

## EXHIBIT 75

## Respite Facility Report

WMS.9000.0003.00790

Service Name: Barrett Adolescent Unit  
 Type of Service: Mental Health Facility Funding Program: Queensland Health  
 Service ID Number: 0165 Community Visitor: Donna Imeri  
 Service Address: Wolston Park Road, WACOL  
 Date of Visit: 23 January 2003  
 Type of Visit: Scheduled Visit  
 Number of residents authorised to care for: 15 in patients / 4 day patients  
 Age range authorised to care for: 13 - 17 years  
 Number of residents currently housed: 10/4day patients  
 Number of residents spoken with during visit: 8  
 Age/Gender profile  
 current residents:
 

	<u>Under 16</u>	<u>16-18</u>	<u>18-25</u>	<u>25+</u>
Female	<u>4</u>	<u>3</u>	<u>    </u>	<u>    </u>
Male	<u>6</u>	<u>1</u>	<u>    </u>	<u>    </u>

**Accommodation and living environment**

- ☐ Accommodation facilities are not of a standard that is suitable to the needs of the young people.

Set in beautiful bushland this residential service building is not of a standard to safely house medium to long-term residents. The building is very run down, although internal painting of the bedrooms and hallway areas has greatly improved the young people's personal area. There are 16 beds in single and shared rooms.

There is a large recreational area in the dining area/lounge area with television and video and a sound system for listening to music. There is a pool table, table tennis and three pinball machines that residents can access if they have money.

Outside is a trampoline that residents can use in their spare time.

The administration and office area is adjacent to the recreational area. There is a large meeting room. A small kitchen serves the food brought in from the main hospital. In another building is the school for the centre.

**Staffing**

- ☐ Staffing of the facility is sufficient to meet the needs of the young people.

It appears that staffing is sufficient to meet the needs of the young people.

There is a full time administration officer, 20.5 nursing staff, a social worker (three days a week), a speech therapist (2 days a week), a full time occupational therapist, a full time leisure therapist, 3 psychologists (all half time), 1 registrar, a child psychologist (half time) and the hospital supplies a dietician on a consultancy basis. Food is brought in from the hospital.

The school has a principal and teaching staff.

Community Visitor Program  
Commission for Children and Young People



**Personal care**

- ☐ *The young people are provided with adequate support in relation to personal care.*

This facility has a school for the young people to attend as some of the residents are at the unit for a medium to long-term period. The school will celebrate 20 years of operation this year. It is called the Barrett Adolescent School as the young people did not want it to be called a special school. It is rated at Band 7.

Subjects include English, Science, Maths, Landscaping, Horticulture, Business Studies, Computers, Music, students had an opportunity to record a CD of poetry, Home economics (there is a small kitchen), Physical Education, Restoration and Performing Arts.

Seminars are held twice a year that raise issues such as depression. Each term the school prints a newsletter that has stories, poetry, and graphics contributed by the young people. Young people's artwork, beautifully framed, is on display around the school.

There is a student representative who attends administrative meetings. This young person is decided by consent form.

If they are returning to their regular school, the Barrett Adolescent School will liaise with the young person's school to assist in the transition process.

**Safety and security**

- ☐ *Inadequate provision is made to ensure the safety and security of the residents.*

It appears that this facility is unable to make sufficient provision for the safety and security of all the residents with the existing facilities.

Constant Observation, Cat Red, or the suicide watch as young people refer to it, requires a lot of resources.

- It is used on an as needs basis, and can be up to 24 hours a day.
- An extra staff person is required for a young person on Cat Red.
- This equals 4.2 extra staff over a week.
- This takes up a lot of the allocated budget.
- If a young person is on Cat Red over a long period of time, cuts have to be made in other areas.

The building needs extensive changes to bring it up to a standard in line with other facilities.

Residents with high dependency need to be in a separate wing. Other residents that require low containment or are preparing to leave the facility need a separate area.

At present all residents are in the same area, and this can be detrimental to both patients needing a more therapeutic space and/or those preparing to integrate back into the community.

**Health**

- ☐ *The young people are provided with appropriate assistance to maintain good physical and emotional health.*

From conversations with the residents, it appears that their needs are being provided for with individual case management. It takes two weeks to fully complete an assessment of a resident.

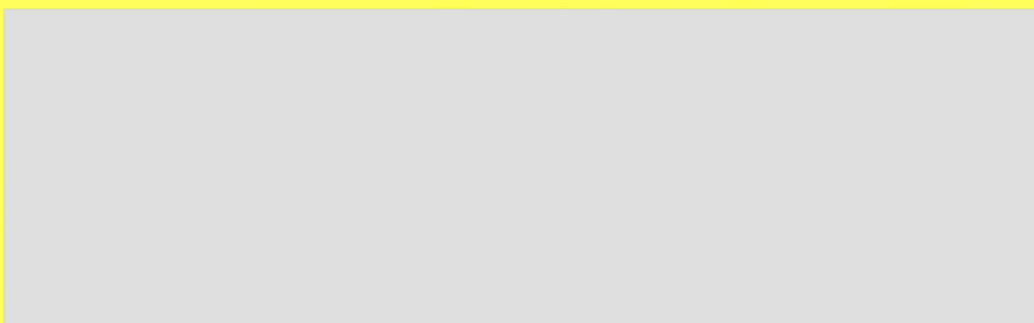
Residents consult with a dietician as regards their dietary requirements and menus are planned to suit individual young people.

**Policies and procedures**

- ☐ *Policies and procedures are established to ensure the smooth running of the facility.*

The Barrett Adolescent Centre appears to have well established policies and procedures for the daily running of the facility. Young people and their carers are given a booklet, set out in a question/answer format that addresses some commonly asked questions and the rules for the centre.

In the reception area there is a stand with information brochures and fact sheets.

**Issues and Concerns:****Action completed re previous recommendations:**

That Barrett Adolescent Unit requires redesigning/ rebuilding to be a purpose built facility that will bring it up to date with present day requirements. This is the only medium/long term residency in Queensland.

