

Consultation

- Consumers and Staff- 20 February 2009
- Carers survey 20 February 2009- 10 March 2009
- Staff- 17 November 2008
- Health Reform Consultative Committee- scheduled for 9 December, circulation of report, meeting deferred to 10 February 2009
- Local Consultative Forum- The Park Centre for Mental Health- 17 December 2008
- Child and Youth Design Reference Group- 17 December 2008
- State-wide Child and Youth Subgroup- 27 November 2008
- Meeting with Student Services Department of Education Training and the Arts (DETA)-15 January 2009
- Meeting with Regional Director Moreton Region Education Queensland- 23 January 2009



An artist's impression of the replacement Adolescent Extended Treatment Unit based on initial design concept

Summary of Consultation Findings

Consumer Perspectives

All current consumers of the inpatient unit attended a meeting accompanied by a number of nursing and Education Queensland staff. Some staff and consumers expressed reservations about the consultation process, expressing feelings of powerlessness and the sense that little could be done to affect what is a 'forgone conclusion'.

Staff and Consumers asked for it to be recorded that the majority of participants opposed Redland as a preferred option. It was noted that due to the timeframe associated with the construction of the new service the preferred option to relocate the unit is unlikely to impact on current consumers.

Consumers and staff indicated they were not convinced by the rationale for the preferred option. They argued the lack of incidents connected with the existing High Security Inpatient Service and lack of empirical evidence associated with the risks of close proximity to forensic consumers refuted the rationale for relocation.

Consumers also expressed reservations about the impact relocation may have on families, carers, existing day patients and the links that had been forged with schools and community groups in the local area. They also felt the distance between the site at Redland and the CBD would be a disadvantage.

One clinician identified improved access to generic medical and emergency services as among the only attributes of the Redland option. On the other hand, consumers expressed a concern about no longer having access to the General Health Service (GHS) at The Park. Some suggested GHS staff are more sympathetic to consumers with a mental illness.

Both consumers and staff emphasised the contribution of the existing workforce and were sceptical about the capacity of the new service to replicate the current level of service provision if it failed to attract its existing staff.

Carer Perspectives

Five responses to a relative carer survey sent to the carers of current inpatients were received. Carer perspectives on the relocation of the service were mixed. Three of these responses opposed, while two supported the relocation of the service to Redland.

Of the three who opposed the relocation of the service, two questioned the need for a new purpose built facility. Those who opposed relocating the service highlighted the attributes of the existing site in terms of its accessibility to the population of South East Queensland, accessibility for existing staff and pleasant natural environment. Carer feedback reiterated comments from staff and consumers about the contribution of the existing team. The carers who supported the move live outside Brisbane. The carers who oppose the move live within 20 to 25 kilometres of the current site.

Current consumers oppose the relocation of the service while carers' opinions about relocation are mixed. Current consumers and carers are unlikely to be personally affected by the relocation of the service.

Clinical Workforce

The initial report of the site selection subgroup identified the implications for the workforce on the relocation of the service as constituting the most significant challenge associated with the relocation of the service.

The BAC Clinical Director has identified that the greatest challenge associated with this site (Redland) is its distance from the existing service at Wacol. In addition, nurses operate under different awards at the two sites. Some senior and experienced staff from both Queensland Health and the Department of Education Training and the Arts definitely would not make a transition to Redland. Managing the retention of experienced staff is critical to avoid crossing a threshold of loss of experience at which all existing staff would seek employment elsewhere. Such a loss of specialised staff would render the unit inoperable.

The consultation process reinforced the significant implications for the workforce of relocating the service. Staff identified the important contribution made by the existing, well developed team in working with what can be an extremely challenging client group. The risk of failing to attract a sufficiently experienced cohort of staff to work in the service was emphasised. Staff also indicated their concern about the financial implications of working under a different award. Although, exhaustive analysis of the transport options for staff have not been undertaken, most staff indicated that working at Redland would significantly contribute to their travelling time to and from work.

Staff expressed concerns about the impact of the site selection process and the length of time associated with decision making on the service. Some people cited the uncertainty of the situation as an unhelpful stressor in what is already a challenging workplace. Some indicated they thought the proposed relocation of the unit would have an impact on staff retention in the lead up to the new service opening. A number of staff expressed scepticism about the prospect of working in other positions in the district should they choose to remain, as their experience and interests were focussed on working with adolescents in an extended treatment setting.

No longer having access to the pool of Graduate Diploma Programme (GDP) nursing staff training at The Park was identified as presenting a recruitment challenge. It was acknowledged however, that access to similar training opportunities for GDP nurses did not rely on being located at The Park.

Some senior staff members have indicated their commitment to continue working in a relocated service despite the challenges associated with this option. Most staff who attended the meeting appeared to agree that the prospect of a purpose built facility co-located with a general hospital would provide considerable opportunity to contribute to the model of service.

There are significant implications of relocation for the workforce. This change must be supported by a human resource plan that supports staff to make the transition and ensures a sufficient number of staff to operate the unit.

Transport

Investigation of transport options, including duration and cost of journeys and comparison of site accessibility from rural, regional and remote areas and consumers accessing day program.

Consideration of the transport options of the proposed site is a significant factor in testing its suitability. Access to public transport makes an important contribution to the model of care delivered by the existing service. It is important for consumers to have access to public transport to support their involvement in community rehabilitation and recovery activities. Public transport contributes to the accessibility of the service to day program participants, family, carers and staff. The service must also be accessible to consumers, families and carers who visit the service from regional, rural and remote parts of Queensland.

Public Transport Summary	
Redland	Wacol
10 minute bus journey (approximately 3.6km) to Cleveland Station-10 minute wait for train	Approx 10 minute walk to Gailes Station through The Park Campus and Golf Course
One hour train journey to Central Station	35 minute train journey to Central station
6 zones: \$4.80 and \$2.40 Concession one way	5 zones: \$4.30 and \$2.20 Concession one way

Consultation with stakeholders concerning public transport noted that Redland Hospital is further from the CBD than the existing site. It is slightly more expensive and requires a connection from local bus to train to make this journey. It was acknowledged that the impact on access to the local area by these public transport arrangements would be minimal. It was thought the local area would be a fruitful source of local rehabilitation activities.

Relocating the unit at Redland was thought likely to impact on the feasibility of existing day program users to access the service. However access for consumers in the area surrounding Redland would be improved. The impact of the proposed location was thought to be less problematic for family and carers visiting from rural and remote areas. The proposed site is as accessible to long distance travellers as the existing service location.

