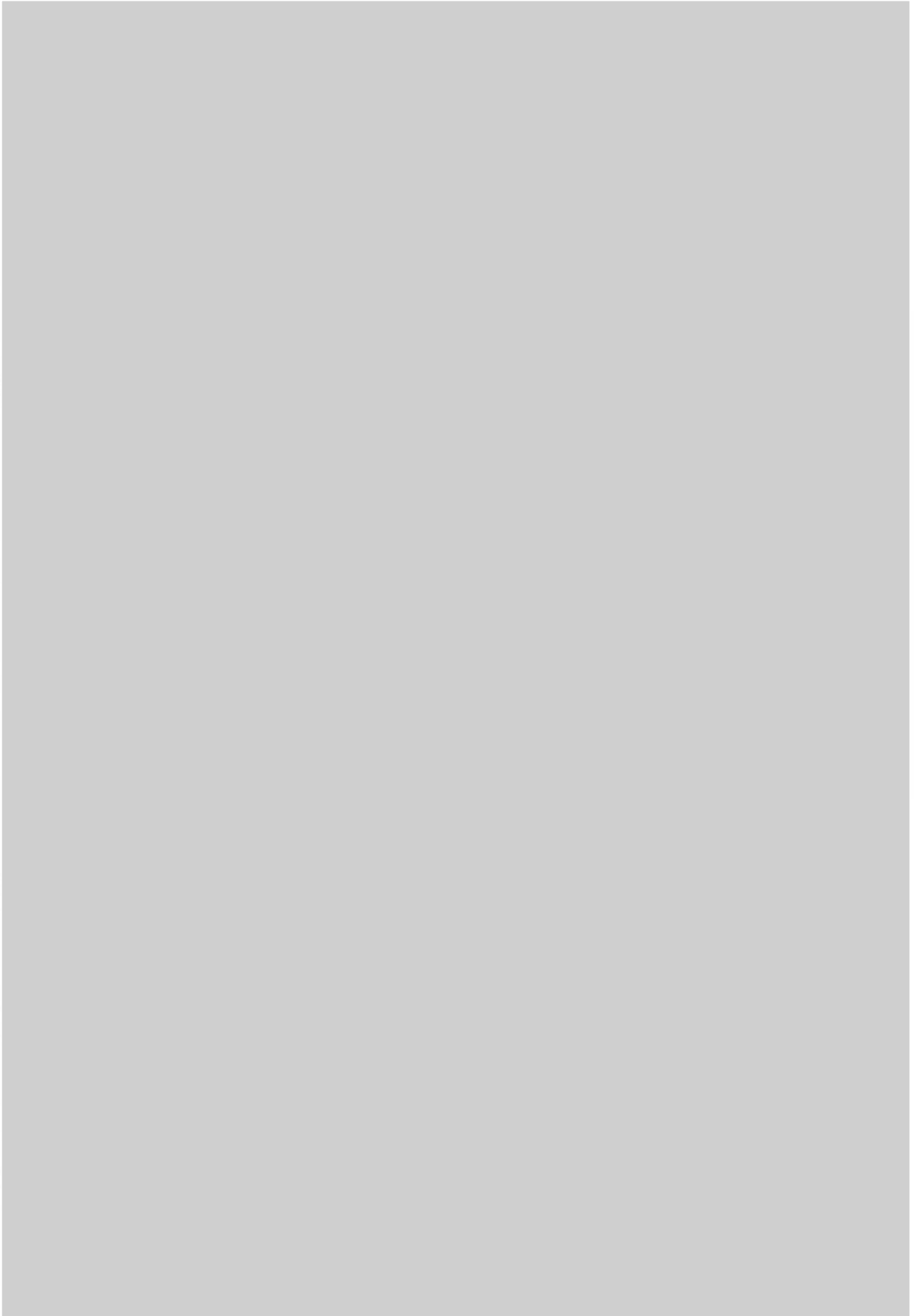


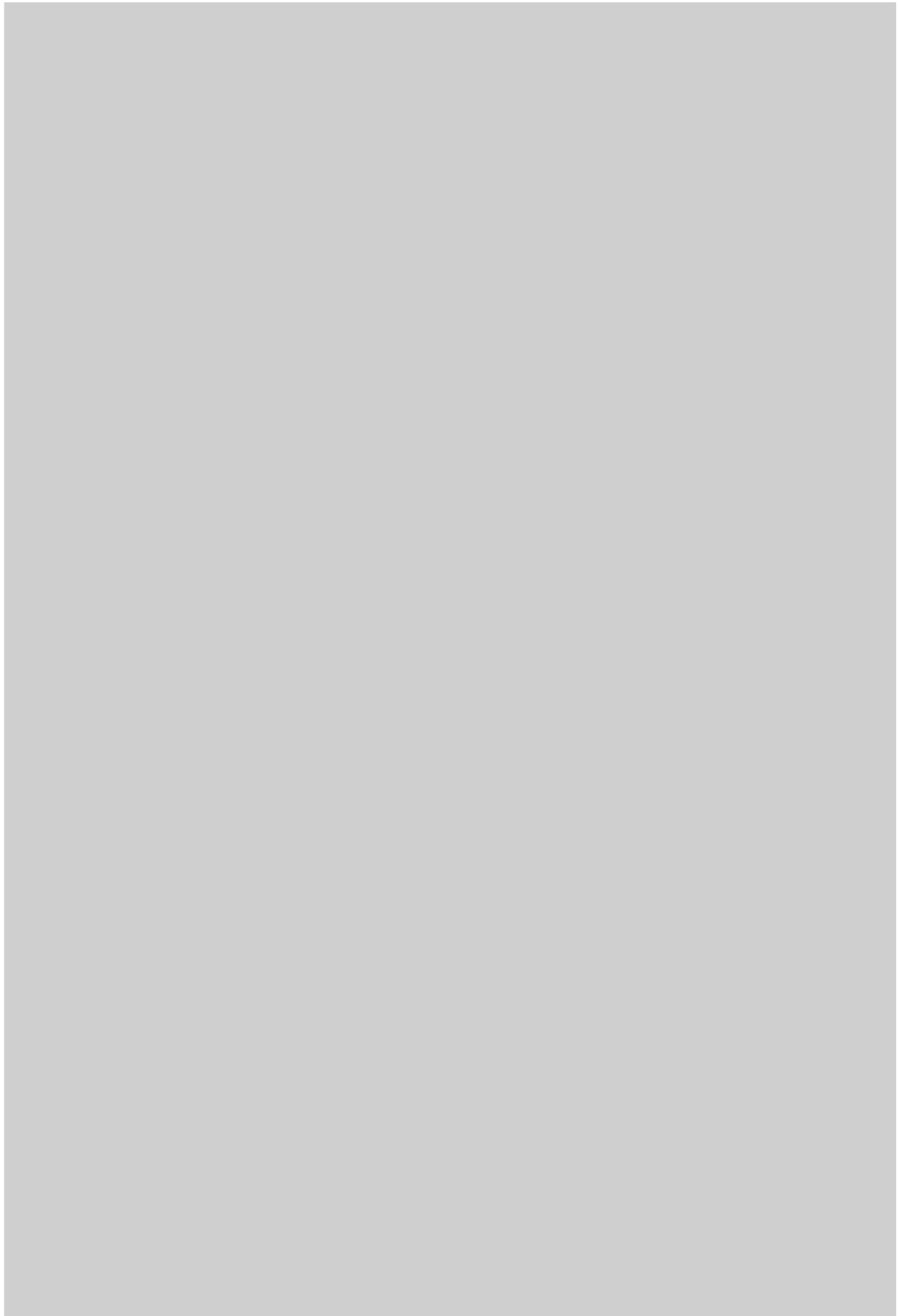
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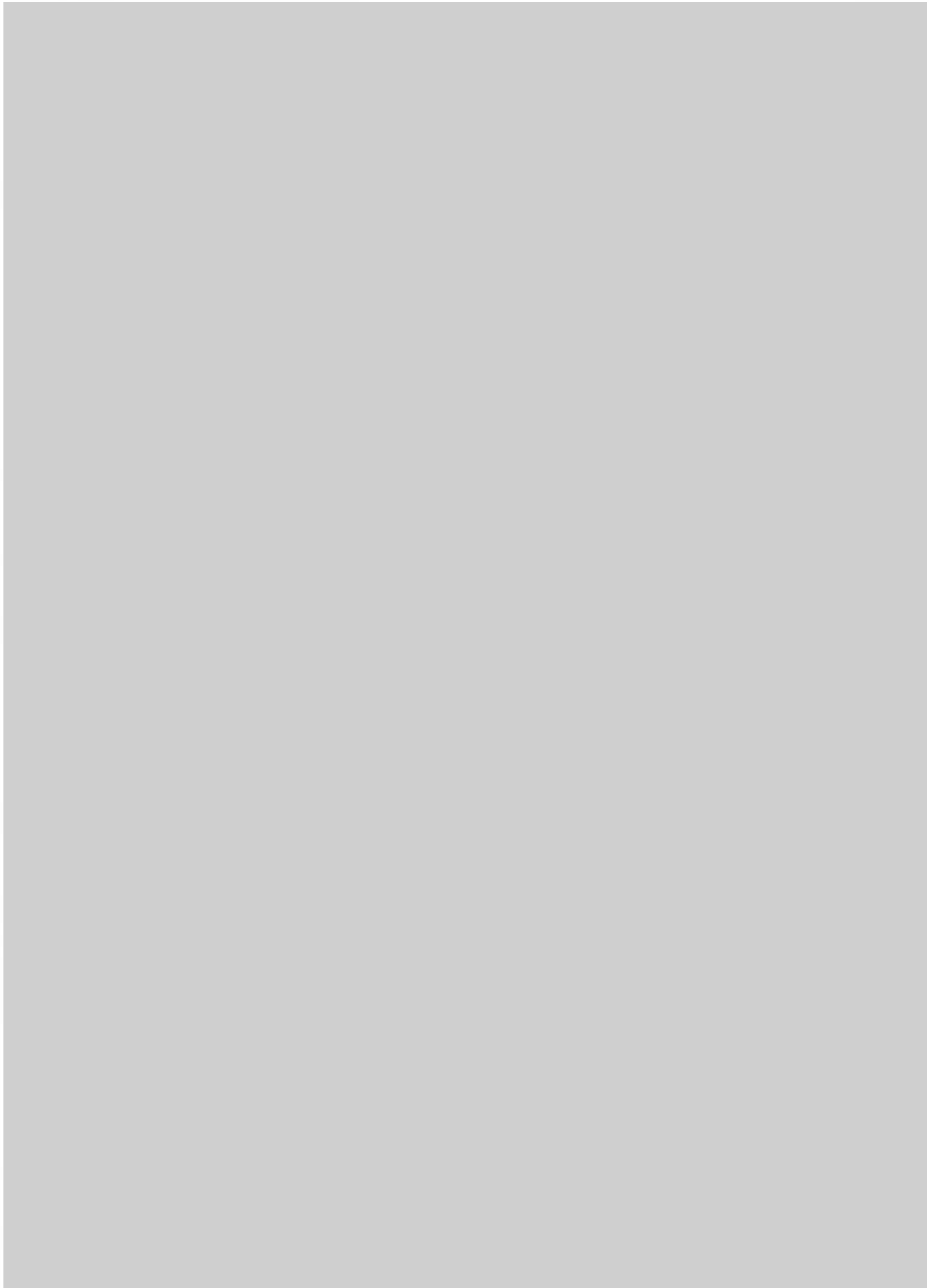
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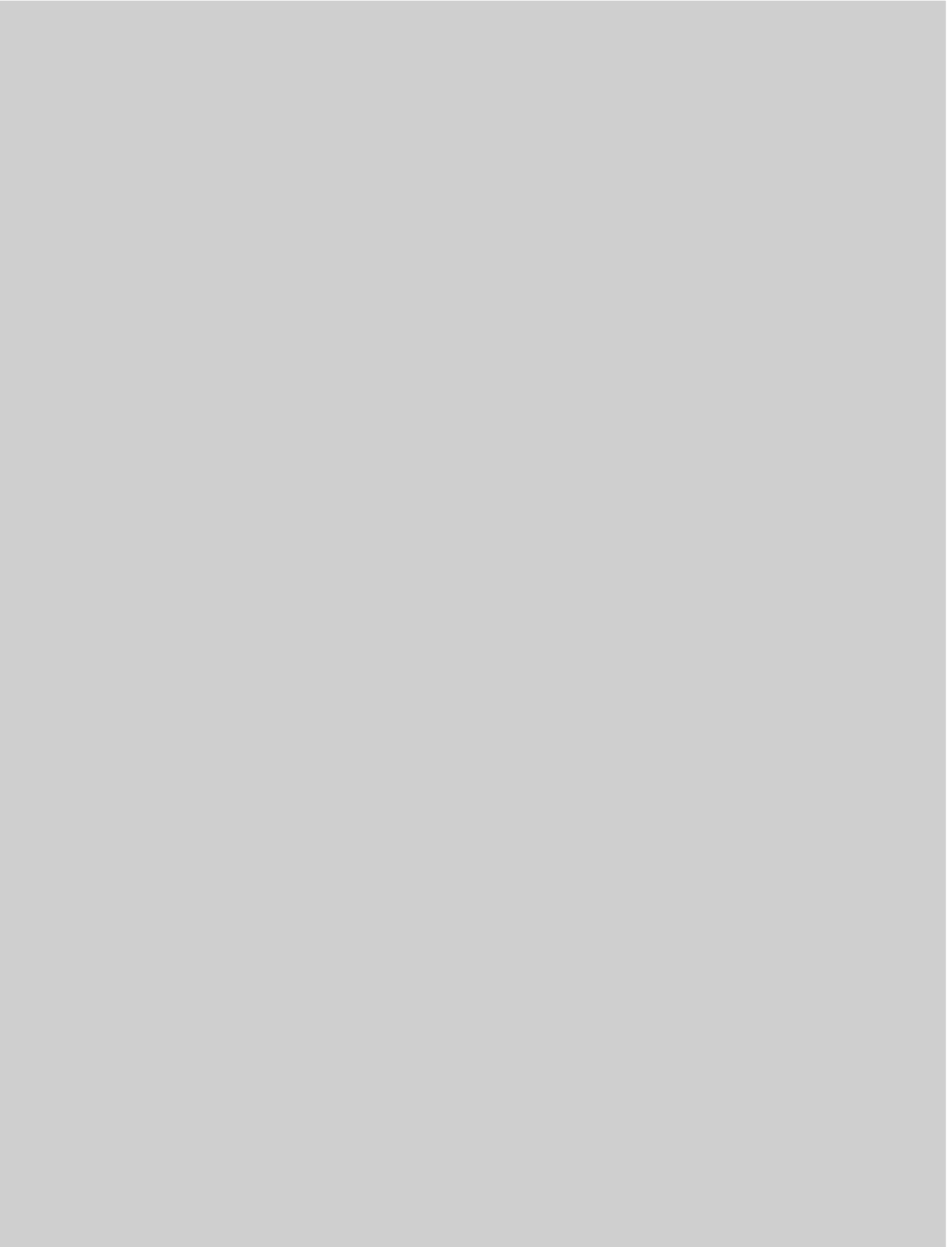