**General Comments:**

The Barrett Adolescent Unit appears to have a committed team of staff that are working under very difficult circumstances.

The young people were on holidays this visit. A lot of the residents have had leave to be with family. Holiday activities have been organised, and this day was a video and snacks day. The Community Visitor spoke with the young people as a group, and then invited anyone to speak one-on-one if there were any issues.



## EXHIBIT 75

**Respite Facility Report**

WMS.9000.0003.00793

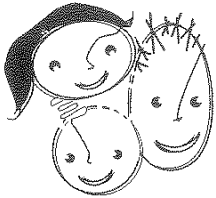
A room has been set up with higher security for a young person on CAT red. This ensures that the young person has a safe secure space, and if necessary, the young person can be isolated.

**Recommendations:**

No recommendations.

Signature of Community Visitor: Donna Imeri

Date: 31 January 2003



commission for  
children and young people  
and child guardian

T&G Building, 141 Queen Street, Brisbane Qld 4000  
PO Box 12671, Brisbane, George Street Qld 4003

www.ccyprg.qld.gov.au

Telephone: (07) 3247 5525  
Our reference: CVP/Feb F/DN2530

21 MAR 2007

Ms Uschi Schreiber  
Director-General  
Queensland Health  
PO Box 48  
BRISBANE QLD 4001

Dear Ms Schreiber *Uschi*

Attached please find a copy of recent Community Visitor reports in relation to facilities relevant to Queensland Health. The reports are generally positive and indicate that the facilities are providing appropriate services to meet the needs of the young people visited. There are no issues to which I would draw your attention at this time.

I commend the reports to your attention. A copy of the reports has been forwarded to the relevant service providers. If you have any queries regarding the report, please do not hesitate to contact Mrs Merril Holbeck, A/Reporting and Correspondence Officer, Community Visitor Program on [REDACTED]

Yours sincerely

[REDACTED]  
Elizabeth Fraser  
Commissioner for Children and Young People  
and Child Guardian

Encl: Individual report by Community Visitor  
List of facilities visited and relevant dates

DG 047475.

DATE REC 23/03/07.

ACKNOWLEDGEMENT

ACTION OFFICER *GMSAHS - Barroth Adolescent*

COPY TO *DMH (CHO) Unit Report*  
*GMSAHS (MD25) - Townsville*

REPLY TO DG'S  
SIGNATURE

DUE BY:

ACTION DIRECT

BRIEF ALSO REQD

REFERS

NRR - FOR INFORMATION ONLY

SCANNED:

for information & necessary action

**Queensland Health**

22/11/2006 Barrett Adolescent Unit

Wacol

20/12/2006 Townsville General Hospital - Acute Mental Health Unit

Douglas

**Mental Health Facility Report**

Service Name: Barrett Adolescent Unit

Type of Service: Mental Health Facility      Funding program: Qld Health

Service ID Number: 0165      Community Visitor: Donna Imeri

Service Address: Wolston Park Road, WACOL

Date of Visit: 22/11/06

Type of Visit: Scheduled visit      Consent No: 04191

Number of residents authorised to care for: 16 in patients/ 4 day patients

Age range authorised to care for: 13 – 17 years

Number of residents aged under 18 currently housed: 16 in patients/3 day patients

Number of residents aged under 18 spoken with during visit: 6

Age/Gender profile	<u>Under 16</u>	<u>16-18</u>	<u>18-25</u>	<u>25+</u>
current residents:	Female 4	Female 3	Female 1	Female
	Male 4	Male 3	Male 1	Male

**Accommodation and Living Environment**

☒ Accommodation facilities are in need of some improvement, and work is under way to achieve this.

Set in beautiful bushland this residential service building is not of a standard to safely house medium to long-term residents. The Barrett Adolescent unit is currently being assessed for refurbishment or rebuilding.

There are 16 beds in single and shared rooms. The young people are encouraged to keep their rooms tidy and are allowed to personalise their space with pictures and posters.

There is a large recreational area. In one section, there are three couches with a television and video/DVD system, a sound system for listening to music, board games, puzzles and magazines. In another section of the recreation area, there is a pool and table tennis table that residents can use. There are two computers that are networked to play games and they are both connected to the intranet. There is a PlayStation and an interactive video game. Chairs are scattered around the room.

There is a separate dining room with tables and chairs. Staff and young people generally eat their meals together in the dining room. A small kitchen serves the food, which is brought in from the main hospital. The young people have a choice of meals.

Outgoing telephone calls can be made on a pay phone. The young people are encouraged to have a phone card. The young people are responsible for paying for their calls. Incoming calls are transferred to the ward phone. Mobile phones are able to be used, but must be returned to the office when not being used.

Outside is a trampoline that residents can use in their spare time. There is an outdoor table and chairs for the residents' use.

### Mental Health Facility Report

A bedroom has been set up with higher security if a young person is on CAT red. This ensures that the resident has a safe secure space, and if necessary, can be isolated for their protection.

A time out room is also used as a sick room and bed rest room. There is an interview room that sometimes is used as a bed rest room and an art room.

The administration and office area is adjacent to the recreational area. While it is enclosed, there are glass windows, so the young people are able to be observed. This area has the offices, staff kitchen and bathroom.

