	Centre Strategy		Health Service	Hospital and Health Service	
94.	Speaking Points – Lesley Dwyer, Chief Executive WMHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
95.	Draft speaking Points – Dr Peter Steer, Chief Executive CHQHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
96.	Speaking Points – Dr Peter Steer, Chief Executive CHQHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
97.	Lawrence Springborg transcript of ABC radio interview – 6 August re BAC closure	06.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
98.	West Moreton Hospital and Health Service Media Response to ABC re Barrett Adolescent Centre	29.10.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
99.	West Moreton Hospital and Health Service Media Response to Griffith Uni re Barrett Adolescent Centre	01.11.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
100.	Emails between Sharon Kelly, Lesley Dwyer and Shelley-Lee Waller, A/Director Media and Communications	08.11.2012	Various	West Moreton Hospital and Health Service	4
101.	Email from Naomi Ford, Communication and Community Engagement, to [redacted] re	10.12.2013	Naomi Ford, Communication	West Moreton	4

	ABC radio: Barrett Adolescent Centre		and Community Engagement, WMHHS	Hospital and Health Service	
Medical Records					
102.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	5
103.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	6
104.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	6
105.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	7
106.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	8
107.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	8
108.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	9
109.	Consumer [redacted] and CIMHA	Various	West Moreton	West	10

	extract		Hospital and Health Service	Moreton Hospital and Health Service	
110.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	10
111.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	11
112.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	12
113.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	13
114.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	14
115.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	15
116.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	16 and 17
117.	Consumer [redacted] and CIMHA	Various	West Moreton	West	18

	extract		Hospital and Health Service	Moreton Hospital and Health Service	
118.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	18
119.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	19
120.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	20 and 21
121.	Consumer [redacted] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	22
Transition Planning Documents					
122.	BAC Holiday Program 122.1. Barrett Adolescent Centre Holiday Program Consent Form for [redacted] dated [redacted] 122.2. Barrett Adolescent Centre Holiday Program Consent Form for [redacted], dated [redacted] 122.3. Barrett Adolescent Centre Holiday Program Consent Form for [redacted], dated [redacted] 122.4. Barrett Adolescent Centre Holiday Program Consent Form for [redacted], dated [redacted] 122.5. Barrett Adolescent Centre Holiday	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

	Program Consent Form for , dated 122.6. Barrett Adolescent Centre Holiday Program Consent Form for dated 122.7. Barrett Adolescent Centre Holiday Program Consent Form for dated 122.8. Barrett Adolescent Centre Holiday Program Consent Form for dated 122.9. BAC Holiday Program Dec 2013 – Jan 2014 Parent/Carer Contacts 122.10. BAC Holiday Program 16 Dec 2013 – 24 Jan 2013, Implementation Plan 122.11. Barrett Adolescent Centre Holiday Program Consumer Agreement 122.12. Template Barrett Adolescent Centre Holiday Program Consent Form 122.13. Example BAC Holiday Day Program Weekly Planner 10am – 3pm (Week 1) 122.14. Young Person's Extended Treatment and Rehabilitation Initiative – HDP Roles and Responsibilities of Staff 122.15. Email from Leanne Geppert to Lesley Dwyer and Sharon Kelly re Fwd: BAC Holiday Program Implementation Plan and Example Weekly Activities, dated 20.11.2013 122.16. Attachment 1 to Email – Example BAC Holiday Day Program Weekly Planner 9am – 3pm (Week 1),				

	dated 20.11.2013				
123.	BAC Clinical Care Transition Panel Meeting Schedule	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
124.	Transition 124.1. Transition Guide	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
125.	Transition 125.1. 125.2. 125.3. 125.4. 125.5. 125.6. 125.7.	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

	125.8. 125.9. 125.10 125.11 125.12				
126.	Transition 126.1. Community Contacts 126.2. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
127.	Transition 127.1. Community Contacts 127.2. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
128.	Transition 128.1. Community Contacts 128.2. 128.3. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
129.	Transition 129.1. Checklist	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health	23

	129.2. Community Contacts 129.3. Transition Guide			Service	
130.	Transition 130.1. Community Contacts 130.2. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
131.	Transition 131.1. Community Contacts 131.2. [redacted] 131.3. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
132.	Transition 132.1. [redacted] 132.2. 132.3. 132.4. 132.5. 132.6.	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

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133.	Transition	Various	West Moreton	West	23

	133.1. Checklist 133.2. Community Contacts 133.3. Transition Guide		Hospital and Health Service	Moreton Hospital and Health Service	
134.	Transition 134.1. 134.2. Community Contacts 134.3. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
135.	Transition 135.1. 135.2. 135.3. 135.4. 135.5. 135.6. 135.7. 135.8. 135.9.	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

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	135.33 [redacted] 135.34 135.35 135.36 135.37. Community Contacts 135.38 [redacted] 135.39 135.40 135.41 135.42 135.43. Transition Guide				
136.	[redacted] Transition 136.1. [redacted]	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health	23

	136.2.				Service	
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	136.68.	Community Contacts				
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	136.78. Transition guide 136.79				
137.	Transition 137.1. 137.2. 137.3. Community contacts 137.4. Transition guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24
138.	Transition 138.1. Community contacts 138.2. Transition guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24
139.	Transition 139.1. 139.2. 139.3. 139.4.	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

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	139.51 [redacted] 139.52. Community Contacts 139.53 [redacted] 139.54. Transition guide				
140.	[redacted] Transition 140.1. [redacted] 140.2. 140.3. 140.4. 140.5. 140.6. 140.7.	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

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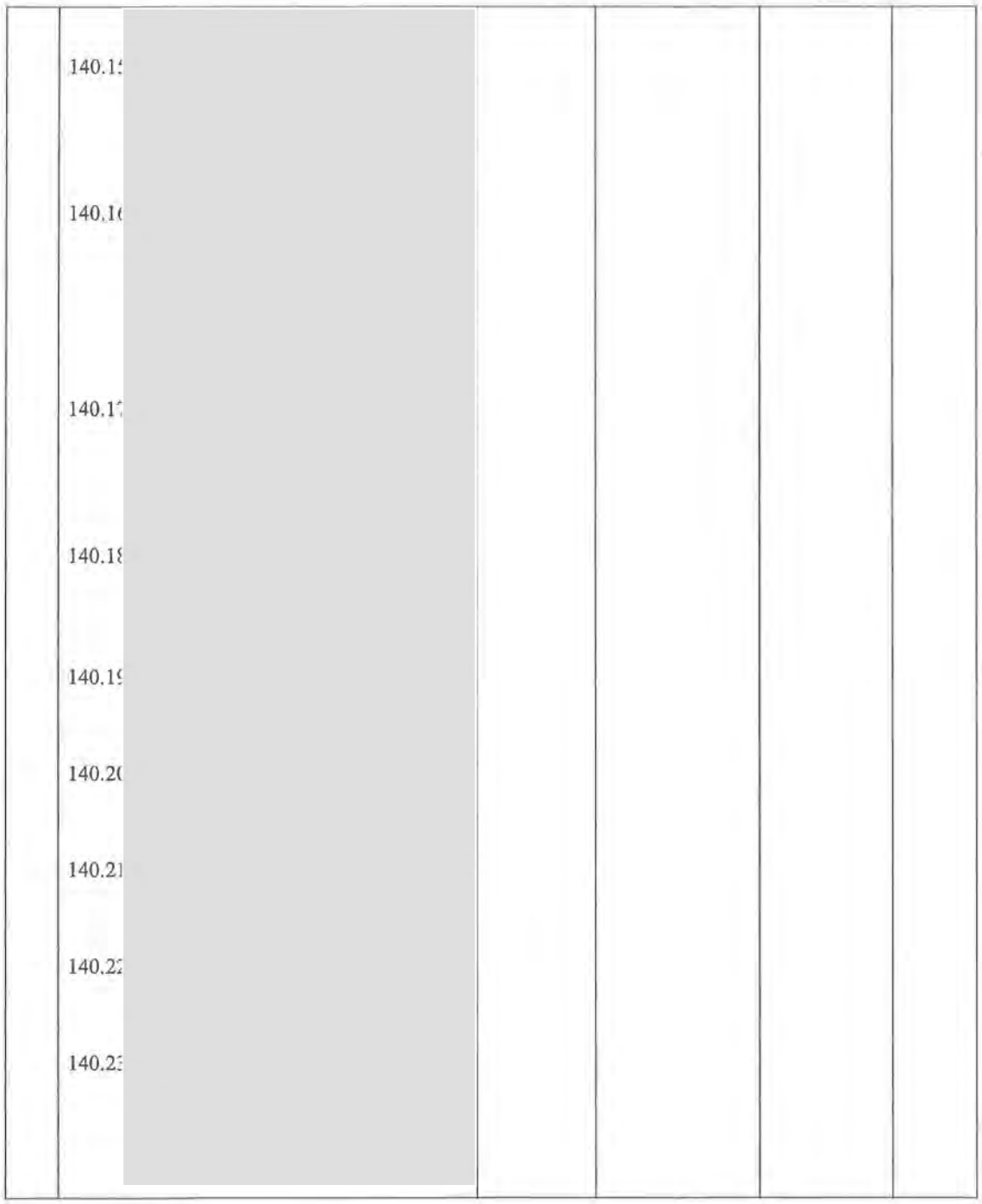
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141.	Transition 141.1. Education transition information, undated 141.2.	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

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	141.24 [redacted] 141.25 141.26. Transition guide 141.27. Community Contacts				
142.	Mixed patient emails 142.1. Email from Anne Brennan to Sharon Kelly re Brief Summary of BAC Consumers, dated 29.01.2014, with attachment 142.2. Email from Laura Johnson to Leanne Geppert re Complex Care Transition Planning Update, dated 12.11.2013 142.3. Email from Lesley Dwyer to Leanne Geppert and Linda Hardy re Fwd: RE: Follow-up – BAC CCYPCG, dated 20.12.2013 142.4. [redacted] 142.5. Email from Anne Brennan to Leanne Geppert re update, dated 06.01.2014 142.6. Email from Anne Brennan to Leanne Geppert re URGENT: Transfers of BAC consumers, dated 16.12.2014 142.7. Email from Bill Kingswell to Leanne Geppert re BAC patients, dated 17.12.2013 142.8. Email from Sharon Kelly to Lesley	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

	Dwyer and Leanne Geppert re follow up from BAC meetings today, dated 03.12.2013 142.9. Email from Sharon Kelly to Lesley Dwyer re Lesley, dated 15.12.2013 142.10. Email from Anne Brennan to Elisabeth Hoehn and Sharon Kelly re meeting between health and education regarding BAC students, dated 03.12.2013 142.11. Email from Lesley Dwyer to Stephen Stathis and others re Fwd: Re: follow up from BAC meetings today, dated 03.12.2013 142.12. Email from Anne Brennan to Sharon Kelly and others re Request for meeting early next week, dated 06.12.2013 142.13. Email from Sharon Kelly to Bill Kingswell re URGENT QUERY: Transitional Care Plans for the inpatients of BAC-Delegated, dated 142.14. Email from Sharon Kelly to Bill Kingswell re URGENT QUERY: Transitional Care Plans for the inpatients of BAC-Delegated, dated 142.15. Email from Nicola Jeffers to Leanne Geppert re Fwd: Budget Requests – Various Service Providers, dated 20.12.2013, with attachments 142.16. Email from Sharon Kelly to and others re progression of BAC strategy, dated 24.01.2014 142.17. Email from to Anne Brennan and others re BAC consumer transition planning process,				

	dated 22.11.2013 142.18. Email from Leanne Geppert to [redacted] re HASP West Moreton, dated 13.01.2014				
143.	Transition Panel Status Reports 143.1. Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel, December 2013 143.2. Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel, October 2013 143.3. Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel, January 2014 143.4. Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel, November 2013 143.5. Barrett Adolescent Centre (BAC) Clinical Care Transition update, undated	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24
144.	Transition meeting file notes and updates 144.1. Email from Trevor Sadler to Bill Kingswell re Information re Barrett Adolescent Centre Stakeholder Meeting, dated 19.11.2012 144.2. Email from Lesley Dwyer to Sharon Kelly re Fwd: Agenda – Barrett Adolescent Planning Group Teleconference, dated 28.11.2012 144.3. Email from Elisabeth Hoehn to Anne Brennan and Leanne Geppert re Clinical Care Transition Panels, dated 27.09.2013 144.4. Email from Peter Blatch, Assistant Regional Director, School Performance, Department of Education and Training, to Anne	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

	Brennan re clinical care transition panel, dated 09.10.2013 144.5. Email from Leanne Geppert to Sharon Kelly re Fwd: The Park – Bed Stats Spreadsheet 13.10.2013, dated 14.10.2013 144.6. Email from Kevin Rodgers, Principal Barrett School, to Anne Brennan re Education planning meeting with adolescents and parents, dated 18.10.2013 144.7. Email from Leanne Geppert to Anne Brennan and others re BAC consumer transition planning process, dated 05.11.2013 144.8. Email from Leanne Geppert to [redacted] re BAC consumer transition planning process, dated 08.11.2013 144.9. BAC Strategic Update/Progress, dated 20.11.2013 144.10. Transition Service Planning table, dated 27.11.2013 144.11. Attachment 1: AGENDA, Barrett Adolescent Strategy, dated 15.07.2013 144.12. Barrett Adolescent Centre Clinical Oversight Meeting, File/Meeting Note, dated 12.12.2013 144.13. Minutes: Barrett Adolescent Strategy, dated 23.07.2013 144.14. Minutes from BAC Stakeholder Meeting, 28.10.2013 144.15. Barrett Adolescent Centre Consumer Meeting, File/Meeting Note, dated 18.12.2013 144.16. Barrett Adolescent Centre				

	Transition Care Planning Meeting, dated 11.12.2013 144.17. Barrett Adolescent (BAC) Transition Service Planning, Risk Mitigation Table, November 2013 144.18. Barrett Adolescent Centre Consumer Update, 06.01.2014 144.19. Barrett Adolescent Centre (BAC) – Consumer Overviews, Briefing for Dr Bill Kingswell attending the Director-General, Department of Health and Director-General, Department of Communities Meeting, 22.01.2014 144.20. Document titled Consumer Contact, undated 144.21. File/Meeting Note re Update Barrett Adolescent Centre (BAC) and Extended Treatment & Rehabilitation (ETR) Projects, dated 08.07.2013 144.22. WMHHS File/Meeting Note re meeting on 17.10.2013 144.23. WMHHS File/Meeting Note re meeting on 05.11.2011 144.24. WMHHS File/Meeting Note re meeting on 06.11.2011 144.25. WMHHS File/Meeting Note re meeting on 07.04.2014 144.26. Email from Laura Johnson to Leanne Geppert re BAC Consumer Meeting 181213, dated 14.08.2013, with attached draft file note of meeting on 18.12.2013 144.27. Email from Laura Johnson to Leanne Geppert re Barrett Adolescent Centre Consumer Update 060114, dated 06.01.2014, with attached BAC				

	consumer update – 06.01.2014 144.28. Email from Elisabeth Hoehn to Leanne Geppert re BAC Meeting 131213 – draft meeting note for your consideration, dated 16.12.2013, with attached File/Meeting Note from Barrett Adolescent Centre Clinical Oversight Meeting on 12.12.2013 144.29. Email from Laura Johnson to Elisabeth Hoehn and others re BAC Transition Care Planning Meeting Notes and Actions, dated 12.12.2013, with attachment re Barrett Adolescent Centre Transition Care Planning Meeting on 11.12.2013 – Draft Actions 144.30. Email from Laura Johnson to Leanne Geppert re BAC Transition Care Planning Meeting 111213, dated 12.12.2013, with attachment re Barrett Adolescent Centre Transition Care Planning Meeting on 11.12.2013 – Draft Actions 144.31. Email from Anne Brennan to Vanessa Clayworth and others re Fwd: Barrett Adolescent Centre patient, dated 29.10.2013 144.32. Email from Leanne Geppert to Laura Johnson re Update from Clinical Consumer Transition Panel Meeting, dated 02.10.2013 144.33. Email from Vanessa Clayworth to BAC Nursing Staff re Transition Panels – Outcomes and Care Planning documents, dated 14.11.2013 with attachment Transition and Care Plan list for Nursing Staff 144.34. Email from Leanne Geppert to Anne Brennan re Update, dated 31.10.2013				

West Moreton Project Governance					
145.	Barrett Weekly update Meetings 145.1. Barrett Adolescent update Meeting (Weekly) – Agenda, undated 145.2. BAC Strategic Update/Progress, dated 02.12.2013 145.3. Barrett Adolescent Centre (BAC) Update Meeting – Draft Minutes, dated 04.12.2013 145.4. Barrett Adolescent Centre (BAC) Update Meeting – Draft Minutes, dated 15.01.2014 145.5. Barrett Adolescent Centre (BAC) Update Meeting – Draft Minutes, dated 18.12.2013 145.6. Barrett Adolescent Centre (BAC) Update Meeting – Draft Minutes, dated 22.01.2014 145.7. Barrett Adolescent Centre Update Meeting – Draft Minutes, dated 27.11.2013 145.8. Barrett Adolescent Centre Update Meeting – Agenda, dated 04.12.2013 145.9. Barrett Adolescent Centre Update Meeting – Agenda, dated 11.12.2013 145.10. Barrett Adolescent Centre Update Meeting – Agenda, dated 15.01.2014 145.11. Barrett Adolescent Centre Update Meeting – Agenda, dated 18.12.2013 145.12. Barrett Adolescent Centre Update Meeting – Agenda, dated 22.01.2014 145.13. Barrett Adolescent Centre Update Meeting – Agenda, dated	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

	29.01.2014 145.14. Barrett Adolescent Centre Update Meeting (Weekly) – template minutes, undated 145.15. BAC Weekly Update Meeting – Issues Register, undated (4 versions)				
146.	Board Papers 146.1. West Moreton Hospital and Health Service Executive Committee Meeting Agenda Paper, dated 16.08.2013 146.2. West Moreton Hospital and Health Service Board Committee Agenda Paper, dated 26.04.2013 146.3. West Moreton Hospital and Health Service Board Committee Agenda Paper, dated 25.01.2013 146.4. West Moreton Hospital and Health Service Board Meeting Agenda Paper, dated 29.11.2013, with attached West Moreton HHS Transitional Service Operations Overview, November 2013 146.5. West Moreton Hospital and Health Service Board Meeting Agenda Paper, dated 27.09.2013, with attached Briefing Note to Director-General, dated 09.09.2013 146.6. West Moreton Hospital and Health Service Board Meeting Agenda Paper, dated 23.08.2013 146.7. West Moreton Hospital and Health Service Board Meeting Agenda Paper, dated 20.12.2013 146.8. Expert Clinical Reference Group – Barrett Adolescent Strategy, Terms of Reference, unsigned and undated	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24

147.	Project 147.1. Memorandum from Judi Krause, Divisional Director, CYMHS, Children's Health, to Dr Peter Steer, Chief Executive, Children's Health re Adolescent Extended Treatment and Rehabilitation – site visits to Victoria, dated 26.08.2013 147.2. Adolescent Extended Treatment and Rehabilitation Models – Summary of Site Visits to Victoria, 14 to 16 August 2013, prepared by Judi Krause, Divisional Director, CYMHS, Children's Health, dated 26.08.2013 147.3. Adolescent Extended Treatment and Rehabilitation (BAC) Project Handover Report January 2014 147.4. Barrett Adolescent Centre Daily Status Report No 1 – 16.12.2013 147.5. Barrett Adolescent Centre Daily Status Report No 3 – 19.12.2013 147.6. Barrett Adolescent Strategy Project Plan, November 2012 147.7. Barrett Adolescent Strategy organisational structure, dated 14.11.2012	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	24
Response from Children's Health Queensland Hospital and Health Service					
148.	Letter to Kristi Geddes, Minter Ellison, from Dr Peter Steer, Health Service Chief Executive, Children's Health Queensland Hospital and Health Service re Health Service Investigation – Barrett Adolescent Centre	25.08.2014	Dr Peter Steer, Health Service Chief Executive, Children's Health Queensland Hospital and Health Service	Children's Health Queensland Hospital and Health Service	25
149.	Health Service Investigation – Barrett Adolescent Centre, CHQ Document Register	28.08.2014	Children's Health Queensland	Children's Health Queensland	25

				Hospital and Health Service	
Board Papers					
150.	Redacted agenda for Children's Health Queensland Hospital and Health Board meeting	29.08.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
151.	Redacted minutes from for Children's Health Queensland Hospital and Health Board meeting	29.08.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
152.	Redacted Hospital and Health Board Briefing Note re Barrett Adolescent Centre – transfer of governance to Children's Health Queensland	29.08.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
153.	Redacted agenda for Children's Health Queensland Hospital and Health Board meeting	31.10.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
154.	Redacted minutes from for Children's Health Queensland Hospital and Health Board meeting	31.10.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
155.	Redacted document including Barrett Adolescent Centre Consumer Status	Undated	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
156.	Redacted Hospital and Health Board Briefing	31.10.2013	Children's	Children's	25