The consultation process has not made an exhaustive analysis of the impact of the change in public transport options for staff. However, it is assumed that for most existing staff accessing the service via public transport, relocation to Redland will considerably impact on the viability of public transport use.

The Redland site is serviced differently by public transport than the existing service. This is likely to present the greatest challenge to staff accessing public transport to get to work and existing users of the day program. It is unlikely to significantly impact on the use of public transport to access rehabilitation with the exception of where consumers require transport to the CBD. It is also unlikely to compromise access to the service by consumers, family and carers from rural, remote and regional areas.

Public transport services are not considered a significant obstacle to developing the service at Redland.

Risks associated with surrounding environment

Consideration of risk management strategies associated with surrounding bushland including bushfires, wildlife and proximity to infrastructure. Further analysis of the impact of the built environment at The Park and associated risk management strategies. This may include consideration of the implications of having vacant buildings on the site.

The initial report of the Site Selection Subgroup identified a number of risks associated with the surrounding environments of the sites at The Park and Redland Hospital. With respect to the site at The Park it identified the proximity of the existing site to the growing high security and extended treatment forensic programs as a significant issue. It also identified that vacant buildings, mobile phone tower, river and train line were among the hazards of the existing site that had been the subject of local risk management strategies.

Redeveloping the unit in close proximity to mentally ill offenders is likely to pose clinical and practical challenges and may become a matter of public interest.

The report also acknowledged a number of the risks associated with the Redland option. The area of bushland that forms part of the reserve next to the proposed site has some benefits in contributing to the privacy of the service and offering some potential for therapeutic, recreational activities.

The possible dangers for consumers and staff caused by consumers absconding to this area were identified. In particular, the risks to consumers if they were to become lost in the bushland and remain undetected and the risk of staff injury as a result of pursuing them through a hostile physical environment were noted. The risks of fire in this area were also discussed.

Discussion with local police about the number of incidents in the local area was also suggested to assist the service in considering the security that may be required to protect consumers from any of the 'undesirables' who may congregate in this area.

Participants at the Child and Youth Design Reference Group suggested that the design of the unit may be able to prevent unauthorised access to the bushland. Fencing this area was suggested as one option to discourage absconding via this route. Existing staff also commented that consumers have generally attempted to access public transport when they have absconded, although not in all cases.

The light industrial, warehouse complex adjacent to the site was also identified as presenting some disadvantages. It may be an area to which consumers may abscond in an attempt to escape detection. It is assumed that the complex is likely to be a source of traffic in the surrounding area and it was noted that the absence of landscaping or established trees diminished the aesthetic appeal of this view from the proposed site.

No site is risk free. Some of the risk management strategies used at the existing site may be applicable to the Redland site. However, new approaches will need to be developed that account for the unique characteristics of the area. Significantly, developing the site at Redland positions the service in close proximity to a general hospital rather than a growing forensic inpatient service.

Advantages and Disadvantages of the local environment

Identification of the challenges and opportunities associated with the proximity of the existing service to the Police Academy site.

The initial site selection report dealt with the advantages and disadvantages of the areas surrounding the two sites. However the strengths and weaknesses of collocation with the proposed Police Academy site was identified as requiring further consideration.

Formal discussion with Queensland Police Service has not occurred, but the Child and Youth Design Reference Group concluded that it was likely the Police Academy site would be secured and not available to adolescent centre consumers to share the facilities. While the opportunity to provide education to the recruits was acknowledged, it was also noted that the proximity of the service to the academy is not a requirement of the inclusion of mental health components in police training. Noise and traffic associated with the use of the academy for motor vehicle, dog squad and firearms training were considered likely to detract from existing location.

Collocation of the adolescent extended treatment facility with the redeveloped Police Academy site would be likely to present new challenges to a service in the existing location. While it may present some opportunities these are not critical to supporting the model of service.

Continuing Provision of school Services by Education Queensland

Negotiation with the Department of Education, Training and the Arts is required in the process of deciding the preferred option.

During the course of consultation, representatives of the Mental Health Branch met with Representatives of the Student Services Division of Education Queensland and West Moreton Regional Office. The background to the project and the preferred option for the relocation of the service was discussed. It was acknowledged that the relocation of the service would have a significant impact on existing Education Queensland staff as it would Queensland Health staff. Education Queensland indicated relocation would require the school to move to a different region. The Regional Executive Director, Moreton District gave informal feedback to the effect that the region would regret the relocation of the service to another region. No further feedback had been received in time for inclusion in this report. Representatives of Student Services, Education Queensland indicated that the relocation of the service would not be a barrier to the provision of education services to consumers of the adolescent extended treatment service. A body of work has now commenced between Education Queensland and Queensland Health to establish a state-wide approach to the provision of Education Services to child and youth inpatient services.

Relocation of the Adolescent Extended Treatment Unit to Redland would not be a barrier to the provision of education services to the unit.

Impact of Clinical Services Capability Framework (CSCF)

Consideration of the impact of the service level assigned to the service in accordance with the Clinical Services Capability Framework.

The current draft of the mental health module of CSCF is not yet finalised nor formally endorsed. For the purposes of the consultation undertaken concerning the CSCF, it was assumed that the adolescent extended treatment unit would be assigned as a 'Level 6 service.'

A Level 6 child and youth non-acute inpatient mental health service is capable of providing medium- to long-term inpatient (and associated day patient) mental health care to patients (up to the age of 18 years) presenting with the highest level of risk and complexity, who may present with complex co morbidities and/or indicators of severe treatment resistance. This service will be provided on an extended basis.

This highly specialised and/or state wide inpatient service will be provided by child and youth mental health professionals and the primary service site will be co-located with a specialised child/adolescent mental health unit. Alternatively, the primary service site may be delivered from a purpose-designed and built mental health facility.

This service demonstrates specialist mental health expertise in the delivery of child and youth mental health services to a targeted population requiring non-acute extended inpatient mental health treatment and rehabilitation. (Working Draft- Child and Youth Mental Health Services, Mental Health Services, Clinical Services Capability Framework Queensland Health: 2009).

Planned assignment of the service as level six further emphasises the importance of an experienced workforce and co-location with other specialist child and youth services.