#### Staffing

- ☒ *Staffing of the facility is sufficient to meet the needs of the young people.*

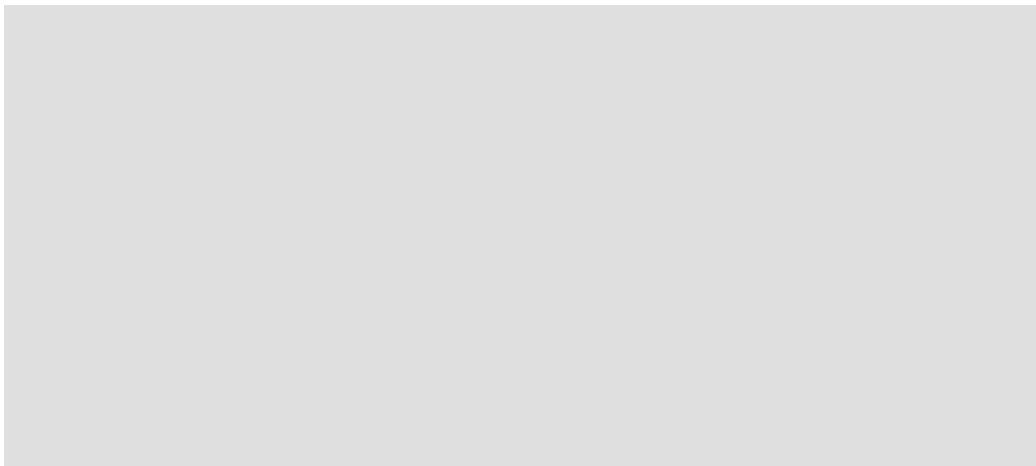
Staffing is sufficient to meet the needs of the young people. There is a full time administration officer; 20.5 nursing staff; a social worker three days a week; a speech therapist two days a week; full time leisure therapist; three psychologists all half time; one registrar; a child psychologist (half time); the hospital supplies a dietician on a consultancy basis; and food is brought in from the hospital. The school has a principal and teaching staff. Currently there is a vacancy for an occupational therapist.

#### Personal Care and Development

- ☒ *The young people are provided with adequate support in relation to personal care and development.*

Young people are encouraged to work through their issues in a supportive and caring environment. Each resident has a case worker to discuss individual needs and concerns.

There is a large group of young people with eating disorders. Supervision of mealtimes and after meals requires close monitoring by staff. A dietician consults with the young people regarding their meal plans.



Some of the residents were on the trampoline outside. Other residents played table tennis and games in the Starlight Entertainment Centre.

The Barrett works with young people using therapeutic and medical models. There are various therapy groups that change according to the needs of the young people. The programs that are currently operating are art therapy,



### Mental Health Facility Report

contemporary dance and community engagement. The residents said that they were consulted at the beginning of the term regarding the school holiday program.

Not all young people participate in all of the programs. The young people are encouraged to choose the groups that they are comfortable with on a voluntary basis.

Residents enjoy watching movies. Video 2000 has donated a large number of videos which have been catalogued into an extensive library that the residents can borrow.

The Barrett works with organisations in the community to ensure that the young people have the necessary support when they leave. Area agencies relevant to the young person, including health care are invited to discharge planning meetings. Video conferencing is available for agencies not able to attend, or outside of the Brisbane area. Accommodation continues to be an issue for those young people unable to return home.

### Education

☒ *Appropriate education support is provided for the residents.*

The school works closely with the Centre by providing for the educational needs of each student. The school staff develop programs which compliment the work of the Centre. Some of the residents stay at the unit for medium to long-term periods. The school enables the young people to maintain their education while working with therapists, doctors and nurses. Some young people, as part of their transition back into the community, spend part of the week at their own school and part at the Barrett School. In these cases, the staff liaise with the school to assist in the transition process.

Subjects offered at the school include English, Science, Maths, Landscaping, Horticulture, Business Studies, Computers, Music where students had an opportunity to record a CD of poetry, Home economics (there is a small kitchen), Physical Education, Restoration and Performing Arts.

Art is encouraged and the young people's beautifully framed artwork is on display around the school. The school has a small library.

The school has a beautiful garden area where the students in the past have planted vegetables, flowers and trees. Students can study Horticulture, Certificate I and II and Information Technology, Certificate I and II.

There is a P & C Association and part of their agenda is to assist the school to get better facilities.

There is a student representative who attends administrative meetings. This young person is decided by consensus.

The students said they were putting on an end of year performance next month.

## Safety and Security

- ☒ *Inadequate provision is made to ensure the safety and security of the residents, but improvements are being made*

It appears that this facility is unable to make full provision for the safety and security of all the residents with the existing facilities. The building is not purpose built, making security staff intensive for the young people requiring close monitoring. There is a security camera where staff can monitor the hallway of the residents' bedrooms from the administration area. This is mainly done at night when there are fewer staff present.

Constant Observation, Cat Red, or the suicide watch as young people refer to it, requires a lot of resources.

- It is used on an as needs basis, and can be for up to 24 hours a day.
- An extra staff person is required for a young person on Cat Red.
- This equals 4.2 extra staff over a week.
- This takes up a lot of the allocated budget.
- If a young person is on Cat Red over a long period of time, cuts have to be made in other areas.

The building needs extensive changes to bring it up to a standard in line with other facilities. Currently, there is no capacity for adolescents from the detention centre to be treated at the Barrett due to the lack of security.

To ensure the safety of residents, the young people with high dependency need to be in a separate wing. Other residents that require low containment or are preparing to leave the facility need a separate area. At present, all residents are in the same area, and this can be detrimental for patients needing a more therapeutic space or preparing to integrate back into the community.

## Health

- ☒ *The young people are provided with appropriate assistance to maintain good physical and emotional health.*

From conversations with the residents, their needs are being provided for with individual case management. It takes two weeks to fully complete an assessment of a resident. Past residents are able to access the Barrett as a day patient and to attend the school.

One of the residents absconded and ended up in the Ipswich Hospital with a fractured pelvis. As there are no mental health facilities at the Ipswich Hospital, staff from the Barrett were attending the young person day and night.

Residents consult with a dietician as regards their dietary requirements and menus are planned to suit the individual young people.

## Mental Health Facility Report

### Policies and Procedures

- ☒ *Policies and procedures are established to ensure the smooth running of the facility, and the young people have access to and are familiar with these.*

The Barrett Adolescent Centre has well established policies and procedures for the daily running of the facility.

The young people and their carers are given a booklet, set out in a question answer format that addresses some commonly asked questions and the rules for the centre. In the reception area, there is a stand with information brochures and fact sheets.