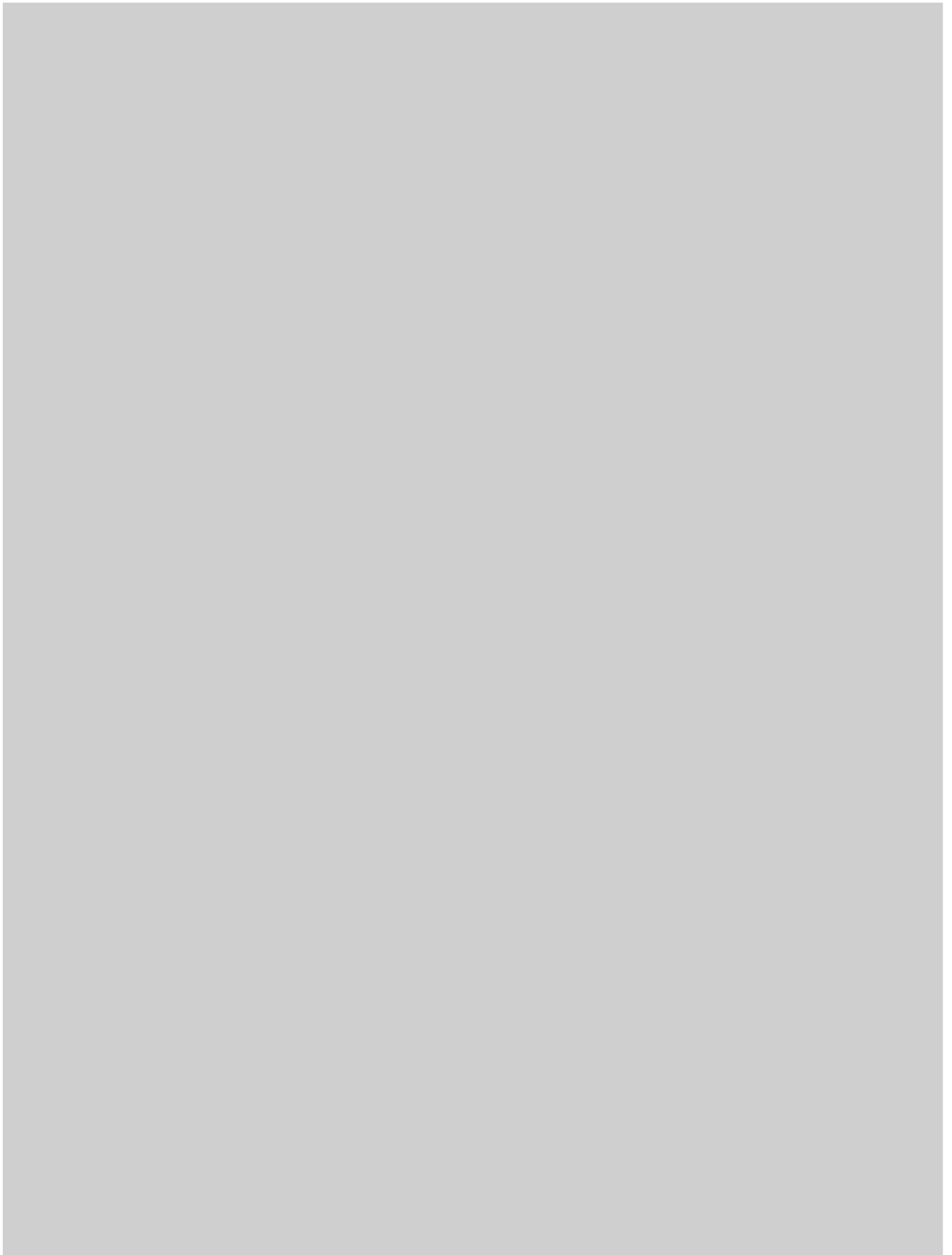


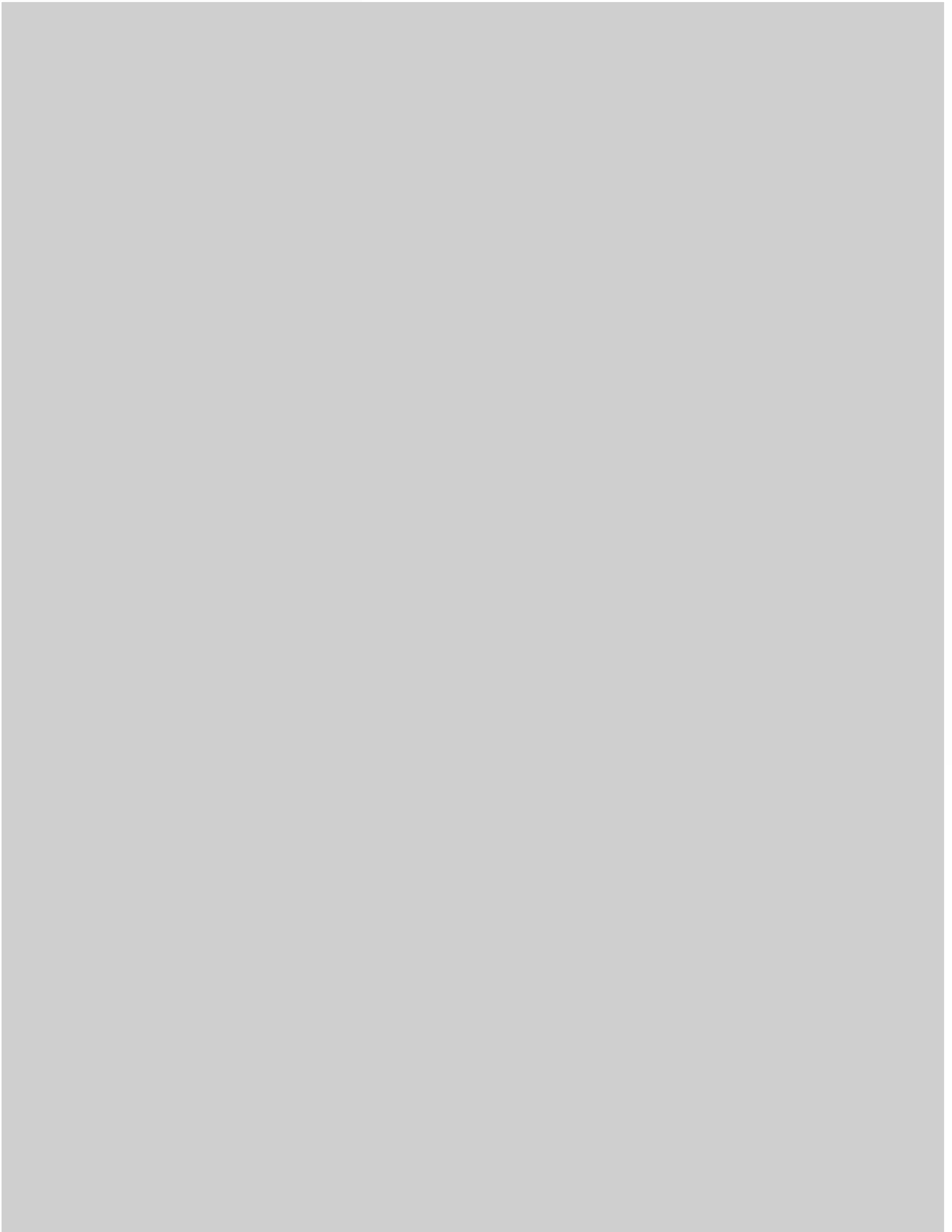


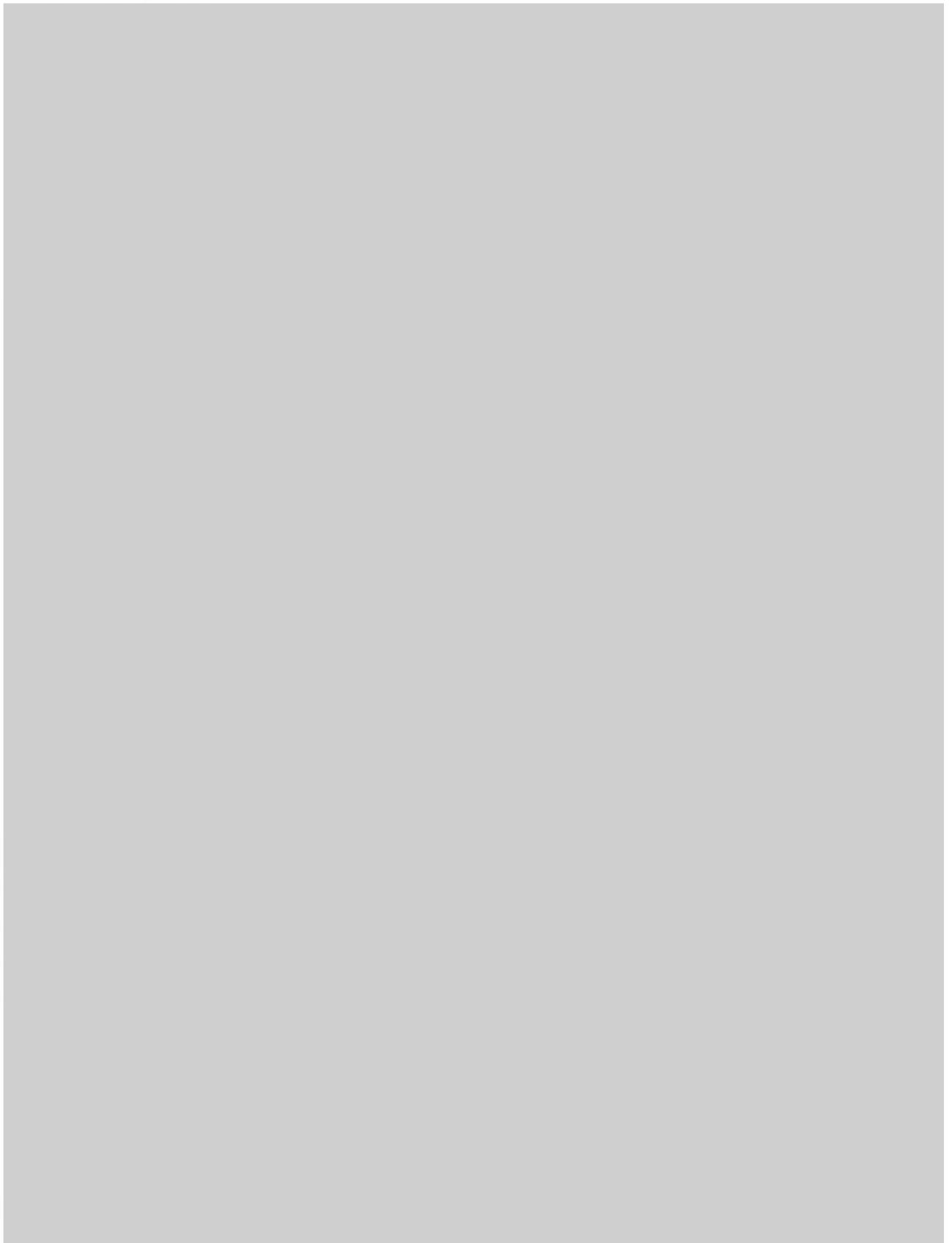


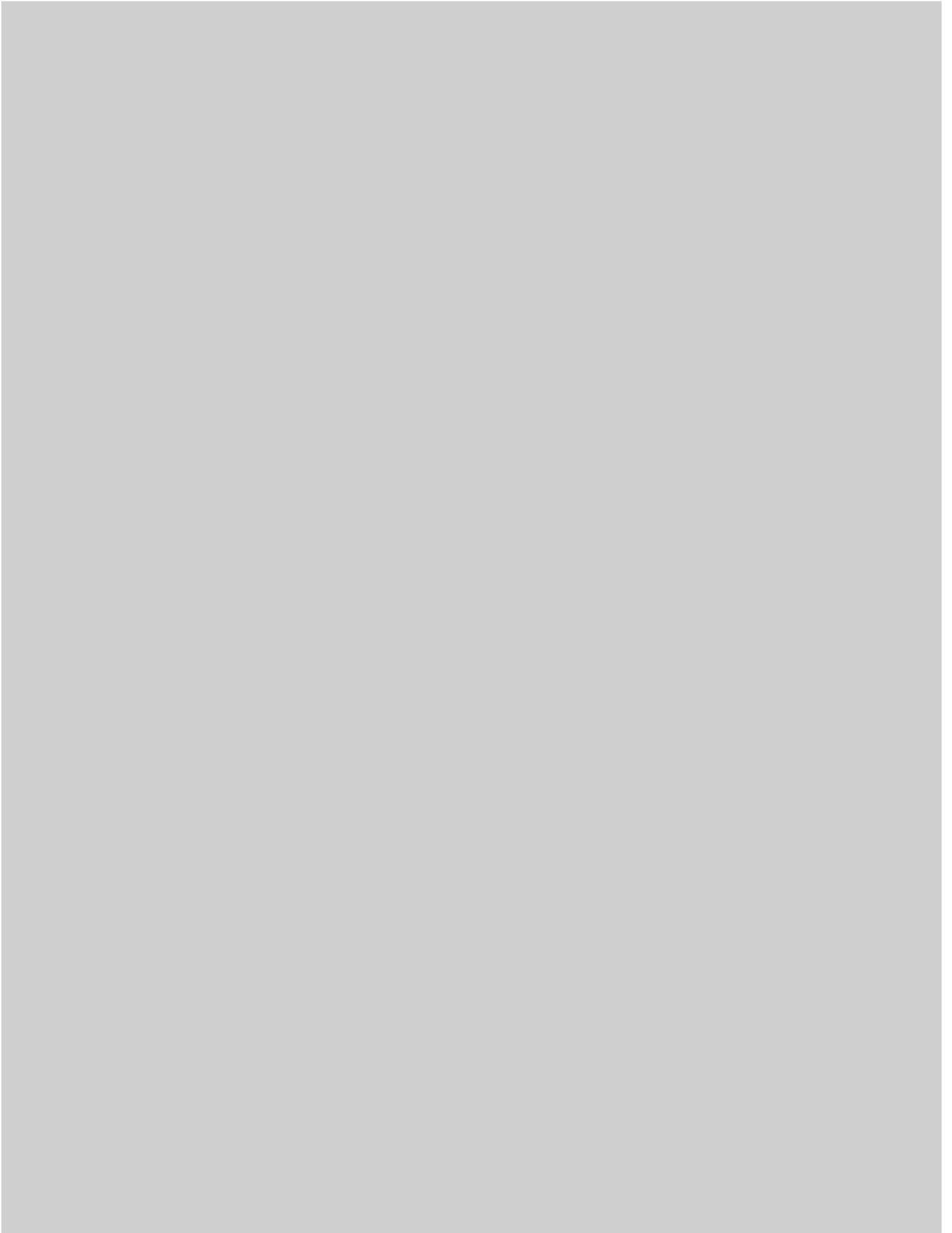