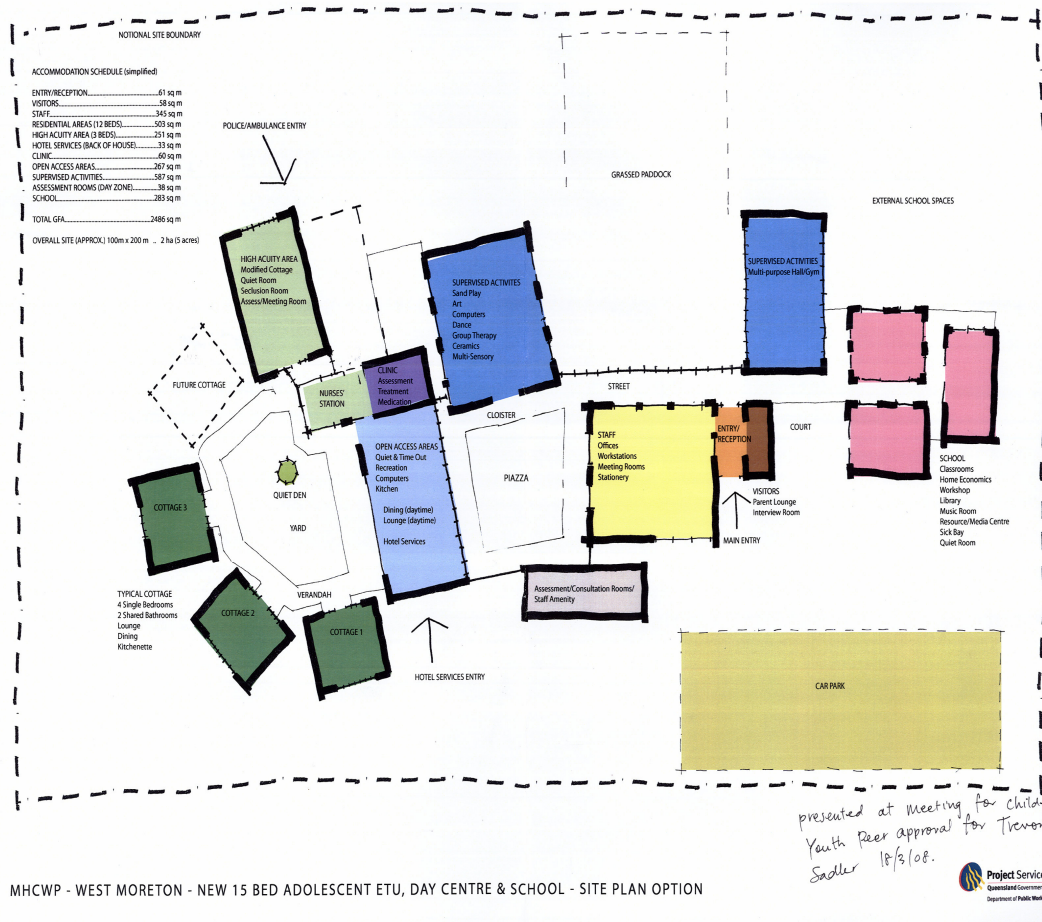
Co-location Options

Examination of the potential advantages of co-locating the service near the Brisbane Youth Detention Centre at Wacol, Child and Youth Forensic Outreach Service (CYFOS), Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS).

...given the extremely small numbers of referrals, the differing service development directions, the longstanding plans already in place for the new and expanded MHATODS facilities within the Brisbane Youth Detention Centre and CYFOS' ongoing community outreach, the combined Child and Youth Forensic Services can see no tangible benefit in co-location with the Barrett Adolescent Centre, based on service data and service profiles. The siting of the BAC is not reliant on co-location with Forensic Services. (Child and Youth Forensic Services: 2008)

Co-location opportunities at Redland include the existing Adult Inpatient Unit and The Child and Youth Community Team. There is also a possibility of creating greater inpatient capacity for young people on the site in an upgrade of the existing mental health facilities planned for the second half of The Plan.

One of the advantages of the Redland site is collocation with child and youth mental health services, while co-location with forensic services is not considered essential.



MHCWP - WEST MORETON - NEW 15 BED ADOLESCENT ETU, DAY CENTRE & SCHOOL - SITE PLAN OPTION

Time and Cost Implications of staged development and potential for future expansion

Further consideration of the cost and time implications should a staged redevelopment at the existing site be pursued and impact the potential for future expansion.

Further consideration was given to the strengths and weaknesses of the two sites from a construction program perspective. Among the benefits of constructing a replacement unit at the Redland site is the opportunity to reduce construction time. Delivering a new, purpose built facility is a priority, particularly given the condition of the existing building. Project Services have not made a comparison of construction costs between staged construction at the existing site and green field development at Redland.

Project Services further advised that the provisional allocation of area on the Redland site is the only option that could accommodate the proposed design concept and future expansion to include 20 beds.

The advantages associated with developing the replacement unit at Redland include a shorter construction period and potential for future expansion.

Conclusion

The initial report of the Site Selection Subgroup identified the contentious nature of the selection of a site for the redevelopment of the Barrett Adolescent Centre.

The process of consultation undertaken to inform this report has confirmed the divergence of opinion about a preferred service location.

On one hand there is support among members of the State-wide Child and Youth Subgroup, Child and Youth Design Reference Group and carers to redevelop the service at Redland. These stakeholders argue it is more appropriate to locate a purpose built state-wide facility for vulnerable adolescents at a site with mainstream mental health and clinical services than one with a growing forensic mental health population.

However, most existing staff, consumers and some carers do not share this view. Those who oppose relocation are sceptical about the risks associated with co-location with the forensic inpatient service. They are also concerned about the impact of relocation on the existing workforce, local partnerships, accessibility of the service and possible risks associated with the surrounding environment at Redland.

Despite this opposition, the rationale for relocating the service is valid.

While the relocation of the service constitutes a significant change involving considerable challenges, these do not appear to be insurmountable.

Therefore, this report recommends that the Adolescent Extended Treatment Unit is redeveloped at the preferred site at Redland.

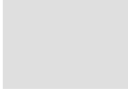


**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr Aaron Groves, Senior Director, Mental Health Branch

From: Ms Pam Lane
District Chief Executive Officer
Darling Downs – West Moreton Health Service District

Contact: 

Fax:

Copy to: Dr David Theile, Clinical CEO, Metro South Health Service District
Ms Monica O'Neill, A/District Director Mental Health Services, DD-WMHSD

Subject: Adolescent Extended Treatment Unit– Summary of Consultation on Site Selection

File Ref: 2004 Adolescent Unit

I write in relation to your correspondence, dated 1 April 2009, regarding the Adolescent Extended Treatment Unit – Summary of Consultation on Site Selection.