The Barrett consumer representative has regular meetings with the young people and guest speakers representing services speak to the young people about their role and how the young people may access these services.

A morning meeting, chaired by the young people, is held three times a week. This is another avenue where the young people can raise issues and discuss their concerns or ideas about the services at the centre.

The Barrett Adolescent Centre has an A1 ~ A7 program that enforces boundaries for residents' behaviours.

The most restrictive, A1, is for an Abscondee or being at high risk of doing so through to A7 which is irresponsible violence/damage, threats/violence towards others or damage to property.

When residents are being discharged from Barrett, there is a discharge plan that will ensure that the young person has follow up in the community. The case manager from the Barrett maintains contact with the young person on an as needs basis. Some residents continue contact with the Barrett by attending the school and facilities as a day patient.

### Issues and Concerns:

Of continuing concern is the issue of the young people who are unable to return to live with their families. While residential shelters are able to accommodate some of these young people, there are some residents with high needs and behavioural or medical issues that require more specialised assistance.

A half way house that addresses the specific needs of the young people who are exiting medium to long term mental health facilities would ensure that the young people are receiving the support they need to manage their lives within the outside community. Failure to address these needs can lead to the young person being readmitted to the facility.

### Action Completed re Previous Recommendations:

There were no previous recommendations.

### General Comments:

**Mental Health Facility Report**

The Barrett Adolescent Unit has a commitment to ongoing support for residents. It is the only medium/long term adolescent unit in Queensland and the young people can access this service from all over the state.

Young people from outside of Brisbane can sometimes feel isolated from their families and friends. The staff at the Barrett are particularly sensitive to their needs and try to ensure that there are activities and outings to assist the young person to feel valued and part of the community.

**Recommendations:**

There are no recommendations.

Community Visitor:

*Donna Imeri*

Date: 22/11/06



**Mental Health Facility Report**

Service Name: Townsville General Hospital – Acute Mental Health Unit

Type of Service: Mental Health Funding Program: Qld Health

Service ID Number: 0197 Community Visitor: Jenny Ryder

Service Address: Townsville Hospital, Douglas QLD

Date of Visit: 20/12/2006 Consent No: 60706

Type of Visit: Requested

Number of residents authorised to care for: Open

Age range authorised to care for: Open

Number of residents currently housed: 28

Number of residents spoken with during visit: 0

Age/Gender profile	<u>Under 16</u>	<u>16-18</u>	<u>18-25</u>	<u>25+</u>
current residents:	Female 1	Female	Female	Female
	Male	Male	Male	Male

**Accommodation and Living Environment**

- ☒ *Accommodation facilities are not of a standard that is suitable to the needs of the young people.*

The accommodation is of a high standard in terms of facilities; however, the focus of the unit is aimed at adult patients and so cannot provide for the needs of young people. The staff are trained to cater for adults and the programs offered by the unit aim at adults. Young people are exposed to adult patients who often exhibit severe psychiatric disorders. Young people can feel isolated in the unit as they frequently have no others of the same age to communicate with.

**Staffing**

- ☒ *Staffing of the facility is not sufficient to meet the needs of the young people.*

The young person was housed on an open ward. The staff members identified that the unit was short staffed and that nurses were doing extra shifts to cover the ward. The young person had one-to-one care; however, the staff alternated each hour in the care of the young person resulting in the young person having six different staff members caring for her. The constant change in staff does not allow for rapport to be built with the young person and staff.

**Personal Care**

- ☒ *The young people are provided with adequate support in relation to personal care and development.*

The young person did not wish to speak with the Community Visitor (CV); however, she did indicate that she was happy with the care provided by the staff and that she had no needs.

**Mental Health Facility Report****Safety and Security**

- ☒ *Adequate provision is made to ensure the safety and security of the residents.*

Adequate safety procedures are in place to ensure security. The young person had one-to-one care during the stay.

**Health**

- ☒ *The young people are provided with appropriate assistance to maintain good physical and emotional health.*

The young person had staff available to assist her at all times.

**Policies and Procedures**

- ☒ *Clear policies and procedures are not established to ensure the smooth running of the facility, or the young people do not have access to or are not aware of them.*

The CV did observe posters around the unit advising patients of their rights. The young person is in the care of the Department of Child Safety (DChS) who will resume care upon discharge.

**Issues and Concerns:**

Staff levels are inadequate to provide the young person with one staff member during a shift, making it difficult for the young person to form a trusting relationship with staff.

**Action Completed Regarding Previous Recommendations:**

To date, no policy exists around the discharge of young people into their own care who are under 18 years old.

There has also been no referral to local support agencies, and there has been no follow up by CV as yet on this issue.

**General Comments:**

The CV will follow up with the unit manager and advocate for policy development to support young people upon discharge.

**Recommendations:**

It is recommended that the unit managers look into the development of safety plans for the discharge of young people under 18 years of age, in addition to staff training in the provision of care for young people in the unit.

Signature of Community Visitor:      *Jennifer Ryder*      Date: 8.1.07

## EXHIBIT 75

Pages 804 through 837 redacted for the following reasons:

-----This document has been redacted in full in accordance with the Confidentiality Protocol published by the Commission on 1  
and the Order made by the Commissioner on 15 October 2015.



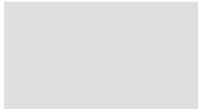
# MEMORANDUM


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**To:** Ms Pam Lane , District Manager – West Moreton South Burnett Health Service District

**Cc:** Ms Monica O'Neill Executive Director – The Park Centre for Mental Health,  
WMSBHSD  
Dr Susan Young, District Director of Nursing, WMSBHSD

**From:** Ms Joanne King  
Director of Nursing  
The Park - Centre for Mental Health,  
WMSBHSD

**Contact No:** 

**Fax No:** 

**Subject:** **Ten additional Permanent Registered Nurse positions at The Park – Centre for MH**

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**File Ref:** EDMHmemoneewnursingpositions

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In December 2006, it was noted at The Park's Executive Management Committee (EMC) that overtime for nursing had consistently been increasing primarily because of increasing acuity of our consumers. This was also impacting on Nursing Management's capacity to implement appropriate fatigue management strategies. As a result of discussions at the EMC, Ms Pam Lane requested the exploration of increasing the numbers of permanent nurses for the increased acuity of consumers rather than continuing with high numbers of casual and overtime usage.