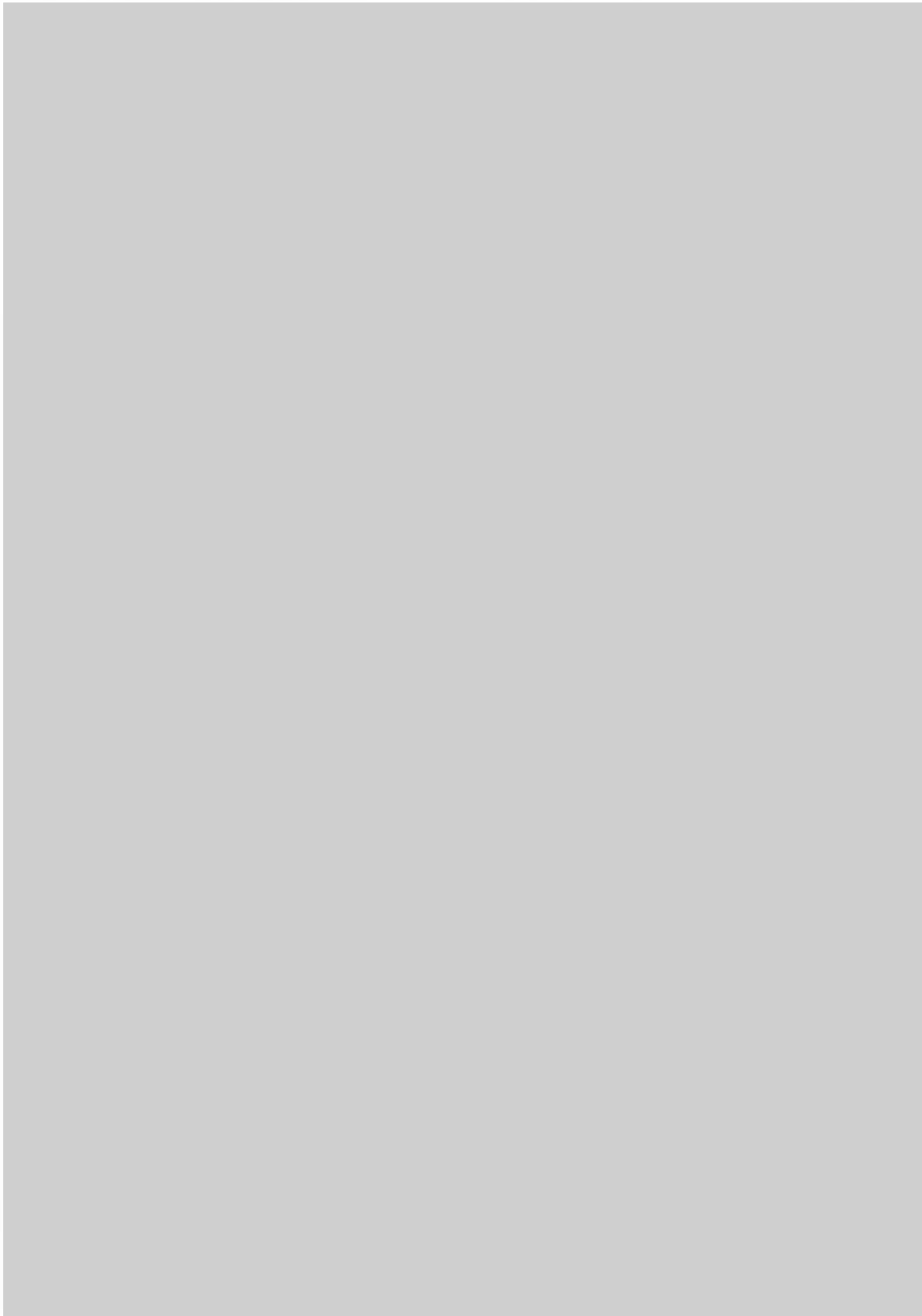


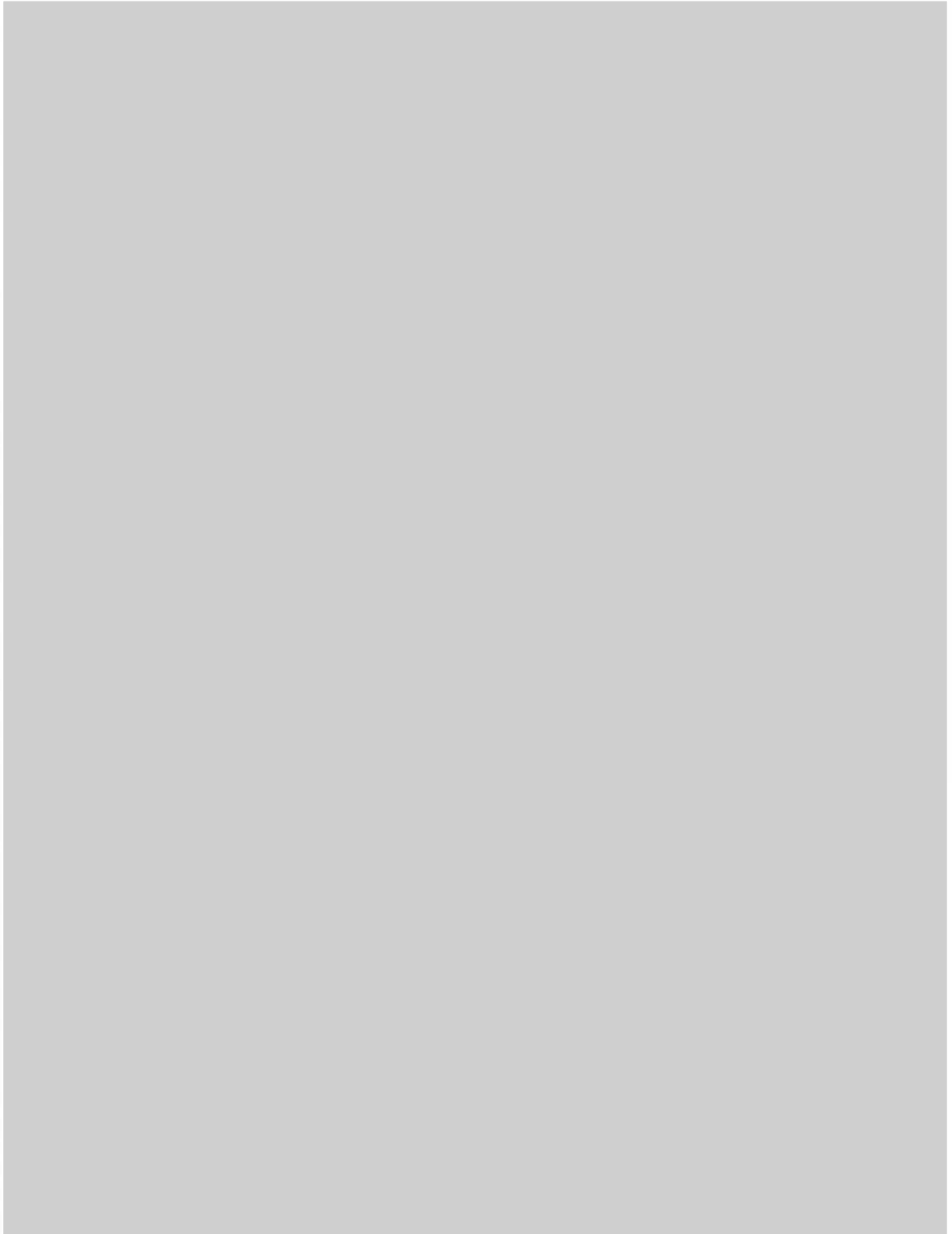






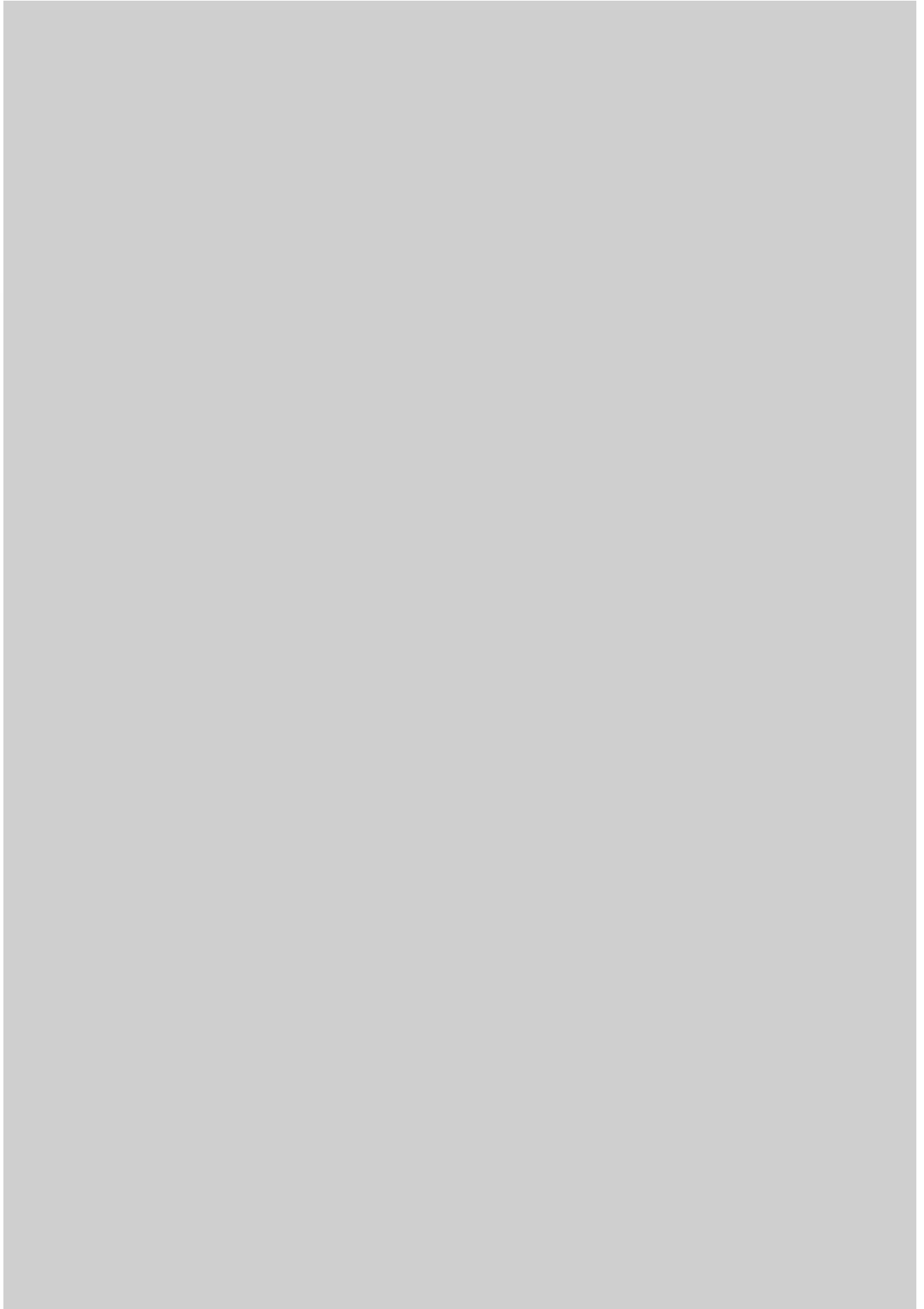


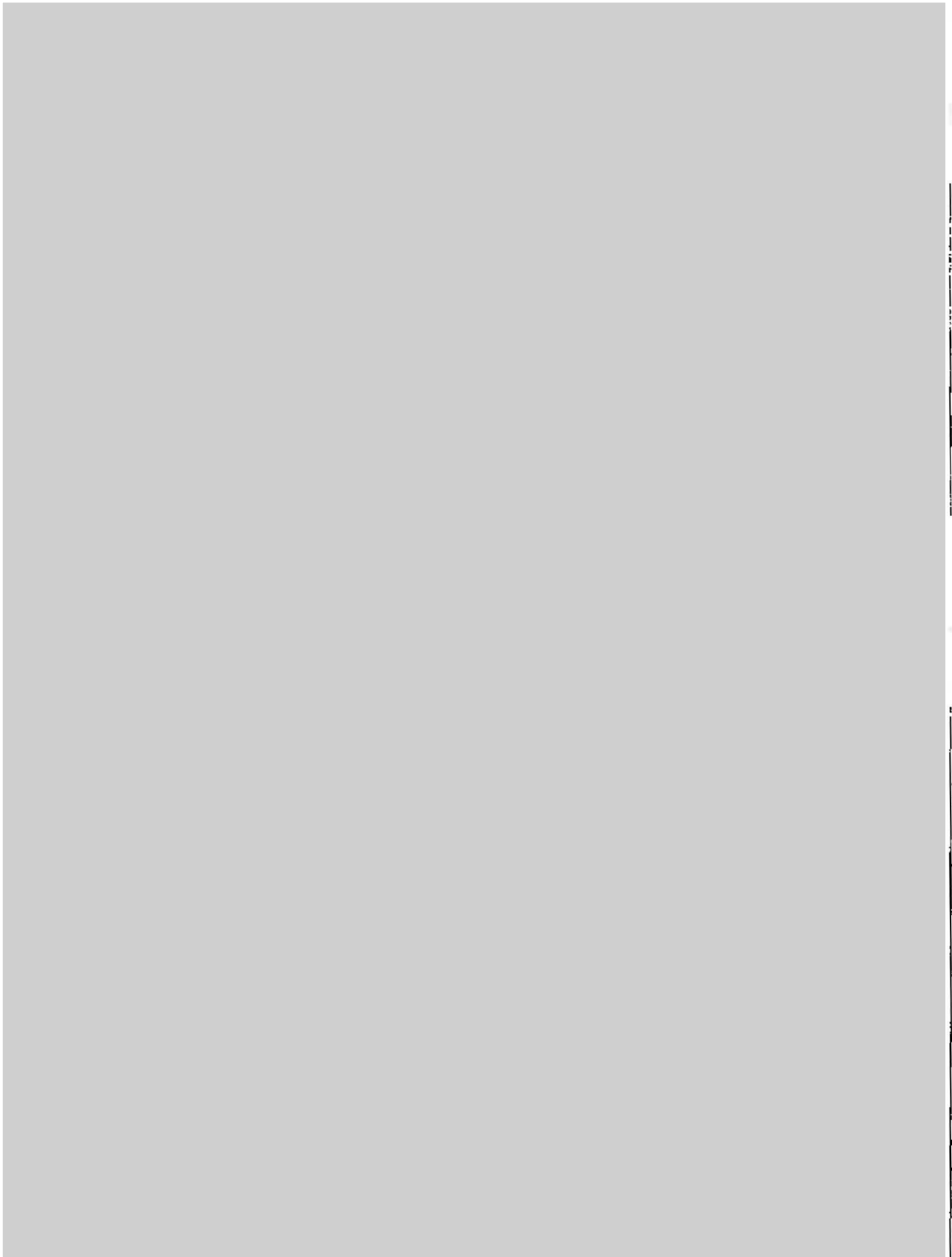