	Note re Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update		Health Queensland	Health Queensland Hospital and Health Service	
157.	Redacted Children's Health Queensland Board Meeting Agenda	28.11.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
158.	Redacted Minutes of the Children's Health Queensland Hospital and Health Board Meeting	28.11.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
159.	Redacted Children's Health Queensland Hospital and Health Service Board Paper re Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update	November 2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
160.	Redacted Children's Health Queensland Board Meeting Agenda	30.01.2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
161.	Redacted Minutes of the Children's Health Queensland Hospital and Health Board Meeting	30.01.2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
162.	Redacted Children's Health Queensland Hospital and Health Service Board Paper re Adolescent Mental Health Extended Treatment Initiative	January 2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25

CE Oversight Committee					
163.	Redacted meeting agenda – Chief Executive and Department of Health Oversight Committee	17.10.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
164.	Redacted minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	17.10.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
165.	Redacted Meeting Agenda – Chief Executive and Department of Health Oversight Committee	15.11.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
166.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy – Oversight Committee	15.11.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
167.	Redacted Meeting Agenda – Chief Executive and Department of Health Oversight Committee	22.01.2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
168.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy – Oversight Committee	22.01.2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
Steering Committee					
169.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	09.09.2013	Steering Committee	Children's Health Queensland Hospital and	25

				Health Service	
170.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	09.09.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
171.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	23.09.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
172.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	23.09.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
173.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	09.10.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
174.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	09.10.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
175.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	21.10.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
176.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	21.10.2013	Steering Committee	Children's Health Queensland	25

				Hospital and Health Service	
177.	Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update Brief	Undated	Steering Committee	Children's Health Queensland Hospital and Health Service	25
178.	West Moreton Hospital and Health Service Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel	October 2013	WMHHS BAC Clinical Care Transition Panel	Children's Health Queensland Hospital and Health Service	25
179.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	04.11.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
180.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	04.11.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
181.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	18.11.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
182.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	18.11.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
183.	West Moreton Hospital and Health Service Status Report – Barrett Adolescent Centre	November 2013	WMHHS BAC Clinical Care	Children's Health	25

	(BAC) Clinical Care Transition Panel		Transition Panel	Queensland Hospital and Health Service	
184.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	02.12.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
185.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	02.12.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
186.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	16.12.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
187.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	16.12.2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
188.	Project Status Report – Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	December 2013	Steering Committee	Children's Health Queensland Hospital and Health Service	25
189.	West Moreton Hospital and Health Service Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel	December 2013	WMHHS BAC Clinical Care Transition Panel	Children's Health Queensland Hospital and Health Service	25
190.	Redacted Meeting Agenda – State-wide	13.01.2014	Steering	Children's	25

	Adolescent Extended Treatment and Rehabilitation Implementation Strategy		Committee	Health Queensland Hospital and Health Service	
191.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	13.01.2014	Steering Committee	Children's Health Queensland Hospital and Health Service	25
192.	West Moreton Hospital and Health Service Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel	January 2014	WMHHS BAC Clinical Care Transition Panel	Children's Health Queensland Hospital and Health Service	25
193.	Redacted Meeting Agenda – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	28.01.2014	Steering Committee	Children's Health Queensland Hospital and Health Service	25
194.	Redacted Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	28.01.2014	Steering Committee	Children's Health Queensland Hospital and Health Service	25
Young People's Extended Treatment and Rehabilitation Initiative (YPETRI)					
195.	Redacted meeting agenda – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	12.12.2013	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
196.	Redacted meeting agenda – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	19.12.2013	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25

197.	Redacted meeting agenda – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	09.01.2014	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
198.	Redacted meeting agenda – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	06.02.2014	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
199.	Minutes – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	04.12.2013	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
200.	Minutes – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	12.12.2013	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
201.	Minutes – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	19.12.2013	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
202.	Minutes – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	09.01.2014	YPETRI Governance Committee	Children's Health Queensland Hospital and Health Service	25
203.	Minutes – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	06.02.2014	YPETRI Governance Committee	Children's Health Queensland Hospital and Health	25

				Service	
Clinical Care Transition Panel					
204.	West Moreton Hospital and Health Service Barrett Adolescent Centre Clinical Oversight Meeting – File/Meeting Note	12.12.2013	Barrett Adolescent Centre Clinical Oversight Committee	Children's Health Queensland Hospital and Health Service	25
205.	West Moreton Hospital and Health Service Barrett Adolescent Centre Clinical Oversight Meeting – File/Meeting Note	18.12.2013	Barrett Adolescent Centre Clinical Oversight Committee	Children's Health Queensland Hospital and Health Service	25
206.	Memorandum from Dr Terry Stedman, A/Executive Director, Mental Health Alcohol and Other Drugs Branch to	10.01.2014	Dr Terry Stedman, A/Executive Director, Mental Health Alcohol and Other Drugs Branch	Children's Health Queensland Hospital and Health Service	25
207.		14.01.2014		Children's Health Queensland Hospital and Health Service	25
208.	Email from Leanne Geppert to Ingrid Adamson Sth), with attachments	30.01.2014	Dr Leanne Geppert, A/Director of Strategy, Mental Health & Specialised Services, WMHHS	Children's Health Queensland Hospital and Health Service	25
209.	Email from Ingrid Adamson, Project Manager, Children's Health Queensland to	03.02.2014	Ingrid Adamson, Project Manager, Children's	Children's Health Queensland Hospital and Health	25

			Health Queensland	Service	
210.	Barrett Adolescent Centre Consumers Review	03.03.2014	Dr Anne Brennan, A/Clinical Director	Children's Health Queensland Hospital and Health Service	25
211.	Email from Leanne Geppert to	04.03.2014	Dr Leanne Geppert, A/Director of Strategy, Mental Health & Specialised Services, WMHHS	Children's Health Queensland Hospital and Health Service	25
212.		25.02.2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
213.	Email from Ingrid Adamson, Project Manager, Children's Health Queensland to Judi Krause and others	05.03.2014	Ingrid Adamson, Project Manager, Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
214.	BAC Holiday Program – Week 1 Dec 16th – 19th	Undated	West Moreton Hospital and Health Service	Children's Health Queensland Hospital and Health Service	25
215.	BAC Holiday Program – Week 2 Dec 23rd – 24th	Undated	West Moreton Hospital and Health Service	Children's Health Queensland Hospital and Health Service	25

216.	WM HHS Transitional Service Options Overview	November 2013	West Moreton Hospital and Health Service	Children's Health Queensland Hospital and Health Service	25
217.	WM HHS Transitional Service Options Plan	November 2013	West Moreton Hospital and Health Service	Children's Health Queensland Hospital and Health Service	25
Presentation to parents					
218.	Proposed Statewide Adolescent Mental Health Extended Treatment and Rehabilitation Model of Care	11.12.2013	Assoc. Prof. Stephen Stathis, Clinical Director CYMHS	Children's Health Queensland Hospital and Health Service	25
219.	Barrett Adolescent Parent Session	11.12.2013	West Moreton Hospital and Health Service	Children's Health Queensland Hospital and Health Service	25
Project Plan					
220.	Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy – Steering Committee Action Plan	29.08.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
221.	Barrett Adolescent Strategy Expert Clinical Reference Group – Proposed Service Model Elements, Adolescent Extended Treatment and Rehabilitation Services (AETRS)	08.05.2013	Barrett Adolescent Strategy Expert Clinical Reference Group	Children's Health Queensland Hospital and Health Service	25
222.	Project Plan – Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy	October 2013	Children's Health Queensland	Children's Health Queensland Hospital and	25

				Health Service	
223.	Redacted and untitled Project Plan document	Undated	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
Terms of Reference					
224.	Committee membership lists	Undated	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
225.	Terms of Reference – Chief Executive and Department of Health Oversight Committee	17.10.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
226.	Terms of Reference – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee	23.09.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
227.	Terms of Reference – Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Service Options Implementation Working Group	23.09.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
228.	Terms of Reference – Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Barrett Adolescent Centre Consumer Transition Panel	23.09.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
229.	Email from Ingrid Adamson, Project Manager – SW AETRS, Children's Health	27.09.2013	Children's Health	Children's Health	25

	Queensland, to SW AETR Working Group 2 BAC Transition re Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy – BAC Consumer Transition Panel		Queensland	Queensland Hospital and Health Service	
230.	Email from Ingrid Adamson, Project Manager – SW AETRS, Children's Health Queensland, to Alan Fletcher and others re Financial and Workforce Planning Working Group – Adolescent Mental Health Initiative	21.11.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
231.	Draft Terms of Reference – Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Financial and Workforce Planning Transition Working Group	24.09.2013	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
232.	Terms of Reference – Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee	13.03.2014	Children's Health Queensland	Children's Health Queensland Hospital and Health Service	25
Records from Hospital and Health Service					
233.	Email from to Kristi Geddes, Minter Ellison re Health Service Investigation – Barrett Adolescent Psychiatric Centre	29.08.2014		Hospital and Health Service	26
234.	Records from for	Various	Hospital and Health Service	Hospital and Health Service	26
235.	Records from for	Various	Hospital and Health Service	Hospital and Health Service	26
236.	Records from Hospital,	Various			26

	including		Hospital and Health Service	Hospital and Health Service	
Records from Hospital and Health Service					
237.	Letter from to Kristi Geddes, Minter Ellison re Health Service Investigation – Barrett Adolescent Psychiatric Centre	18.09.2014		Hospital and Health Service	27
238.	Transition Plan: 2014	2014	Hospital and Health Service	Hospital and Health Service	27
239.	Model of Service – Queensland Public Mental Health Services	Undated	Queensland Government	Hospital and Health Service	27
240.	Metal Health - Guideline – Guidelines for referral	05.05.2014	Hospital and Health Service	Hospital and Health Service	27
241.	Metal Health – Residents Guide to the	22.07.2014	Hospital and Health Service	Hospital and Health Service	27
242.	Hospital Records –	Various	Hospital and Health Service	Hospital and Health Service	27 and 28
Records from Hospital and Health Service					
243.	Letter from Hospital and Health Service, to Kristi Geddes, Minter Ellison	19.09.2014	Hospital and Health Service	Hospital and Health Service	29
244.	List of Barrett Adolescent Centre Inpatients and Day Patients as at 6 August 2013	Undated	West Moreton Hospital and Health Service	Hospital and Health	29

				Service	
245.	Email from [redacted] Health Service, to [redacted] re Plan for [redacted] – need to confirm a date for medication review with you	18.09.2014	[redacted] Health Service	[redacted] Hospital and Health Service	29
246.	[redacted] Progress Note	07.03.2014	[redacted] Health Service	[redacted] Hospital and Health Service	29
247.	[redacted] Progress Note	20.12.2013	[redacted] Health Service	[redacted] Hospital and Health Service	29
248.	Records for [redacted] 248.1. CIMHA Records 248.2. Further CIMHA Records 248.3. Mental Health Records 248.4. General Records	Various	[redacted] Hospital and Health Service	[redacted] Hospital and Health Service	29
249.	Records for [redacted] 249.1. CIMHA records 249.2. General records	Various	[redacted] Hospital and Health Service	[redacted] Hospital and Health Service	30
Further documents from West Moreton Hospital and Health Service					
250.	Letter from Sharon Kelly, Executive Director Mental Health and Specialised Services, to Kristi Geddes, Minter Ellison re Health Service Investigation – Barrett Adolescent Centre	19.09.2014	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	31
251.	Case Coordinator's Role for Barrett Adolescent Centre	Unknown	Barrett Adolescent Centre	West Moreton Hospital and Health Service	31

252.	West Moreton Hospital and Health Service Mental Health and Specialised Services, The Park – Centre for Mental Health, Care Planning Package – Tool Kit (Adult Services)	August 2013	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
253.	The Park Centre for Mental Health – Individual Care Plan Checklist: Adolescent	April 2010	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
254.	Extract from titled The Barrett Adolescent Centre – Information for Teenagers	08.09.2006	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
255.	Extract from document titled The Barrett Adolescent Centre – Information for Parents and Carers	08.09.2006	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
256.	Untitled document summarising purpose and requirements of the Consumer Integrated Mental Health Application (CIMHA)	Undated	Unknown	West Moreton Hospital and Health Service	31
257.	Queensland Health Procedure – Inter-district Transfer of Mental Health Consumers within Southern Queensland Health Service Districts, Division of Mental Health, Darling Downs – West Moreton Health Service District	08.11.2010	Darling Downs – West Moreton Health Service District	West Moreton Hospital and Health Service	31
258.	West Moreton Hospital and Health Service Procedure, Mental Health Divisional – Inter Hospital and Health Service Transition of Care of Mental Health Consumers from one Hospital and Health Service to another	13.05.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	31
259.	Further extract from document titled The Barrett Adolescent Centre – Information for Parents and Carers	08.09.2006	West Moreton Hospital and Health Services	West Moreton Hospital and Health	31

				Service	
260.	Role description for Nurse Unit Manager, Barrett Adolescent Unit, The Park Centre for Mental Health	October 2012	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
261.	Role description for Clinical Nurse Consultant, Medium Secure/Dual Diagnosis, The Park – Centre for Mental Health	Undated	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
262.	West Moreton Hospital and Health Service – BAC Staff Communique 1	03.10.2013	West Moreton Hospital and Health Services	West Moreton Hospital and Health Service	31
Further documents from Hospital and Health Service					
263.	Letter from Hospital and Health Service, to Kristi Geddes, Minter Ellison	19.09.2014	Hospital and Health Service	Hospital and Health Service	31
264.	Records held by re	Various		Hospital and Health Service	31
265.	Access Manual	Undated		Hospital and Health Service	31
266.	Pre-referral Guidelines – Health Services	Undated			31

				Hospital and Health Service	
Documents provided by					
267.	Email from to Kristi Geddes, Minter Ellison re Intake Policy and Procedures	15.09.2014			31
268.	– Needs assessment	November 2011			31
269.	Eligibility	July 2011			31
Documents provided by					
270.	Letter from to Whom It May Concern re Health Service Investigation – Barrett Adolescent Psychiatric Centre	19.09.2014			31
271.	Records held by	Various			31
272.	Unapproved version of Clinical Practice Manual	January 2013			31
Other material considered					
273.					

TravelEdge

Tuesday 07 October 2014 16:01 - Sydney, NSW

Itinerary for
KOTZE/BETH MS

Booking Number:	B98681
PNR Reference:	4KMDHM
Consultant:	Naomi Bosnjak
Booked By:	Kate Blatchly
Departure Date:	13 Oct 14
Debtor:	MINTER ELLISON
Department:	BRISBANE
Return Date:	14 Oct 14
RFT or Matter Number:	Matter 1084936

TravelEdge Contact Details

Online Helpdesk:

Manual Team:

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Date	Service	Details		
Monday 13 Oct 14	**Flight**	**Airline:**	**QANTAS AIRWAYS**	**Flight** QF0506
		Departure Date:	**Mon 13 Oct 14 at 07:35**	SYDNEY, AUSTRALIA
		Arrival Date:	**Mon 13 Oct 14 at 08:05**	BRISBANE, AUSTRALIA
		Aircraft:	Boeing 737-800 (winglets)	
		Class:	B - fully Flex	
		Stops:	Non-Stop	
		Airline Reference:	4KMDHM	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	SYDNEY, AUSTRALIA (T - 3) BRISBANE, AUSTRALIA (T - D), Dept Time 13-10-2014 07:35, Arrival Time 13-10-2014 08:05 - Travelling time: 1 hr 30 mins - Meal Service: Breakfast	
Monday 13 Oct 14	**Hotel**	**Hotel Name:**	**OAKS ON FELIX**	
		Check-In Date:	**Mon 13 Oct 14**	
		Check-Out Date:	**Tue 14 Oct 14**	
		Hotel Address:	26 FELIX STREET BRISBANE QLD, 4000, Australia P-61730236777 F-61730236778	
		Room Type:	One Bedroom Apartment (1)	
		Booking Reference:	219423049	
		Status:	Confirmed	
		Payment Method:	Room & B'fast (if avail) on 3rd Party Credit Card	
		Local Rate:	AUD199.00 Per Night	
		Rate:	AUD199.00 Per Night	
		Duration:	1 (Nights)	
		Cancellation:	24 hours cancellation notice required	

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Tuesday 14 Oct 14	**Flight**	**Airline:**	**QANTAS AIRWAYS**	**Flight** QF0545
		Departure Date:	**Tue 14 Oct 14 at 16:25**	BRISBANE, AUSTRALIA
		Arrival Date:	**Tue 14 Oct 14 at 19:00**	SYDNEY, AUSTRALIA
		Aircraft:	Boeing 767-300	
		Class:	B - fully Flex	
		Stops:	Non-Stop	
		Airline Reference:	4KMDHM	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	BRISBANE, AUSTRALIA (T - D) SYDNEY, AUSTRALIA (T - 3), Dept Time 14-10-2014 16:25, Arrival Time 14-10-2014 19:00 - Travelling time: 1 hr 35 mins - Meal Service: Refreshment	

Ticket Numbers

TKT QF 5466627530 - KOTZE/BETH MS - ADULT - SYD-BNE-SYD

Pre Pay	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Service Fee	Domestic booking fee (manual)	23.00	0.00	2.30	25.30
Ticket	QF - B - fully Flex 5466627530 - 07 Oct 14 - ADULT 13 Oct 14 SYDNEY- BRISBANE- SYDNEY	610.44	37.90	64.84	713.18
	Due	**633.44**	**37.90**	**67.14**	**738.48**
	Deposits/Paid				**738.48**
	Outstanding				**0.00**

Pay Direct	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Hotel	OAKS ON FELIX - 219423049 BRISBANE Date: 13 Oct 14/14 Oct 14	180.91	0.00	18.09	199.00
	Total Booking Cost Inc Pay Direct			**85.23**	**937.48**

Final Ticket Date: 07 Oct 14

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Flights to these Islands operate slightly differently as they are Domestic flights but depart and arrive from Perth International Terminal. Customs and Immigration consider these flights International, therefore specific ID requirements apply. Although a passport is not required, it is strongly recommended that if any traveller has a passport that this be used as their photographic identification. Note: Travellers will be required to check in 2hrs prior to departure.

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T1 - Sydney International Terminal:
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T2 - Sydney Domestic Terminal:
Virgin Australia, Regional Express and Jetstar Domestic flights operate from this terminal.
T3 - Qantas Sydney Domestic Terminal:
Qantas Domestic flights QF400-QF1599 and QantasLink flights 1600 and above operate from this terminal.

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Tuesday 07 October 2014 15:56 - Sydney, NSW

Itinerary for
SKIPPEN/TANIA MS

Booking Number:	B98675
PNR Reference:	4KMC2R
Consultant:	Naomi Bosnjak
Booked By:	Kate Blatchly
Departure Date:	13 Oct 14
Debtor:	MINTER ELLISON
Department:	BRISBANE
Return Date:	14 Oct 14
RFT or Matter Number:	Matter 1084936

TravelEdge Contact Details

Online Helpdesk:

Manual Team:

Our national office hours are 8am – 6pm AEST, Monday to Friday. Calls to our offices outside of these hours are diverted to our Afterhours Emergency service where costs may apply.

Date	Service	Details		
Monday 13 Oct 14	**Flight**	**Airline:**	**QANTAS AIRWAYS**	**Flight** QF0506
		Departure Date:	**Mon 13 Oct 14 at 07:35**	SYDNEY, AUSTRALIA
		Arrival Date:	**Mon 13 Oct 14 at 08:05**	BRISBANE, AUSTRALIA
		Aircraft:	Boeing 737-800 (winglets)	
		Class:	B - fully Flex	
		Stops:	Non-Stop	
		Airline Reference:	4KMC2R	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	SYDNEY, AUSTRALIA (T - 3) BRISBANE, AUSTRALIA (T - D), Dept Time 13-10-2014 07:35, Arrival Time 13-10-2014 08:05 - Travelling time: 1 hr 30 mins - Meal Service: Breakfast	
Monday 13 Oct 14	**Hotel**	**Hotel Name:**	**OAKS ON FELIX**	
		Check-In Date:	**Mon 13 Oct 14**	
		Check-Out Date:	**Tue 14 Oct 14**	
		Hotel Address:	26 FELIX STREET BRISBANE QLD, 4000, Australia P-61730236777 F-61730236778	
		Room Type:	One Bedroom Apartment (1)	
		Booking Reference:	219422740	
		Status:	Confirmed	
		Payment Method:	Room & B'fast (if avail) on 3rd Party Credit Card	
		Local Rate:	AUD199.00 Per Night	
		Rate:	AUD199.00 Per Night	
		Duration:	1 (Nights)	
		Cancellation:	24 hours cancellation notice required	

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Tuesday 07 October 2014 15:56 - Sydney, NSW

Tuesday 14 Oct 14	**Flight**	**Airline:**	**QANTAS AIRWAYS**	**Flight** QF0545
		Departure Date:	**Tue 14 Oct 14 at 16:25**	BRISBANE, AUSTRALIA
		Arrival Date:	**Tue 14 Oct 14 at 19:00**	SYDNEY, AUSTRALIA
		Aircraft:	Boeing 767-300	
		Class:	B - fully Flex	
		Stops:	Non-Stop	
		Airline Reference:	4KMC2R	
		Status:	Confirmed	
		Baggage:	1 piece	
		Details:	BRISBANE, AUSTRALIA (T - D) SYDNEY, AUSTRALIA (T - 3), Dept Time 14-10-2014 16: 25, Arrival Time 14-10-2014 19:00 - Travelling time: 1 hr 35 mins - Meal Service: Refreshment	

Ticket Numbers

TKT QF 5466627529 - SKIPPEN/TANIA MS - ADULT - SYD-BNE-SYD

Pre Pay	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Service Fee	Domestic booking fee (manual)	23.00	0.00	2.30	25.30
Ticket	QF - B - fully Flex 5466627529 - 07 Oct 14 - ADULT 13 Oct 14 SYDNEY- BRISBANE- SYDNEY	610.44	37.90	64.84	713.18
	Due	**633.44**	**37.90**	**67.14**	**738.48**
	Deposits/Paid				**738.48**
	Outstanding				**0.00**

Pay Direct	Description	Rates ex GST	Taxes ex GST	GST	AUD Total
Hotel	OAKS ON FELIX - 219422740 BRISBANE Date: 13 Oct 14/14 Oct 14	180.91	0.00	18.09	199.00
	Total Booking Cost Inc Pay Direct			**85.23**	**937.48**

Final Ticket Date: 07 Oct 14

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View your updated travel reservations along with weather forecasts, maps, directions, restaurants and destination information. All are available 24 hours, 7 days a week via the internet at www.checkmytrip.com. All you require is you surname and reservation code which appear on the top right hand side of your itinerary labelled PNR Reference, then the e-mail address in your profile. Check your travel details on your mobile too, just visit www.checkmytrip.com on your smart phone.