In 2005, an overtime reduction project occurred and a number of strategies had been recommended but some not implemented. In January 2007, a Nurse Manager reviewed this project in consultation with the DON and NDs and local union representatives. The resulting review report is attached. A review of the utilisation of casual and overtimes indicated that on average the Nursing Division can rely on an additional 20 to 40 shifts a day to cover additional acuity, emergent leave, training and short temporary absences. It was noted that this increased casual and overtime use was not been driven by increased absenteeism. Other factors that Nursing Executive believe contribute to increased nursing hours are lack of environmental choices such as sufficient high security beds, High Dependency Units, Barrett Adolescent Unit building and the service caring for consumers that do not meet admission criteria.

Since February 2007, the Nursing Executive have engaged in consultations with Nurse Unit Managers and local union representatives to progress three of the recommendations as identified below:

Barrett Adolescent Unit - Increase of one registered nurse on morning and afternoon shift seven days a week to cover the first constant observation of a patient or the first emergent leave of staff. This represents an increase of three Registered Nurse FTEs.



Dual Diagnosis Unit - Increase of one registered nurse on morning and afternoon shift seven days a week to cover the first constant observation of a patient or the first emergent leave of staff. This represents an increase of three Registered Nurse FTEs.

Central Resource Unit– Increase of four Registered Nurse FTEs to cover a number of morning and afternoon shifts seven days a week. The additional 19 shifts a week would be deployed across the hospital on an as needs basis to cover continuous observations or emergent sick leave.

Local Union representatives have consulted with their local members and are primarily in agreement with the above recommendations. Workload and clinical speciality issues separate to the above clinical need have been raised by local union representatives and local members to the Nursing Executive. These issues will be the subject of ongoing discussion and resolution between the parties in the next three to six months.

The funds to create the additional ten registered nurses permanent positions will be sourced from current overtime and casual funds expended. Estimated full year expenditure for nursing overtime at The Park is \$1,249,942 and \$1,783,123 on nursing casuals.

I therefore seek your approval to create ten additional registered nurse positions to be deployed as described above. In approving these positions I have attached the necessary forms that require signature.

Thank you for your assistance in this matter.

Joanne King  
**Director of Nursing**  
21/06/2007



**Queensland  
Government**  
Queensland Health

RECEIVED

6 / 12 / 07

Executive Management  
The Park - Centre for Mental Health

# MEMORANDUM

**To:** Pam Lane  
District Manager  
West Moreton Health Service District

**Copies to:**

**From:** Sue Cardy  
Service Manager  
The Park - Centre for Mental Health

**Contact No:**

**Fax No:**

**Subject:** Petty Cash Advance - Barrett Adolescent Centre - School Holiday Program

**File Ref:**

Your approval is sought to make a seven hundred and fifty dollar (\$750.00) petty cash advance to facilitate the running of the Barrett Adolescent Centre, December/January school holiday program.

A number of the planned excursions will cost up to \$150.00 each. The Ipswich Hospital Foundation has kindly provided the funding for this years program (to the value of \$3,000). It is hoped that the major outings (\$1,400 to attend Dream World & \$600 to attend Wet & Wild theme parks) will be organised through a purchase requisition or via Procurements Corporate Card.

As is the case with all advances the necessary receipts and documentation will entered into the Facility advances register.

Thank you for your consideration in this matter.

Sue Cardy  
Service Manager  
26 November 2007

Approved / Not Approved

Pam Lane  
District Manager  
West Moreton South Burnett  
Health Service District

4. 12. 07



**Queensland  
Government**  
Queensland **Health**

# MEMORANDUM

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

**From:** Dr Terry Stedman  
Director of Clinical Services  
The Park – Centre for Mental Health

**Contact No:** [REDACTED]

**Fax No:** [REDACTED]

**Subject:** **Business Case for Creation of Clinical Research Registrar Position**

**File Ref:**

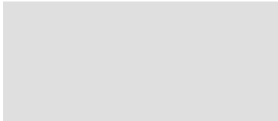
TS: Morton memo – Clinical  
Research creation 081204

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One of the registrars has been successful in an application to Medical Workforce Advice and Coordination Unit for a Clinical Research Skills Development Registrar position in 2009 (see attached advice)

They have requested that we create an additional position to facilitate this.

I would be grateful if you could support and progress this.



Dr Terry Stedman  
**Director of Clinical Services**

4 December 2008

*att*

# ESTABLISHMENT FORM – CREATE NEW POSITION

Use only to create a position

POSITION ID							
If you require any assistance in completing this form please contact your Human Resource Department							
Position Title	Clinical Research Registrar			Unit	The Park-Centre for Mental Health		
Brief Title				Location			
Attached Documentation	Is Business Case attached?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	Is Position Description attached?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Is a position to be abolished/suspended?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Position ID for abolition/suspension		Hours to be abolished	Whole <input type="checkbox"/> Part hrs _____		
Occupation (Designation)	<input type="checkbox"/> Administrative			<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental		
	<input type="checkbox"/> Operational			<input type="checkbox"/> Technical	<input type="checkbox"/> Professional		
	<input type="checkbox"/> Nursing			<input type="checkbox"/> Trade	<input type="checkbox"/> Other		
Employment Type	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Casual		Employment Status (If Full-time or Part-time)	<input type="checkbox"/> Permanent			
	<input type="checkbox"/> Part-time <input type="checkbox"/> Trainee (Hrs per f/n _____)			<input checked="" type="checkbox"/> Temporary			
Establishment Type	<input type="checkbox"/> In Establishment			<input checked="" type="checkbox"/> Over Establishment			
Commence Date	12 / 01 / 09		to	End date	11 / 01 / 10 (if Temporary)		
Approved Position Hours per fortnight	76			Reports to position (name or number)	T. Sadler.		
Classification	MEDREG6			Crew Id	WM0229		