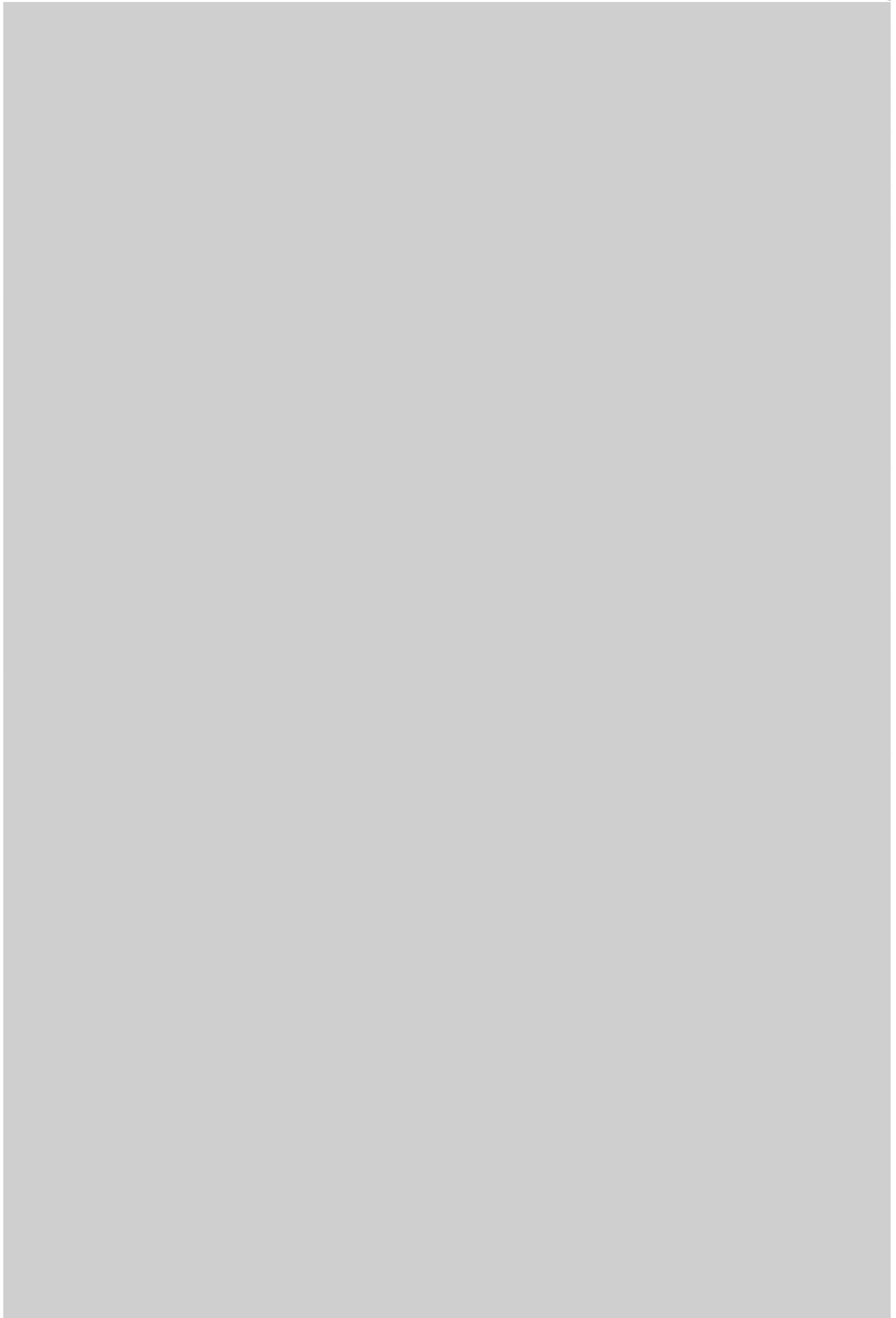


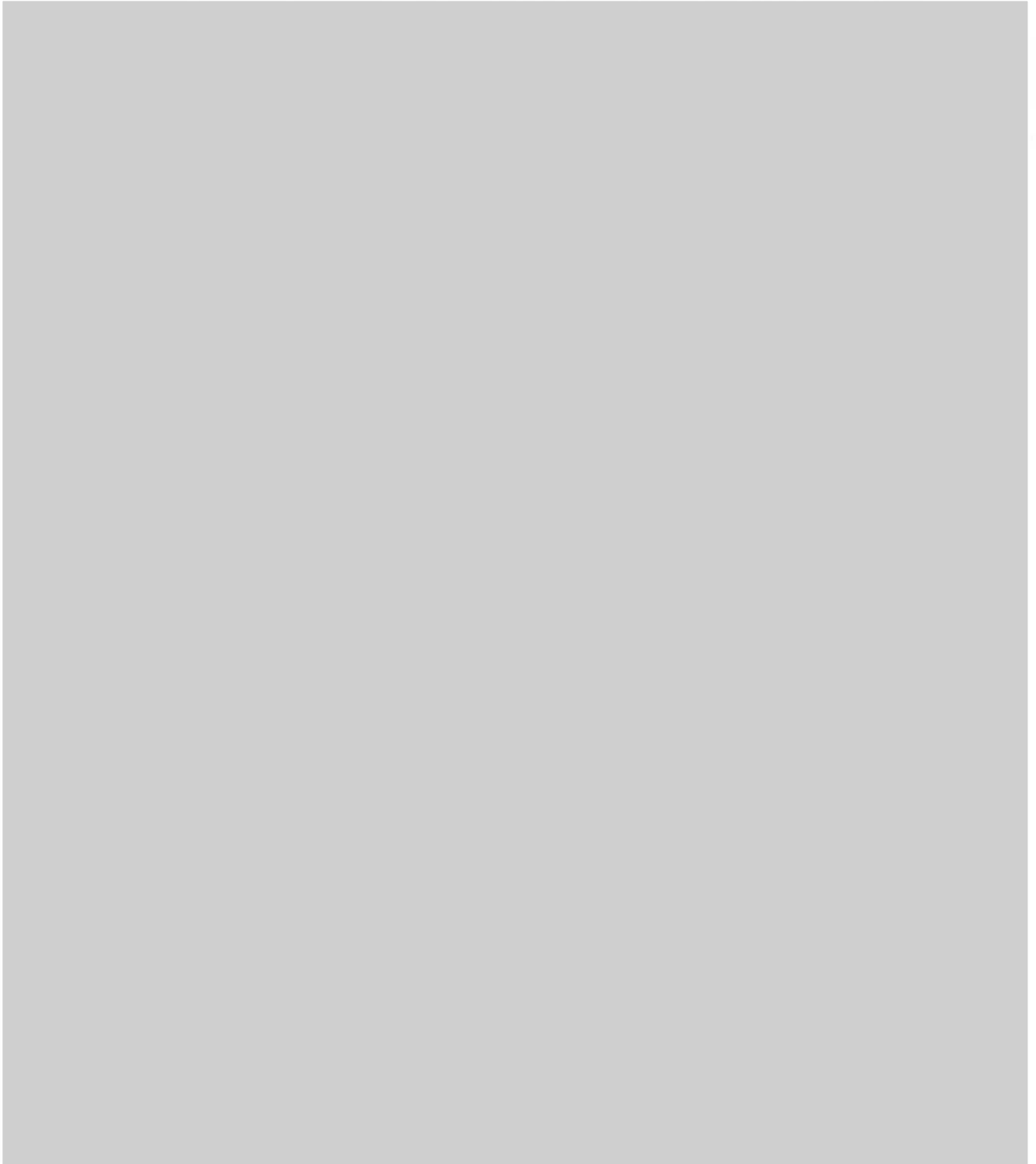


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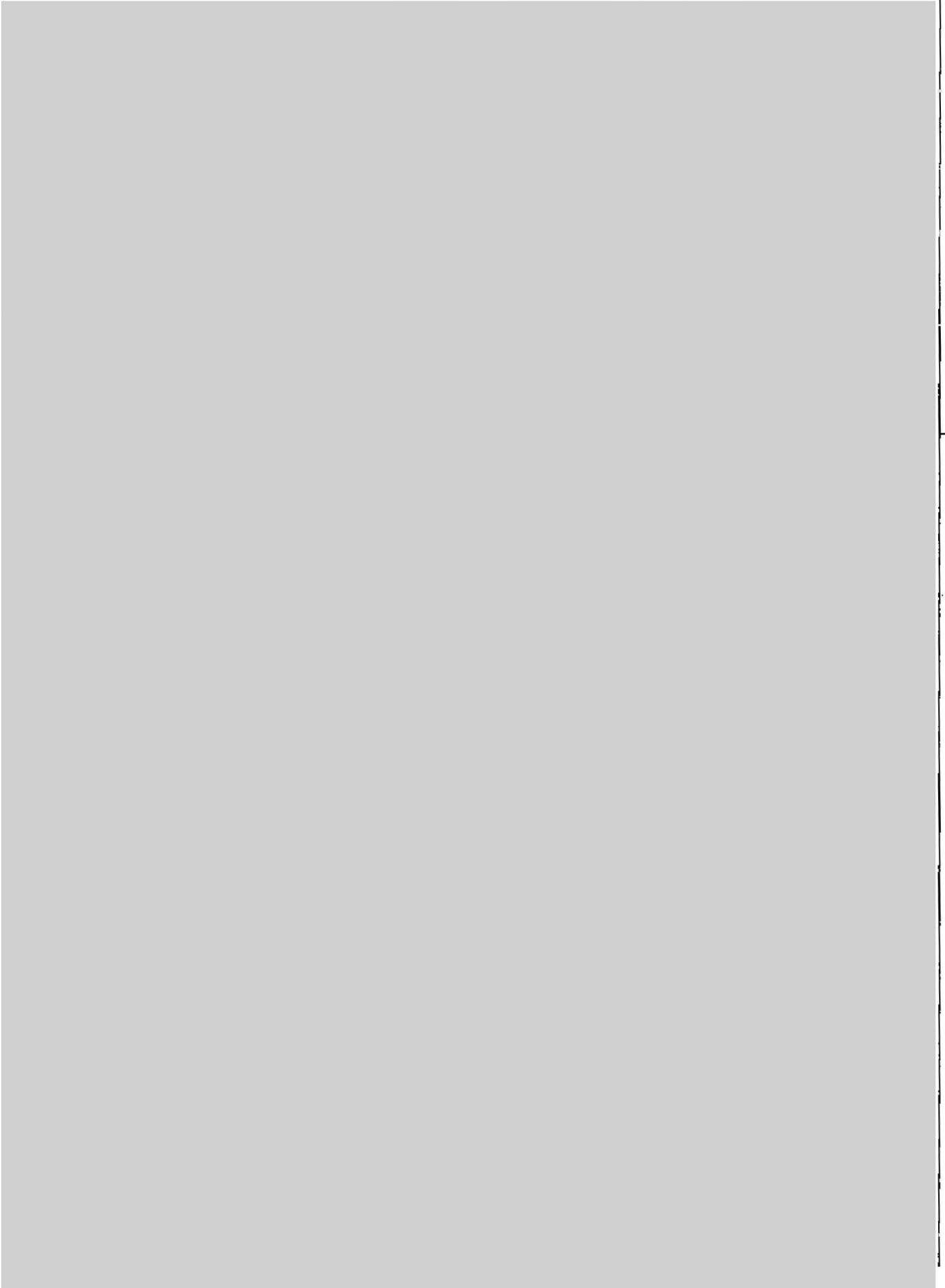