Airfare Disclaimer and Important Information

All Airfares and Taxes are subject to change until ticketed. Any changes to confirmed arrangements may incur amendment or cancellation fees. Please note that seat numbers may change at any time at Airlines discretion. Airline departure and arrival times are subject to change, at any time. Ensure you check these, with the Airline, 24 hours prior to departure. Airline no-show fees may apply.

Baggage Allowance

Baggage allowance will vary depending on the Airline, routing, fare and class of travel booked. Some airlines do not allow you to pre-purchase checked baggage and will now only take payment at check-in. If in doubt please check with your travel consultant or on the Airline website.

Check-in requirments for Christmas & Cocos Islands

Flights to these Islands operate slightly differently as they are Domestic flights but depart and arrive from Perth International Terminal. Customs and Immigration consider these flights International, therefore specific ID requirements apply. Although a passport is not required, it is strongly recommended that if any traveller has a passport that this be used as their photographic identification. Note: Travellers will be required to check in 2hrs prior to departure.

Sydney Airport Terminal Information

There are 3 airport terminals in Sydney
T1 - Sydney International Terminal:
Qantas flights QF1-QF399, Oneworld and Jetstar International flights operate from this terminal.
T2 - Sydney Domestic Terminal:
Virgin Australia, Regional Express and Jetstar Domestic flights operate from this terminal.
T3 - Qantas Sydney Domestic Terminal:
Qantas Domestic flights QF400-QF1599 and QantasLink flights 1600 and above operate from this terminal.

TravelEdge Melbourne
Tel:
Fax:
Email:
Internet: www.traveledge.com.au
ABN:

West Moreton Hospital and Health Service

Barrett Adolescent Centre
Inpatients and Day Patients as at 6 August 2013

[redacted]

West Moreton Hospital and Health Service

[redacted]

West Moreton Hospital and Health Service

[redacted]

KG-48

From: Harry McCay [
Sent: Friday, 10 October 2014 02:48 pm
To: Kristi Geddes
Cc: ' ; Courtney Steele
Subject: Dr Anne Brennan - Pre-interview statement
Attachments: Pre-Interview statement final (WORD).docx

Dear Ms Geddes

Please find attached unsigned copy of Pre-Interview statement by Dr Anne Brennan.

We will have a signed copy for the Panel on Monday.

Yours faithfully

Jenny Ferres on behalf of Harry McCay

Harry McCay
Queensland State Manager

Avant Mutual Group Limited
Direct:
Mobile:
Email:
Website: www.avant.org.au

Postal Address: GPO Box 5252, Brisbane Qld 4001

To find out more visit www.avant.org.au/risk/iq

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HOSPITAL AND HEALTH BOARDS ACT 2011

PART 9 INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE

PRE-INTERVIEW STATEMENT BY DR ANNE BRENNAN

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1. I am a child and adolescent psychiatrist currently working for Children's Health Queensland. I hold the following qualifications:

   (a) MBBS – University of Queensland 1978
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Involvement with BAC closure and transition process

4. The decision to close the BAC was made prior to my involvement. I was telephoned by Dr Peter Steer who advised me, that Queensland Health was going to suspend Dr

Sadler, and that they needed someone to take over from him. A CMC inquiry had been set up and a decision had been made to close the centre. I was reluctant to take the role but after some consideration and discussion with Dr Steer and Mr John Wakefield EDMS-CHQ I agreed. I had a telephone call the following day from Dr Sadler in which he stated that I was the only person he trusted to take over his role.

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Development of transition plans

6. In order to develop a transitional care plan for each individual patient, it was necessary to first get to know and understand them, their history, their family, their strengths, difficulties and hopes for the future. It was also important to understand their previous involvement with services and therapists in order to identify services that were developmentally appropriate and accessible both physically and financially, that could deliver good quality care in the least restrictive environment ,while providing an appropriate level of security and addressing any risk of harm. Such care should promote recovery and growth; protect, restore and develop relationships with family, friends and community; and engage each adolescent in educational and /or vocational activities commensurate with their capabilities and interests.

7. The focus was to be on recovery rather than abandonment, to focus on strengths and problem solving and preservation of hope.

8. The initial aim was to formulate such plans as early as possible to allow a cross taper of care with in-reach to new services as well as the opportunity for the adolescents to initially reject services and try others, and to allow time and space for them to grieve for the loss of BAC and all that it meant for them in real terms and emotionally, psychologically and symbolically for them.

9. In several cases the delay in accessing new services compromised this process of

transitioning. In one case it was of critical relevance as it precluded involvement in a new mental health service before the closure of BAC. This also meant there was not the face to face handover as occurred with most.

Challenges

10. There were many challenges facing the BAC involving patients, their families, staff and other stakeholders when I started. These made the transition process extremely difficult. These included:

    (a) The anxiety caused by the decision to close the BAC. The closure had been formally announced at BAC on 6 August 2013. The standing down of Dr Sadler, and my arrival, were seen by some as evidence that closure would actually occur. Such was the level of concern on my first day at BAC as to what the patients might do in response, there was serious consideration given to closing the BAC that day and just transferring all inpatients to acute adolescent wards. However the decision was made to keep the BAC open and to try and engage the patients, their families and staff in the transition process which it was felt would give the best chance of the patients accepting and engaging with their new treating services. There was understandable anxiety about the closure including on the part of staff who were concerned about their job security and redundancies and all stakeholders about the impact on the patients. A campaign was started months earlier by families of the patients and other concerned people to try to save the BAC and this campaign contributed to the stress and anxiety levels;

    (b) There was a high level of grief and distress about the suspension of Dr Sadler who had been at the BAC for over 25 years. It made it more difficult to develop a rapport with patients and their families and some staff when I was seen as the person who had taken his job;

    (c) [redacted]

(d) The ongoing CMC investigation caused a high level of stress. A number of nursing staff returned in tears and many took time off work to deal with their distress. Apparently staff had been advised it was not a process trying to attribute blame for any particular events but the cross-examination was reported by some to have been adversarial and some struggled to cope with the perceived criticism of their competence;

(e) There was a perceived threat to the reputations (and thus employability) of staff at the BAC from the publicity and the CMC investigation and the sense that there must have been something

(f) There was an added workload as the above matters led to staff being away on sick leave or resigning. Attempts were made to fill the gaps with agency nurses but they simply did not have the necessary level of knowledge and experience as the permanent staff to effectively fill the gap;

(g) Some of the staff had not been upskilled in relation to the use of the electronic record keeping program, CIMHA. Adapting to its implementation added to their stress. In addition I was not given training in CIMHA;

(h) The registrar working in the BAC was very stressed and even tearful while I was there. He was transferred to a different position on 2 December 2013 again adding to the load of remaining staff;

(i) Staff did not like changes I brought in when I started such as not allowing the patients ground leave – as the BAC was in the middle of a forensic precinct with convicted paedophiles in the precinct I was not prepared to allow them to walk around unsupervised; or go onto the adjoining golf course for a smoke;

(j) Another psychologist was being investigated for treating patients privately while on sick leave and this created further tension particularly with allied health;

(k) As the BAC moved closer to closure the number of staff decreased which I felt created a safety issue even though some of the number of patients had also reduced;

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(n) The lack of services available to manage the types of patients in the inpatient section of the BAC. While there were a number of services which could provide some of the treatment or accommodation or allied health or educational requirements of the patients, there was no service which was tailored to provide all the services in a single location, let alone which would allow the patients to connect with and maintain close contact with families, friends and community. In addition there was no comprehensive database of available services. An enormous amount of time was spent telephoning different government departments and health services to find out what was available and if a particular patient could access a particular service in a particular area;

(o) Many of the patients were about to or had just turned 18 and so no longer qualified for adolescent services; They were transitioning between child and adult services at the same time as transitioning from inpatient to less restrictive care settings;

(p) Mixed messages were being received by staff from the executive and HR about the timing of the closure and what would happen to patients and staff.

11. The impact of these challenges was that much of my time was spent in meetings. I would estimate I spent a full day a week in meetings outside the BAC, and another day a week in transition care panel meetings at BAC updating care plans. I needed to spend most of my time getting to know the patients and connecting to their families.

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12. To assist the investigation I will summarise the condition of the 6 patients being reviewed and the transition plan which was developed for each. Where it was possible we tried to do a graduated transition but when new placements or services were delayed ,this compromised this approach.

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Conclusion

14. The amount of work involved in keeping the patients safe, identifying possible services in the local community, getting agreement from the proposed receiving service to taking individual patients and if necessary to modify their service provision, getting support from the family and other stakeholders and dealing with all the challenges referred to above was extraordinary. Nevertheless it was to the credit of the transition team that all patients were provided with a plan which clearly identified their accommodation requirements, treating team, allied health providers and was in a location fairly convenient to family. It was distressing to be advised in later months

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.....

DR ANNE BRENNAN

Dated: .....

From: Kristi Geddes [
Sent: Friday, 10 October 2014 03:11 pm
To: KOTZE, Beth; SKIPPEN, Tania
Subject: FW: Dr Anne Brennan - Pre-interview statement [ME-ME.FID2743997]
Attachments: Pre-Interview statement final (WORD).docx

Dear Beth and Tania,

Ahead of her interview on Monday, Avant have provided the **enclosed** 'pre-interview statement' for Dr Anne Brennan. We are advised that she will be providing a signed copy of this on Monday, which will then form part of our investigation material.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
t + f +6
Minter Ellison Lawyers
www.minterellison.com

HOSPITAL AND HEALTH BOARDS ACT 2011

PART 9 INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE

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.....

DR ANNE BRENNAN

Dated: .....

KG-49

From: Terry Cross [
Sent: Monday, 13 October 2014 11:36 am
To: Kristi Geddes
Cc: Steve Baker;
Subject: Health Service Investigation, Re Ms Vanessa Clayworth.

Good Morning Ms Geddes.

The Australian Workers' Union acts on behalf of Union members Ms Vanessa Clayworth and are now responding to your email correspondence below, as stated in an previous email to you from The Australian Workers' Union Ms Clayworth will not be participating in the Health Service Investigation interview on Tuesday, 14 October 2014 at 11:45 am for health resins as stated in a statement by a medical practitioner which was forwarded to you in an previous email by the District Secretary of The Australian Workers Union.

Due to the stressful nature of the Health Services Investigation and the ongoing medical concerns for Ms Clayworth '. the Australian Workers Union request that any correspondence in relation to Ms Clayworth to do with the Health Service Investigation be directed to ether myself and or Mr Steve Baker, the Australian Workers Union Southern District Secretary.

Regards,

Terrence G Cross
Southern Districts Organiser
The Australian Workers' Union

www.awu.org.au

From: Kristi Geddes <
Date: 23 September 2014 3:18:57 pm AEST
To: " <
Subject: RE: PRIVATE & CONFIDENTIAL - Health Service Investigation - Barrett Adolescent Psychiatric Centre [ME-ME.FID2743997]

Dear Ms Clayworth,

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

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

Kind regards,
Kristi.

Kristi Geddes Senior Associate
t:
www.minterellison.com

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

Dear Ms Clayworth

Please see **attached** correspondence.

Kind regards

Kristi Geddes Senior Associate
www.minterellison.com

From: Kristi Geddes [
Sent: Monday, 13 October 2014 11:57 am
To: Terry Cross
Cc:
Subject: RE: Health Service Investigation, Re Ms Vanessa Clayworth. [ME-ME.FID2743997]

Thank you for your email, Terence.

Unfortunately, I have not received any email from the District Secretary of the Australian Workers Union, so was not aware of Ms Clayworth's formal response to the request for interview.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
t
Minter Ellison Lawyers
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KG-50

HOSPITAL AND HEALTH BOARDS ACT 2011

PART 9 INVESTIGATION INTO STATEWIDE TRANSITION AND CARE PLANNING MEASURES FOLLOWING CLOSURE OF THE BARRETT ADOLESCENT CENTRE

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Challenges

10. There were many challenges facing the BAC involving patients, their families, staff and other stakeholders when I started. These made the transition process extremely difficult. These included:

    (a) The anxiety caused by the decision to close the BAC. The closure had been formally announced at BAC on 6 August 2013. The standing down of Dr Sadler, and my arrival, were seen by some as evidence that closure would actually occur. Such was the level of concern on my first day at BAC as to what the patients might do in response, there was serious consideration given to closing the BAC that day and just transferring all inpatients to acute adolescent wards. However the decision was made to keep the BAC open and to try and engage the patients, their families and staff in the transition process which it was felt would give the best chance of the patients accepting and engaging with their new treating services. There was understandable anxiety about the closure including on the part of staff who were concerned about their job security and redundancies and all stakeholders about the impact on the patients. A campaign was started months earlier by families of the patients and other concerned people to try to save the BAC and this campaign contributed to the stress and anxiety levels;

    (b) There was a high level of grief and distress about the suspension of Dr Sadler who had been at the BAC for over 25 years. It made it more difficult to develop a rapport with patients and their families and some staff when I was seen as the person who had taken his job;

    (c) [redacted]

(d) The ongoing CMC investigation caused a high level of stress. A number of nursing staff returned in tears and many took time off work to deal with their distress. Apparently staff had been advised it was not a process trying to attribute blame for any particular events but the cross-examination was reported by some to have been adversarial and some struggled to cope with the perceived criticism of their competence;

(e) There was a perceived threat to the reputations (and thus employability) of staff at the BAC from the publicity and the CMC investigation and the sense that there must have been something ;

(f) There was an added workload as the above matters led to staff being away on sick leave or resigning. Attempts were made to fill the gaps with agency nurses but they simply did not have the necessary level of knowledge and experience as the permanent staff to effectively fill the gap;

(g) Some of the staff had not been upskilled in relation to the use of the electronic record keeping program, CIMHA. Adapting to its implementation added to their stress. In addition I was not given training in CIMHA;

(h) The registrar working in the BAC was very stressed and even tearful while I was there. He was transferred to a different position on 2 December 2013 again adding to the load of remaining staff;

(i) Staff did not like changes I brought in when I started such as not allowing the patients ground leave – as the BAC was in the middle of a forensic precinct with convicted paedophiles in the precinct I was not prepared to allow them to walk around unsupervised; or go onto the adjoining golf course for a smoke;

(j) Another psychologist was being investigated for treating patients privately while on sick leave and this created further tension particularly with allied health;

(k) As the BAC moved closer to closure the number of staff decreased which I felt created a safety issue even though some of the number of patients had also reduced;

(l) [redacted]

(m) [redacted]

(n) The lack of services available to manage the types of patients in the inpatient section of the BAC. While there were a number of services which could provide some of the treatment or accommodation or allied health or educational requirements of the patients, there was no service which was tailored to provide all the services in a single location, let alone which would allow the patients to connect with and maintain close contact with families, friends and community. In addition there was no comprehensive database of available services. An enormous amount of time was spent telephoning different government departments and health services to find out what was available and if a particular patient could access a particular service in a particular area;

(o) Many of the patients were about to or had just turned 18 and so no longer qualified for adolescent services; They were transitioning between child and adult services at the same time as transitioning from inpatient to less restrictive care settings;

(p) Mixed messages were being received by staff from the executive and HR about the timing of the closure and what would happen to patients and staff.

11. The impact of these challenges was that much of my time was spent in meetings. I would estimate I spent a full day a week in meetings outside the BAC, and another day a week in transition care panel meetings at BAC updating care plans. I needed to spend most of my time getting to know the patients and connecting to their families.

In the last month there I would sit with the few remaining kids while they had dinner (and get home about 8 pm) to maintain a close connection with them, especially if I had been off site during the day or if one of them had visited a potential future service or had expressed anxiety about discharge.

Transition plans

12. To assist the investigation I will summarise the condition of the 6 patients being reviewed and the transition plan which was developed for each. Where it was possible we tried to do a graduated transition but when new placements or services were delayed ,this compromised this approach.

13. The 6 patients and the summaries and transition plans are as follows:

(a) [redacted]

(b)

(c)

9

(d) [redacted]

(e)

(f)

[redacted]

Conclusion

14. The amount of work involved in keeping the patients safe, identifying possible services in the local community, getting agreement from the proposed receiving service to taking individual patients and if necessary to modify their service provision, getting support from the family and other stakeholders and dealing with all the challenges referred to above was extraordinary. Nevertheless it was to the credit of the transition team that all patients were provided with a plan which clearly identified their accommodation requirements, treating team, allied health providers and was in a location fairly convenient to family. It was distressing to be advised in later months

that three of the patients had died. However not having had contact with them after their discharge from the BAC I cannot comment further on what happened in those cases.

.....