## TERMS OF EMPLOYMENT

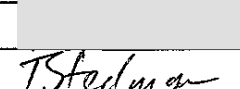
Working Arrangements (Full Time Positions Only)	Shift Arrangements	No. Weeks Leave	Reason For Additional Weeks Leave
19 Day Month (ADO Accrual) <input checked="" type="checkbox"/>	Day <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	Working Public Holidays <input checked="" type="checkbox"/>
Variable Working Hours (Flexitime) <input type="checkbox"/>	Shift <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	Continuous Shift Work <input type="checkbox"/>
9 Day Fortnight <input type="checkbox"/>	Cont/Shift <input type="checkbox"/>	6 <input type="checkbox"/>	Radium (Radiographers Only) <input type="checkbox"/>
Standard Hours (Non ADO Accrual) <input type="checkbox"/>			

## FUNDING

Funding Source	<input checked="" type="checkbox"/> State <input type="checkbox"/> Commonwealth <input type="checkbox"/> Other _____		
Period Of Funding	Start Date	12/01 /09	To End Date 11/01 /10
Cost Centre and Percentage Allocation	1	99624020	100 % 3 %
	2		% 4 %

## RECOMMENDED BY

## SUPPORTED BY

Signature		4/12/08	Signature	/ /
Name	T. Sadler		Name	
Position	Dir Clin Services		Position	

## DELEGATE APPROVAL ☐ Yes ☐ No (If No, return to Supporting Officer)

Signature		Date	
Name		Position	District Manager

OFFICE USE ONLY			
Has a JEMS been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Resulting Classification	
Processed By	/ /	Checked By	/ /

Em ID: 130422



**Terry Stedman - Clinical Research Registrar for 2009 - Dr Shannon Morton**

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**From:** Jade Reading  
**To:** Terry Stedman  
**Date:** 28/11/2008 12:03 PM  
**Subject:** Clinical Research Registrar for 2009 - Dr Shannon Morton  
**CC:** Shannon Morton; Trevor Sadler

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Good Morning Dr Stedman,

Dr Shannon Morton has been successful in her application for the Clinical Research Skills Development Registrar position in 2009.

This appointment was decided by the Medical Advisory Panel and the objective of the post is to:

- Provide the registrar with continued employment with Queensland Health for the period of the Clinical research skills development scholarship;
- Develop an understanding of research and the role of research within a clinical environment;
- Gain an insight into research theory and practise as it pertains to research within a clinical environment.

The key activities of the registrars on the scholarship include:

- Undertaking a formal research skills qualification as part of the training placement;
- Observing and participating in a specific research activity during the period of the placement.

Medical Workforce Advice and Coordination unit provides funding for this position to the host facility which includes payments to cover Dr Morton's salary consistent with industrial entitlements. Any unexpended salary for this position can be used to offset course fees, travel and living expenses of the registrar during the period of the post.

There are two components to Dr Morton's program of work under the scholarship, they are:

1. Collaboration with her primary supervisor Prof Graham Martin (Child and Adolescent Psychiatrist), Psychology PhD student Sarah Swannell, and Prof Peter Silburn (Neurologist), to develop and implement a fMRI study of the emotional processing and regulation mirror neuron systems in adolescent females who self harm. Based at Royal Brisbane Hospital UQ Psychiatry Research Centre
2. Contribution to the Queensland Health Suicide Prevention Collaborative chaired by Dr Trevor Sadler (Child and Adolescent Psychiatrist). Based at Barrett Adolescent Centre, The Park – Centre for Mental Health

A key aspect of the program is that the registrars remain employees of QLD Health and as such continue to receive their normal entitlements. To facilitate this, we require a QLD Health unit to host the position (funding provided by MWAC) and to create a position ID and provide a cost centre into which the funds for the position can be transferred. The host facility is usually where the registrar intends to undertake some off their project.

Dr Sadler has advised that The Park will be able to host Dr Morton's position for 2009. The funds for Dr Morton's position will be provided in the 8th December PBA rounds and I am therefore looking to get the correct cost centre at The Park for Dr Morton, and to ensure that a position ID and letter of offer are created for her.

Could you please contact me at your next available opportunity to discuss and progress this matter.

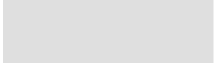
Kind Regards

Jade Reading

EXHIBIT 75

WMS.9000.0003.00844

Senior Project Officer  
Medical Workforce Advice and Coordination Unit (MWAC)  
**Queensland Health**  
147-163 Charlotte Street  
GPO Box 48  
BRISBANE QLD 4001





**Queensland  
Government**  
Queensland Health

# MEMORANDUM

**To:** Pam Lane  
District CEO  
Darling Downs West Moreton Health Service District

**Copies to:** Monica O'Neill (Executive Director, The Park), Sue Cardy (Service Manager, The Park), Annette Clifford (Registered Nurse, The Park)

**From:** Elizabeth Edge  
Nursing Director  
High Security  
The Park – Centre for Mental Health

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

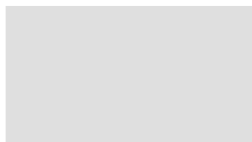
**Subject:** Replacement spectacles for Annette Clifford, Registered Nurse, Barrett Adolescent Centre, The Park – Centre for Mental Health, IRM 3.8.1  
Compensation for loss of or Damage to Private Property

**File Ref:**

On Monday 20<sup>th</sup> October 2008 during an incident in Barrett Adolescent Centre, Registered Nurse Annette Clifford's spectacles were damaged behold repair. Annette is now seeking to replace these glasses.