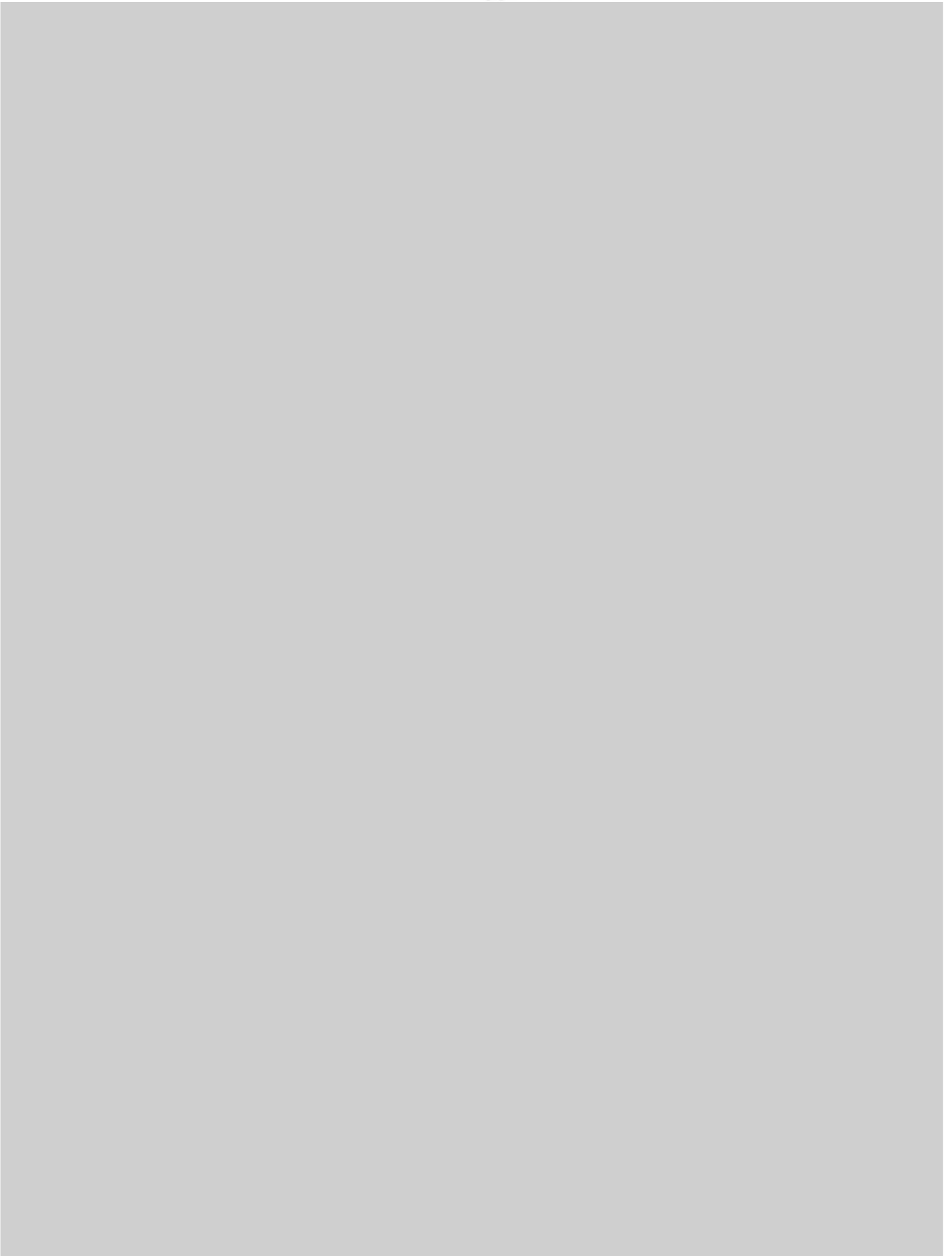




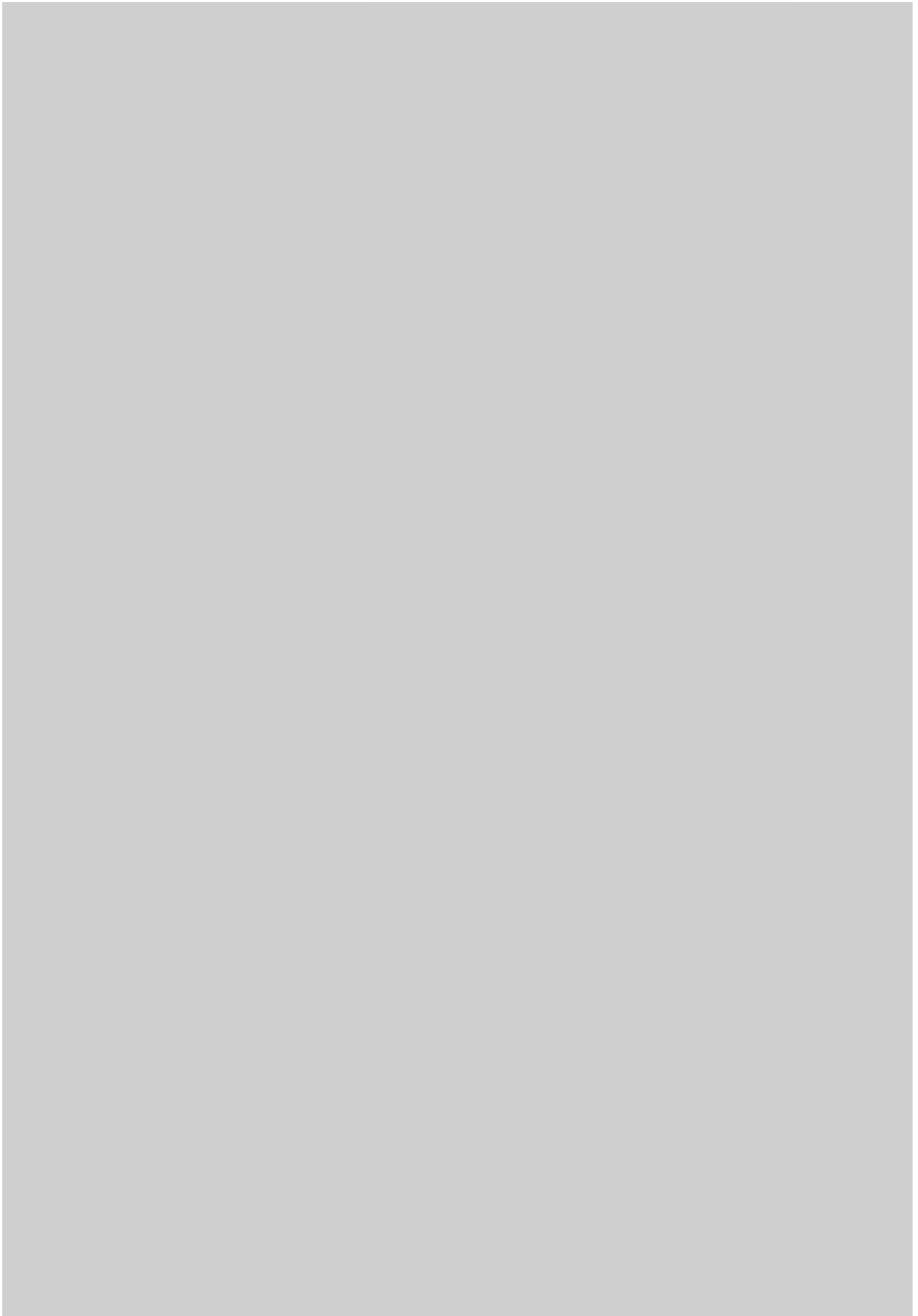
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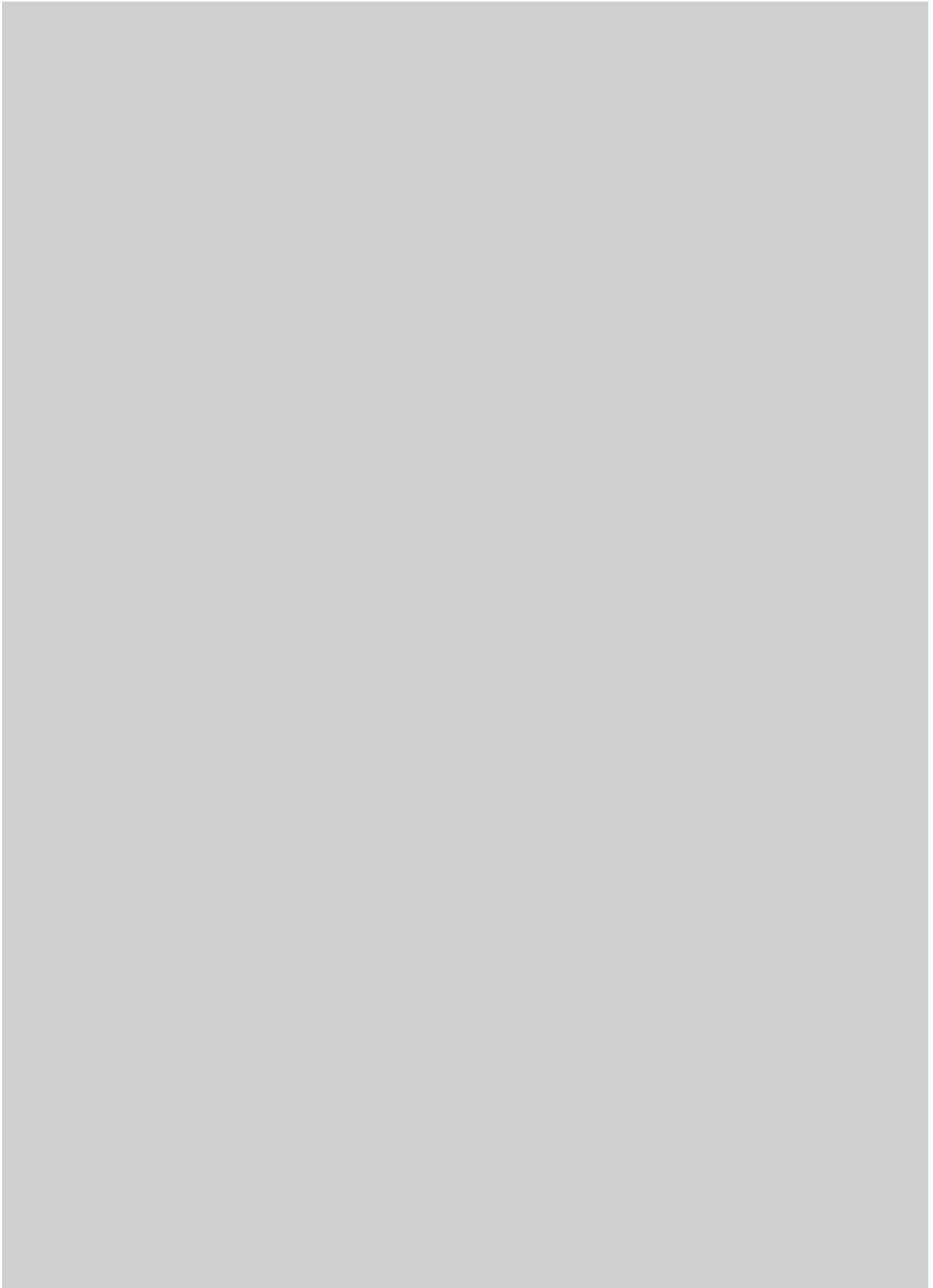


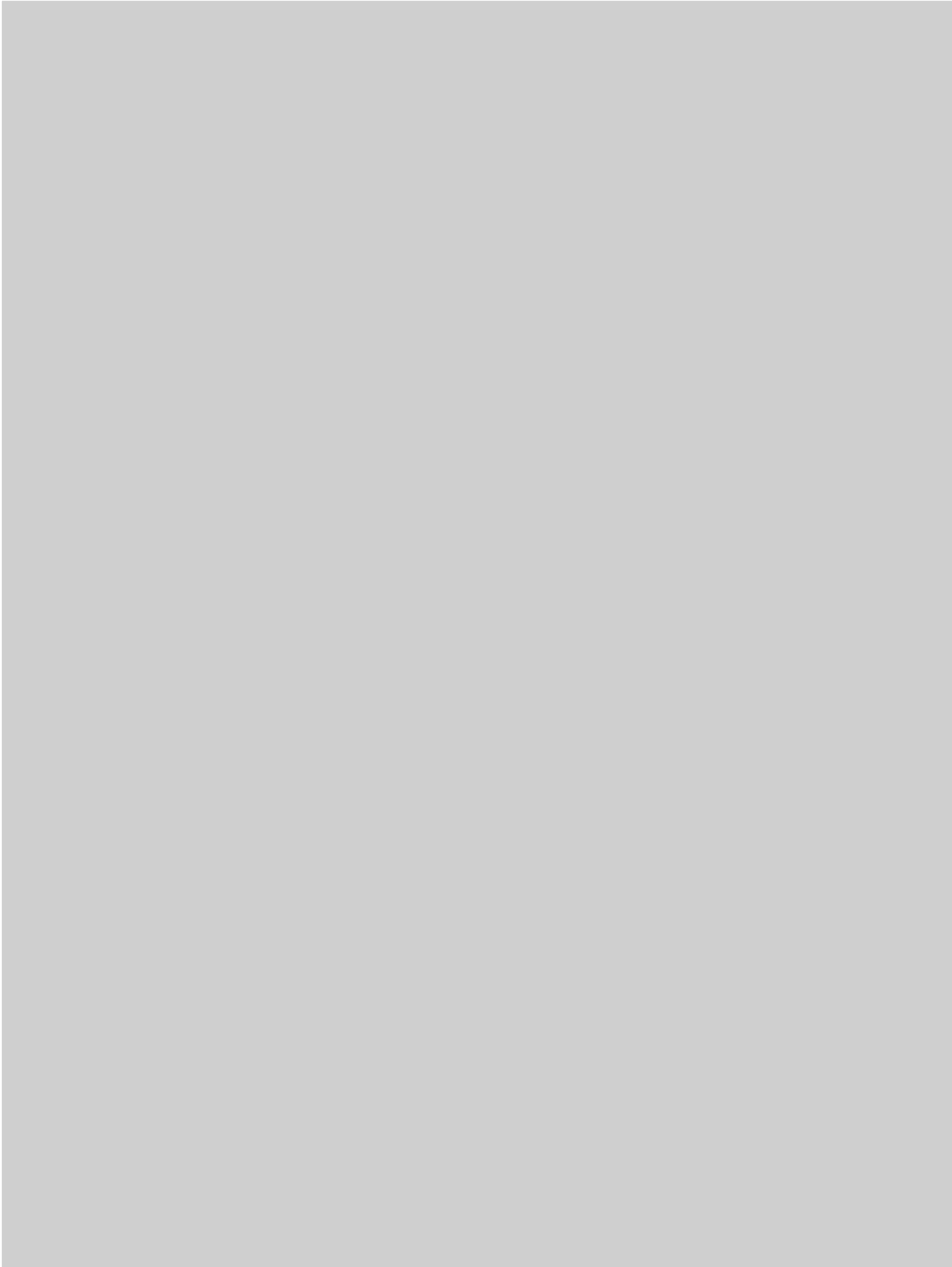
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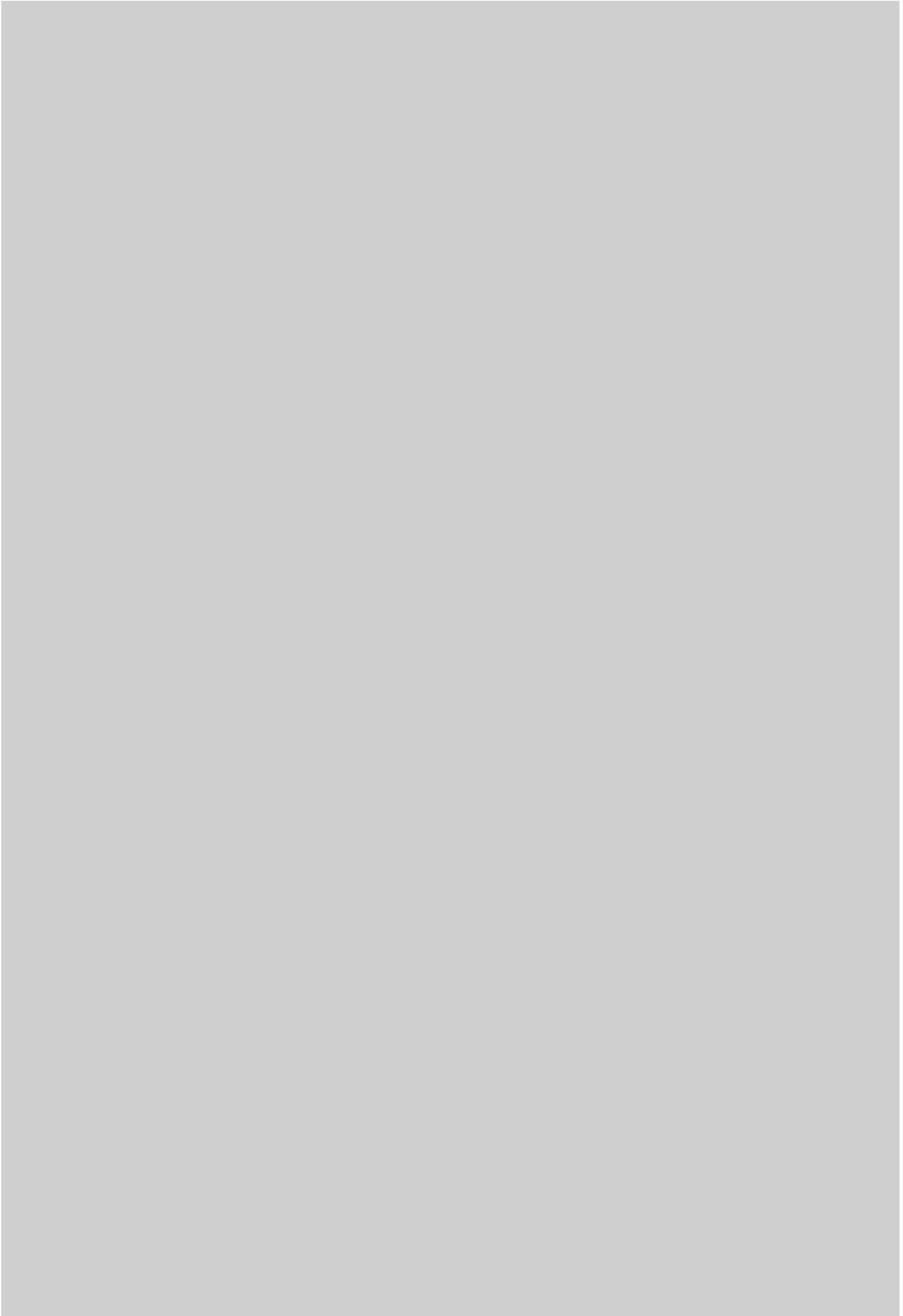