I have reviewed the Summary of the consultations in relation to the preferred site for the Adolescent Extended Treatment Unit near the Redland Hospital and note the ongoing support for this site selection from members of the Statewide Child and Youth subgroups, Child and Youth Design Reference Group and some carers.

I also note the existing consumers' and some carers' opposition to the relocation of the service and the existence of a petition from the existing consumer group. I note your comment that it is unlikely that these consumers would be personally affected due to the relocation timeframe being late 2010 to early 2011.

As anticipated from your consultations, staff from both health and education, have noted their opposition to the relocation. Similarly at the local level, industrial bodies have also been consulted and are seeking assurances for support of affected staff.

In relation to affected staff, I have discussed this with Ms Monica O'Neill A/DDMHS and we believe that while some senior staff have indicated their preparedness to assist with the transition, very few staff have indicated a preparedness to relocate permanently with the Unit. As you have identified this represents a challenge in the redevelopment of the service which will need to be managed.

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However, a significant risk of this relocation within the timeframes of late 2010 to early 2011 will be that The Park could have up to 25 surplus staff above the altered staffing profile for the remaining redeveloped clinical services at The Park. This would represent a significant budget integrity and workforce management risk that will need to be quantified and financial and human resource strategies and support provided by Mental Health Branch, Corporate Office. In addition, incentive packages will need to be funded corporately for staff who do wish to relocate.

Having noted this, I continue to endorse the decision making processes and approval for the redevelopment of the Barrett Adolescent Unit at the site identified adjacent to the Redland Hospital.

Further, I believe it is critical to continue to include Dr Sadler and senior nursing and education staff in the local user group processes to manage the project. I also anticipate senior clinical and management staff from Metro South Health Service District will be represented on this group.

I await further advice from your office on Dr David Theile's endorsement, the local user group processes and the financial and workforce management strategies relating to surplus staff at The Park associated with this redevelopment.



Pam Lane
District Chief Executive Officer
Darling Downs – West Moreton Health Service District

22 / 04 / 2009



**Queensland
Government**

Queensland Health

MEMORANDUM

To: Dr David Theile
District CEO Metro South

Copies to: Ms Shirley Wigan, Executive Director, MHDHS
Mr John Quinn, Manager Mental Health Plan Implementation Team
Dr David Crompton, Executive Director for Metro South Mental Health
Mr Bill Peplinkhouse, Executive Manager, Mental Health
Mr Jim Sams, Chief Finance Officer, Finance Division

From: Ms Pam Lane
District Chief Executive Officer

**Contact
No:**
Fax No:

Subject: Transfer of Mental Health Services, Funds, Consumers and Staff

File Ref: David Theile 2112

As you would be aware in the next two to three years a number of inpatient services are being relocated from The Park - Centre for Mental Health to purpose built mental health services in Metro South. These include:

<i>Service Type</i>	<i>Bed Number</i>	<i>Location</i>	<i>Expected Commissioning Date</i>
Community Care Unit	20	Coorparoo	26 April 2011
Community Care Unit	16	Logan	15 March 2012
Community Care Unit	20	Bayside	31 May 2012
Adolescent Extended Treatment Unit	15	Redlands	30 August 2012

As part of the planning conducted by the Mental Health Directorate (MHD) there are a number of impacts associated with the transfer of services relating to consumers, finances, staffing and access to extended treatment and rehabilitation and dual diagnosis services at The Park beyond mid 2012.

COORPAROO COMMUNITY CARE UNIT (COORPAROO CCU)

Consumer Impact

Considerable work has occurred between Dr Dark and The Park Treating Teams resulting in the identification of 11 -12 consumers appropriate for transfer from The Park commencing March 2011.

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Financial Impact

An agreed position has been reached between the MHD, The Park and Metro South for the provision of recurrent operating expenses associated with the Coorparoo CCU. Operating expenses are calculated based on an agreed staffing profile in which two thirds of the funding will be transferred from The Park to Metro South (\$452,204) with the remaining one third provided by the MHD (\$678,306 including 8 weeks full pre-commissioning). The calculation of (\$452,204) is based on a commissioning date of 8 April 2011 for the operation of the Coorparoo CCU from April to June 2011 (3 months).

The MHD will make this adjustment on behalf of The Park and provide funds directly to Metro South. Funds are expected to be transferred in December 2010 by MHD.

Staffing Impact

As a number of consumers, bed allocations and associated finances are being transferred to Metro South for this CCU, it is expected that permanent staff of The Park will be given first priority to transfer at level with the consumers and funds.

The whole year funds to be transferred to Metro South for the CCU are approximately \$1,808,802. This equates to a total FTE of approximately 18 consisting of 0.27fte VMO, 0.27fte SMO, 0.24fte RMO, 0.81fte NG7, 0.54fte NG6, 8.5fte NG5, 0.81fte AO3, 2.5fte HP3, 2.18fte OO3 and 1.63fte OO2 employees.

While The Park does not expect that a large number of staff will transfer, the process for this transfer needs to enforce their priority above other surplus or transfer at level applicants and should be in accord with the attached process for *Existing permanent The Park employees seeking employment in Metro South and West Moreton Integrated Mental Health Service*.

LOGAN COMMUNITY CARE UNIT (LOGAN CCU)***Consumer Impact***

Dr Dark and the associated Treating Team in Metro South and The Park's Treating Teams will commence consultations in 2011 to identify a small number of consumers appropriate for transfer from The Park commencing March 2012.

Financial Impact

An agreed position has been reached between the MHD, The Park and Metro South for the provision of recurrent operating expenses associated with the Logan CCU. Operating expenses are calculated based on an agreed staffing profile in which two thirds of the funding will be transferred from The Park to Metro South with the remaining one third provided by the MHD. At this stage any calculation of recurrent operational funds is indicative only as commissioning dates are expected to change.

Based on a current indicative commissioning date of 15 March 2012, \$524,909 is estimated to be transferred from The Park to Metro South for the Logan CCU in 2011/12 for four months operation from March to June 2012. This commissioning date is likely to change between now and when funds will be required. Once the commissioning date of the facility is confirmed, the MHD will make the required adjustment on behalf of The Park and provide funds directly to Metro South.

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Staffing Impact

As a number of consumers, bed allocations and associated finances are being transferred to Metro South for this CCU, it is expected that permanent staff of The Park will be given first priority to transfer at level with the consumers and funds.

The whole year funds to be transferred to Metro South for the CCU are approximately \$1,514,161. This equates to a total FTE of approximately 15 consisting of 0.23fte VMO, 0.23fte SMO, 0.21fte RMO, 0.68fte NG7, 0.46fte NG6, 7.13fte NG5, 0.68fte AO3, 2.10fte HP3, 1.82fte OO3 and 1.37fte OO2 employees.