Attached is a statement from Annette Clifford outlining how her spectacles were damaged, a witness statement from Peter Kop, Registered Nurse in Barrett Adolescent Centre, as well as a quote for replacement obtained from The Optical Superstore and the Prime Incident form.

Kind Regards,



Elizabeth Edge  
Nursing Director  
High Security – Inpatient Service  
The Park – Centre for Mental Health  
16/12/2008

EXHIBIT 401 IT MAY CONCERN

WMS.9000.0003.00846

STATEMENT

On Monday, 20.10.08 during the course of restraint and seclusion of inpatient [REDACTED]

Accompanying this is a statement from the purchasing optometrist. The incident is documented in the Ward Report and PRIME and in the patient's file. There is also witnesses statements included.

[REDACTED]  
Annette Clifford

18.11.08



TO EXHIBIT 75  
WHO M IT MAY CONCERN

I was a witness in the incident on 20.10.08 which involved a restraint on [REDACTED] during which the [REDACTED]

[REDACTED]  
'Peter Kop R.N. ....

[REDACTED]  
R. ALA-OUTWEN A/NUM

**The Optical Superstore**

P.O. Box 1179,  
Carindale Shopping Centre  
Carindale QLD 4152  
ABN: 82 101 150 449

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Date 05/11/08

Please find below a Quotation for the replacement of spectacles for Ms Annette Clifford.

These particular spectacles were purchased from our business 12/8/05 from Optom Admin Pty. Ltd.  
(ABN: 82 101 150 449) Trading as The Optical Superstore CARINDALE

These are glasses are beyond repair.

Costing for Mrs Clifford's original glasses that were are as follows.

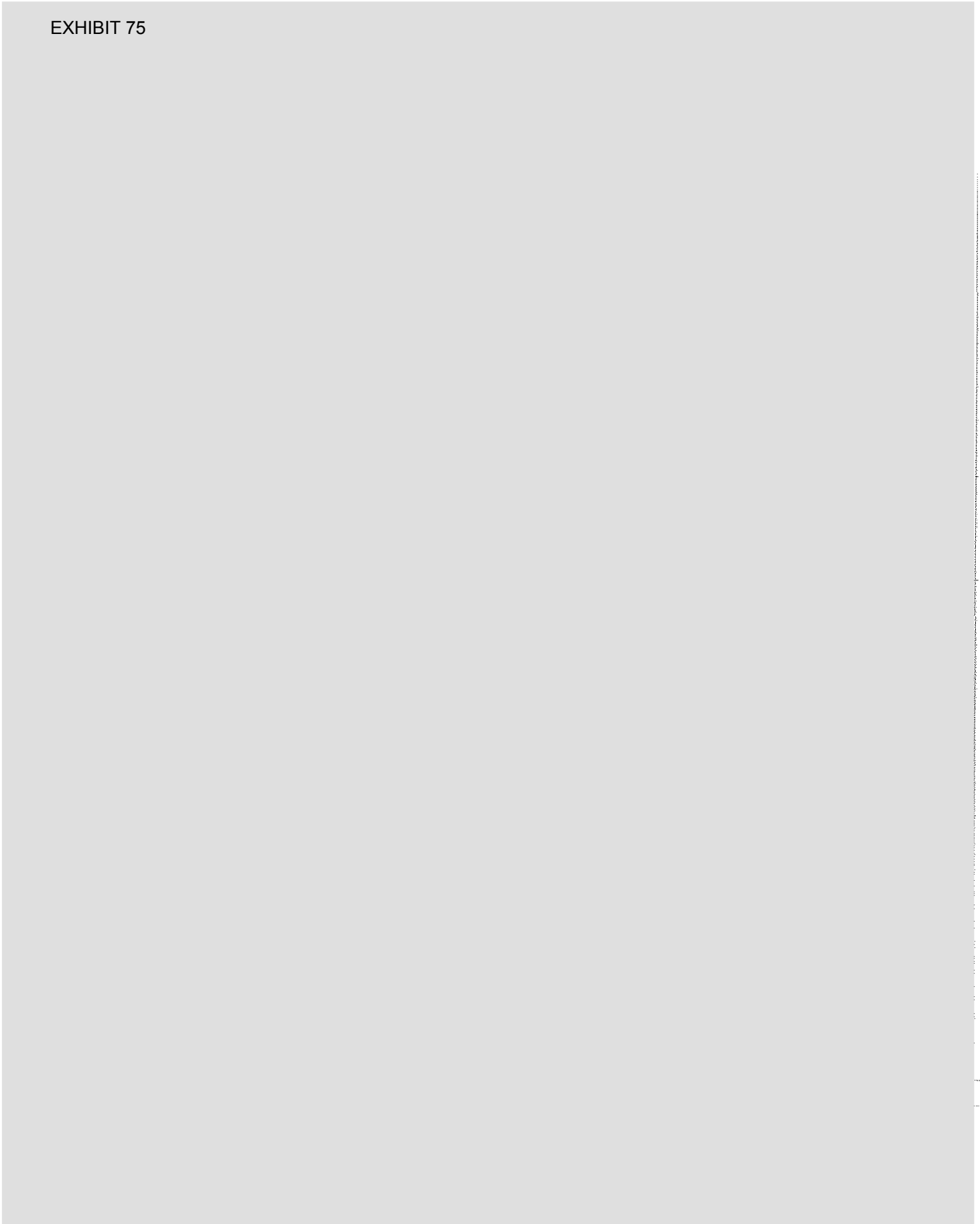
Frame:-  
Country Road 4068  
current offer- \$132.00

Lenses:-  
Sola one multicoated lenses  
Cost \$275.00

TOTAL: **\$407.00**

If there are any queries please contact,  
John Grant

EXHIBIT 75



## INTEGRATED (HR/IR) RESOURCE MANUAL

<b>Title:</b> <b>Compensation for Loss of or Damage to Private Property and Personal Effects of Employees and for Damage to Visitor's Vehicles</b>	<b>NUMBER:</b>	<b>IRM 3.8-1</b>
	<b>VERSION DATE:</b>	DECEMBER 2007
	<b>REPLACES:</b>	FEBRUARY 2001

**1 PURPOSE**

The purpose of this IRM is to outline the procedures to be adopted in regard to claims for compensation for loss of, or damage to, private property and personal effects of employees whilst engaged in the performance of official duty.