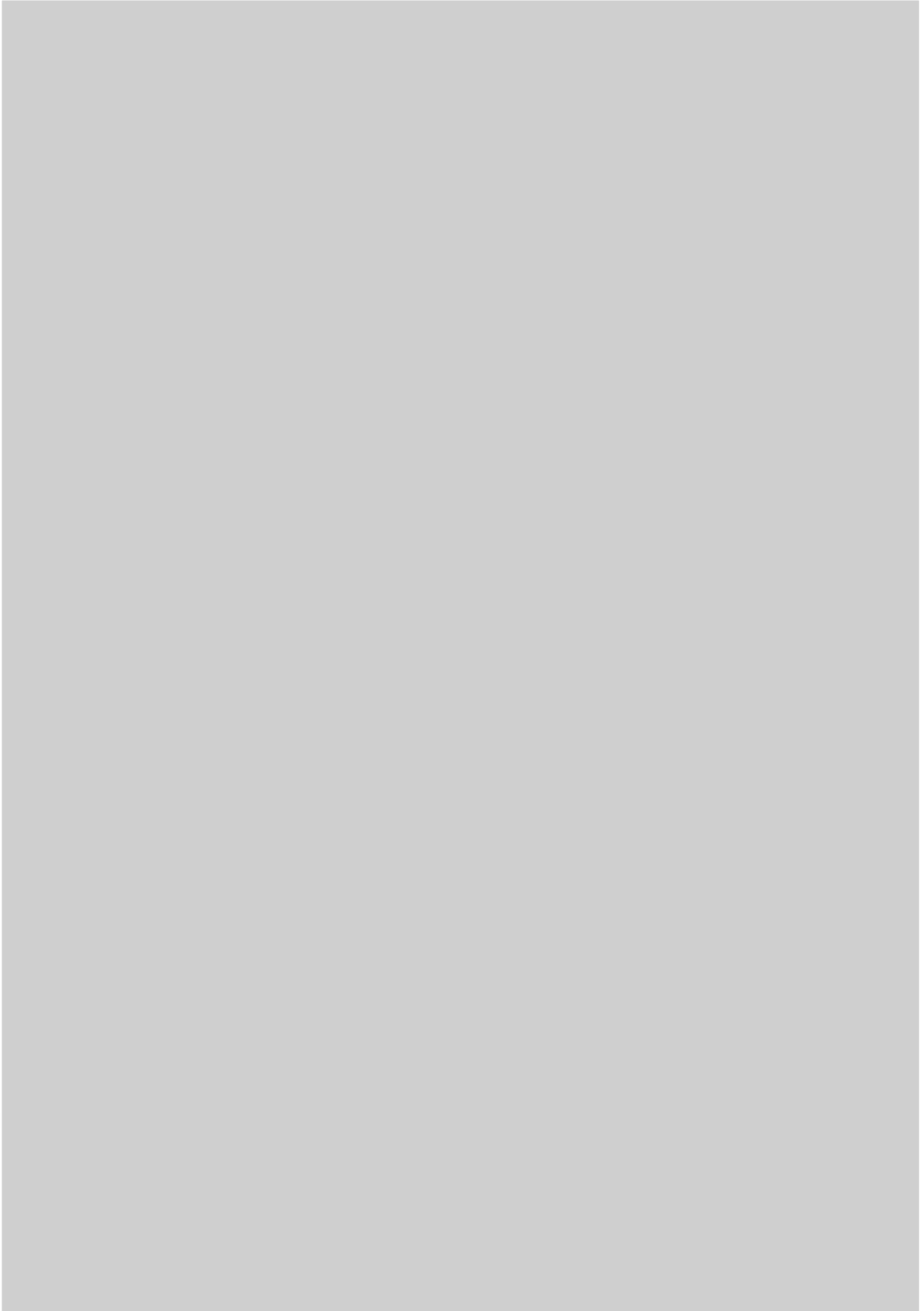


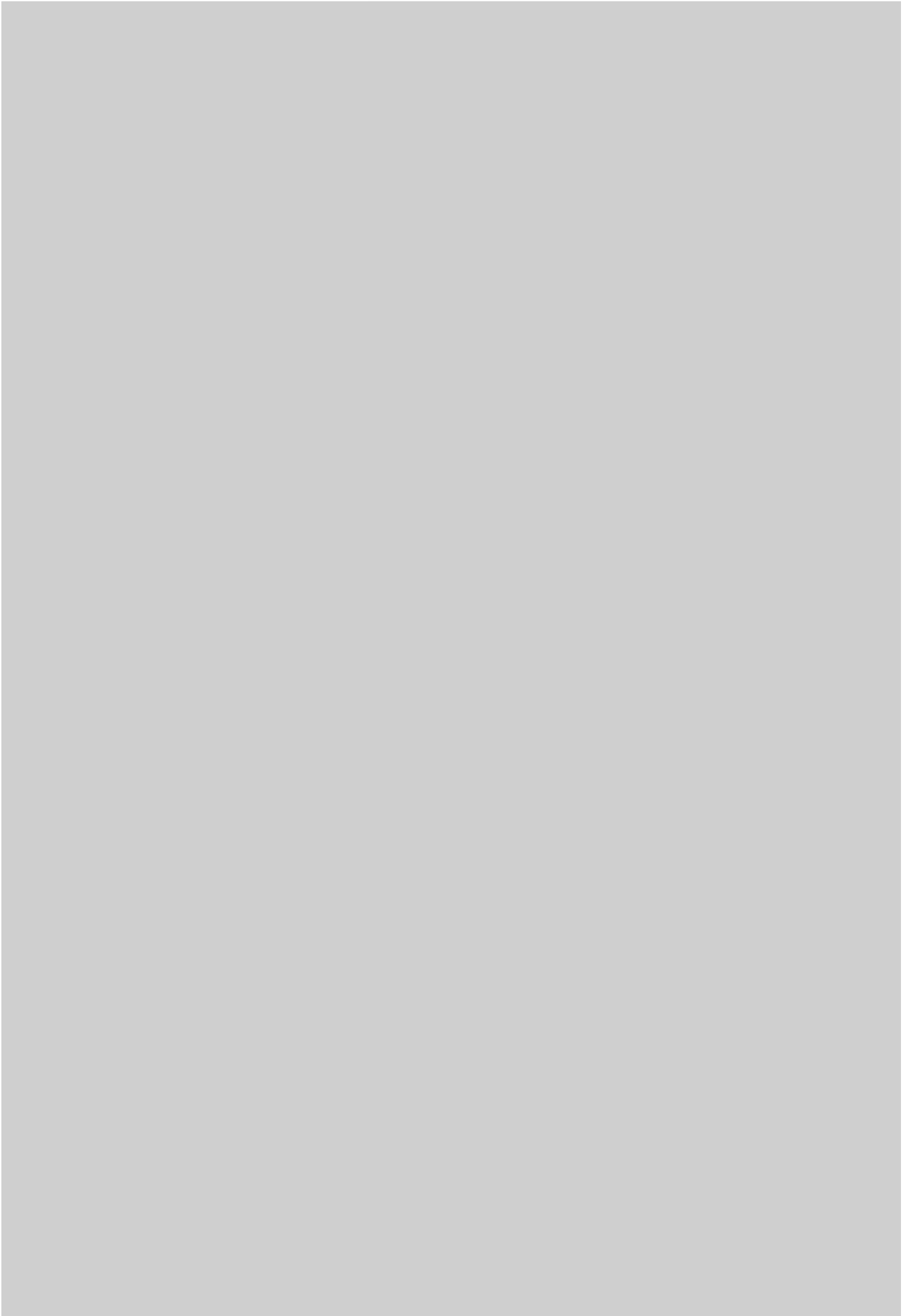




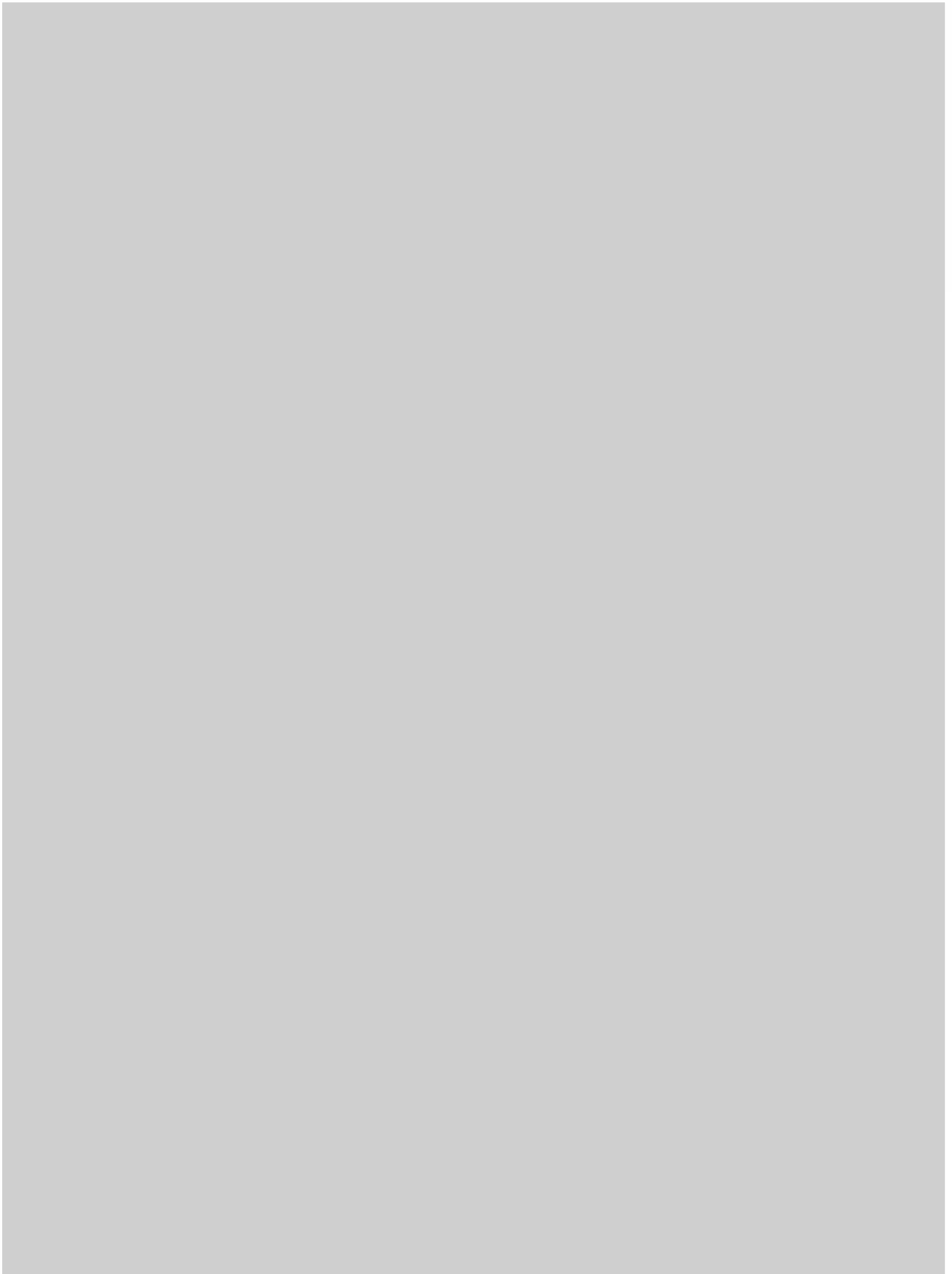


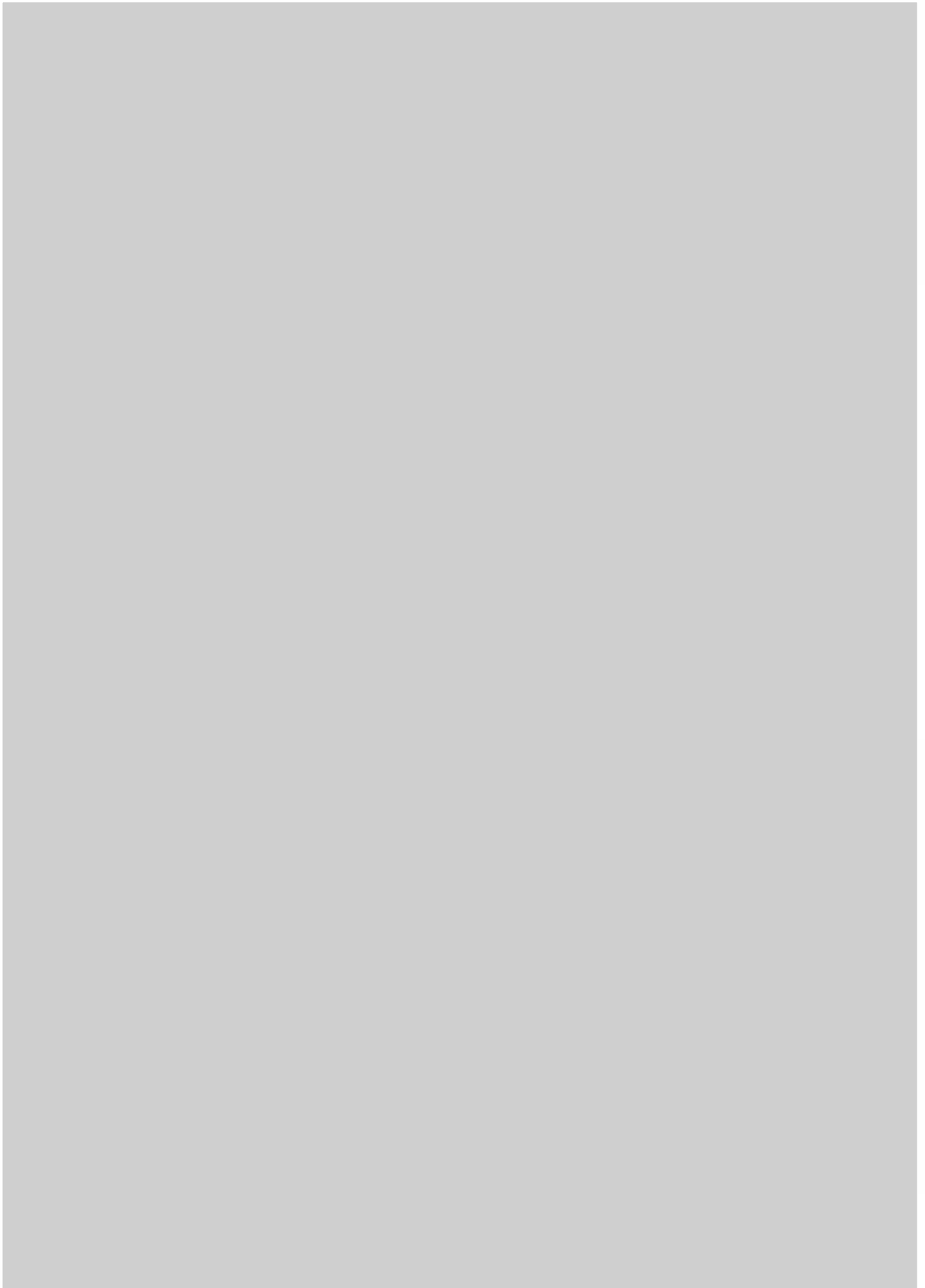


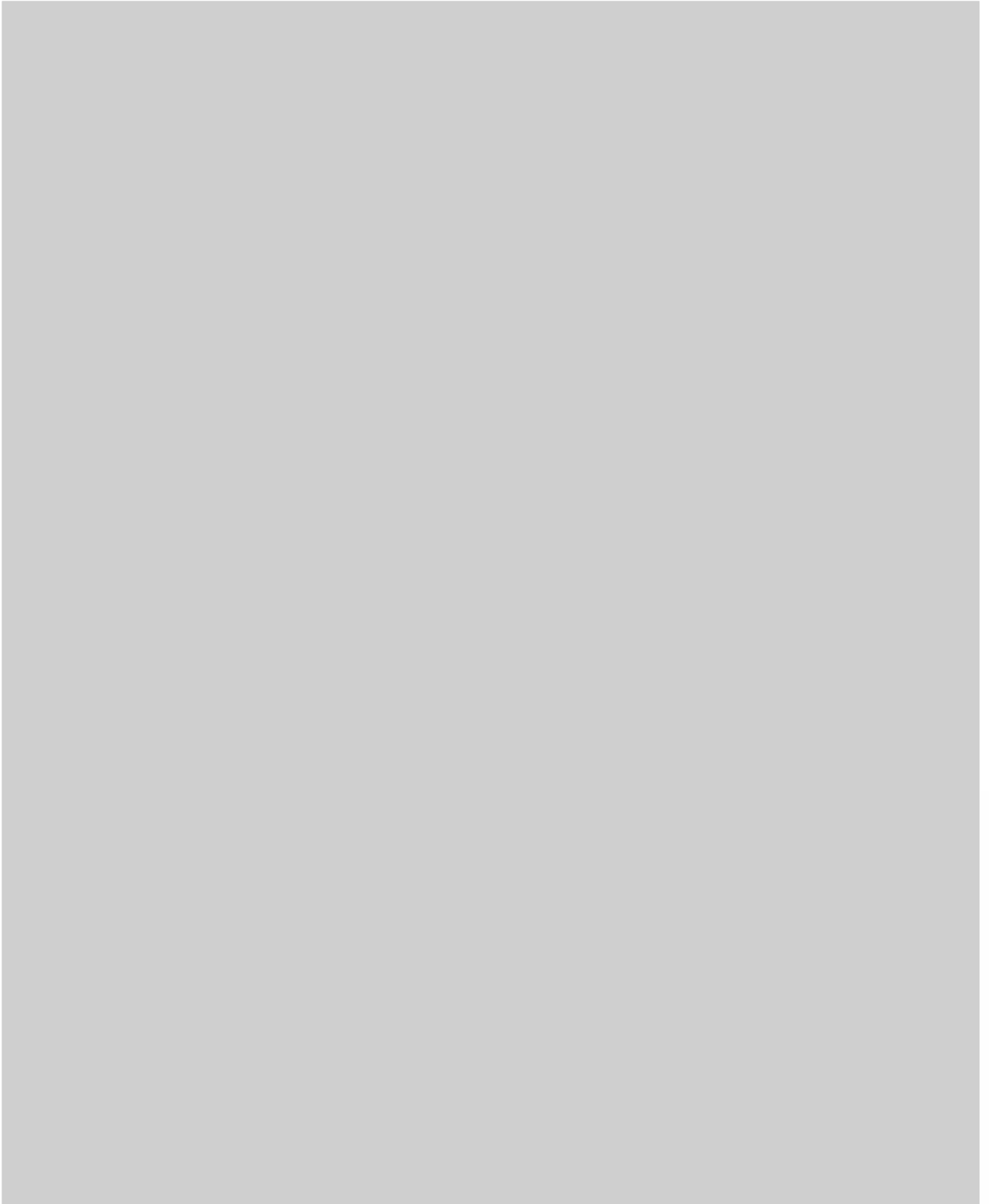