While The Park does not expect that a large number of staff will transfer, the process for this transfer needs to enforce their priority above other surplus or transfer at level applicants and should be in accord with the attached process for *Existing permanent The Park employees seeking employment in Metro South and West Moreton Integrated Mental Health Service*.

BAYSIDE COMMUNITY CARE UNIT (BAYSIDE CCU)***Consumer Impact***

Dr Dark and the associated Treating Team in Metro South and The Park's Treating Teams will commence consultations in 2011 to identify a small number of consumers appropriate for transfer from The Park commencing May 2012.

Financial Impact

An agreed position has been reached between the Mental MHD, The Park and Metro South for the provision of recurrent operating expenses associated with the Bayside CCU. The total recurrent operating funds associated with this CCU will be provided in full by the MHD and will not require a transfer adjustment from The Park to Metro South.

Staffing Impact

As a number of consumers and the bed allocations are being transferred to Metro South for this CCU, it is The Park's preference that like the other CCUs, permanent staff of The Park will be given first priority to transfer at level with the consumers. While The Park does not expect that a large number of staff will transfer, the process for this transfer needs to enforce their priority and should be in accord with the attached process for *Existing permanent The Park employees seeking employment in Metro South and West Moreton Integrated Mental Health Service*.

Impact on Admissions to the Extended Treatment and Rehabilitation and Dual Diagnosis Unit at The Park following the above commissioning of Metro South CCUs and a CCU in West Moreton in late 2012:

Based on MHD planning, the establishment of the above CCUs and the CCU in West Moreton, the catchment area for consumers needing Extended Treatment and Rehabilitation and Dual Diagnosis inpatient care at The Park's will reduce down to PAH and Logan. Bayside and West Moreton will have enough CCU beds to meet their population needs.

As you are aware, Stage 2 of the Queensland Plan for Mental Health proposes two further CCUs for Brisbane South in Logan and PAH catchments by 2015. These remaining extended beds at The Park will be able to be converted to statewide extended forensic beds for patients who have been in The Park's high security service. .../4

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REDLANDS ADOLESCENT EXTENDED TREATMENT UNIT***Consumer Impact***

As no beds will be remaining at The Park, all consumers resident in the Barrett Adolescent Unit at the time of the commissioning of the Redlands Adolescent Extended Treatment Unit will be transferred to this service. Consultations and detailed service planning around these transfers will occur closer to the date of transfer.

Financial Impact

An agreed position has been reached between the MHD, The Park and Metro South for the provision of recurrent operating expenses associated with the Adolescent Extended Treatment Unit. Operating expenses are calculated based on an agreed staffing profile in which two thirds of the existing funding (excluding environmental staffing costings) will be transferred from The Park to Metro South with the remaining one third (or greater) will be provided by the MHD.

At this stage it is too early to calculate recurrent operational funds accurately as commissioning dates are expected to change (current estimated commissioning date of August 2012). Once the commissioning date of the facility is confirmed, the MHD will liaise with The Park to confirm the transferable amount prior to making the agreed adjustment on behalf of The Park and provide funds directly to Metro South.

Staffing Impact

As all consumers, bed allocations and associated finances are being transferred to Metro South for this Adolescent Unit, it is expected that permanent staff of The Park will be given first priority to transfer at level with the consumers and funds.

The whole year funds to be transferred to Metro South for the Adolescent Unit are \$2,271,688. This equates to a total FTE of approximately 19 consisting of 0.53fte VMO, 0.98fte RMO, 0.68fte NG7, 2.68fte NG6, 8.14fte NG5, 0.98fte NG3, 0.68fte AO3, 1fte HP4, 2.67fte HP3, and 0.68fte OO2 employees.

While The Park does not expect that a large number of staff will transfer, the process for this transfer needs to enforce their priority above other surplus or transfer at level applicants and should be in accord with the attached process for *Existing permanent The Park employees seeking employment in Metro South and West Moreton Integrated Mental Health Service*.

If you require further clarification, please contact Shirley Wigan on [REDACTED]

[REDACTED]

Pamela Lane
District Chief Executive Officer
Darling Downs - West Moreton Health Service District

23/12/10

**EXISTING PERMANENT EMPLOYEES
THE PARK – CENTRE FOR MENTAL HEALTH
SEEKING EMPLOYMENT IN METRO SOUTH
AND
WEST MORETON INTEGRATED MENTAL HEALTH SERVICE**

A) RECRUITMENT FOR NEW/REDEVELOPED MENTAL HEALTH SERVICES

Recruitment for new/redeveloped Mental Health Services applies to the following transferred services from The Park Centre for Mental Health.

- Coorparoo Community Care Unit
- Logan Community Care Unit
- Bayside Community Care Unit
- Redlands Adolescent Unit
- West Morton Community Care Unit

The following recruitment process will apply:

MATCHING PROCESS

A matching process will occur where there are less than or the same number of eligible (permanent, at level, affected) staff applying for the position.

For example:

*2 staff members apply for 3 positions,
then a matching process will occur.*

The matching process requires applicants to submit the following:

- i) a letter detailing suitability, based on the criteria;
- ii) curriculum vitae/resume;
- iii) one referee (two for medical staff) who have knowledge of their current work skills/experience

Representatives of the new/redeveloped mental health services will then invite the applicant for a discussion about their application to assist in determining their suitability for the position.

If the applicant is found suitable:

- they will be offered the position;
- upon acceptance of this offer, the applicant will be appointed to the applicable District Mental Health Service;
- the applicant will remain employed at The Park – Centre for Mental Health until required to commence with the new/redeveloped Mental Health Service to which they have been appointed.

**EXISTING PERMANENT EMPLOYEES
THE PARK – CENTRE FOR MENTAL HEALTH
SEEKING EMPLOYMENT IN METRO SOUTH
AND
WEST MORETON INTEGRATED MENTAL HEALTH SERVICE**

If the applicant is found unsuitable:

- Meaningful constructive feedback will be provided to the applicant;
- The applicant may access the Redevelopment Team to assist addressing any concerns they may have in line with [Recruitment and Selection Policy B1
- If the desired outcome is not achieved, the applicant is able to access the standard grievance procedures.

LETTER OF SUITABILITY

Each applicant should include in their letter of suitability one to two paragraphs on their knowledge, skills, and experience demonstrating their suitability against the criteria. This may include previous work experience, training and work practices.