**2 APPLICATION**

This policy applies to all temporary, part-time and full-time Queensland Health employees of:

- Area and District Health Services
- QHSSP and Corporate and State-wide Divisions.

**3 WORK INSTRUCTIONS**

Work instructions may be developed to facilitate implementation of this policy. The work instructions must be consistent with this policy.

**4 DELEGATION**

The "delegate" is as listed in the *Queensland Health Human Resource Delegations Manual* as amended from time to time.

**5 RERFERENCES**

Not Applicable

**6 SUPERSEDES**

- IRM 3.8-1 February 2001

**7 POLICY**

**7.1** References in this policy to private property and personal effects shall not include money. Compensation for money will not be allowed under any circumstances.

**7.2** All employees should be advised in writing that liability will not be accepted by the State Government or Queensland Health for:-

- Damages sustained to private motor vehicles while being driven or parked on Queensland Health property.

- Loss or damage, including loss or damage by fire or theft, to private property or personal effects which are used or stored in premises or accommodation owned or used by Queensland Health.

**7.3** Employees of the Government (including all Queensland Health employees) are themselves responsible for arranging cover and paying the premium in respect to insurance on private property or personal effects to cover loss or damage in circumstances outlined in 7.2 (i) and 7.2 (ii).

**7.4** Where loss of or damage to private property occurs to employees clothing or personal effects as a consequence of performing their duties and is not due to the employee's reckless actions, Queensland Health management should consider compensation. For additional provisions on clothing soiled during the course of duty refer to;

- IRM 2.7-36 Uniforms including access to Protective Clothing for Administrative Staff
- Circular ER 17/07 Uniforms for Administrative Staff
- IRM 2.7-18 Uniforms and Workwear – Non Nurses

**7.5** Employees should be notified that compensation in such circumstances will only be for an estimated value for loss or repair at the time and not the replacement value of such item. Employees should be warned against wearing valuables to work.

#### **7.6 Loss or Damage by Fire**

Action should be taken to advise all employees in writing that no liability will be accepted by the State Government or Queensland Health for any losses incurred by employees due to fire. New employees should be advised in writing at the time of their appointment.

#### **7.7 Liability for Visitors Vehicles**

Any person visiting a Queensland Health facility should be informed that liability will not be accepted for damages sustained to private motor vehicles while being driven or parked on Queensland Health property. In the opinion of the State Government, this might best be achieved through the erection of an appropriately worded notice prominently displayed in any area in question.

The following example illustrates the type of wording to be used:-

*This is ..... Health Service District property.*

*Every person whether an invitee, employee or otherwise, who brings or authorises the bringing of a vehicle onto this property does so on the condition that neither the ..... Health Service District, its servants or agents are liable for any loss or damage to the vehicle or any part or accessory or anything left in or about the vehicle whether arising out of a negligent act, breach of duty, default and/or omission on the part of the ..... Health Service District, its lessees, tenants, servants or agents or by any other person being upon or using this property (and whether standing in legal relationship to the .....*

*Health Service District or not) howsoever such loss or damage may be occasioned.*

It should be noted that the ordinary common law duty of Queensland Health as an occupier of land will not be totally absolved through the erection of a notice.

## 8 APPLYING THE POLICY

### 8.1 Claim for Compensation

The following guidelines should be followed in considering any claims:

An employee may be paid such amount as considered fair and reasonable where the loss of, or damage to, private property or personal effects:

- Has been caused by a fault or defect in materials or equipment belonging to the Crown of which the officer had no previous knowledge.
- Has resulted from an act or omission by another person either employed by or in the custody of the Crown (including Health Service Districts).
- Has occurred in the course of endeavouring to protect lives or Government property.

Provided that any amount so determined for loss or repair shall not exceed the estimated value of the article at the time and not the replacement value of such item. To determine the value of the article due consideration should be given to the age and condition at the time of loss or damage.

In assessing any amount to be allowed, any compensation received or which may be received from any person, organisation, corporation or other body must be taken into consideration. These could include refunds from a medical benefits association, damages arising out of personal action, settlements made in respect of damages, and insurance claims.

No refund for loss or damage should be allowed:

- Unless Queensland Health is satisfied that:
  - The employee took all reasonable precautions to avoid loss or damage.
  - The employee could not have reasonably been expected to have insured the property against loss or damage.
- Whilst the property is:
  - Stored in premises owned or occupied by the Crown (including Health Service Districts) including houses, hostels, camps, etc.
  - Contained in temporary accommodation during an employee's absence from headquarters on official duty.
  - Being transported while employees are travelling on Government or Health Service District business except where an essential part of luggage is necessary in the performance of official duty.
- For privately owned equipment such as cameras, binoculars, calculators, etc, unless there were special circumstances necessitating the use of such equipment at the particular time.

## 8.2 Procedure to Claim

All employees should be informed of the above conditions and where a claim is made for compensation the following information must be furnished by the employees:

- Details of the circumstances of the incident and the extent of damage sustained.
- Statements from any witnesses.
- The date of purchase and the purchase price supported by receipts where available of items lost or damaged and an estimate of value at the time of the incident.
- A receipt or quotation for the cost of effecting repairs to items damaged.
- Why the personal effects were not insured at the time of the incident.

Applications and supporting documentation must be submitted through the employee's supervisor to the approved delegate of the relevant Health Service District, QHSSP, Corporate or State-wide Division.

## 9 DEFINITIONS

Nil

## 10 HISTORY

This IRM was reviewed in October 2007 as a result of referral to SBU by the Administrative Interest Based Bargaining Group.