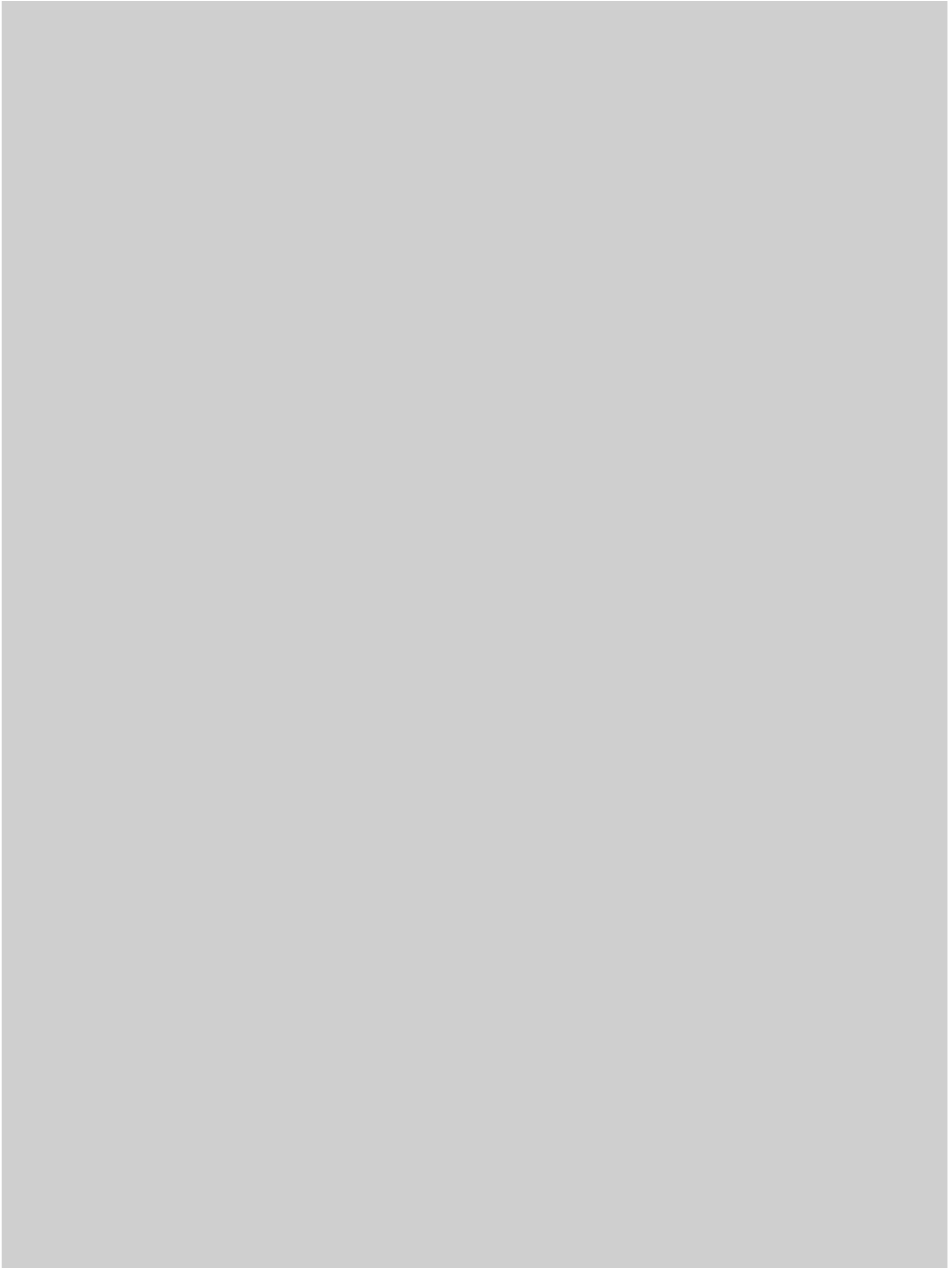


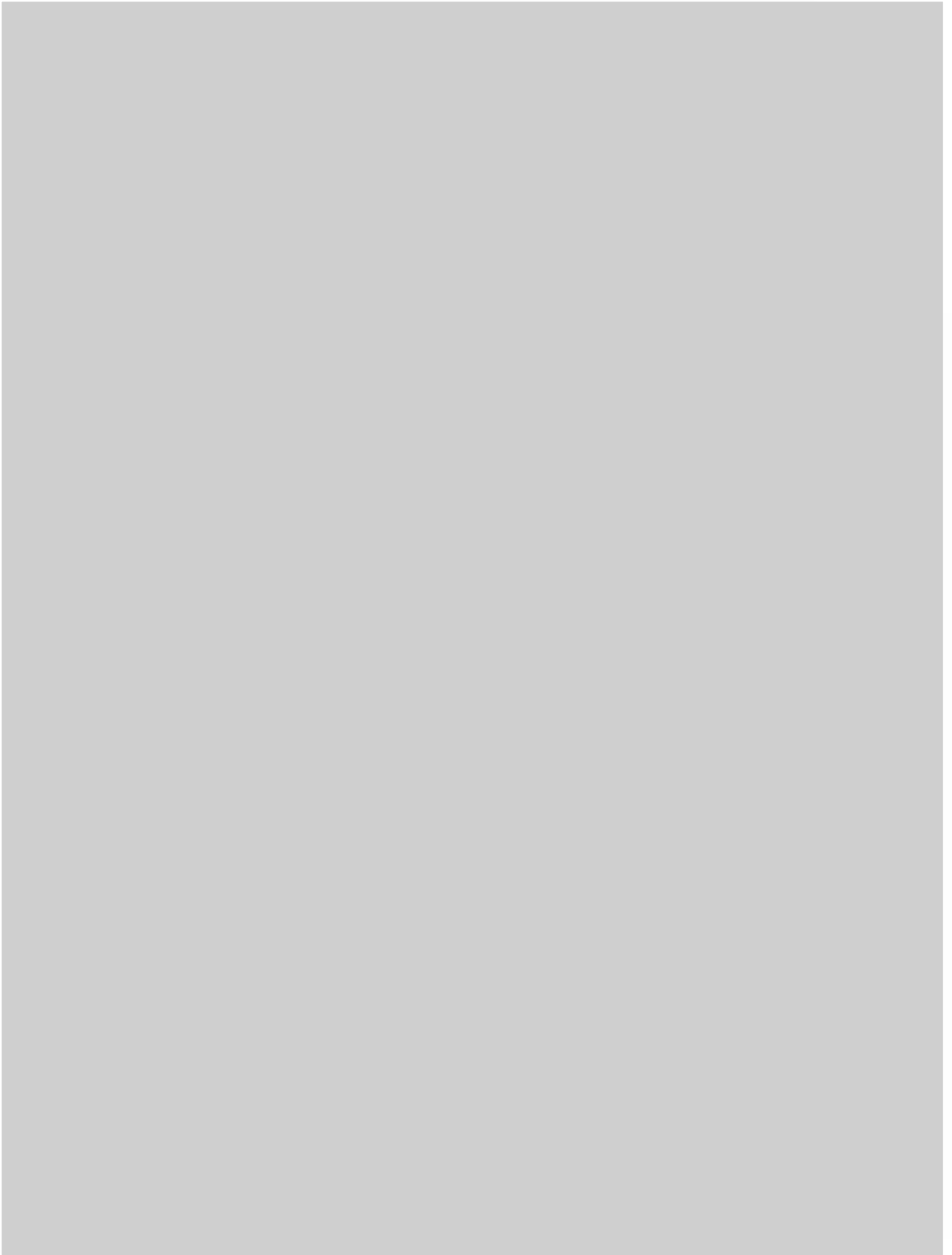
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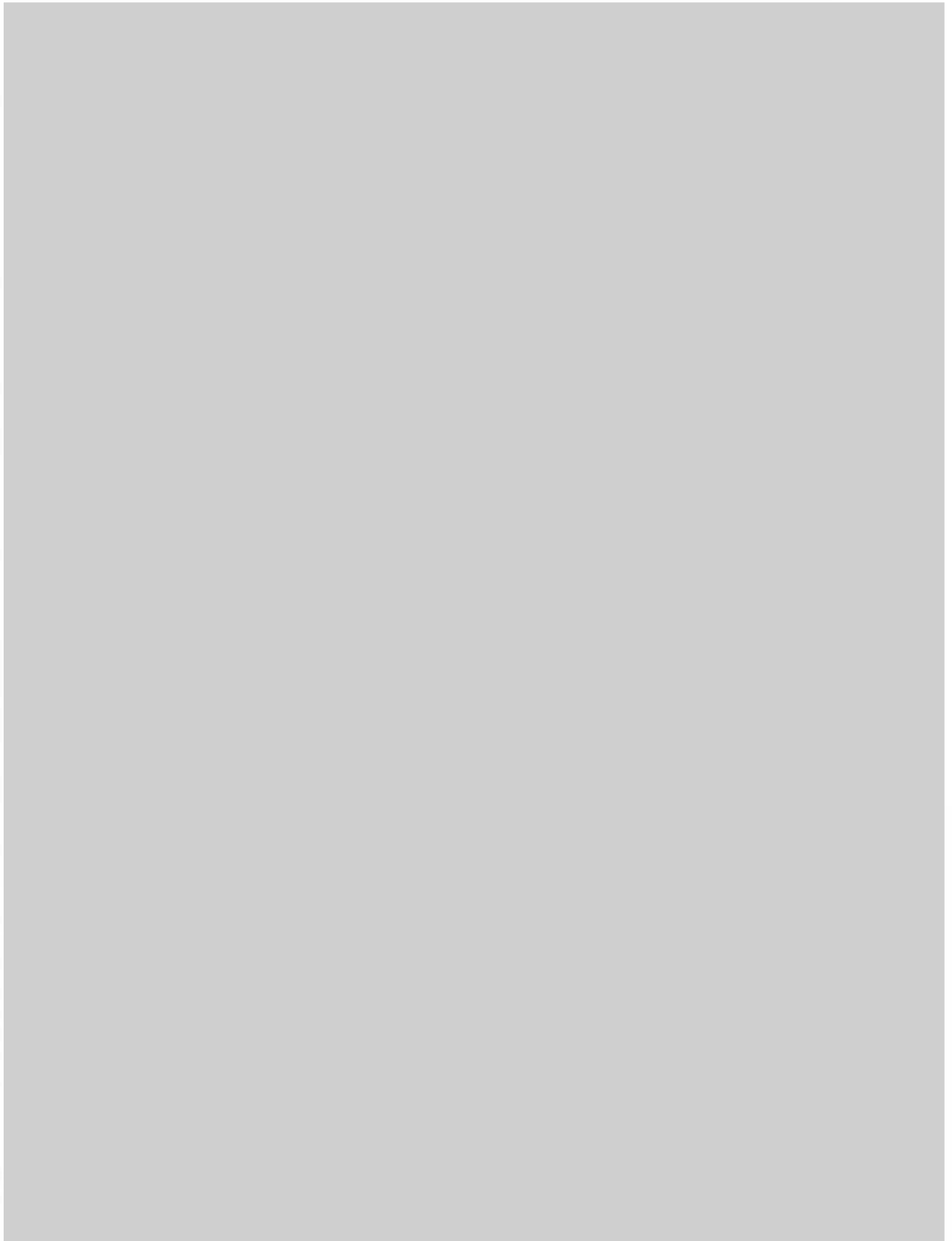


