BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

STATEMENT OF KIMBERLEY SADLER

Name of Witness:	[redacted]
Date of birth:	
Current address:	
Occupation:	Registered Nurse
Contact details (phone/email):	[redacted]
Date and place of statement:	Level 10, 179 North Quay Brisbane
Statement taken by:	Emily Vale and Rachel Cornes

I **KIMBERLEY SADLER** make oath and state as follows:

1. From approximately August/September 2009 until its last operational day on about 27 January 2014, I held the position of Registered Nurse ("**RN**") at the Barrett Adolescent Centre ("**BAC**").

2. I became aware of the establishment of the Barrett Adolescent Centre Commission of Inquiry ("**the Commission**") in or around September 2015, following reports in the media.

3. On 9 November 2015, I was contacted by Commission staff who advised me that I had been identified as a person who may have information relevant to the Commission's Terms of Reference. The Terms of Reference were outlined to me, and I was asked whether I would be happy to attend for an interview and provide a statement, which I was.

4. At 2.00pm on Tuesday, 10 November 2015, I attended the Commission Rooms at level 10, 179 North Quay, where I met with Commission staff, was handed a copy of the Commission's Terms of Reference and was asked a series of questions.

5. I gave Commission staff a small bundle of documents which, following my conversation with Commission staff on the previous day, I had identified as being of potential relevance to the Commission's Terms of Reference. To the extent they are relevant to the matters I discuss below, I have attached and made reference to these documents throughout my statement.

[redacted] 14/12/2015
Witness Signature:

[redacted] 11604
Justice of the Peace / Commissioner for Declarations / Lawyer

My qualifications and experience

6. I hold the following formal qualifications:

   (a) Honours in Psychology (gained in 1996);

   (b) Bachelor of Nursing (gained in 2006);

   (c) Masters of Mental Health Nursing (gained in 2009).

7. Prior to working at the BAC, I worked at The Park Centre for Mental Health, Rehabilitation and Education. Specifically:

   (a) from January 2009 to August 2009, I held the position of A/Clinical Nurse in the Extended Treatment and Rehabilitation unit; and

   (b) from February 2007 to December 2008, I held the position of RN, working five months in the medium secure unit, 13 months in the high secure unit, and four months in the extended treatment and rehabilitation unit.

8. Attached and marked **'KS-1'** is a copy of my most recent curriculum vitae.

Employment at the BAC

9. As I have stated above, I commenced work as an RN at the BAC in or around August/September 2009 and remained there until its closure on or about 27 January 2014.

10. When I commenced work at the BAC, I was rostered to work a variety of day and night shifts. However, from the beginning of 2012, up until when the BAC closed, I worked night shifts, only.

11. As an RN I was responsible for providing safe and excellent mental health care to the clientele of The Park, which included the BAC. On a day to day basis, my responsibilities working at the BAC mainly included: care-coordination (but not after going on night duty, as it was then not practical to do so); risk assessment and management; crisis intervention; client advocacy and ensuring client rights upheld; monitoring and observing; treatment (for example, administering medications); therapeutic rapport; liaison with the multidisciplinary team and carers; legal paperwork (for instance, 'LCTs' leave paperwork for clients on ITOs (involuntary treatment orders) and FOs (forensic orders)).

Management and operation of the BAC

12. The BAC was responsible for providing care to reasonably long-term adolescent mental health clients (sometimes for up to several years) who had already come through other mental health services.

13. Although I was never involved in the BAC admission or discharge processes, I did observe that the BAC had a focus on admitting clients with mental disorders especially trauma cases with associated mood states and self-harm (complex PTSD, depression and anxiety, impaired learning and behavioural issues), as opposed to clients with serious mental illnesses that are biologically driven and harder to treat (such as schizophrenia and bipolar disorder), or clients who had severe drug and alcohol problems.

Model of care

14. The BAC had a complex model of care. From my observations working at the BAC and The Park, and also my study for a Masters in Mental Health, I would describe the treatment provided at BAC as being an 'old-fashioned' model of care. I had a number of concerns with the BAC's model of care.

15. First, the BAC provided very long term care in an inpatient hospital setting which was generally located away from where all of the client's health professionals and school were. In some cases, the BAC was located at the opposite end of the State to where the client had been living and where their family were located. This geographical distance made it harder for carers of BAC clients, in the sense that it was more difficult for them to come down to the BAC to participate in family therapy.

16. In order to participate, the carer often needed to take holiday leave and rent accommodation. From my discussions with carers, I am aware that this sometimes caused carers to feel isolated or out on the edge, in terms of participation in their child's treatment at the BAC. Mental health care is about looking after the carer too. Location of mental health facilities across multiple sites across the State would have meant that the needs of the carer could have been better met.