DR ANNE BRENNAN

Dated: 13/10/14

Issues Register

Issue No.	Issue	Raised By	Date Raised	To be actioned By	Urgency	Outcome	Date of Completion
1	Observational categories used on ward	Will & Padraig	11.09.2013	Anne & Elisabeth	Immediate	5 minute obs category ceased. Only to use standard Cat red/blue/green to avoid confusion & miscommunication, placing young people at risk	11.09.2013
2	After hours adolescent mental health consultant cover for BAC	Darren & Sharon	11.09.2013	Elisabeth & Darren	Immediate	Consultants on CHQ after hours child & adolescent consultant roster to provide cover. All consultants notified, credentialled to work in WMHS & approved as Authorised Doctors in WMHS. Anne to brief consultants of any issues each day & consultants to provide Anne with email feedback if called.	completed
3	Will placement at BAC be sufficient to meet registrar training requirements	Elisabeth	11.09.2013	Elisabeth & Darren	Immediate & ongoing	RANZCP child & adolescent training requires registrar to see at least 5 adolescent cases & 5 prepubescent cases. Registrar to remain at BAC until end of November and then transfer to CFTU for rest of placement to have opportunity to see younger children. Also to undertake site visit to CHQ infant mental health team to participate in case conference. Anne to supervise Barrett part of placement & Elisabeth to supervise CFTU part. WMHS to continue funding for CFTU transfer, with registrar returning to BAC to cover Anne over Christmas/New Year if required. Registrar to be given support by Anne, Darren & Elisabeth to manage the disruption surrounding the placement and ensure a positive training experience. Registrar commenced at CFTU 2/12/2013. Elisabeth to provide supervision for remaining part of placement.	completed
4	Management of media following Health Minister announcement in parliament	Sharon	12.09.2012	Sharon & Leanne	Immediate	Media briefed appropriately with generic information, not identifying patients or families	
5	Management of BAC school staff, including their attitudes & behaviour, development of Personal Education Plans for patients and closure of school	Anne & Elisabeth	12.09.2013	Sharon & Leanne	Ongoing to closure of school	Education staff to provide a handover of patient's educational needs from health perspective. School to be transferred off site at end of school year, to continue at Yeronga State High School as Barrett Special Purpose School.	
6	Anxiety of parents about future management of their young people	Sharon & Leanne	12.09.2013	Sharon, Leanne & Anne	Ongoing until closure of BAC	Officer to offer ongoing support to parents. Communication strategy with fact sheets to continue with regular updates. Parents invited to submit thoughts about future service planning to Steering Committee.	
7	Need for directive from WMHS stating clearly plans for closure and a decision about not accepting any further admissions (inpatient or day program) due to the instability & inability to plan discharge or manage the waiting list in the context of ongoing uncertainty	Elisabeth & Anne	13.09.2013	Sharon & Leanne	Immediate	Including verbal briefing of patients, parents, staff & school; followed by staff communique & factsheet & email memo to all HHS MHS executive staff	22.10.2013
8	Weekly Meetings - regular date x attendees		13.09.2013				
9	Strategy - Key Issues 1) Separate from clinical BAC 2) Parents need to see options sooner - Propose 1/2 day forums x 2		13.09.2013				
10	Notify other HHS's (Print Out)	Sharon Kelly	13.09.2013				
11	Waitlist msgs - wording re: from here on						

12	Anne spoke with all parents today except 2 (will do these tonight) 4 [redacted]		13.09.2013	Anne Brennan Leanne ?			
	Containment & pt safety - no more admissions - closure date / period - reduce beds problematic - ind wrap around services		13.09.2013	Need position from Board			
	CYMHS sector Psychiatrist not happy						
	Observation protocols						
	Significant improvement in documentation required						
	School - major issue						
	Plenty of staff - what are they doing?						
	Case conference needs to be shorter but involve family						
	Increase occupation of kids						
	Change roles of staff eg. Wait list management						
13	Going to unlock doors next week						
14	Safety of patients with growing instability, staff anxiety	Anne & Elisabeth	16.09.2013	All	Ongoing until closure of BAC	Regular clinical review & risk assessments & emotional containment of patients by Anne & registrar & appropriate clinical responses. Support of staff to contain ward milieu. Regular communication with parents to contain anxiety. Comprehensive discharge planning and complex case discussions where required.	
15	File review has identified other [redacted] WMHS lawyers to review regarding response.	Will & Padraig	16.09.2013	Will	Immediate	Patient management plan reviewed & to be followed. Police liaison meeting to occur to educate [redacted]	
16	Safety of patients with growing instability, staff anxiety	Anne & Elisabeth	16.09.2013	All	Ongoing until closure of BAC	Regular clinical review & risk assessments & emotional containment of patients by Anne & registrar & appropriate clinical responses. Support of staff to contain ward milieu. Regular communication with parents to contain anxiety. Comprehensive discharge planning and complex case discussions where required.	
17	File review has identified other [redacted] WMHS lawyers to review regarding response.	Will & Padraig	16.09.2013	Will	Immediate	Patient management plan reviewed & to be followed. Police liaison meeting to occur to educate patients about appropriate [redacted]	completed
18	0.5 FTE insufficent consultant psychiatrist time	Anne & Elisabeth	16.09.2013	Darren	Immediate	Increase Anne's hours to 38 hours per week	completed
19	Increased support needed for nursing staff; Vanessa overwhelmed with administrative duties & required to be involved in discharge planning	Anne & Elisabeth	16.09.2013	Will	Immediate	Vanessa returned to CNC role to support Anne & new acting NUM appointed to manage administrative tasks on ward.	14.10.2013
20	Increased administrative support for Anne & computer access for Anne	Anne & Elisabeth	16.09.2013	Sharon	Immediate	Anne informed of availability of AO on ward & AO line manager to be notified, dictaphone & additional laptop organised for Anne's office	completed
21	Concerns regarding roles of allied health staff going forward	Anne & Elisabeth	16.09.2013	Michelle & Lorraine	Ongoing	Senior allied health staff reviewed current situation and provide ongoing staff support toward closure	
22	Limited activities for young people resulting in boredom & potential for deteriorating mental health	Anne & Elisabeth	16.09.2013	Will & Padraig	Ongoing	Explore with staff opportunities to plan regular appropriate therapeutic activities appropriate to this age group	
23	Inadequate clinical documentation	Anne & Elisabeth	19.09.2013	Anne & Padraig	Immediate	Clinical reviews documented in CIMHA and file notes appropriately updated in timely fashion	

24		Need for clear transition care plans for patients to support discharge	Anne & Leanne	19.09.2013	Anne, Elisabeth & Leanne	Immediate	Establish collaboartive care management panels around each young person to be called Transition Care Panels, Elisabeth to become a member of Steering Committee in place of Trevor, Leanne to review transition working group as part of future planning process and replace with transition Care Panels.Need core medical, nursing, allied health & education representation on panels with additional coopted members specific to each young person.	completed	

25	Workforce decommissioning	Sharon & Leanne	25.09.2013	WMHS Executive	Ongoing	Briefing of unions has occurred, HR will manage decommissioning individually with staff. Liaise with Regional Director of Education to close BAC school - will need to develop a timeline around this. Staff will need clear communication and information at each step of the way and then ongoing support to manage not only the change but issues of grief surrounding the closure of BAC.
26	Management boundaries	Sharon	25.09.2013	WMHS Executive	Ongoing	Clinical management of young people at BAC & decommissioning of BAC is the responsibility of WMHS. Confine membership of this weekly review meeting to members supporting work of WMHS in decommissioning BAC
27	Engagement with other HHS and external service providers to ensure wrap around packages for the safe and appropriate discharge of young people from BAC	Anne	16.10.2013	Anne, Elisabeth, Leanne	Ongoing	transition care panels have identified deficit in knowledge of existing services, difficulty in engaging services to accept ongoing care og young people, resistance of young people, parents & staff in engaging with transition processes, lack of available services in communities in this transition phase
28	Patient files stored inappropriately on ward	Anne	16.10.2013	Will, Padraig, Sharon	Immediate	Files to be relocated to appropriate storage services, administration directive to be provided
29	Mitigate risk of fire management on ward	Anne	16.10.2013	Ward NUM	Immediate	NUM organising fire safety training for ward to ensure processes and skills are current and risks can be mitigated
30	Commitment of support to	Leanne	16.10.2013	Leanne	Ongoing	Provide support through consultation and liaison with with parental consent
31	Independent meetings involving unions, parents, school staff and young people	Anne	17.10.2013	WMHS Executive, Education Regional Director	Ongoing	Need to have clear boundaries in place to maintain mental health of young people & safety & stability of ward milieu. Directive from Anne advising not medically recommended for young people to be involved. Anne to provide weekly updates & contact with most anxious parents to support them in managing transition. WMHS executive to work with regional director of education to manage transition for education staff and provide them with greater containment. Union meetings not to occur on site.
32	Difficulty in getting services to collaboratively work together to create care packages for young people	Anne	23.10.2013	Anne & Leanne	Ongoing	Continue to meet and negotiate to achieve appropriate clinical outcomes and escalate to higher levels if required. May need to send staff to Townsville to scope potential services
33	Complex care panel required for	Leanne	23.10.2013	Anne & Leanne	Ongoing	invite Stephen Stathis to chair the panel & Anne & Laura to coordinate
34	Nursing & allied health staff increasingly distressed about inquiry & impending closure & their futures, their concerns for patients & their grief	Anne	23.10.2013	Michelle & Will	Ongoing	Monitor & support staff as required
35		Staff Member	23.10.2013	Alex	Immediate	Alex has sent an email requesting
36		Anne	23.10.2013	Anne	Immediate	CYFOS Consultant will be providing consultation & therapeutic session to patient. Risk mitigation strategies to be clearly documented.
37	Patients have unescorted ground leave of The Park which is not safe due to the escalating risk of the broader Park population	Anne	23.10.2013	Anne & Alex	Immediate	Notification to be given to staff & patients that there is no further unescorted ground leave
38	Staff requesting to escort patients to an MA15+ movie	Anne	23.10.2013	Anne & Alex	Immediate	Notification to all staff (nursinf & education) & patients that it is not appropriate for young people to attend or view MA15+ movies
39	Referrals of patients are being made to psychology staff to see patients privately while staff are also working for WMHS, raising issues of conflict of interest	Anne	23.10.2013	Michelle	Immediate	Senior Allied health staff to investigate and manage
40	Need to improve communication with broader mental health community	Sharon	23.10.2013	Sharon	Immediate	Establish a mailing list and regularly distribute updates using factsheets

41	Dispersion of building and education assests	Anne	30.10.2013	WMHHS	Ongoing	This will need to be organised, and the timing will need to be carefully considered with staff finishing, school closing and patients being discharged	
42	Christmas leave and staffing	Anne	30.10.2013	Anne, Will, Alex	Ongoing	Need to plan staff leave over Christmas to ensure appropriate and safe cover for remaining patients.	
43	Concern that CHQ won't have new services up and running quickly enough to cover end of services at BAC and there being insufficient services available for adolescents in the transition	WMHHS	13.11.2013	WMHHS & CHQHHS	Ongoing	WMHHS has established a model of transitional programs in collaboration with Aftercare, including a holiday program for current BAC patients and a residential service. Contiune to work collaboratively across both HHS to integrate WMHHS transitional model and programs into new SWAETR in a timely fashion and without service delivery gaps	
44	Inadequate nursing staff as been identified as an issue on some shifts	Leanne	28.11.2013	Will	Immediate	Ensure adequate nursing staff are rostered on each shift.	4.12.2013
45	Handing over management of any remaining waiting list and assessment list patients to CHQHHS for ongoing management	Anne & Elisabeth	22.01.2014	WMHHS & CHQHHS	Ongoing	Ensure any patients remaining on these lists receive timely and appropriate management and are not lost in the transition process. Handover to be implemented between Anne and Stephen Stathis.	
46	Risk of losing wisdom and experience gained from the closure of BAC	Leanne & Anne	22.01.2014	All	Ongoing	WMHHS to provide opportunities for debriefing and recording of the lessons and collective wisdom gained from the process of closing BAC	

KG-51

From: Kristi Geddes [
Sent: Monday, 13 October 2014 06:45 pm
To:
Subject: PRIVATE & CONFIDENTIAL - Health Service Investigation re Barrett Adolescent Centre [ME-ME.FID2743997]
Attachments: Appointments and Terms of Reference.PDF

Importance: High

Dear Dr Stathis,

As you may be aware, I have been appointed with Associate Professor Beth Kotze and Tania Skippen as investigators for a Health Service Investigation in relation to the closure of the Barrett Adolescent Centre. We have been appointed under the *Hospital and Health Boards Act* and pursuant to the **enclosed** Instruments of Appointment and Terms of Reference.

As part of their investigations, A/Prof Kotze and Ms Skippen have identified that it may be relevant to speak with you, given your extensive involvement in the transition process on behalf of Children's Health, to better understand the role of Children's Health in the transition of the Barrett consumers out of the centre.

Unfortunately, your potential relevance to the investigation has only just today been brought to light and A/Prof Kotze and Ms Skippen are only in Brisbane today and tomorrow. I sincerely apologise for the late notice, but wonder if you would be available for an interview around the middle of the day tomorrow. By telephone will be fine if you are unable to attend in person at such late notice and they anticipate it should take less than an hour.

Could you please let me know as soon as possible if you are able to assist. If the late notice prevents you from doing so, could you please give me a call so that we can discuss alternative options.

Thank you in advance for your assistance and cooperation.

Kind regards,
Kristi.

Kristi Geddes Senior Associate
t f +6
Minter Ellison Lawyers
www.minterellison.com

INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.

2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers and Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.

3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

[redacted]

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

INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.

2. The appointee is to work co-operatively during the investigation with the other appointed Health Service Investigators (Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, Fellow of the Royal Australian and New Zealand College of Psychiatrists and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers) under Part 9 of the *Hospital and Health Boards Act 2011* and is to prepare a joint report to me under section 199 of the *Hospital and Health Boards Act 2011*.

3. The appointee will be indemnified against any claims made against the appointee arising out of the performance by the appointee of her functions under this Instrument, on the terms contained in Schedule 2.

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

INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR

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

Conditions of appointment

1. The appointment commences the date of this Instrument and will end on delivery of the required report.

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

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH
/ 08 / 2014

14 AUG 2014

SCHEDULE 1

QUEENSLAND HEALTH

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

TERMS OF REFERENCE

1. Purpose

The purpose of this health service investigation is to:

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

2. Appointment

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

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

3. Scope of the investigation

The functions of the health service investigators are to:

3.1. investigate the following matters relating to the management, administration and delivery of public sector health services:

3.1.1. Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage

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

(a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;

3.1.2. Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;

3.1.3. Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

3.1.4. Based on the information available to clinicians and staff between 6 August 2013 and closure of the BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients [redacted] should be undertaken.

3.2. Make findings and recommendations in a report under section 199 of the HHBA in relation to:

3.2.1. the ways on which the management, administration or delivery of public sector health services, with particular regard to the matters identified in paragraph 3.1 above, can be maintained and improved; and

3.2.2. any other matter identified during the course of the investigation.

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

4. Power of the Health Service Investigators

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

5. Conduct of the investigation

5.1 The investigators have the authority under the HHBA to interview any person who may be able to provide information which assists in the investigation. The investigators may seek to interview persons who are not employees of Queensland Health who may be able to assist in their investigation. The investigators need only interview persons who can provide information that they believe is credible, relevant and significant to the matters under investigation.

5.2 The investigators are delegated the authority to give any appropriate lawful directions which may be required during the review. For example, to provide a lawful direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents maintained by the relevant Department of Health and/or relevant Hospital and Health Service. The investigators will inform me of any failure to comply with a direction and I will advise regarding the approach that will be taken.

5.3 The investigators may co-opt specialist clinical, clinical governance, or human resource management expertise or opinion where they deem it appropriate. The investigators must obtain my prior approval, before incurring any expenses in this regard.

5.4 The investigators must provide persons participating in this investigation with the opportunity to attend an interview and to respond verbally and/or in writing to the specific matters under investigation. This will not include a formal skills assessment at this stage.

5.5 Material that is adverse to any person concerned in this investigation and credible, relevant and significant to the investigation is to be released to that person during the course of the investigation. Where this material is contained in writing, it is to be provided to that person within a reasonable time prior to any interview or with a reasonable timeframe to permit a written response. Prior to releasing documentation to the person, the investigators will consult with me as confidentiality undertakings may be required before the release of documentation to that person.

5.6 All evidence should be appended to the report. Excerpts from records of interview/statements that are credible, relevant and significant to the findings made by the investigators are to be quoted in the body of the report under the heading '*Assessment of Evidence*'.

5.7 The names of persons providing information to the investigators must be kept confidential and referred to in a de-identified form in the body of the report, unless the identification of the person is essential to ensure that natural justice is afforded to any particular person.

5.8 The report is to be finalised by **16 September 2014** unless otherwise agreed with myself.

5.9 If necessary, the investigator should report back to Annette McMullan, Chief Legal Counsel for further instructions during the course of the investigation.

SCHEDULE 2

INSTRUMENT OF INDEMNITY

Grant of Indemnity

The State of Queensland, through the Queensland Department of Health ("the Department"), agrees to indemnify Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health ("the indemnified") in respect of this health service investigation, as an "other person" as defined by and included within the terms and conditions of HR Policy I3, "Indemnity for Queensland Health Employees and Other Persons" as at the date of this instrument.

Signed this 14 AUG 2014 day of ..... 2014.

IAN MAYNARD
DIRECTOR-GENERAL
QUEENSLAND HEALTH

KG-52

From: Lisa Harris
Sent: Tuesday, 14 October 2014 09:36 am
To: Kristi Geddes
Subject: RE: URGENT - Barrett Investigation - interview with Megan Hayes [ME-ME.FID2743997]

Dear Kristi,

No problems. Megan and I will be at your offices at 11:30

Kind regards lisa

Lisa Harris
Special Counsel

Tel
Fax
www.corrs.com.au

CORRS CHAMBERS WESTGARTH lawyers

CORRS BRISBANE IS MOVING TO ONE ONE ONE EAGLE ST

Please consider the environment before printing this email

From: Kristi Geddes [mailto:
Sent: Tuesday, 14 October 2014 8:25 AM
To: Lisa Harris
Subject: URGENT - Barrett Investigation - interview with Megan Hayes [ME-ME.FID2743997]

Dear Lisa,

I am enquiring if there is any chance of pushing Ms Hayes' interview back today, until 11:30am. Unfortunately an additional witness was added yesterday and with the late notice, is only available between 11:00am and 11:30am today. Could you please let me know as soon as possible if this is suitable?

Thank you very much,
Kristi.

Kristi Geddes Senior Associate

www.minterellison.com

Please consider the environment before printing this email

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File Note

Author Kristi Geddes

Matter Queensland Health
Health Service Investigation - Barrett Adolescent Centre
1084936

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

Monday 13 October 2014		
8:45am	Arrive ME Brisbane	
9:15am	RN Mara Kochardy	Care coordinator for Attending with Judy Simpson, Roberts & Kane Lawyers (on instruction from QNU)
10:00am	RN Moira Macleod	Care coordinator for Attending with Judy Simpson, Roberts & Kane Lawyers (on instruction from QNU)
10:45am	Break	
11:00am	RN Brenton Page	Care coordinator for
11:45am	RN Matthew Beswick	Care coordinator for Attending with Judy Simpson, Roberts & Kane Lawyers (on instruction from QNU)
12:30pm	Break	
1:00pm	RN Peta-Louise Yorke	Care coordinator for Attending with Judy Simpson, Roberts & Kane Lawyers (on instruction from QNU)
1:45pm	CN Susan Daniel	Care coordinator for
2:30pm	Break	
2:45pm	Dr Anne Brennan	Clinical Director from September 2013 Attending with Harry McCay from Avant
4:45pm	Finish	

Tuesday 14 October 2014		
9:00am	RN Rosangela Richardson	Care coordinator for Attending with Judy Simpson, Roberts & Kane Lawyers (on instruction from QNU)
9:45am	RN Victoria Young	Care coordinator for Attending with Judy Simpson, Roberts & Kane Lawyers (on instruction from QNU)
10:30am	Break	
11:00am	Dr Stephen Stathis	Clinical Director, CYMHS, Children's Health Queensland By telephone –
11:30am	Megan Hayes	OT, active role in transition planning Attending with Lisa Harris from Coors Chambers Westgarth Lawyers (in instruction from WMHHS)
12:30pm	Break	
1:30pm	Dr Trevor Sadler	Clinical Director until September 2013 Attending with David Watt from K&L Gates Lawyers (on instruction from Avant)
3:00pm	Meeting to discuss progress	
3:30pm	Finish and leave for airport	

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Queensland Health

Health Service Investigation - Barrett Adolescent Centre

1084936

Interview with RN Mara Kochardy - Care coordinator for [redacted] 13 October 2014

Parties: Beth Kotze (BK), Tania Skippen (TS), RN Mara Kochardy (MK)

BK: I think we are now recording. We also may take some notes as we go along just as prompts for us.

MK: Okay.

BK: So, as I said, my name's Beth Kotze, A Child and Adolescent Psychiatrist from New South Wales, and I work with Tanya. We're both from Mental Health Children and Young People Division in New South Wales. So, thank you very much for attending this morning. Can I just check out first of all what's your understanding of the process and what we're doing, and the investigation?

MK: My understanding is that, you know, you are investigating if the transition process was accurate.

BK: Yep.

MK: For the children's needs.

BK: Yep. Yep. The kids at the Barrett Centre. Have you actually been provided with a copy of the terms of reference?

MK: I have.

BK: Okay. Do you have any questions about the terms of reference, would you like to refresh your memory?

MK: At the moment, I haven't got any questions. No, I might ask questions as I go along.

BK: Please do. Please do. If anything's not at all clear, or you're wondering about anything, please do ask us. So, you're aware that we've been asked to look at the process of transition for the kids, once the closure of the Barrett Centre was announced. And you're aware of the circum …, the reasons for that?

MK: Not really.

BK: Ahuh. Okay, I understand there were some poor outcomes for some of the young people in the period subsequent to transition and closure of the Centre. So, that's sort of why we've been asked to do this. Okay, so look, I wonder if we could start with you're an RN, I understand?

MK: That's right.

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BK: And how long have you been an RN for?

MK: This will be my sixth year.

BK: Sixth year, okay, okay. And where are you working at the moment?

MK: At the moment I'm working at the adolescent ward at the Royal Brisbane.

BK: Okay. Is that a mental health unit?

MK: It's a mental health unit.

BK: Right, okay. And how are you finding that?

MK: I'm loving it yeah, love everything.

BK: So, you've been in, is it as an RN and mental health for six years? Or?

MK: Mm.

BK: Okay. And what did you do before that?

MK: I was a mum.

BK: Okay, yes, yes. Yeah, yeah. So, was the Barrett Centre your first RN position?

MK: When I finished my, when I graduated, I did a transition program at The Park, and I went all over The Park during that period. And then I did my Masters for two years.

BK: Oh, fantastic.

MK: After I did my Masters, I requested to enter the Barrett Centre.

BK: Yes.

MK: And so, yes, I did that for two years.

BK: Yeah, so you very much wanted to work with young people, is that right?

MK: Yes, I did.

BK: Yes, okay. And can you tell us how you generally found your duties at the Barrett Centre?

MK: I enjoyed it cause there was a lot of interaction with the kids, we got to know the patients very, very well. So, it was very, I found it very satisfying. Ah, yeah.

BK: Yeah. Is it, was it different or in contrast to your current position?

MK: I think it was in contrast cause these kids were long term patients, so, I mean, you got to know their families very well and you got to know the children

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very well. Whereas the place I'm at now, we share coordinators, so we don't get to know the patients as well, as we did at the Barrett.