A sample letter of suitability provided to staff is below:

	John Citizen 123 Alphabet Road DURACK QLD 4300 Ph: 3288 1234
18 January 2011	
[Name of District]	
TO WHOM IT MAY CONCERN Vacancy Reference No By-AB50F	
I wish to apply for the position of within I have attached my curriculum vitae/resume outlining my previous work experience and have included one referee who has knowledge of my current work skills and experience.	
For your information, I have detailed below my suitability for the position against each criteria:	
CI	(Type Criterion here) <i>(Provide one or two paragraphs on your knowledge and skills demonstrating your suitability against this criteria. You may include previous work experience, training and work practices).</i>
(Repeat the above for each criterion for the position)	
Yours sincerely	
<i>(Signature)</i> John Citizen	

**EXISTING PERMANENT EMPLOYEES
THE PARK – CENTRE FOR MENTAL HEALTH
SEEKING EMPLOYMENT IN METRO SOUTH
AND
WEST MORETON INTEGRATED MENTAL HEALTH SERVICE**

DISTRICT SELECTION CHECKLIST:

- The applicant has provided a letter of suitability, a curriculum vita/resume and nominated one referee.
- The applicant has been invited to attend an informal discussion (not a formal interview).
- Following the discussion, applicants have been advised of the outcome and appropriate feedback offered.
- The Park's Redevelopment Team has been advised of the outcome.

CLOSED MERIT SELECTION

A closed merit transfer at level selection process will occur when there are more eligible staff applying for a position/s than there are positions available.

For example:

*4 eligible staff members applying for 3 positions,
then a closed merit transfer at level process will
occur.*

The closed merit process will require applicants to submit the following:

- i) a detailed application addressing criteria;
- ii) curriculum/resume;
- iii) nominate one referees who have knowledge of the applicants current work skills/experience

The applicant may then be required to:

- Attend an interview.
- Applicants will be listed in order of merit. The offer of positions to staff will be dependent on the number of positions available.
- Upon acceptance of an offer, the applicant will be appointed to the applicable District Mental Health Service. They will continue to work at The Park – Centre for Mental Health until required to commence with the new service.

**EXISTING PERMANENT EMPLOYEES
THE PARK – CENTRE FOR MENTAL HEALTH
SEEKING EMPLOYMENT IN METRO SOUTH
AND
WEST MORETON INTEGRATED MENTAL HEALTH SERVICE**

DISTRICT SELECTION CHECKLIST

- The applicant has an application addressing the criteria, a curriculum vitae/resume and nominated two referees.
- The applicant has been invited to attend a formal interview.
- Following the interview, applicants have been advised of the outcome and appropriate feedback offered.
- The Park's Redevelopment Team has been advised of the outcome.



**Queensland
Government**

Queensland Health

MEMORANDUM

To: Dr David Theile, District Chief Executive Officer Metro South

Copies to: Shirley Wigan, Executive Director, Mental Health Services
John Quinn, Manager Mental Health Plan Implementation Team
David Crompton, Executive Director for Metro South Mental Health
Bill Peplinkhouse, Executive Manager, Mental Health
Jim Sams, Chief Finance Officer

From: Pamela Lane
District Chief Executive Officer
Darling Downs - West Moreton Health
Service District

Contact No: [REDACTED]
Fax No: [REDACTED]

Subject: Transfer of Mental Health Services, Funds, Consumers and Staff

File Ref: 0804 D Thiele

I refer to Memorandum of 21 December 2010 (attached) regarding the Transfer of Mental Health Services, Funds, Consumers and Staff impacting on The Park – Centre for Mental Health Redevelopment in line with the Queensland Plan for Mental Health 2007 – 2017.

As we are now only four months away from the first transfer of services, funds, consumers and staff, can I ask you to please indicate your level of agreement on the proposed indicative figures mentioned and acceptance of the process for existing permanent employees of The Park seeking employment in Metro South.

If you require further clarification, please contact Ms Shirley Wigan on [REDACTED]

[REDACTED]

Pamela Lane
District Chief Executive Officer
Darling Downs - West Moreton Health Service District


13 / 4 / 11.

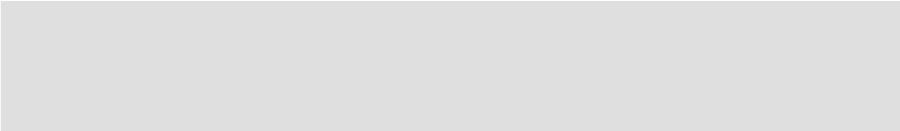
Queensland Health
BRIEFING NOTE FOR INFORMATION

TO: Gloria Wallace, General Manager
Southern Area Health Service

FROM: Pam Lane, District Manager, West
Moreton South Burnett Health Service
District

SUBJECT:

..... OK
Dated / /
Noted / Approved / Not Approved




PURPOSE

To provide the General Manager with information regarding the above.

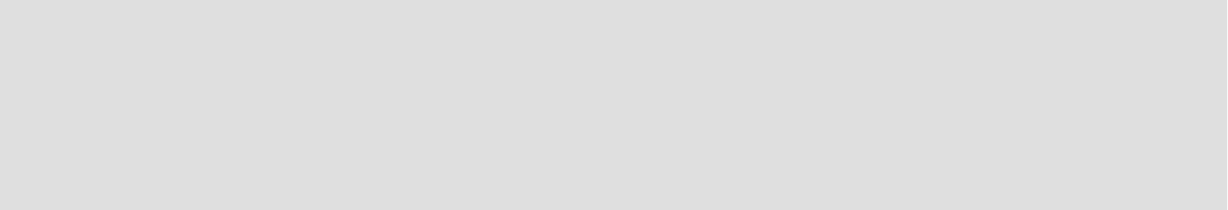
RECOMMENDATION

It is recommended that the General Manager note the information provided.