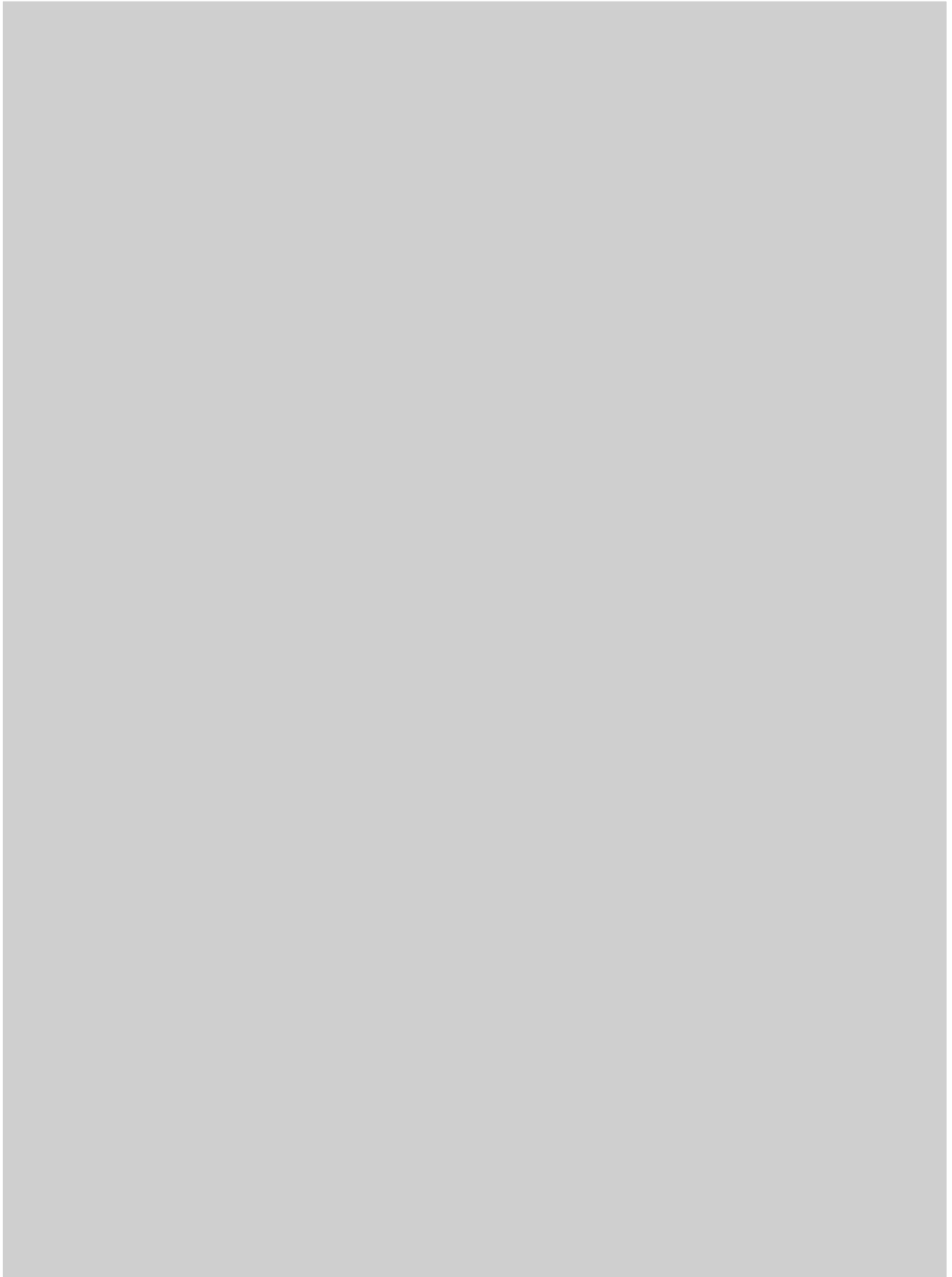


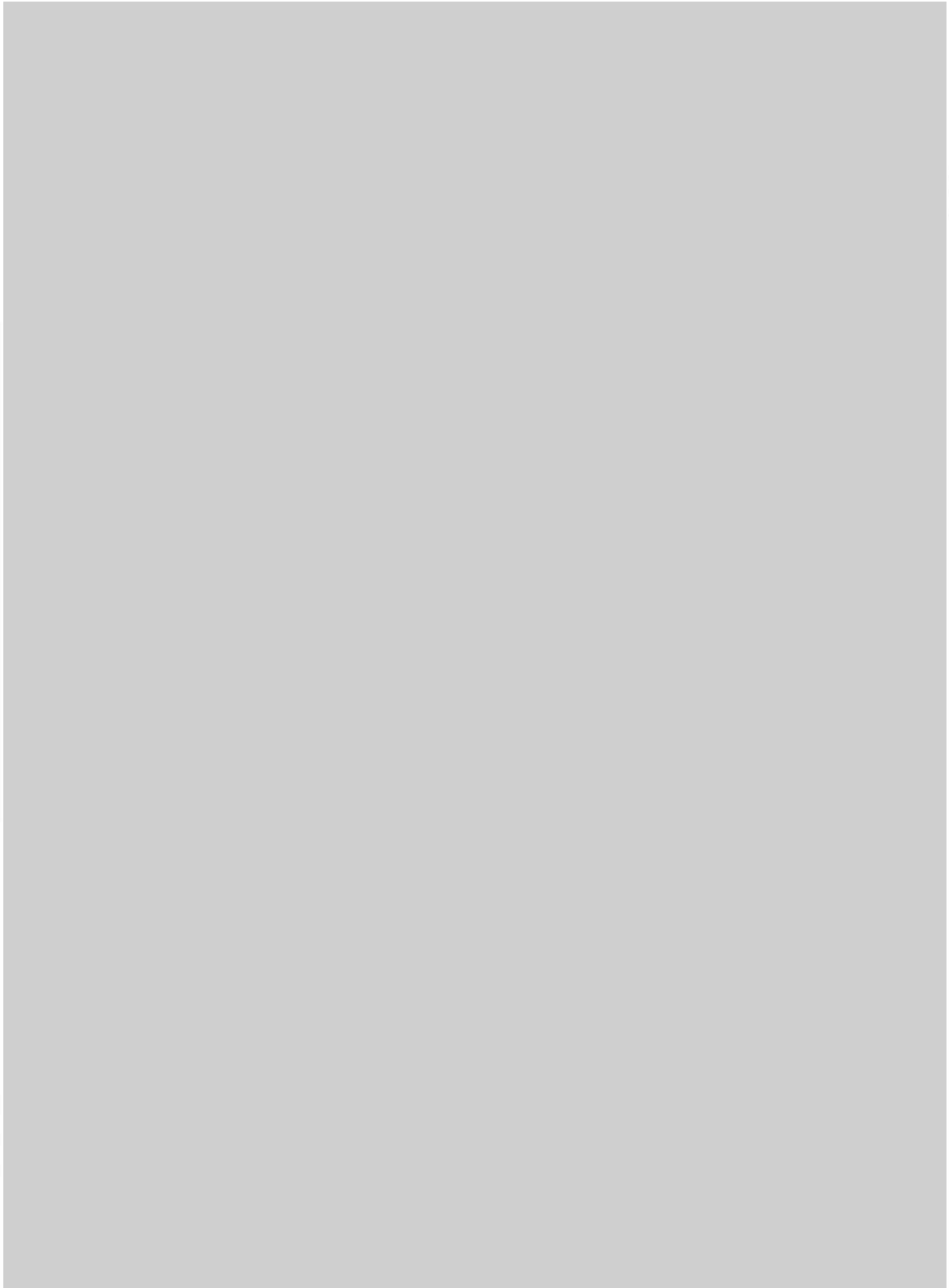














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Enquires to: Ms Janet Martin
 Acting Director, Clinical
 Governance
 Mental Health Alcohol and Other
 Drugs Branch

Téléphone:
 File Ref:

10 APR 2015

Mr Leon Atkinson-MacEwen
 Health Ombudsman
 Office of the Health Ombudsman
 PO Box 13281 George St
 BRISBANE QLD 4003

Dear Mr Atkinson-MacEwen

Thank you for your letters dated 23 December 2014 and 12 March 2015, in relation to section 228(3) Notices to Require Information under the *Health Ombudsman Act 2013* pertaining to your investigation concerning the Barrett Adolescent Centre (BAC). I thank your office for providing extensions to the due date for provision of this information and apologise for the delay in responding.

Please accept the following information as my statement in response to questions raised in relation to complaint reference number [REDACTED]

1. A statement outlining the total number of individual patients of the BAC who required transition care planning due to the BAC closure.

Public announcement of the closure of the BAC was made on 6 August 2013.

Good clinical practice requires that discharge planning is commenced at the time of admission, and further developed over the period of admission. Therefore, a portion of the patients in the BAC on 6 August 2013 were already on a recovery trajectory that included discharge or transition prior to the announcement of BAC closure. Relevantly, all patients were provided with individual plans for discharge or transition that related to their care needs and alternative care options (if required).

The actual date of closure of the BAC was flexible, based on each patient having the most appropriate alternative care options (if ongoing care was required) in place.

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 147 - 163 Charlotte Street
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3. Details of any significant remedial or improvement action being undertaken by Queensland Health in response to identified issues or concerns raised in relation to the transition and care planning measures undertaken following the decision to close the BAC.

On 14 August 2014, the Director-General appointed three health service investigators under section 190(1) of the *Hospital and Health Boards Act 2011* to provide expert advice, regarding the way the transition for BAC's inpatients at that time were managed by Queensland Health, and adequacy of patients' transition plans, including whether the plans met patients' and families' needs.

The health service investigation report, *Transitional Care for Adolescent Patients of the Barrett Adolescent Centre*, found that the transition team and clinical staff of the BAC acted according to best practice standards relating to clinical planning for BAC patients and their transition out of the centre. The report also found that the patient plans were appropriate, no consumer was lost to follow-up and no important part of care was lost during the transition period.

A letter dated 12 January 2014 from the then Director-General of Queensland Health to the parents/guardians of former BAC patients included the following statement:

... a multidisciplinary review of the care arrangements now in place for the group of young people who transitioned from the BAC. I am aware a number of them are now successfully placed in care arrangements with support from a range of public, private and non-government providers. I would not seek to disrupt those arrangements. However if a parent of any of this group is not satisfied with the support they are receiving, the Department of Health will arrange a multidisciplinary review of their child's care either in the public or private system.

I am aware that the families of two young people have sought and received support from their local Hospital and Health Services, Children's Health Queensland and the Department of Health in accessing additional specialist mental health care from both private and public services.

4. A statement as to whether or not the recommendation has been fully accepted, plus accountability and timeframe for implementation of the recommendation.

One recommendation was made by the health service investigators in their report *Transitional Care for Adolescent Patients of the Barrett Adolescent Centre*. The recommendation states that *transitional mental health care for young people is internationally recognised as a complex and often difficult process and poor outcomes such as disengagement from care are well documented. The Barrett Adolescent Centre process demonstrates positive learnings in relation to good quality transitional planning. It is recommended that these learnings be considered for distillation into the development of a state policy that supports mental health transition for vulnerable young people.*

This recommendation has been fully accepted and its implementation is addressed below in items 5 and 6.

5. A copy of any Queensland Health action plan or implementation plan addressing the recommendation made in the final investigation report entitled 'Transitional care for Adolescent Patients of the Barrett Adolescent Centre' dated 30 October 2014 (page 12).

Please find enclosed a copy of the action plan for implementing the recommendation in the report *Transitional care for adolescent patients of the Barrett Adolescent Centre* (attachment 1).

6. A statement as to who in Queensland Health is responsible for overseeing or monitoring the implementation of the report's recommendation.

The *Hospital and Health Boards Act 2011* states that the Chief Executive's functions include 'to monitor and promote improvements in the quality of health services delivered by the Services' and 'to monitor the performance of Services, and take remedial action when performance does not meet the expected standard'. Hospital and Health Services have functions including 'to monitor and improve the quality of health services delivered by the Service, including, for example, by implementing national clinical standards for the Service'.

The Mental Health Alcohol and Other Drugs Branch, Department of Health, is drafting a guideline for Hospital and Health Services to support the transition of vulnerable young people requiring mental health services. Hospital and Health Services across the State will be consulted in the development of the guideline. Once finalised, it is the responsibility of Hospital and Health Services to ensure that local policies, procedures and practices are amended or developed as required to implement the guideline. The Mental Health Alcohol and Other Drugs Branch will audit implementation of the guideline by Hospital and Health Services six months after the guideline has been endorsed.

7. A (marked-up) copy of any revised state policy (transfer of care policy) that supports mental health transition for vulnerable young people (if available).

Please find attached the first draft of the *Guideline on the transition of care for young people receiving mental health services* currently under development (attachment 2). Hospital and Health Services have not yet been consulted on its contents. Consultation on the draft will commence by the end of April 2015.

Should your officers require further information, the Department of Health's contact is Ms. Janet Martin, A/Director, Mental Health Alcohol and Other Drugs Branch, on telephone [REDACTED]

Yours sincerely

[REDACTED]

Dr Michael Cleary
Acting Director-General
Queensland Health

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Department of Health

Health Service and Clinical Innovation

SDLO Response

Title – Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre (BAC)

Incoming request

The Director-General has requested a summary of the report in preparation for its public release. Media and Communications will prepare a media statement.

Response for Deputy Director-General clearance

Background

- On 6 August 2013, the Minister for Health announced the closure of the BAC.
- A process for managing the transition of individual patients from the care of the BAC to alternative options commenced in September 2013 with the expectation that the service would close in January 2014.
- On 14 August 2014, the Director-General appointed investigators to provide expert clinical review in relation to:
 - the governance model put in place within Queensland Health to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC prior to its closure.
 - the adequacy of healthcare transition plans developed for individual patients to meet the needs of the patients and their families.
- The investigators were invited to make recommendations in relation to the ways in which the management, administration or delivery of public sector health services, with reference to learnings from the closure of the BAC, can be maintained and improved.

Summary of report findings

- The investigators found that both the governance model managing and providing oversight to the healthcare transition plans for the patients of the BAC prior to its closure and the transition plans for individual patients were appropriate.
- The investigators acknowledged the complexity of the transition planning process due to the highly complex patient cohort, the atmosphere of crisis created by the announcement of the closure and the standing down of the senior leader of the service.

Great state. Great opportunity.



due to an unrelated matter, and the time pressure from the deadline of the BAC closure.

- The investigators found that:
 - good clinical care received the highest priority, and communication between the clinical team, the young people and their family/carers was careful, respectful, timely and maintained.
 - transition plans were thorough and comprehensive, and that the transition process, which included intensive support for the young person, comprehensive communication and documentation, maintenance of post-transfer contact, and joint working between agencies, was best practice.
 - no young person was lost to care, nor were any core components of care missing.
 - the governance model supported collaborative decision making at the local level, facilitated authoritative decision making and action, provided an appropriate pathway for escalation of issues, and involved patients and their carers in decision making.

Recommendation of the report

The investigators recommend that the positive learnings in relation to good quality transitional planning inform the development of a state policy that supports mental health transition for vulnerable young people.

Recommendation in relation to release of the report

The report is structured as a 12 page report with 138 pages of appendices. Appendix F contains de-identified profiles of the seven young people transitioned out of the BAC between September 2013 and January 2014. Despite the report containing de-identified information in relation to young people, the small number of young people involved would be easily identifiable. Therefore, it is recommended that only the main body of the report (pages 1-12) is publically released.

It is recommended that the one recommendation contained in the report is supported with the Mental Health Alcohol and Other Drugs Clinical Network being asked to lead a project for the development of statewide guidelines that support mental health transition for vulnerable young people.

It is recommended that prior to any public release of the report that;

- the CEO and Mental Health Director West Morton HHS and all other HHS which received consumers referred on by the transition be contacted to inform them of the contents of the report.

- The relatives of the three consumers who have suicided since transition be contacted and invited to meet face to face with a senior Officer of the Department e.g. Dr Cleary, Dr Kingswell or A/Prof Allan to inform them of the content of the report. This meeting to be facilitated by the HHS contacts who have been dealing with these families.

Comments from DDG HSCI:

Author: Janet Martin
A/Director, Clinical Governance
Mental Health Alcohol and Other Drugs Branch
[REDACTED]
31 October 2014

Cleared by: Dr John Allan
Chief Psychiatrist
Mental Health Alcohol and Other Drugs Branch
[REDACTED]
2 November 2014

Cleared by: Dr Michael Cleary
Chief Operations Officer, Department of Health and
Deputy Director-General, Health Service and Clinical Innovation
[REDACTED]
<Date>

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From: OCP-MHAODB

Sent: Tuesday, 5 May 2015 3:42 PM

To: CHQ_HHS; DDHHS; MD05-MetroSouthHSD; MD06-GoldCoast-HSD; MD07-SouthWest-HHS; MD09-WestMoreton-HSD; MD13-CentralQLD-HSD; MD14-CentralWest-HSD; MD16-MetroNorthHSD; MD20-[REDACTED] MD21-Torres&Cape-HHS; MD22-MtIsa-HSD; MD23-Mackay-HSD; MD25-[REDACTED] SC-HHS-Official-Corro; WBHHS-HSCE

Cc: Adrian Gane; Alison Overland; Anand Choudhary; Andrew Brownlie; Ann Thorp; Bill Kingswell; Bobbie Clugston; Brett Emmerson; Bronwyn Mitchell; Bronwyn Trathen; Caitlin Ritchings; Carly McLean; Caroline Furlong; Chantal Duca; Chris Lilley; Christine McDougall; Ed Heffernan; ED_MHAODD; Ed_rhsmetrosouth; Elissa Waterson; Fay Anley; Fiona Kearney; Fiona McAuliffe; Fraun Flerchinger; Gail Robinson; Gail Rosie; George Plint; Gillian Yearsley; Grace Matthews; Helen Glazier; JACQUI BAILEY; Janet Ceron; Janet Martin; Jeremy Hayllar; Jill Mazdon; Jill Steele; Joanne Hull; John Allan; John Rellly; Judi Krause; Karen Brown; Karlyn Chettleburgh; Kathryn Turner; Kees Nydam; Kellie Evans; Keryn Fenton; Lauren Somers; Letitia Keal; Lindsay Farley; Lisa Fawcett; Lucille Griffiths; Marie Kelly; Mark Fairbairn; Mark Scanlon; Maxine Burrows; Melissa Ramsden; Michael Catt; Mike Coward; MIMHS-ACDMH; Monica O'Neill; Naeem Jhetam; Naomi Russell; Narelle Butler; Nicole Joyce Allen; Pankaj Relan; Paul Sheehy; Raymond V Horn; Robyn Bradley; Robyn Eastwell; Ruth Fjeldsoe; Samuel Scheffe; Sandra Kennedy; Sharon Kelly; Shirley Wigan; Sophie Mudge; Stacey Paterson; Stacey Schultz; Stephen Stathis; Tanya Griggs; TCHHS-SOUTH-MHATODS; Terry Stedman; Thomas John; Tinisha Bouchereau; [REDACTED] Vikas Moudgil; Judi Krause; Darren Neillie

Subject: DUE COB 22 May 2015 feedback re: Guidelines for the transition of care for young people receiving Mental Health services

Good afternoon

Please find attached request for feedback on the Guidelines for the transition of care for young people receiving Mental Health Services.

Please forward your feedback to [REDACTED] by the COB 22 of May 2015.

Kind regards

Bronwyn Mitchell

A/Program Support Officer

Office of the Chief Psychiatrist | Mental Health Alcohol and Other Drugs Branch | HSC

Department of Health Queensland Government

Level 1, 15 Butterfield Street Herston Qld 4006

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