BK: So, the model of nursing care is different in the inpatient unit that you are currently working in?

MK: It's more medically based.

BK: Okay, okay. Is it sort of a team model or is it a primary nurse model?

MK: It's a team model.

BK: Okay, okay. So, the, which is different to the Barrett Centre key coordination model. How did that actually work in practise?

MK: I think it worked quite well, because the nurses were with the patients for the majority of the time. And it was very good that we got to know them, cause we got to know what triggered any, we got to know them extremely well. But, at the same time, I think that we worked very well as a team there too, with the social workers and psychologists. I think we pulled together and worked well.

BK: What would you say were those sort of specific duties of care coordination?

MK: Mostly, it was to be an advocate for the child. To make sure that the family were involved, very important with you know nursing at the Centre, and to let the other members of the team know what was going on, so if they needed to see the psychologist or social worker, that we refer them to the people that they needed to see.

BK: Did the care coordinators have specific responsibility for specific interventions?

MK: Not really.

BK: Cause you mentioned that you got know the kids so well and, you know, perhaps in a good position to see what triggered certain things for them. Were there a suite of interventions then that the care coordinators were responsible for delivering, that tend to get handed over to RNs?

MK: [?] to get handed to other team members.

BK: Right. Okay. And in the usual kind of run of the mill, business as usual sort of situation, how did discharge planning work?

MK: You know, I was not really that much involved with discharge planning, that either was handled by the Allied Health or the, what do they call them, the clinical team.

BK: Okay.

MK: We didn't do admissions, and we didn't do discharges.

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BK: Okay. So, how would an RN on the floor responsible for working for young persons get that sense of an understanding of the assessment, and then the discharge needs? How would you have been involved in the care planning processes?

MK: Each week there would be a meeting where we'd talk about the, what was needed for the children, so in that meeting, we would discuss everything that was happening with the child, what their needs were, and that's where we'd get some idea of what was happening [?].

BK: So, at the time that the Barrett Centre, the announcement was made that it was closing, how long had you been working there then?

MK: It'd be about 1.5 years, I guess.

BK: Okay, okay. Did the news come out of the blue or was there some anticipation?

MK: There was, I think there was some anticipation that it might happen, but we didn't know when.

BK: Right, right. Okay. At that time, do you recall the kids the you were actually dealing with at the time that you were involved with?

MK: Which ones I was involved with?

BK: Yes.

MK: Of course, I was involved with

BK: Yes.

MK: And

BK: Okay, okay. Could I just ask, sorry to interrupt, when you heard that Barrett was closing, it would have been around which date? Was the official date in August or was it prior to that?

MK: It wasn't prior to that, it certainly wasn't prior, it'd be, I think I went on leave too for a few weeks, so it would have been towards the end of August, I think.

BK: So, the beginning of the timeframe. Thank you. So, you were involved with and, I'm sorry, the other name, the other?

MK:

BK: And Okay, can you tell us about

MK:

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BK: Okay.

MK:

BK: Mm

MK:

BK: So was suffering from

MK: Mm. Um, and also um, also was a

BK: Mm huh.

MK:

BK: Mm

MK:

BK: was that a kind of a recurrent theme would do things like that ...

MK: ...always do things like this, always um, that was very habitual.. little episodes...

BK: How did the team come to understand that behaviour?

MK: Um, I don't really understand the question.

BK: Um so, presumably that behaviour was discussed in a team setting and people, you know, speculated on what it meant and on how to respond to it in, you know, presumably in such a sort of way to try and perhaps modify it over time. Do you recall what people thought with the, where it sort of fitted in to problems?

MK:

BK:

MK:

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BK: Yeah.

MK: And um, I know [redacted]

BK: [redacted]

MK: [redacted]

BK: Yeah, yeah.

MK: [redacted]

BK: Yeah.

MK: [redacted]

BK: When you say in the time that you were involved, were you at Barrett up until the closure?

MK: I left in early January.

BK: Early January?

MK: To go to the [?].

BK: [redacted]

MK: [redacted]

BK: Yes, yes

MK: [redacted]

BK: Yes. Can you tell us what your involvement was in the planning for transition?

MK: [redacted]

BK: And what were the kind of things that you felt was important to advocate for?

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MK: [redacted]

BK: Yep yes.

MK: You know, so [redacted] wanted, but in particular, [redacted] wanted to be [redacted]

BK: Mmm. And did you feel that you were able to achieve, you know what you thought was important in that planning process, or in that transition process?

MK: It was very difficult with [redacted] because um, it was my understanding that [redacted]

BK: Yeah yeah.

MK: [redacted]

BK: [redacted]

MK: That's correct, yep.

BK: Yeah. Are there any um general comments or views that you would offer about the transition process the planning, from what you observed. I understand that you weren't um ...

MK: Um, I would have liked more time.

BK: Mmm.

MK: It was a bit rushed?

BK: Mmm hm. What bits of it were rushed?

MK: Um, it was just the, the (sigh), high acuity of the patients on the ward. It was difficult to get somewhere suitable for them to go. [redacted]

So, I think um, yeah, I would like more time, to be able to find somewhere more suitable.

BK: How long do you think it would have taken, like how long do you imagine would have been ... ?

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MK: I don't know. And to be, to be very honest, I don't know, I don't even know, of what places would be available, so you know, I'm not working on much information there.

BK: Yeah.

MK: Yeah.

BK: I was just wondering, um, you talked about the announcement back in August, and then what was the timeframe for when the transition started happening, um started happening. Was that kind of a thing that already started when the patients were admitted, that they were already being prepped for discharge all through their stay, or was it … ?

MK: No. I don't think that would be the case, no. Mmm.

BK: So when would the transition planning have started for

MK: (sghs), I can't give you answer to that either. I, I don't know.

BK: Mmm. What was the upper limit of age for admission to Barrett?

MK: Um, the age would be 18.

BK: Up to 18?

MK: 18, up to 18.

BK: 18 mmm.

MK: But, I know in some circumstances they did keep them longer if they felt it necessary. Mmm.

BK: Mmm ok. Can you tell us about

MK:

BK:

MK:

BK:

MK:

BK:

MK:

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BK:

MK:

BK:

MK: Yes.

BK: And um, ah…

MK: Sorry I was [?] got transferred.

BK: Right, can you talk about what it was like working with

MK:

BK: Mmm hm.

MK:

BK: Oh for

MK: Oh, yeah.

BK:

MK:

BK: Yep.

MK:

BK: Mmm.

MK: You know.

BK: Was how was managing um, ah the relationships and what it meant to, for the relationships in the transition, was that discussed at a team level, did the team talk about how that process of separating was, how was managing it?

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MK: I, I don't know.

BK: Okay?

MK: Okay.

315 BK: So um, it doesn't sound like you were involved in the kind of practical arrangements of setting up appointments, um, and making referrals, you were there um, in advocacy role um during some of the, um some of the processes.

MK: Yes yes. Mmm.

320 BK: Okay. Would you know anything about the kind of communication that happened with around the decision making in the transition period?

MK: None at all.

BK: No no.

325 MK: As I say left in so, yeah, I had no [?] with

BK:

MK: Oh sorry. Often. Well not often but, on quite a few occasions and um, was invited into the meetings with um.

BK:

330 MK: Oh...

BK: I've tricked you now. (laughing) My fault.

MK:

335

BK: Mmm.

MK:

340 BK: Thank you. Is there anything you would like to ask us?

MK: No not really.

BK: Have you any reflections, or thoughts that you'd like to offer in relation to the ...

MK: No.

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BK: Okay okay, thank you so much.

MK: Thank you.

BK: Mara thank you for coming in today.

END OF TRANSCRIPTION

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Queensland Health

Health Service Investigation - Barrett Adolescent Centre

1084936

Interview with RN Moira Macleod - Care coordinator for [redacted] 13 October 2014

Parties: Beth Kotze (BK), Tania Skippen (TS), RN Moira Macleod (MM)

BK: First of all can I just check out with you what's your understanding of this process?

MM: I don't really have an understanding of the process.

BK: Okay. You're aware that we've been asked to investigate the transition …

MM: Yes.

BK: Yep, the transition process for young people leaving the Barrett Centre. Have you seen a copy of the terms of reference?

MM: Oh yes, I was sent that [?].

BK: Okay. Do you want a copy?

MM: [?].

<laughter>

BK: Just wondered if you had any questions about the terms of reference?

MM: No.

BK: Okay. And if something does occur to you, please just let us know. So Moira, you're an RN?

MM: Mm-hm.

BK: And where are you currently working?

MM: I'm now working in the Correctional Centre.

BK: Oh, right.

MM: At Wacol.

BK: That's quite a change.

MM: Quite a change.

BK: Yes. Is that a forensic mental health unit?

MM: No, no, I'm just working in the medical centre, broad clinic [?].

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BK: Right, right. And sorry I omitted to say that I'm a child adolescent psychiatrist and I work with Tania in the Children and Young People's Unit, the Mental Health Children and Young People Centre New South Wales, so that's a bit about our background and how we came to be involved in this process.

MM: It still is my passion, but …

BK: Yes, it's hard to leave it.

MM: Yes.

BK: Once you've, yeah.

MM: Yes, but my heart is sort of still there.

BK: Yeah.

MM: To a fair degree.

BK: So how long have you been working in that sort of correctional …

MM: Since February this year.

BK: Right, right. So when did you actually leave the Barrett Centre?

MM: The day it closed. Like, I was one of the very last ones to leave.

BK: Yeah. And how long had you been there?

MM: Seven and a half years.

BK: Mm-hm. How long have you been an RN for?

MM: About eight years.

BK: Okay.

MM: I entered that quite late in life.

BK: Mm-hm. And what sort of qualification did you do before you worked in child adolescent mental health?

MM: Did the transition program at [?] Park and I think the experience of working there with the kids, you know, and constantly researching and …

BK: Mm. What did you particularly value about that role?

MM: I like the thought of changing their lives perhaps, guiding them onto a different path and changing what the outcome might be. You know, I think the hope is still there when they're kids, when they're adolescents. Yeah, I guess that's what it was about for me, that you can actually make a difference.

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BK: So was your role described formally as a care coordinator?

MM: Initially not but then it progressed to being care coordinator not, I wasn't initially taken on as a care coordinator.

BK: No.

MM: That was something that I eventually went into.

BK: Okay. So what were the sort of different [?] in RN roles – you could be a care coordinator, but what otherwise, what were sort of the other different roles that RNs were employed in?

MM: Well we always, we all had very similar roles, but you just took on a particular client.

BK: Okay. It was a primary [?].

MM: Yeah, yeah, the primary care of that person. But we worked as a team, you know, it was, that was what it was all about. We all had the same goals basically.

BK: At the time of the closure of the Barrett Centre, which of the kids were you working closely with?

MM: I was Case Coordinator..

BK: Who was that sorry?

MM:

BK: Ah yes, okay. Um, okay, can you tell us about

MM:

BK: Yes, yes. We know the files.

MM:

BK: Mm-hm.

MM: I think I was going to say I don't think the transition program worked for in the way it should have done, but that's not really what you're asking about I had great hope for If things had not been snowballed and rushed,

BK: Mm.

MM: I tried to keep my emotional side of it, trying to be professional, but you know it has, the whole thing has affected us all quite greatly, you know.

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BK: Mm. So when did you first come to know

MM:

BK: Mm-hm.

MM: I can't tell you a date.

BK: Mm-hm. Were you involved in assessment for admission?

MM: No, no. We, actually as registered nurses we didn't have a lot to do with the assessment process. That was [?] responsibility…

BK: So was there ever a process of nursing assessment, to look at the …

MM: Oh, day to day, a day to day process, yes. Absolutely we were assessing them all the time, all of our interactions. In a way we ran adventure therapy groups and all sorts of stuff, but the whole, it was a constant.

BK: Mm-hm. What sort of improvements did you see?

MM:

BK: Mm-hm. Had you looked after or been involved with kids like before?

MM: No I hadn't.

BK: Okay, so it was pretty challenging …

MM: It has only been at the Barrett Centre that I've been involved in. I mean I've worked in disabilities and I've worked in different areas, but not actually areas with mental illness.

BK: Mm-hm. Kids like that can be incredibly challenging and get right under your skin.

MM: Absolutely, yes.

BK: What was the [?] like? Where did you go to for advice or discussion about how things were going?

MM: Well, colleagues, the CN's and so on and we had the psychologist on, we had support through the psychologists and, yeah.

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BK: Mm. So the closure was announced in I think it was about August. How did respond to that announcement?

MM:

135 BK: Mm-hm. So how did the transition process unfold for What was the planning? What was your involvement in it?

MM: Well I think everybody thought they were going to come up with some solution. They can't possibly just discharge them to, there was nothing out there that really suited that group of children. And I think we all just prayed
140 for something, some miracle, that we were going to find some solution. And it didn't happen, you know. I feel sorry for, you know, the doctors that were involved in the transition program because it was an impossible task, an impossible task, 'cause there just aren't the facilities out there to, you know, to support somebody like Somebody like

145 BK: So what was your input into the process? How did you, I guess, feed in, the knowledge that you developed about how did you feed that into the process?

MM: I don't feel I was really involved a great deal in that because my role as care coordinator just continued on a week to week basis, you know.

150 BK: [?] worked closely with

MM: Very much so, very much so, yes. As I say, I think we all just thought that they were going to come up with a solution, they have to come up with a solution [?] kids and the kids that we had, it was just the tip of the iceberg. There were so many out there that were on the waiting list, waiting for help
155 that never got it. So I mean as far as being part of the transition program, I mean all we were doing was trying to prepare these kids for whatever came. We didn't know, we didn't know, you know?

BK: Yes. So how did you deal with that with somebody like who had presented[?].

160 MM: So yeah, just trying to You know, maybe our other service was a bit outdated, you know? Maybe there would be something far better that was moving onto, that would get that support,

165

170 BK: So how do you imagine the transition process might have been different?

MM:

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[redacted]

We actually believed that there would still be a support element once [redacted] transitioned out from Barrett, that we would still be involved in that perhaps, being there for part of the days, you know, until [redacted] became more able to cope with the change of [redacted] circumstances then. That ended up not happening. We were kind of led to believe that would be the case and then we were just told that wouldn't be the case, [redacted] be going there and actually was led to believe that it was a bad thing to remain in touch with [redacted] was told that, that it was not therapeutically sound for [redacted] to remain in touch with us who were, who had been [redacted] support system.

BK: How different was that from your previous experience over the eight years or so working at Barrett?

MM: Well I think other kids that had transitioned out back to the community or whatever, you saw that process you saw that person becoming stronger and going out to something better than living in an institution type setting. But that, it just didn't feel right, it didn't feel right what was happening.

BK: mm-hm.

MM: You know having known [redacted] in particular for that length of time. Just you know we had no control over it. It was taken from us.

BK: mm-hm.

MM: That's all that does my feeling, I um. It just wasn't the right thing for [redacted] For [redacted] in particular. I don't know what else I can say other than that.

BK: Sure. In the, before the announcement of the closure in that sort of eight years or so working at Barrett how had transitions been it sounds like they might be managed in a more protracted type of way. They were over the longer terms is that right?

MM: Definitely yeah yeah.

BK: And was there contact with kids after they'd been discharged?

MM: I think some of still come in for a day programs and so on so the

BK: Right.

MM: So they went from being residential to spending more time at home.

BK: mm-hm.

MM: And it might start with one day a week that they go home and it would amount to two days eventually there would home more coming in for a day program.

BK: mm-hm.

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MM: So they'd be attending the school.

BK: mm-hm.

MM: Um so there was still that there wasn't that severed link you know it wasn't suddenly that's it. Suddenly you've gone from 24 hour care …

BK: mm-hm.

MM: And it felt that you were cared for to really not.

BK: mm-hm.

MM: You know. Yeah so I mean we have some successes over the years we haven't, we've had a few not so successful.

BK: Can you tell us about somebody that you regard as having been very successfully transitioned?

MM: Am I allowed to speak names? Am I allowed to say names? If you want to …

BK: First names are fine.

MM: Um let me think. There's a few one in particular I think about is a called

BK: Uh-hm.

MM: And ah the times we've sat in with when and you thought is and thriving and productive and has travelled overseas alone and done all the things .

BK: Yeah yeah.

MM: And did. You know and still out there and communicates with us from time to time and yeah. Um there is a few others as well that are, quite a few that have were successful you know in that there are still alive. Some that we thought would never stay out of hospital and have actually that particular has not been admitted even once.

BK: Yeah. Yeah.

MM: You know it's a number of years since um left us. Left Barrett but ah actually stayed with us till she was But ah

BK: mm-hm. it's not at all um controversial keeping a kid in child and adolescence unit till there

MM: Certainly was but [?] the lack of 18 to 25 the great lack of support for because they're considered adult after 18 but ah no it was controversial and we did have another as well that stayed till that. Wasn't ideal.

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BK: mm-hm.

MM: You know we'd rather have had some other solution to me you know like some kind of step down [?]

BK: Yeah.

MM: Where they're still connected to you but they're learning to be individuals. They're learning to cope for themselves.

BK: mm-hm. mm-hm.

MM: Yes pretty much so.

BK: Okay.

MM: I mean professionally that's the way that you do it. But you know when you've um really been that persons support for all that time its very, very emotionally very difficult.

BK: mm-hm. Of course of course.

MM: There was a little bit of controversy with

BK: mm-hm.

MM:

BK: mm-hm.

MM: So there was a bit of friction there. Um can I say I don't know whether I am allowed to say that or not.

BK: That's fine that's fine.

MM:

BK: mm-hm.

MM: There would have to be something else.

BK: mm-hm.

MM:

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BK: mm-hm. mm-hm. I'm not questioning at all that, um it was environment for but that idea of how did that work?

MM: Well it wasn't all the time it was you know …

BK: Right.

MM: It depended on how week had been.

BK: Yep.

MM:

BK: Yep.

MM:

BK: mm-hm.

MM:

BK: mm-hm.

MM: You know.

BK: mm-hm.

MM: I don't know if I'm going down the wrong track.

BK:

MM:

BK: Yeah yeah yeah. So how was that …

MM:

BK:

MM: Yes.

BK: For whole admission?

MM: I'm not sure. I couldn't tell you for specifically.

BK: mm-hm.

MM:

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BK: Okay.

MM: No I could be wrong I could be wrong on that. I mean maybe towards the end the … the goal post might have been moved but I'm not aware of that. Because otherwise

BK: mm-hm. mm-hm. mm-hm. That's what I was asking yeah.

MM: No so there was still that certain amount of protection for

BK: mm-hm. In terms of um processes on the in patient unit um ah would you as care coordinator have attended the Magistrates Hearings or equivalent.

MM: Well [?]

BK: Queensland.

TS: The Mental Health Review.

BK: [?] New South Wales.

MM: [?] ah if I remember rightly. Um so it happened within the, within the park and sometimes was encouraged to attend when wanted to. And there would be myself or it would be one of the staff members that would go with You know. Yeah.

BK: mm-hm. Okay.

MM: Excuse me just have a little bit of water.

BK: Oh yes no please. Please. Um okay. Any questions for us.

[FEMALE] I'm also thinking about was transitioned to and can you tell us a little about how that happened you mentioned it before briefly but you can tell us a little bit about over what period and how that adjustment was made?

MM: I can't, I can't really remember the timeframe the whole process was quite stressful for all of us and some of that is a bit, times and so on.

BK: mm-hm.

MM: I just seems to me that we were lead to believe it would happen over a longer period of time and then suddenly it was .. cause we weren't really given an actual date of closing.

BK: mm-hm.

MM: You know it was basically we would keep going on until um everybody was transitioned to somewhere suitable. Now with when they eventually found this place which like it was a desperate situation there was nothing really suitable. We thought there would be a lot more support over there than there was. We thought we would still be involved.

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BK: mm-hm.

MM: For a longer period of time. Maybe I was delusional myself in that but in my heart I felt [redacted] needed more than, that's what [redacted] needed.

BK: mm-hm.

MM: You know. And I thought we, might be employed for a longer period of time.

BK: mm-hm.

MM: [redacted]

BK: mm-hm.

MM: Um it just didn't feel right it just wasn't right at all.

BK: Did you actually get to visit [redacted]?

MM: I did yes.

BK: And what was your impression of it?

MM: [redacted]

BK: mm-hm.

MM: [redacted]

BK: mm-hm.

MM: To me it just wasn't the right place. But there didn't seem to be anywhere else.

BK: mm-hm. And did you have the opportunity to talk to the team who was going to be looking after [redacted] in that setting.

MM: Only on that one day that I was over. You know and I believed at that time that we would still be involved.

BK: mm-hm.

MM: [redacted]

BK: mm-hm.

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MM: But it didn't. You know and I can remember I phoned them this was out with work and it might not have been terribly professional but you know I think morally the support that we felt we had to give these kids was nothing to do with professionalism.

BK: mm-hm.

MM: You know. And I phoned over to see after a few days you know would it be suitable to come and visit

BK: mm-hm.

MM: And they actually said no they thought that was going through a grieving process for Barrett and would be better to be left to settle.