FUNDING SOURCE

- Not applicable

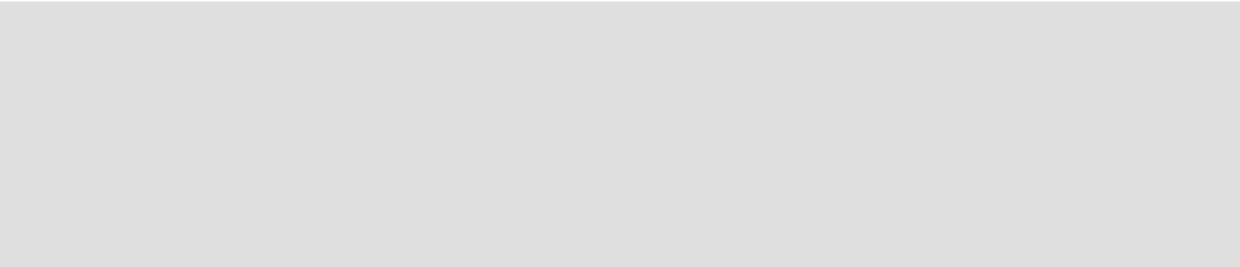
CURRENT ISSUES

- 
-
-

PROPOSED ACTIONS

- Clinical and patient safety review will occur and any recommendations put forward.
- Staff and patients have been offered support following the incident.
- An Occupational Health and Safety Audit will be undertaken around the physical environment of the incident and recommendations made as appropriate

BACKGROUND

- 
-
-
-
-

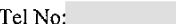
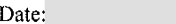
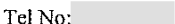
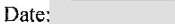


Author's Name Monica O'Neill Position :A/District Director Mental Health Services District: West Moreton South Burnett HSD Tel No:  Date: 	Cleared by (DM) Name: Pam Lane Position: District Manager District: West Moreton South Burnett HSD Tel No:  Date: 	Cleared by: (AGM) Name: Hamish Jeffrey Position: Acting Assistant General Manager – CSD AHS: Southern Area Health Service Tel No:  Date: 
--	---	--

EXHIBIT 75
MEDIA IMPLICATIONS AND KEY MESSAGES
N/A

WMS.9000.0003.00358

ATTACHMENTS
Nil

COMMENTS

<p>Author's Name Monica O'Neill Position :A/District Director Mental Health Services District: West Moreton South Burnett HSD Tel No: [REDACTED] Date [REDACTED]</p>	<p>Cleared by (DM) Name: Pam Lane Position: District Manager District: West Moreton South Burnett HSD Tel No: [REDACTED] Date: [REDACTED]</p>	<p>Cleared by: (AGM) Name: Hamish Jeffrey Position: Acting Assistant General Manager – CSD AHS: Southern Area Health Service Tel No: [REDACTED] Date: [REDACTED]</p>
--	--	---

EXHIBIT 75

Pages 359 through 360 redacted for the following reasons:

Minister's Office RecFind No:	
Department RecFind No:	
Division/District:	

Briefing Note

The Honourable Geoff Wilson MP
Minister for Health

Requested by:
Chief Executive Officer, Darling Downs –
West Moreton Health Service District

Date requested:

Action required by:

Action required
For approval With correspondence
For meeting For Information

Other attachments for Ministerial consideration
Speaking points Ministerial Statement
Draft media release Question on Notice
Cabinet related document

SUBJECT: Clinical Incident in the Barrett Adolescent Centre, The Park – Centre for Mental Health

Proposal

That the Minister:

Note the contents of this brief regarding an assault by a patient of the Barrett Adolescent Centre on two male nurses on [redacted] resulting in staff injuries.

Urgency

1. Routine

Background

- 2.
- 3.
- 4.

Key issues

- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

Minister's Office RecFind No:	
Department RecFind No:	
Division/District:	

15. It is a Reportable Clinical Incident SAC 2 and was reported to Occupational Health and Safety in accordance with procedural requirements.

16. Required documentation has been completed and the family has been advised.

Confidential: The patients name is Stephanie Hopes

Consultation

17. Not applicable

Media Implications

18. The Park, Centre for Mental Health has experienced adverse media coverage following assaults on staff members previously.

Financial implications

19. There are no financial implications.

Legal implications

20. There are no legal implications.

Elected representative

Local Member

Cr Milton Dick, Richlands Ward, Brisbane City Council

State Member

Honourable Anastacia Palaszczuk MP, Minister for Transport, Member for Inala

Federal Member

Bernie Ripoll, Member for Oxley

Remedial action

21. No remedial action required

Attachments

22. Nil attachments

Minister's Office RecFind No:	
Department RecFind No:	
Division/District:	

Recommendation

That the Minister

Note the contents of this brief regarding an assault by a patient of the Barrett Adolescent Centre on two male nurses on [redacted] resulting in staff injuries.

APPROVED/NOT APPROVED

NOTED

NOTED

GEOFF WILSON
Minister for Health

Principal Advisor

**Senior Policy Advisor/
Policy Advisor**

/ /

/ /

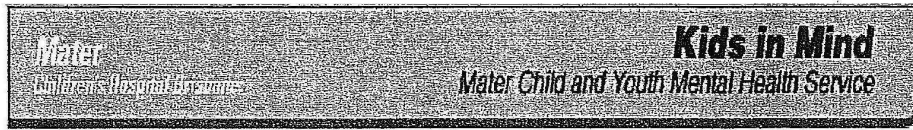
/ /

Minister's comments

Author Paula Hanlso	Cleared by: (SD/Dir) Shirley Wigan	Content verified by: (CEO/DDG/Div Head) Pam Lane	Endorsed by: Michael Reid Director-General
Executive Support Officer	Executive Director Mental Health	District Chief Executive Officer	
Darling Downs – West Moreton Health Service District	Darling Downs – West Moreton Health Service District	Darling Downs – West Moreton Health Service District	
[redacted]	[redacted]	[redacted]	<Tel number> <Mob number> <Date>

EXHIBIT 75

Pages 364 through 366 redacted for the following reasons:



BARRETT ADOLESCENT CENTRE

CONSULTATION on AGGRESSION and VIOLENCE at the BAC

August 2003

*Consult on
Aggression &
Violence 2003*

**McDermott
Gullick
Powell
Kyte**



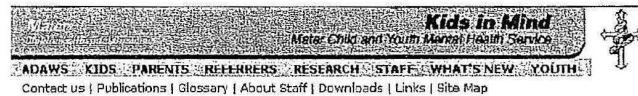
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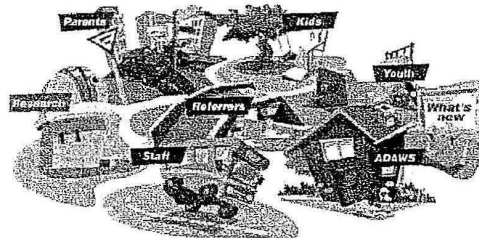
Additional copies of the report can be obtained from:
 Kids in Mind Consulting
 Mater Child and Youth Mental Health Service
 Raymond Terrace
 SOUTH BRISBANE QLD 4101

Disclaimer

The opinions expressed in this report are those of the authors and are not necessarily those of any of the existing Barrett Adolescent Centre workers, CYMHS Team Leaders, or Queensland Health. Information in this report is from a combination of new data obtained from the Barrett Adolescent Centre and interviews with Queensland Health staff. The evaluation team are responsible for the methodology, data collection, analysis and conclusions drawn from this data. We thank the Barrett Adolescent Centre for their cooperation with this process, the many discussions around their endeavours and the data made available. Any similar process is fraught with omissions; events, forms, sheets, and questionnaires. We have attempted to minimise such loss, but note it will occur to some degree with this type of project.