BK: mm-hm. It seemed quite hard.

MM: It was yes.

BK: mm-hm.

MM: You know and you're trying to do the right thing I think.

BK: What were the levels of support at

MM:

BK: mm-hm.

MM:

BK: mm-hm.

MM: But it was a different you know, it was not our service it was something different.

BK: mm-hm. Had you worked with that service before?

MM: Not me personally no.

BK: Right okay.

MM: The staff seemed nice and everything but they, they said right from the start this is not the right place for They knew that as well. I don't know what the right place is, I'm not saying that I've got any ideas of any other solutions because there just doesn't seem to be that support.

BK: mm-hm. Do you know at all whether and family were at all involved in the decision making?

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MM: As to where went?

BK: uh-hm.

MM: [redacted]

BK: mm-hm.

MM: I mean my impression of it maybe is completely wrong I don't know.

BK: mm-hm.

MM: Maybe my emotions are over powering my clear thinking I don't know. But I just I felt you know and was discouraged from having contact with us which I thought was wrong but you know maybe from a professional point of view then that's maybe I am wrong in that I don't know.

BK: In the past when there's been transitions [?] there is often horses for courses and um um courses for horses or whatever the expression is, um but its not sort of uncommon in [?] to have different kinds of rituals or ceremonies around, around kids leaving um was that part of this transition process. Or had it been part of the culture before.

MM: Yes definitely. Yeah yeah.

BK: mm-hm.

MM: There had always been some sort of celebration of someone moving on and going out … um.

BK: Was there anything like that around these transitions that you were involved in?

MM: Not really that springs to mind. I think we had sort of a we had a party sort of thing and the kids painted the wall.

BK: mm-hm.

MM: In the dining room. We didn't know what was going to happen to the building we thought they were going to bulldoze it or something.

BK: mm-hm.

MM: But they painted a big mural on the wall and signed their names and all that. Yeah so yes that was all part of you know we were trying to you know we were trying to keep hope into these kids. You know we weren't all doom and gloom and all poor me what's going to happen to me. Because that had nothing to do with it.

BK: mm-hm.

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MM: It was personally I had absolutely no idea where I was going to work after that but that wasn't the issue you know.

BK: mm-hm.

MM: It was ...

BK: One of the issues often is that the kids form intense relationships between themselves as well. What was the sort of general approach to dealing with that because it can be quite an issue post discharge.

MM: They were quite supportive of each other but I think you know not knowing what was going to happen to them you know it was a very difficult time for them. You know it was like I think they kind of felt that they were kind of on the scrap heap a little bit that there was not a solution for this. They were all still very much in need of support and you know like just the year prior there had been the plans to build a new facility.

BK: Right.

MM: Oh it was the plan and the kids were involved in some of that as well. There were plans drawn up their input was very much, they had representatives that were on the committee and things like that and then suddenly to go from that, I know there was a change of government and so on but to go from that to suddenly saying well no you know. We don't really need a new facility that's it just transition back out to the community.

BK: mm-hm.

MM: Um its, it wasn't very easy to understand you know.

BK: mm-hm.

MM: Why that focus changed so radically sort of thing you know.

BK: mm-hm. Okay just thinking about the kind of holistic care that you were giving at Barrett so you had the young people involved in some kind of education or school or I think [redacted] may have had still contact with the [redacted] was it.

MM: [redacted]

BK: mm-hm.

MM: [redacted]

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sometimes. And I do, I do know it must have been difficult for the family but there were times many times that did not feel like going home.

BK: mm-hm.

MM: So often we were, we were made out to be the bad ones or not the bad ones but the ones that made the decision to say that When it was quite often it wasn't quite that. You know we were protecting I guess.

BK: mm-hm. mm-hm. So those other things like the or the education were they continued? Do you know whether the transition planning included those kind of activities as well?

MM: Well the could have done. I think still had some involvement there was people that met there that were very supportive of [?] our organisation nothing to do with Queensland Health that were part of the and um I can't remember the name … there was a time that had come and sleep overnight and things like that.

BK: mm-hm. mm-hm. What about education?

MM: Well that was within the Barretts we had a school there. And off and on sometimes was so preoccupied with whatever was going on. I mean I can only guess what was going on in mind but um but sometimes could attend. did quite a bit of [?] standard that we were able to do at there I'm not a teacher I don't know all the ins and outs of that. But

BK: So I understood that some of the young people that were transitioned continued they didn't come to the school but the Barrett school staff continued to visit them.

MM: Yes I find that quite difficult to even talk about it because sorry

BK: That's okay its okay. Do not think that actually a box of tissues in this cupboard Moira.

MM: Sorry.

BK: You're alright. Fridge.

MM: Sorry.

BK: No don't' apologise. That's fine.

MM: Because was considered

BK: mm-hm.

MM: couldn't be involved in further education with the school.

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BK: mm-hm.

MM: So that was some other thing that was excluded from.

BK: That was after transition? Or?

MM: Well the school, they continued but over at, Yeerongpilly is it?

BK: Yeerongpilly

MM: Yeerongpilly yeah. But the kids were all sort of assessed prior to us closing …

BK: mm-hm.

MM:

BK: mm-hm.

MM: And I don't know all the details of that but for

BK: Yeah. Was there something else to substitute for that?

MM: No. No. No. I'm sorry perhaps I'm, perhaps there were bits of the jigsaw that I don't know, that I don't understand.

BK: mm-hm.

MM: Um sorry.

BK: No you don't have to apologise. It's obviously still very upsetting for you. Is it just when you talk about it that it becomes upsetting or is it?

MM: Yes.

BK: Yeah.

MM: Just …

BK: Was there any ceremony for staff at the end?

MM: I think that party that we had that day with the kids um painted the walls and so on. We were all intending to get together and have a post Barrett party but that never sort of happened.

BK: mm-hm.

MM: It doesn't matter. Sorry to get upset at about it.

BK: You don't need to apologise at all. How was the um process managed from the staffs point of view?

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MM: Well

BK: It sounds like often there wasn't much information but …

MM: No I mean I suppose you know we did go through like an interview process to try and find us other jobs out there within the Park or whatever. A few people left before the place closed um I guess a few of us kept thinking something will happen, something will come up that you know we're still going to be supporting some of these kids.

BK: mm-hm.

MM: And that really as far as where I was going to work personally really wasn't much of a focus for me until, you know at the end I was beginning the think, I've got to think about, well there was the chance of a, a voluntary redundancy which I really didn't want at my age at the time. But um There was always that to fall back on and as a nurse you know your always going to work. Maybe not fulltime work at the age of 56 you know. So. Um but that really only came into being afterwards.

BK: mm-hm.

MM: Yeah um can't remember what you asked me there sorry I got a bit sidetracked.

BK: I was wondering about the processes supporting staff in the transition period. After all the staff would have had time to soak up the anxiety of the kids.

MM: Yeah no I think it was very stressful for us all. A few of us got quite ill after the place closed for different reasons just you know the whole build up it had gone on for so long. You know and there was other issues that had happened earlier that our consultant psychiatrist was out of the picture then.

BK: mm-hm.

MM: He was you know he was very supportive of … we used to often turn to him for advice and whatever and then he was suddenly out of the picture because it was all this stuff going on.

BK: mm-hm.

MM: You know so that was another thing. That was very very um distressing for the kids as well. And then they started cutting down on staff. The you know we used to have two psychologists and one was sent elsewhere. Again [redacted] had taken years to actually start opening up to the psychologist that [redacted] had and then because we were coming towards restructuring or closing or whatever was going to happen that particular psychologist was sent elsewhere. So that was another person suddenly [redacted] couldn't have any contact with.

BK: mm-hm.

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MM: That sounds like a terrible story there sounds awful sorry. Jumped around all over the place.

595 BK: No that's fine. Is there anything else that you would like to tell us if you think its important for us to know. Any reflections you want to offer or questions that you would like to ask?

MM: I'm not really sure how more[?] oh I don't know how it could have been done in a better fashion other than just over a longer period of time.

600 BK: Um its obviously very difficult predicament.

MM: Oh absolutely, absolutely. Because as I said we don't' have the facilities out there for that group. Um.

BK: mm-hm.

MM: I don't know.

605 BK: No no that's fine.

MM: [?]

BK: Thank you very much. Yeah. Okay thank you.

MM: Sorry for that.

BK: No you take water with you.

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KG-56

Queensland Health

Health Service Investigation - Barrett Adolescent Centre

1084936

Interview with RN Brenton Page - Care coordinator for [redacted] and [redacted] (by phone), 13 October 2014

Parties: Beth Kotze (BK), Tania Skippen (TS), RN Brenton Page (BP)

TS: Okay we have lift off so we're, we're recording it ah now and its, I'm Tania Skippen, I'm an Occupational Therapist who works in New South Wales for Mental Health Children and Young People for New South Wales Health. And with me is Associate Professor Beth Kotze who's a Child and Adolescent Psychiatrist.

BP: Yep.

TS: She also works for the same employer.

BP: Okay.

TS: Um we provided a terms of reference? For the review?

BP: Sorry.

TS: We've provided the terms of reference for the review?

BP: Um from the lawyer do you mean?

TS: Yeah.

BP: Yeah I've got email about a document with like points and stuff on it and I actually, I went into a, because I wasn't able to be ah in Brisbane when the actual interview date because I was actually in Europe um I had to go in earlier into the lawyer firm to have a look at ah one of the charts, two charts sorry.

TS: Yep. So you've, you familiarised yourself with the files for [redacted] and was it for [redacted]

BP: It was for [redacted] ahm to be honest, I didn't get um, because I only had an hour there and um I didn't like so obviously like [redacted] So I focused more on [redacted] because with [redacted] I wasn't, I didn't really have the KPL to deal with [redacted] but um I did have a look as much as I could at [redacted] but most of my time was trying to look through um just having a perusal over [redacted] stuff.

TS: Okay, so are you comfortable if we have a, have a bit of a chat about the kind of transition planning that was done for those two clients?

BP: Yeah sure. Um I, I'll try and, ah [redacted] I wasn't really involved in. I was more involved in [redacted] stuff [redacted] like I wasn't originally

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CC, um another nurse was. But she left the job so um I became CC then and with I only kind of became, on paper towards the end I was Associate but that was because there was no one out there and I had a good kind of face to face rapport with but I didn't, wasn't really involved in the transition ah process with That was that stuff but if I can remember about question I can remember I'll defiantly you know tell you it's just I wasn't really involved with stuff very much.

TS: Okey-doke. Would you be able to tell us a little bit firstly about your role as an RN at Barrett and how long you'd been there?

BP: Um at Barrett oh I was kind of, I was only casual, only causal at the time and so that means I kind of work all over the park. And I was on a contract at Barrett eventually but it was, its hard to say to how long I was there just because my, it was kind of split up um like cause I had a bit of time there, so my first contract was only supposed to be 3 weeks actually but it ended up being, ah man it could have been like 6 or 7 months or something. But then I went on tour again so I, obviously the contract ended and then when I got back from tour I restarted the contract up again which I think I was there until the closure of Barrett. So all up, maybe I was there for ah roughly a year and a half maybe. I couldn't be sure just because it was so, it was broken up.

TS: Uh-huh yep.

BP: Um but before then like I was, before the contract I was casual so, I did shifts at Barrett here and there but ah the rest at the hospital as well. Um so yeah and there, as an RN there, um my roles were pretty much like, I would give support to the kids, um dispense medication if you're on clinic. Because I only did, um I didn't do afternoons or nights I only did mornings. Monday to Thursday mornings because I was 0.8 I guess you, what we'd call it. I don't know if that's yeah, but part-time pretty much. So 0.8 and um so Monday to Thursday mornings so Monday, cause I do clinic on Thursdays, so clinic in the morning and eventually because I was casual I didn't have a case load for a while. And because I was contract and my contract was supposed to be ending you know in a certain time I didn't actually have any like kids, like I wasn't case coordinator for any kids for a part of start of it just because I was, you know supposed to be leaving so they, there's not much point having a load and then leaving it kind of thing. But when I say it was kind of say no I'll be staying for a while that's when I started um you know getting case, like being CC's to kids as well. So yeah.

TS: Okay so around what time would it have been and what was your role as the Care Coordinator? Say for

BP: Um when was I CC? Ah okay, I think, I think I was for, sorry um, I'm just trying to think when, original CC was a nurse called Moira. Um it was when Moira left that I became Case Coordinator I'm just not sure when she left or how long it was. It probably would have been,

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[redacted]

TS: Mm-hm. Thank you.

BP: Yep that's alright.

TS: So was that a thing towards the end of just ah [redacted] or early of [redacted]

BP: The end of, ah the end of, oh in [redacted] Sorry.

TS: Would, would this period that you were doing that would that have been [redacted] So [redacted]

BP: Yeah, yeah that would have been happening yeah because the centre closed in [redacted]

TS: Hm.

BP: Yeah so but um cause I know I was told it was closing you know like the, just well I had been, it should have closed um you know we'd opened for a reason and the kids we had were you there for a reason but that was out our hands it was closing and that was it. So we did what we had to do, we did the best we could do. Some of the kids obviously have parents some don't. And the ones that do, some of them didn't want the kids back for example [redacted]

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[redacted] So yeah so then we had to find you know other places that we could in the time we had to put the kids.

TS: Can you tell me a little about um the relationship that [redacted] or the [redacted] had with [redacted] and how that overlapped with Barrett care?

BP: Yeah well because during the transition program the time because [redacted]

TS: Mm-hm. And it took a bit of doing?

BP: It did. [redacted]

TS: Mm-hm.

BP: [redacted]

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TS: Yep.

BP: Um, but their original name was [redacted] I'm pretty sure.

TS: Yep.

BP: And um yeah they were kind of [redacted] because in the last few days I had to leave because I had to go on tour again so, but no that's not right that's not right. I left on tour a few days after Barrett closed sorry. [redacted] and then I left a few days after that's right.

TS: And that was, um that was around catering for living its for accommodation and kind of [redacted] Australia or whatever their called.

BP: Yeah I do really feel that they had said yes.

TS: And what about [redacted] mental health care?

BP: [redacted]

TS: Mm-hm.

BP: [redacted]

TS: Can you tell us a little bit and so we understand what [redacted] does can you tell us a little bit about the kind of mental health services they provide please?

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BP: Um yeah. [redacted] in the community, you don't have [redacted]

TS: [redacted] um operate a bit differently.

BP: Okay yeah. [redacted]

TS: And how thank you. How independent was [redacted]

BP: Um, well ah how do you mean so like [redacted] type thing do you mean or?

TS: Yeah I guess [redacted]

BP: Yeah.

TS: Yeah [redacted]

BP: Yep.

TS: Um and [redacted] moving into [redacted] um how was [redacted] prepared I guess [redacted] would have been receiving quite intensive support at Barrett?

BP: Yeah, yeah well see I was you know a good thing about Barrett we also had like a multidisciplinary team so a team worker cause you know [redacted]

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[redacted]

TS: Hm. So it sounds like there's been quite a bit of effort into [redacted] functional transition are you able to tell us a little bit more about the mental health service transition?

BP: Yeah um what would you like to know, just like, like we did or what happened or?

TS: So perhaps the kind of interventions that ah [redacted] was receiving at Barrett that, and the handover to [redacted]

BP: [redacted]

[redacted] Cause its all on Simmer I don't know if you guys have Simmer yet sorry yeah?

TS: We know what Simmer is we have something a little different but its your electronic record management system.

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BP: Yeah, yeah, yeah pretty much. So …

TS: So …

BP: [redacted]

TS: So, so how did Barrett then assist [redacted] to become part of that trust network for [redacted]

BP: Um now I think, I think that was, ah I think it was I don't quote me or, I think Mara it was Mara but um they had like so [redacted]

TS: Was the other patient, um ah who was the other patient who you handed over [redacted] do you recall? Was it [redacted] or?

BP: No. Um I think … ah [redacted] I think [redacted] went to [redacted]. That's, ah [redacted] name sorry looks like [redacted] but its [redacted]

TS: Ah [redacted]

BP: It's not [redacted] but [redacted] because it is spelled like that but it is [redacted]

TS: Oh okay [redacted]

BP: It spelt like that but its [redacted]

TS: Okay [redacted]

BP: I said [redacted]

TS: [redacted]

BP: Yeah.

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TS: Okey-doke. Um does [redacted] provide or what level of kind of assertive follow up or what level of treatment do they provide. Are you aware of that Brenton?

BP: Um I couldn't tell you like ah how do you mean sorry?

TS: [redacted]

BP: I think …

TS: Or …

BP: [redacted]

TS: Do you know if [redacted] followed up with [redacted] because it looks like [redacted] was …

BP: I, I don't know because I have no idea but um…

TS: Yeah, because [redacted] involved with the child and youth friends yeah, yeah.

BP: Sorry?

TS: [redacted] we have a list there that [redacted] was involved with [redacted] Um.

BP: Right. Oh was it [redacted] and [redacted] Or just [redacted]

TS: Not sure.

TS: Yeah we're not sure.

TS: We'll follow that up.

TS: Yeah we'll follow that up. Yep.

BP: Maybe [redacted] was just [redacted] so maybe it was just [redacted] I'm not sure sorry.

TS: That's alright.

BP: Yeah.

TS: Okay um. Sorry. Was there, was there anything else Brenton that in thinking, keeping [redacted]

BP: Yep.

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TS: [redacted]

BP: [redacted]

TS: Mm-hm.

BP: [redacted]

TS: Okay thanks, yep, thank you. So over um your time with [redacted] in Barrett what would you say was the stand out success? For [redacted]

BP: Stand out?

TS: Yeah what was a highlight for [redacted] being in Barrett from your point of view in the time that you knew [redacted]

BP: [redacted]

[?] word/s cannot be identified
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[redacted]

TS: Did you see any evidence of that great deal of team and support and trust that was built um being kind of shared in the transition in any way for either [redacted] or [redacted] With the um receiving teams?

BP: Ah how do you mean like was the other team have the same thing or?

TS: How do you? How did Barrett help the other team develop the same thing?

BP: Oh build the same kind of rapport?

TS: Yeah.

BP: You mean?

TS: Yeah.

BP: [redacted]

TS: Mm-hm.

BP: At Barrett.

TS: Thanks Brenton. How long was...

BP: That's okay.

TS: How long was [redacted] involved?

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BP: Oh ah, how long ago did um... sorry, sorry it was while ago so my that time at the end of it, um well when I got told we were closing, let me think. When did we, whoa, whenever we …

TS: August. August 2013 was that right?

BP: [redacted]

TS: That's okay. [redacted]

BP: [redacted]

TS: Okay.

BP: [redacted]

TS: Okay yep. Thank you. Is there anything else that you'd like. We are going to have to wrap up in a minute but is there anything that you'd particularly like to tell us about, any further about [redacted] or about [redacted] and your involvement in [redacted] transition planning?

BP: Um I don't think so I mean unless you've got something else you'd like to know that I haven't answered already um. Like I was saying with [redacted]

[redacted]

TS: Sure.

BP: But I had a good face to face relationship with [redacted]

TS: Yeah.

BP: So yeah. So yeah that's sorry.

TS: No that's okay. Is there anything further that maybe you'd like to comment on or let us know about in regards to the transitions of clients from Barrett during that period?

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BP: Um I don't think so look I don't, I know obviously you guys are you know investigating the whole thing like I just, I think the team we had did the best we could with what we had. That's pretty much it.

TS: Mm-hm.

BP: Yep.

BK: Alrighty. Well thank you very much.

TS: Thank you for your time Brenton.

BP: No that's okay thanks for calling sorry I missed the first call I didn't hear my phone go off.

TS: That's okay all the best with the next part of the tour.

BP: Yeah thank you. Ah good luck with everything.

TS: Thank you. Bye bye.

BP: Bye

TS: Bye

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Queensland Health

Health Service Investigation - Barrett Adolescent Centre

1084936

Interview with RN Matthew Beswick - Care coordinator for [redacted] and [redacted] 13 October 2014

Parties: Beth Kotze (BK), Tania Skippen (TS), RN Matthew Beswick (MB)

BK: So I'm a Child and Adolescent Psychiatrist from New South Wales and Tania I both work for Mental Health Children and Young People in New South Wales. So can we just check out first of all your understanding of this process, what it's about, why we're doing it?

MB: Well my understanding is that you'll be investigating the transition process and assessing my experience or what I have to say about the mental state of the kids in the lead up to that. That's my understanding, from talking to Kristen.

BK: That's great, great. And you've seen the terms of reference, we've got a copy here.

MB: I haven't read it recently but I read them initially, yeah, yeah.

BK: Yeah, do you have any questions or queries about the terms of reference?

MB: Not at present, I'll stop you if I've got a question. Speak up and ...

BK: Yep, if anything occurs to you, yep, no that's fine, that's great. So Matthew, you were employed as an RN at Barrett, yeah?

MB: Mhm.

BK: And where are you currently working?

MB: I'm working at the Ipswich Adult Acute Unit.

BK: Okay, okay. As an inpatient ...?

MB: Inpatient, adult acute mental health.

BK: Yeah good, how's that going?