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 Mater Child and Youth Mental
 Health Services.

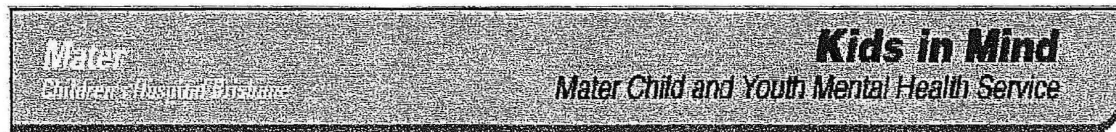


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 Site Manager: kidsinmind@mater.org.au
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Acknowledgements

We would like to thank many people for their input into this report, including, Mater CYMHS Management staff, Peta Proctor for assistance with the literature review, and participating staff members.



CONTENTS

Executive Summary	5
Recommendations	7
Background	11
1 Background	
1.1 Historical context of the BAC: From filling the need to filling the gap	
1.2 Terms of Reference of the current review	
2 Violence and Definitions, prevalence, determining factors and impact on staff	13
3 Introduction to this consultation	19
3.1 Staff and consumers consulted	
3.2 Access to documentation	
3.3 Access to data	
4 Current status of risk on the BAC	21
4.1 Client profile of BAC	
4.2 Risk profile: review of existing data analysis	
4.3 Risk profile: new data analysis	
4.4 Current service delivery model	
4.5 Current Admission Pathway	
4.6 Treatment model	
4.7 Specific risk strategies	
4.8 Staff issues	
4.9 Environmental issues	

4.10	Systemic issues	
4.11	Risk Management Related Training	
4.12	Orientation of new staff	
5	Current responses by the BAC	36
5.1	Review of case notes	
5.2	Review of policies & procedures	
5.3	Review of Critical Incident process	
5.4	Wider Park Issues	
5.5	The Park responses	
6	Possible immediate actions	40
6.1	Clinical issues	
6.1.1	More clear admission criteria	
6.1.2	Regular Program Review	
6.1.3	Structure	
6.1.4	Group Size	
6.1.5	"Home Groups" within the BAC	
6.1.6	Drug and Alcohol detoxification	
6.2	Policies & procedures	
6.3	Risk assessment tool	
6.4	Decisions following on from risk management process	
6.5	BAC Management issues relating to critical incidents	
6.6	Training, Education and Orientation for all staff	
7	Long term issues the continuing role of the BAC	45
8	References	46
9	Appendices	49

Appendix I: Information provided by the BAC

Figure I: Summary of Critical Incident by Incident Month.

Mater
Children's Hospital Brisbane

Kids in Mind
Mater Child and Youth Mental Health Service

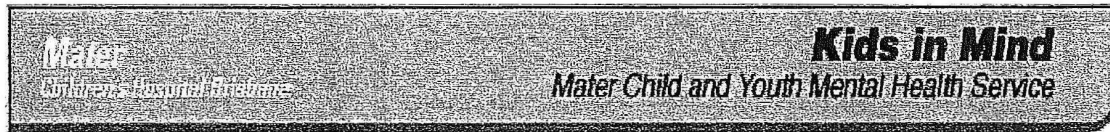
Executive Summary

The Barrett Adolescent Centre (BAC) has been providing medium to long term therapy for Queensland adolescents for 20 years. Of itself, this is a commendable record of continuous service provision to a group considered by many parents and professionals to be extremely challenging. In recent times it is likely the client group of the unit has changed with admission of more individuals with challenging, predominantly externalising behaviour, more individuals with broad internalising and externalising behaviour and more serious self harm. This brief review considered the impact of critical incidents at the BAC from a multi-domain perspective: the current risk on the BAC from the perspective of the BAC clientele, BAC management practices, staff, environment and systemic issues, as well as a review of BAC responses to critical incidents.

The review found that there is a significant burden of critical incidents at the BAC across issues dealing with aggression and assault, self harm and being away from the unit without permission. Less prominent incidents included property damage and injuries. The major critical incidents co-occurred in vulnerable individuals. This means that if a patient was involved in an assault they were more likely to be involved in both future assaults as well as self harm incidents. Additionally, it appears that girls were likely to be involved in aggressive behaviour at rates higher than the societal norms.

The review team identified areas for the BAC management to consider in a broad response to critical incidents. Recommendations include consideration of the group most likely to benefit from care at the BAC, more structured and clear admission criteria, greater inclusion of risk management assessment in the clinical care pathway, more scrutiny of the usefulness and application of the risk assessment tool and consideration of staff and environment issues. Changes should include consideration of the current relationship with other service units at The Park as well as BAC responses.

To invest in significant program revision, and policy and procedural change requires enthusiasm and motivation. The review team feel that this is impeded by the current uncertainty about the future of the BAC. In a broad sense, securing certainty about the BAC is an outcome that has a clear implication for improved risk management at the BAC.



RECOMMENDATIONS

The recommendations section is structured as:

- (1) General recommendations relating to the BAC target group, clinical care pathway and interventions,
- (2) Recommendations pertaining to specific risk management issues,
- (3) Over arching recommendations that relate to the continuation of funding of the BAC and the motivation and enthusiasm of staff to implement change. The overarching recommendations should be seen as fundamental to, and equally important to 1 & 2.

(1) General recommendations relating to the BAC target group, clinical care pathway and interventions:

1. In the absence of other forms of outcome measurement, a qualitative and experiential review of the usual clientele admitted to the BAC should be undertaken with a specific objective of considering the ~~most suitable target group for the BAC.~~
2. The "have a go" ethos of admitting individuals to the BAC should be stopped and all potential referrals should be considered against strict and mutually accepted criteria.
3. BAC admission criteria should be more clearly operationalised.
4. Risk assessment should be specifically included in the BAC referral form and additional referral information obtained.
5. An inclusion of risk assessment should be made in the determination of whether an individual is accepted by the BAC. Issues around risk management should be included in information promulgated by the BAC about its program.