MB: Yeah yeah, no, no worries um quite different but um I'm sharpening up my skill set and – well, just different, exercising different areas.

BK: Yeah, yeah. How long did you work at Barrett?

MB: I don't think – it's over 7 years; it's in the 8-9 year range because I was there for 18 months as quite a junior person, went away and came back and it's in that 7-10 – like I'm not sure exactly, I'd have to look it up.

BK: Yeah sure. And where did you work before Barrett?

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MB: Before Barrett? I was working, well, um ... I well, if we backtrack I did two years on Thursday Island doing general, which is basically everything else.

BK: Yeah.

MB: Accident and emergency and operating theatre.

BK: Wow. Yep.

MB: And community.

BK: Yep.

MB: And so that was a year of that mix and then the second year was general ward.

BK: Yeah.

MB: I didn't do maternity except for helping out when they call you in.

BK: [*Laughter*]

MB: Ah well you know when you're a [?] on night duty and they go can you give us a hand? Um, so I did that, then I did a year of agency because I wanted to ground myself in all the machines that go ping that you don't get to use on Thursday Island.

BK: Yeah.

MB: Um, and then I went to the Park which involved – now called the Park, it was Walson[?] Park.

BK: Yeah, yeah.

MB: So that involved um both before Barrett and during the two and a half years, involved Ipswich Adult, I did 18 months there um ... two and a half years in um, well in various levels of the high secure and a very brief stint in medium secure, like as in three months I think.

BK: Yeah.

MB: And – it might have been four months – and also a short stint, like four months, in rehab as in um sorry repatriation ...

BK: Okay.

MB: ... before they shut it down, so that was the veterans.

BK: Yeah.

MB: This is pre-Iraq type veterans. Yeah.

BK: Yeah.

MB: So a bit of a, some general [?] yeah my personal thing, I think everyone should get some general grounding before they get into mental health.

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BK: Yeah, yeah. So was the Barrett Centre your first experience of mental health inpatient care?

MB: Mm, first adolescent, but not first ...

BK: First adolescent sorry, yes first adolescent, ok, yeah, yeah and um and when did you finish at the Barrett Centre?

MB: When it shut.

BK: Okay. So you were there up until that day, up until it shut.

MB: Yep.

BK: Okay. So um you had a care coordinator role at the Barrett. How would you describe that role, perhaps you know compare it to some of the other mental health roles that you've been in?

MB: Well care coordinator was a subset of being an RN warder.

BK: Yeah.

MB: You weren't - you are going to have the job, you're a care coordinator. It was a lot of hats you wore on the ward um, so you were not the primary decision-maker, you just made sure that um all the boxes were being ticked so to speak with respect to um you didn't have to be personally doing it, so it could be all the way from you're driving everything and making sure everyone's doing it or to just sitting back and just making sure that it's all happening, so you have a lot of primary contact with the kids, you um make sure that you know what's going on with respect to individual therapy, family therapy, school-based stuff 'cause all the kids have – you can go and speak to anyone at the school but they also had a nominated teacher who was their teacher um, I already mentioned family and also whatever um, whatever's going on with respect to if they were doing um work experience or some sort of training program, you might have a role in seeing how they're going and a lot of – it's what needs to be done. You either do it or make sure someone else is doing it so you might be liaising with speech to make sure that they're, you know, what's their receptive understanding, what's their expressive, what's better written or, all this sort of stuff and making sure that that gets to the teachers if they hadn't already done it so it really is very varied. It's just making sure everything's done whether you're doing it yourself or just checking off the …

BK: What was the extent of the role of families?

MB: Um well it's, well it's just an extension of what I've already said.

BK: So it's more about communication and liaison with [?] family therapy sessions or ...

MB: Um well it would depend on the therapist because we had periods where we didn't have a family therapist but I always made a point of, it was appropriate, if a family was happy with it I would be in there with um – well our longest serving family therapist was named David, he was a social worker and a family therapist and I was always wanted to be there because it gave me better insight, as long as it wasn't impeding anything and it was welcomed by the family because they're only there

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9 to 5 Monday to Friday, if that. Sometimes it's less than a full time role so I would want to help support. You know, the parent might be ringing up saying oh he's on leave and something or other is happening and I can reflect back what's going on there. But in the broader context I'd be disappointed if anyone wasn't speaking to the family at least weekly, just to both hear what they think and also communicate what we think and also make it clear that they can ring at any time and if they don't get you they can speak to the and it'll get back to you when you come back on shift next.

BK: How would you compare it to the role that you're currently in?

MB: At Ipswich?

BK: Yeah, yeah.

MB: Oh wildly different.

[*Laughter*]

MB: But it sounds like I could fill up an hour, I'm not sure how, what sort of detail you mean, like we um I um well, we've recently changed to stream nursing.

BK: Yes.

MB: So there's a small increase in the amount of that sort of thing going on but …

BK: Yeah.

MB: Oh, it's wildly different.

BK: Yeah.

MB: It's much less nurse – not so much nurse directed but we're not co-ordinating as much.

BK: Yeah, yeah.

MB: Um doctors are largely making decisions based on seeing our notes and you get pleasantly surprised at the doctors that actually check in with the nurse prescribed, allocated to that patient.

BK: Mmm.

MB: Um it's, it's much less ...

BK: Very different. yeah.

MB: Very different, much less co-ordinated.

BK: Would you talk about um your role as a um a care coordinator in discharge processes and transition planning for kids at Barrett?

MB: For the transition that happened?

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BK: Yeah. Well no, just in general, as a general topic, sort of business as usual, before the closure.

MB: Yeah.

BK: Yeah.

MB: Um well, the broader decisions about moving towards discharging are more towards the end, was all, well, all of it was basically directed from both weekly case conference meetings …

BK: Mhm.

MB: Which were probably, any kid got anywhere from 5 to 20 minutes air time in those.

BK: Mhm, yep.

MB: But there was also 6 weekly um they'd change the names but there was, and intensive care work-up which was the larger directional decisions ...

BK: Yes, mhm.

MB: Um so the broad strokes are decided there and again, if it's transitioning to a school in the local area you're talking to the school. Sometimes I was involved in actually um being a support person at the school in the initial transition stages and being either in the classroom, out in the hallway or I'm in the office if you need me come and get me type stuff ...

BK: Yeah, yeah.

MB: ... and all sorts of levels or it could just be transport and um support and um I don't know, coaching or whatever they call it, in the car or driving them out there.

BK: Yeah.

MB: Um, seeing what is going to be going ongoing like you know CYMHS.

BK: Mmm.

MB: We would - you had less direct involvement with CYMHS.

BK: Mmm.

MB: You might touch base but we did have um a person whose role was more of the externalised stuff ...

BK: Hmm.

MB: ... like what ah what'd they call it – CLP - community liaison position.

BK: Okay, yeah.

MB: So they had, they were, they were involved with um intake and to a degree discharge as well.

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BK: Mhm.

MB: Because we wouldn't basically, the first time I'd know a patient's coming is, would be XYZ's showing up on Tuesday.

BK: Yeah.

MB: Read my brief, not involved in pre stuff but um with respect to discharge, so really it was as varied as the what's the child doing.

BK: Mmm.

MB: It could be um ... I've even travelled up to [redacted] once to help transition a boy back to his home.

BK: Fantastic yeah, yeah, mmm.

MB: That was once but it did happen.

BK: Yeah, yeah.

MB: Um and to share a lot of insight or teleconferencing with the local area, where they're going to.

BK: Mmm.

MB: Supports for mum and dad. Always offering them um helping it happen if they want to, which could be everything from [redacted] to just going in for support for themselves about the difficulty of having kids with mental illness.

BK: Mmm, mmm, mmm.

MB: Um I'm not sure I'm getting a bit nebulous but [?].

BK: Oh no no, that's okay, that's great. So um that was how thing were sort of business as usual.

MB: Mhm.

BK: Was it different during the transition to the closure?

MB: Totally.

BK: So okay …

MB: We got told overtly you are hands off from the discharge process um we're dealing with it, meaning that specific transition panel – I don't know what name they gave themselves.

BK: Right.

MB: Um the rationale that I was given was that the um by removing us from the decision making process and we're the primary supports for the kids as care coordinators,

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we're not therefore the bad guy if any decision making is – if it doesn't come from me I can whinge with the kid and say oh, you know, that's no good or you know, if they don't like it then I didn't make that decision so I'm not, you know, the bad guy or whatever.

BK: Mhm.

MB: That's shorthand. I could spend longer explaining what it's [?].

BK: Yep, oh no, no [?].

MB: So it stopped us being the bad guy. We'd just support them and um we were never asked: Well, [?] speak for me. I was never asked and my understanding was that no-one was asked directly we're thinking about doing this, what do you think?

BK: Hmm.

MB: That never happened to me and my understanding was that was consistent across everyone.

BK: Mhm, mhm. Okay.

MB: There was never any feedback sought um in fact I often heard about plans when the kid says 'you know they're thinking about doing this'. I'm going 'mmm okay, wow, well how do you feel about that?' And then you go and find out really is that what ...

BK: How did you find that arrangement?

MB: I found it conflicting because I understood and liked the idea of not being the bad guy, not as in from a personal point of view but the kid could still – it's like I say kid but ...

BK: Yeah, no, we und ... what you mean, yeah.

MB: They could, they could talk to us and not feeling like I made that decision.

BK: Yeah.

MB: Like you don't get it, why did you pick that? So that was really positive.

BK: Mmm.

MB: But not having any feedback at all um you know like ...

BK: Mmm.

MB: ... we know these kids pretty well and never even we're thinking about this, do you have any input? Nope, I didn't like that.

BK: Yeah, yeah. In the lead up to the closure, which of the kids were you involved with?

MB: Well as – well you can there I was registered nurse, For the last two and a bit years I was acting clinical nurse ...

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BK: Okay. Yes.

MB: ... if that wasn't clear. I was – through that role you're involved to a moderate degree with absolutely everyone.

BK: Okay.

MB: Um ... I was primary care coordinator for um

BK: Mhm, yes.

MB: I was secondary coordinator/supervising coordinator for um

BK: Mhm, mhm.

MB: Um and I'm not sure exactly how far out before discharge but I was, I was a fill-in for

BK: Mhm.

MB: And um as the only CN um often gravitated to me as well. Yeah.

BK: Hmm. Can I just?

MB: [?]

BK: CN - is that …

MB: Clinical nurse.

BK: Like clinical nurse consultant?

MB: No, no.

BK: No it, in um Queensland we have um registered nurses ...

TS: Yes.

BK: ... then, you know, sort of a promotion to

TS: Clinical nurse?

BK: Clinical nurse specialist we call them.

TS: And then clinical nurse consultant.

BK: Yep, okay.

TS: And so there's a clinical nurse is still um you know, how would you ...they're clinically involved.

BK: Yeah.

TS: All clinically involved.

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BK: In our system the clinical nurse specialist is assigned to take on an additional portfolio...

MB: Well it's a bit like how you have um, I don't know if it's the same for you guys but um nursing manager and CMC …

BK: Yes.

MB: ... they're on the same level but have a different role.

BK: Yes.

MB: Clinical nurse is the um is not the specialising but like more in charge of the shift.

BK: Okay.

MB: Analog to a CNS.

BK: Yes.

MB: Well not analog, but on that same level, because CNSs do exist up here as well but they're less common.

BK: Okay, yes.

MB: Um you have far more clinical nurses than you have clinical specialists.

BK: Okay.

MB: Like they might be more in like your dialysis unit.

BK: Yes.

MB: They might not be in charge of the shift, like they're the whatever go to.

BK: Yep, yep, no I understand, thank you, thank you. So um can you talk to us a little bit about

MB: Yeah, what would you like to know about

BK: So when did you start working with

MB: Ah on …

BK: been there for about is that correct?

MB: I was involved as soon as got there.

BK: Yep, yeah.

MB: Yeah.

BK: What were your impressions of

MB: Oh um

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BK: Mhm.

MB: Um oh look, I'd have to go to [?] notes if you want, not much very specific but had you know

BK: Mhm.

MB:

BK: Mmm.

MB:

BK: Mhm.

MB: Um not directly but [?].

BK: Yeah, [?] so you were working with quite intensively? Um.

MB: Well I was never individual therapist.

BK: Okay.

MB: I was never anyone's individual therapist.

BK: Yes.

MB: But there's elements where you can become that by proxy but I want to make that really clear that there's still huge like okay that's stuff that you deal with.

BK: Yep, sure.

MB: So that's what I, my experience in a care coordination role is that you understand where they're at, directly speak with their OT.

BK: Mmm.

MB: You don't need to know the specifics but you have a relatively close understanding. You don't need to get into the details but it informs you that your understanding of what may be affecting them and triggers and helping them understand things and anticipating problems and stuff like that.

BK: Mmm. So during the period of time after it was announced that Barrett was closing um and I guess you know you're saying to us that um that um there was this decision that the care coordinators wouldn't be sort of involved in the process of transitioning um I mean, how could you manage that when you're working day to day intensively with somebody like this um you're not so involved in where they're headed for the future but you're kind of soaking up all the um ah the emotion that comes from that, I mean, what was that period like?

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MB: Well there was lots of challenges that included both and also the changing staffing environment. I don't know if that's something you want to get into.

BK: Yes please. can you tell us about that.

MB: Well we ah look, when professionals know that there's an expiry date they start looking for jobs so we had for want of a better word a brain drain going on.

BK: Mmm.

MB: Um we had increased acuity for children oh kids, adolescents, that have you know issues related to worry about their future, abandonment type issues.

BK: Yeah.

MB: Um as a whole of ward type experience we had more suicide attempts um, self-harm behaviours.

BK: Mmm.

MB: Um they were feeling elements of a loss of control based on the fact that people who'd been, you know, prominent were now also removed from their decision making process. There was also the experience of a long standing experience called the holiday program was actually removed from our control for the first time ever and put into the control of an external NGO.

BK: Mhm.

MB: Um and so even the kids going out to [?], usually a form of respite and also rehabilitation and so some of them quite frankly were saying like this is shit, this is nothing you know. You understand that's their language, they're like complaining about this, this is rubbish. What's going on? Why aren't you taking us? What, you're suddenly not authorised to take us to the movies or take us to Wet n' Wild and um.

BK: Mmm.

MB: My understanding, I don't understand why they chose to do, those other people to do it but I believe a factor was, 'cause a lot of thing were brought closer to the, to the unit that are related to acuity and concerns about what might happen so for example they'd bring a bus with, full of video machines, you know video arcade machines, on the unit to minimise going out so much. They did a lot more ward-based activities.

BK: Mmm.

MB: I believe it was related to concern about acuity of, you know, they know the place is closing.

BK: Mmm.

MB: Um let's keep 'em closer to the unit um that sort of thing um. I lost track of the question because [?].

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BK: No that's fine, that's fine, it's very helpful um and what about your relationship with the parents of the kids? I mean, you think about those [redacted] kids that you've mentioned.

MB: Yes.

BK: During that transition period were there changes made to how you were relating to the families, to the parents?

MB: Well that's a, an hour's not enough. Um that's as varied as the [redacted] kids.

BK: Yeah.

MB: I'll give you a broad one of each of them and then you can drill down to whatever you want.

BK: Yeah, no.

MB: [redacted]

BK: Yeah.

MB: Through some form of [redacted] I don't remember explicitly what it was.

BK: Yeah.

MB: [redacted]

BK: Mhm, mhm.

MB: [redacted]

BK: Yeah, yeah.

MB: [redacted]

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[redacted]

BK: Mmm.

MB: So [redacted] had a 'I know you're not behind this Matt but I don't like this, this and this'

BK: Yeah.

MB: [redacted]

BK: Mmm, mmm.

MB: [redacted]

BK: Mmm.

MB: So that's … ;

BK: [?] given that, it sounds like um you know you had an important role with at least ensuring the need for was done with the families in terms of

MB: What sorry, the ...

BK: The need for, whatever needed to be done.

MB: Yep.

BK: So kind of you know crossing the T's, dotting the I's, actually things happened.

MB: Mmm.

BK: So during this period when Barrett was moving towards um closure, you're still interacting with the families um but you're not involved in the decision making processes around the transition.

MB: Mhm.

BK: I mean, how did you manage that? Where were they getting their information from and …

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MB: Well I'm not entirely sure. I assumed that they were having, getting input from the transition team or directly from the children, I don't know this for sure.

BK: Yeah, okay.

MB: There would be occasions, because I didn't actually get to

BK: Mmm.

MB:

BK: Mmm.

MB:

BK: Mmm, yeah.

MB: Like consistently.

BK: So if the decisions were being made by the transition team, was there a role for you in the transition, in the way you've described it in the business as usual period was happening and you might have gone out to the school to assist with integration or you know …

MB: Well that didn't happen in the shutting down transition.

BK: Yeah.

MB: Only because as a CN you're much less likely.

BK: Yes. Oh okay, so [?].

MB: So that was when I previously, when I was a C, was an RN.

BK: Yeah.

MB: I would be much more likely to do it because you're in charge of a shift, you'll need to coordinate the day.

BK: Yeah. okay.

MB: Um it would, I'd not, and also both of those were not going to be in the local area so the um they weren't going to schools and the age was not appropriate for school so but still, go on with what you were saying.

BK: Yeah. So did you have a specific role in the transition around any of those three kids?

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MB: I was never ascribed anything with respect to we're transitioning therefore we need you to adapt your role in any way or any new instructions.

BK: Mmm.

MB: It was just continue supporting, trying to get a handle on things, communicating between all the stakeholders um but that was removed completely from the transition process.

BK: Mhm. Were staff kept advised of the transition process? So how did you know sort of where [?]

MB: Well there was, well if you're talking about individual kids I wasn't. If you're talking about the fact that oh we're likely to be shutting at this point in time, we might hear about it on the radio or an email that, saying we just want you to know before it hits the news tonight um or um we had like an executive from West Morton also come out from time to time um, Laurence Springbrook came out once but we weren't in there. He was talking to parents and kids.

BK: Yeah.

MB: So I'm sure that we got emails of some sort of updates but it was, it was what do we call it? Like, you know, birds eye view type stuff not, well you know, well you know I can't think of the right analogy, you know, not the minutiae. Yeah, pretty remote stuff yeah.

BK: Yeah, yeah. Could I just ask a question about um Head Space in Queensland? What kind of services does Head Space here operate? I mean in New South Wales they're very much primary care um services, they don't do assertive outreach um they really do pretty much sort of short term um primary care sort of stuff. They wouldn't identify themselves necessarily as providing specialist mental health services. It seems like it might be a little bit different in Queensland?

MB: Um I think I'm barely qualified to answer that.

BK: Okay that's absolutely fine, that's absolutely fine.

MB: Yeah. I don't have any documents. Contrary to what you've just said ...

BK: Yeah.

MB: ... I don't have anything to say. I only know from just – I've never been directly out there.

BK: Yeah.

MB: But I've got a friend who works there and what she has described to me sounds very similar to your understanding, but that's not personal experience.

BK: Okay that's absolutely fine. So um prior to the transition to the closure of Barrett um are you aware of Head Space being used as a discharge resource generally or from time to time or unusually, was it ...

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MB: I knew that Head Space existed.

BK: Yeah.

MB: I knew that it was certainly one of the things that um was to be considered.

BK: Yeah.

MB: I would hear the names thrown around, I didn't have much direct involvement and um with either making a decision to send someone there and I don't recall any of mine being sent to Head Space so therefore needing to go and do a lot more homework on that one.

BK: Yeah. No thank you, thank you.

MB: Tania, do you have you any questions you wanted to ask?

TS: No, I don't think so, thank you.

BK: Yeah, yeah, no thank you very much. Is there any questions you wanted to ask us?

MB: Um I don't know, what happens now?

BK: Well we've got two days of interviews.

MB: Mhm.

BK: Um and then um ah as you can see, a very large amount of paperwork that seems to grow every time we look at it.

MB: So once you've got all this information and you've had a look at, you have spoken to everyone and you've got these answers, what's?

BK: We have to sift through it and produce a report.

MB: Okay, so you then say we think that, I'm not asking to predict what you're saying but you're assessing the suitability of the transition process, is that what you're assessing?

BK: Looking at the, um, transition process in terms of its um effectiveness and appropriateness, that kind of thing.

MB: Yeah, okay.

BK: Well it was obviously an incredibly difficult time for everybody involved.

MB: Yeah, well you must be familiar with some of the outcomes as well.

BK: Mmm.

MB: Yeah.

BK: Indeed, yeah. But thank you very much.

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MB: No worries, no worries. I've got night duty again tonight.

545 BK: Oh no! [?]

MB: No but I have to stay up late to get, try and stay asleep. As it happens I woke up in time to come here and then I've got to try and get some more napping before …

BK: [?] But thank you very much.

MB: No worries, I hope it helps.

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KG-58

Queensland Health

Health Service Investigation - Barrett Adolescent Centre

1084936

Interview with RN Peta-Louise Yorke - Care coordinator for [redacted] and [redacted] 13 October 2014

Parties: Beth Kotze (BK), Tania Skippen (TS), RN Peta-Louise Yorke (PLY)

BK: You okay?

PLY: Yeah.

BK: So Peta, can I just check out to start with your understanding of this process, and what we're doing?

PLY: Um, my understanding is that you're looking into the transition processes, into Barrett, prior to closure.

BK: Yep, yep, yep. And you've seen the terms of reference, have you?

PLY: Yes.

BK: Yes, and have you got any questions about them, or, if anything does occur to you, just um, let us know okay?

PLY: Yep.

BK: So Peta you were employed as an RN at Barrett, is that correct?

PLY: Yes.

BK: Were you in a care coordinator role there?

PLY: I was in a joint care coordinator role and I was an associate.

BK: Ok, yep. And where are you working at the moment?

PLY: Ah the Royal, at the Adolescent Unit there.

BK: Ok, how's that going?

PLY: Mm, good.

BK: Do you like it?

PLY: Yes.

BK: Do you find it very different from working at Barrett?

PLY: Um ... yes and no, just the turnover, 'cause the stays are a little bit shorter.

BK: Yeah, it's more an acute unit.

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PLY: Yeah, it is.

BK: Yeah. So how long did you work at Barrett for?

PLY: Um, it would have been roughly two years.

BK: And where did you work before Barrett?

PLY: Um, so I did nine months at Barrett, and my transition program.

BK: Yes, yep.

PLY: And then I got a permanent job in medium secure, um, where I was for a period and then I went back to Barrett in December of 2012 until closure.

BK: Ok, so you were there right up until um until closure.

PLY: Yep.

BK: Ok. And, at the point when there was a transition to closure, which of the kids were you involved with?

PLY: Um, I was an associate for [redacted] And I was joint care coordinator for [redacted]

BK: Ok. Would you like to tell us what your impressions, memories of the transition period are, or what you were involved in, any particular issues that came up for you?

PLY: Um, as a care coordinator I wasn't actually involved in the planning of it. There was a panel put together that dealt with it and we just assisted. Like our main job was to make sure that the kids were okay on a day-to-day basis.

BK: How was that communicated to you?

PLY: Um.

TS: That's what your role was during that period?

PLY: Um, just in the case conferences that were on each week, so um, they would just discuss what's happening, where they were in the transition process, whether they were looking at, and we were to support if they were needing to look at places and things like that, um, and just support that emotional um, the main thing, 'cause a lot of these young people were feeling abandoned, so we were just to support that feeling and help them process that.

BK: Do you recall any specific examples of the level of information that you had about what the decisions were that were being made about the kids? So what was communicated at the case conferences, was it sort of down to the nitty gritty of we're trying this place, or referring to that place or was it more general or ?

PLY: It was very general, like we're looking, um at different options, um ... there was ... mainly they were just, it was discussed individually with the adolescents and then it would just be brought through with what information that they, like they might looking at this place here ... um, or they might be going to have a look at another unit, but not a lot of information.

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BK: Did you have the opportunity to participate in the transition planning?

PLY: No.

BK: And in terms of the sort of difference from ah business as usual before the closure was announced, was there a difference in how you were involved in the discharge planning or transition planning?

PLY: Um, for me yes, because I was a student.

BK: Oh ok, yes.

PLY: and I came down to Barrett after the announcement of closure.

BK: Did you?

PLY: Yes.

BK: You decided that yourself, To go?

PLY: Yes, 'cause I want to specialise in child and OT. It doesn't matter, even if it was a short amount of time, I wanted to get that experience so I can move through.

BK: Yes, yes. What's, if you look back on it, what's your sort of sense of the experience?

PLY: Um, it was overwhelming.

BK: Yeah, yeah.

PLY: Um, it was nice to be able to support some of the kids, 'cause I was like, a couple of 'em, I did their actual transitions to their new places, so ...

BK: Because we had that sort of sense that it was pretty um overwhelming, at least at times.

PLY: Yeah, at times it was.

BK: Did you feel you were able to be effective?

PLY: Yes. Yep.

BK: Can you give us an example? Whatever comes to mind about being, having been able to be effective?

PLY: I know there was incidents where I was able to de-escalate young people where other people hadn't been able to and just, like in helping to develop skills that they were going to need in a short period of time for transition.

BK: Yep. And when you say there were some times when you were involved in um in transitioning young people, can you tell us about those times?

PLY: Um, I transitioned um, so I was the one who took so I actually did the transfer there. Um, so that was mainly just supporting and just introducing and um doing a handover.

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BK: How did you feel that went?

PLY: [redacted]

BK: Do you recall during that period of time whether you had any particular concerns about any of the kids that you knew well, and where did you go to with those concerns?

PLY: Um, ... I think we worried about a lot of them, particularly the acute ones, um, I would have spoken to like the NUM# and Vanessa, um, about them, um ...

BK: Do you recall any specific examples?

PLY: It was more just the feeling that the kids were feeling that we were just dumping them, so a lot of them were told when they first came to Barrett, um that Barrett is the only place left for you, that they can't be managed at home, um and they can't let the acute, their stay needs to be longer than an acute stay um and so basically they were sold Barrett as this is your, the final step place, and then to be told that Barrett was closing, then they felt, where do we go, like this was meant to fix me. So ... and a lot of them are engaging in therapy and once that kind of um, the closure was announced, the therapy, they weren't as engaging in it. Um, because they couldn't see the point, that we were just going to dump them somewhere.

BK: During that time do you feel that, you know obviously there's a huge amount of skill in um holding kids in that kind of distress. Do you feel that you actually acquired any specific skills around different interventions, or ...?

PLY: Um, I use a lot of sensory modulation stuff, so I do a lot of sensory work, particularly with the girls. Um, also just did distraction, um, so like taking them out, doing different activities with them, and just validating what they were feeling and just listening to, listening to them.

BK: How did you acquire those skills? Was that part of the then ongoing skill development program, or, how did you know about those interventions?

PLY: I was, like Vanessa was quite a mentor to me, so I used to get a lot of that sort of stuff. She taught me a lot of that stuff, so and as, in the transition program, that I knew as a nurse, a lot of that was there so it's like it was just mainly stuff on the ward that you would see some of the senior nurses doing and they were teaching.

BK: Yep. So that was really valuable information about what works for which individual kid. What opportunities did you have to feed that into the transition process?

PLY: Me personally?

BK: Yeah, you personally, yep.

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PLY: I suppose just through the notes, like our note, like our case reviews. That would be stuff that you would mention that this was an intervention I did this week, it worked really well or it didn't work ... yeah. And like there was people from the transition panel in the case conference, so they would know that – and it was quite a small team so most of, everyone knew the kids and knew how they – what worked well for them.

BK: So the case conferencing process, was that a new and different process or it had been in place before the transition period?

PLY: No, it had been in place before, so...

BK: Yep, ok, so so the difference now was that the transition team was part of it, is that ...?

PLY: No.

BK: No? Ok.

PLY: Ok, so the transition team was made up of people who were already part of the team.

BK: Right.

PLY: I don't know who all the members were. I only knew who a couple were. And so it was like the nurse who was a non-CNC, Anne Brennan, Megan Hayes who was the OT. They're the three that I definitely know that were in it, so ... And they were all partly involved in care on a daily basis.

BK: Now you mentioned that you were involved with three of the kids and you mentioned that you were involved in the transfer of Can you just talk us through what your involvement with each of the kids was in the transition period?

PLY: So, what my main role was that, like with I was the one who actually with and did the handover to the new team.

BK: Yep.

PLY:

BK: Mhm, yes, yep.

PLY:

BK: That's like a is it?

PLY: Yes.

BK: And how soon before left with that?

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PLY: No, that was [redacted] so ...

BK: Okay, yeah.

PLY: [redacted]

BK: Gosh it really upsets you. Why is that? Why do you think it makes you so upset?

PLY: [redacted]

BK: Were you involved in those discussions or is that something you've heard about?

PLY: It's just something that I had heard so I wasn't actually involved in that but I was told that there was a number of [redacted] and that they said they [redacted]

BK: Do you know whether, what [redacted] were made for [redacted] in the [redacted]

PLY: [redacted]

BK: So what did you hear about what was happening to the kids after you, you know, said goodbye when they left? Did you hear about them from time to time or ...?

PLY: I saw some of the kids around, like – that would still, like I saw [redacted] and things like that 'cause sometimes [redacted] was with the [redacted] and they would be [redacted] who was in [redacted] and I would hear like if with the school as well because I've got a friend who is a teacher at the school and so I knew who was going to school and things like that.

BK: During your time since you left Barrett have you looked back on what was happening to those kids and your involvement with them? Would you have done anything differently?

PLY: No, I don't think I could support them any more than I did. And it felt like decisions were much higher than I was able to control. That there was – yeah, I just ...

BK: And in your current role, plenty of challenge in that?

PLY: Yes, oh it's just learning a new board now because it's a little bit different. It's more eating disorders. And more of an acute presentation so that's just – getting to know that has been different.

BK: Do you find that you use different skills?

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PLY: Ah, yes. I use a lot more general than I did. It's more of a physical – like a medical model um, yeah.

BK: Have you had much opportunity to talk about that last shift that you did?

PLY: [inaudible]

BK: Do you have access to clinical supervision?

PLY: Yeah.

BK: Do you think you might be able to use that to perhaps reflect a bit on what happened?

PLY: I think so, yes. I'm just ... I do group supervision at the moment but I'm just looking for someone, to do individual work because I did ... yeah.

BK: Okay. Are there any question you'd like to ask?

PLY: No, no.

BK: Thanks. Is there anything that you think that we should know? Anything you'd like to reflect on, share with us, ask us questions about?

PLY: Um ... no, sorry.

BK: Okay, well that – we'll be here tomorrow as well and we're going to spend quite a lot of time with Judy [?]for two days, so if anything does occur to you, if you'd like to know anything or ask me questions just let Judy know and she can let us know.

PLY: Yeah, okay.

BK: Okay. All the best. Thanks.

PLY: Thank you.

[END OF TRANSCRIPTION]

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Queensland Health

Health Service Investigation - Barrett Adolescent Centre

1084936

Interview with RN Susan Daniel - Care coordinator for [redacted] 13 October 2014

Parties: Beth Kotze (BK), Tania Skippen (TS), RN Susan Daniel (SD)

BK: Okay. Okay. So I'm Beth Kotze. I'm Child & Adolescent Psychiatrist from New South Wales. Both Tania and I work for um Mental Health Children & Young People in New South Wales. So yes. A deep breath. And you've got some water there. Um and just take your time. Um so just to check up first of all, what's your understanding of the process that we're involved in while we're doing this?

SD: Um I understand you have some questions regarding the closure of the Unit and um the level of transition, care planning,

BK: Yep.

SD: Preparation and everything's taped and yeah.

BK: Yeah.

SD: That there were a few deaths upon the closure of the Unit.

BK: Mm. Now you've seen the Terms of Reference have you for the – um we've got an extra copy for you here if you don't have one with you but um have you got any questions about the Terms of Reference?

SD: Um you know, I can you more questions as we go.

BK: Yep absolutely. No please don't hesitate. Um so Susan your, you were employed in the, at the Barrett Unit up until its closure, is that right?

SD: No.

BK: Okay.

SD: I actually went on stress leave.

BK: Oh okay.

SD: In November.

BK: Right okay.

SD: I don't have the actual date

BK: Yep, yep. So you didn't actually return to the Barrett Centre after that? Okay. How long have you actually worked there for?

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SD: About 19 years.

BK: 19 years! Okay, okay. That's a long time.

SD: Yeah.

BK: Yeah, yeah. Where do you work now?

SD: Um I haven't gone back to work yet.

BK: Okay.

SD: Um I'm giving up nursing for a while.

BK: Mm.

SD: Just ah taking it easy for a little bit.

BK: Mm.

SD: Um yeah it was a very stressful couple of years towards the end. So I'm just going through a [?] process at the moment.

BK: Okay yeah. So you said the last couple of years were, were stressful. The closure announcement I think was made in August.

SD: Yes.

BK: So what, can you tell us about the sort of period before then, about. The last couple of years you've identified as stressful.

SD: A lot of it I've tried to forget.

BK: Sure, sure, yes.

SD: Um I have sort of managed to do that until I got the call to come but um I, we started to happen and we were aware that things would be winding down that the Unit would go to Redlands Hospital.

BK: Oh yes Trudy was talking about that before yeah.

SD: Yeah.

BK: There was a planning process.

SD: There was a lot of involvement by Barrett and the clients, the parents, um, architects, um and even I think we had Kings involvement in some of it.

BK: Mm.

SD: Regarding the architectural planning for the new unit.

BK: Mm.

SD: But we had difficulties with um some issues with the koalas and

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BK: Mm. Oh right. The old koala, what do they call the, the koala corridor?

SD: Corridor.

BK: Corridor. That's right. That's right. Yep, yep.

SD: I think there were other issues as well [?] other pressures for that site but anyway um I'm not clear on that.

BK: Mm. So when did that actually happen. Was that a year, two years.

SD: Actually many years before.

BK: Okay, yep.

SD: Um could have even been 2011.

BK: Mm.

SD: It just kept getting delayed.

BK: Mm.

SD: Um and extended um. Um so leading up to that and contributing to some of the stressors was the halt on recruitment.

BK: Mm.

SD: Um people had to think about their jobs, their futures, their careers. You know um what happens after we move. Um hard to sort of say when all this would happen because we never knew

BK: Yes.

SD: The dates kept changing. Um so we had people, some people exiting the Unit

BK: Mm.

SD: And you know we'd replace them with contract staff.

BK: Mm.

SD: Initially that was only one monthly contracts.

BK: Mm.

SD: Um and then we managed to get it three monthly. Um so continuity of care is a bit of a tricky balance to get. Um our Nurse Unit Manager

BK: Mm.

SD: Resigned.

BK: Mm.

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SD: Retired and I took his place for some of that period of time, so my stress levels went up.

BK: Yeah.

SD: Um there wasn't very many of the old more experienced staff um left to sort of take on that position or willing to take on that position, so I decided to help the Unit out, um gathered some more experience for myself um but yeah it was, it was very challenging.

BK: Mm.

SD: Especially towards the end.

BK: Mm. Mm.

SD: I um, I stopped that position in May.

BK: Yes.

SD: Um and someone else took over. Um and returned to my position as the Community Liaison

BK: Mm. Yes.

SD: It's a Monday to Friday position, you handle referrals, um transition of care, um and yeah the last six months were highly stressful

BK: Yes.

SD: Um September of 2012 we'd been informed that the budget had come out and um that Redlands Hospital plans was no longer going to happen.

BK: Mm.

SD: Um that Barrett was going to go through a review process, um to see if an alternative model of care without the residential

BK: Mm. Yep.

SD: Setting would happen. You know, was possible. Um the timeline on that review was as quickly as it could happen but, so it could have been two months to three months

BK: Mm.

SD: Initially they were hoping for that. But it went on for ah six to maybe eight months.

BK: And who was involved in that review or was that

SD: Um Dr Sadler initially.

BK: Yep.

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SD: Um various ah, I think there was a couple of psychiatrists

BK: Ahm.

SD: I can't tell you who.

BK: Okay. He was external as well

SD: It was very yeah.

BK: Right, yeah.

SD: Because it was a state-wide service so

BK: Mm.

SD: And there was parents involved in that meeting, that committee as well. Um Dr Sadler was also asked to step down

BK: Mm.

SD: Due to an investigation that was occurring. Um sorry it was a very confusing time because um we had the impression that maybe um we'd have an alternative service

BK: Mm.

SD: After this review process to go to. Um therefore as a state-wide service shouldn't we continue to accept referrals and um a lot of mixed agendas um mixed messages confusing from my perspective [?].

BK: Yeah.

SD: Um whose direction I follow for that. Um and then ah Dr Sadler had asked to be stepped down um there seemed to be a, a separation between school and the health [?] group. Um the school felt quite isolated, um and kept out whereas before they were very much a collaborative input. Um a lot of the staff felt that they, they really didn't understand what was happening um, felt sort of not within the communication of things. Ah a lot of the happenings of where our Unit would, what was happening to the whole processes were occurring at a higher up level. Um Dr Brennan was part of that, um Vanessa Clayworth um the Acting Clinical Nurse Consultant which was a new position created in that last six months.

BK: Mm.

SD: Um she attended some of those but mostly it was Dr Brennan. And other executives um within the District. Um and I've forgotten all their names already. Ah Sharon Kelly, um, um mainly ah Will Brennan and Elizabeth Holland I think her name was. Um and she was our governing body um the Childrens Health

BK: Mm.

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SD: Queensland um. So yeah a lot of communication sort of feeling a little bit isolated and only pockets of information and um, um and a lot of pressure to get things happening and then we developed the transition team meeting.

BK: Yeah.

SD: Because we'd been given this ultimatum or this deadline that you know the Unit would close January.

BK: Mm.

SD: Um I think, I'm not sure when that actually happened. It was towards the end of the year, um it could have been, it may have occurred after Dr Sadler

BK: Mm.

SD: Um was stepped down um after September so yeah not much timeframe. Um but I mean we were always I think we were, we were trying to get kids out anyway. Um but there was more, more sort of prioritised at that point.

BK: So prior to the announcement of the closure and that kind of different formal transition um period, you'd be in the position of the um Community Liaison, um that, that position, Community Liaison position and so you'd been um, ah responsible for receiving referrals were you um and that sort of receiving referrals, coordinating assessments um screening interviews and um

SD: Yep, yep.

BK: Reports and

SD: Yep. Um managing the waiting list.

BK: Yes.

SD: Um working out which ones would suit the current mix and um yeah.

BK: And what was your involvement in discharge accounting processes in the CLP position.

SD: I guess after admission, I would start that transition more of handover to the case coordinator.

BK: Mm.

SD: [?] in terms of case workups review meetings um which occurred about two, two monthly to three monthly. And um we'd involve the Community Service that referred them

BK: Mm.

SD: Where possible. Um so that transition would also [?] but facilitate it better towards the end. Um then towards the end my role I guess was making sure that the different things were ticked off the list.

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BK: Mm.

SD: So checking with the registrar to stress summaries are done in time, um talking to case coordinators about um, um liaising with the outside referral, the outside mental health body that would be supporting the child. Um yeah mostly that and, and sort of making sure that they had um any copies of assessment reports that had been done.

BK: Mm.

SD: Um and a lot of those things were ticked off at the, in terms of case workups.

BK: Mm. So in terms of the kids during that um, that final period of transition before Barrett closed, which kids were you most involved with?

SD: Um when it was decided um that there was a closure date, um we decided to create a transition team

BK: Mm.

SD: And I suggested to Dr Brennan and Vanessa Clayworth um, um who I thought would be best

BK: Mm.

SD: Suited to the task um, basically a group of people with key skills that would be good with that transition stuff. So psychologists, OTs, um a representative from the school, Ann Brennan, Vanessa Clayworth, myself and I think that was it. Um we didn't involve the case coordinators at those meetings but just because of the, the deadlines, the short timeframe and the fact that it was also difficult to get part timer staff

BK: Mm.

SD: Um the existing transition team and shift work as well, um, um though some of the case coordinators would have liked to have been

BK: Mm.

SD: There for that but yeah

BK: Does that mean that you had um a kind of general overview role of all the kids that were being transitioned, rather than being particularly involved with individuals?

SD: I had through my experience I provided that, those suggestions

BK: Mm. Mm.

SD: But um I had people above me as well who made the decision to go with that process

BK: Mm.

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SD: Um but generally um well I guess it yeah the transition team, yeah as part of the transition team yeah I would have had a general overview.

BK: Can you tell us how the process was managed of um of looking at the various agencies that kids were going to be referred to, um and how that sort of process of actually understanding what the capacities of those agencies were to receive these particular kids.

SD: Um I wasn't involved with a lot of the decisions in, in regards to those. Um I know that it was a very difficult task. Um, ah I'd say Vanessa Clayworth and Megan, sorry no, the OT who was on our committee um came up with a lot of the accommodation places um and

BK: so the options, the suite of options

SD: Yes.

BK: And would actually go out to have a look at them?

SD: I know Vanessa had done one. I think she's gone to [redacted] or somewhere ah and she [redacted] out to another place um this is regarding yeah I won't say the names, one of the [redacted]

BK: Mm.

SD: Um I can't remember if, who did that for the others.

BK: Were you involved in any of the site visits, different agencies?

SD: No, no.

BK: Mm. So um in the period of time with business as usual um what was your role with discharge planning?

SD: Business as usual?.

BK: Yeah business as usual before the transition period, yeah, yeah.

SD: I guess um how I saw my role was um as a support person for others who um you know had placements and come to the Unit and don't really, may not remember what to do for this role, so I, I'm a prompt or a um ah a supportive co-worker [?] sort of okay this is the process for this you know um yeah so with the registrars. Um.

BK: So who would be nominated in terms of business as usual as the key contact person for an agency that Barrett was referring a kid too, who'd be the key contact person of that agency back at Barrett?

SD: I guess it depends on what type of information they require.

BK: Mm.

SD: Um but I would put them in touch with you know whatever they needed. I guess I am a bit of a triage person for a where they need category best tailor

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