17. Secondly, the older system/care model in place at the BAC was extremely stigmatising for clients and also did not teach clients resilience (for example, to book in and attend appointments with a psychologist in the community, as for the public. In doing so, clients would learn patience and that they need to plan and thereby become empowered).

18. Thirdly, although based on very humane principles, the treatment provided at the BAC was not always, in my view, based on best evidence-based practice for individual disorders. Although I did not see a copy of the report, from discussions in the workplace, I am generally aware of an accreditation process in around 2014, using the Australian Accreditation Healthcare Standards (ACHS), which indicated this, too.

19. Whilst I do not recall the exact date, I do recall an occasion when I arrived on shift at the BAC, and was told by a few nurses (whose names I cannot recall) that Dr Sadler had prayed over a client who was on continuous observations in the high acuity area, without the client requesting this to occur. I believe that CSO Lynette Glubb was witness to this incident.

20. This was of concern to me for two reasons. First, whilst it is acceptable to have prayer and religious beliefs in a care plan, that needs to generate from the client. Whereas here, I was aware that it was generated solely from the treating physician. Secondly, I do not consider prayer to be a clinically effective response to the circumstances concerned.

21. Fourthly, it was rare for clients to access health professionals in the community outside of BAC while they were an inpatient. Different types of clients with different types of disorders require different types of treatment (Cognitive Behaviour Therapy 'CBT' – as distinct from cognitive behaviour therapies - is an example of a highly regarded therapy for clients with depression).

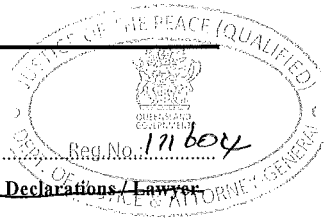
22. At BAC there were limited treatment options available because there were only a few clinicians undertaking therapy and they all practised from a mindfulness perspective. Mindfulness is a new form of therapy without a lot of clinical evidence.

23. In comparison, if you had a situation where clients could only access therapists by going to see community based therapists, then the clients would have greater access to many approaches, allowing them greater choice and a greater chance of receiving more effective treatment. This is beneficial because one type of therapy does not fit all.

24. Fifthly, the BAC system did not give clients much time to spend with adolescents who did not have mental health disorders and who would potentially help them to develop more normalised behaviours. The BAC was staffed by a multidisciplinary team and one of the important aspects was the therapeutic milieu (that is, 'peer-based'). My concern with the approach at BAC was that, whilst contact with peers is useful, clients do not need to be with their peers 24 hours a day. Adolescents do not learn to amuse themselves and think for themselves if constantly surrounded by others. Adolescents benefit from having some space and time to themselves. This is not possible if surrounded 24 hours a day by their peers.

25. Sixthly, I considered the length of stay for adolescents at the BAC to be too long in several cases. This had the effect of 'normalising abnormal behaviour' over long periods of time and was not always beneficial to an adolescent's personality. My concern was that the whole approach (that is, long- term inpatient care) was stigmatising and made transition out of the BAC, difficult. BAC did not seem to want to 'let go' of the clients.

26. Finally, I had further concerns that the setting of the BAC in a forensic hospital was not ideal. Clients who were very unwell in the forensic area of The Park sometimes had ground leave, which was unescorted. While I am not aware of any incidents between BAC and forensic clients, there was still a risk factor. This was managed to some extent by having a staff member accompany adolescents on ground leave, but BAC clients on other leave could walk, for example, to the train station unaccompanied (and, when doing so, potentially come into contact with a forensic patient).



Witness Signature: Justice of the Peace / ~~Commissioner for Declarations~~ / ~~Lawyer~~

Leadership

27. When I commenced work at the BAC in 2009, the permanent Nurse Unit Manager (my line manager) was Mr Risto Ala-Outinen. Dr Trevor Sadler was the Medical Director of BAC.

28. My impression from working at the BAC was that Dr Sadler had formed a team around him that 'supported his approach' (as described above). Before the executive officers of the West Moreton Hospital and Health Service (**"WMHHS"**) became involved in the operations of the BAC (which I discuss below), I observed Dr Sadler to operate the BAC without much apparent oversight, that is, he did things the way he preferred to.

29. I did not have many conversations with Dr Sadler (even when I was on day shift). He seemed to like speaking with a few members of the nursing staff in particular, such as Vanessa Clayworth, Peter Kop, Sue Daniels and Matt Beswick (this is regardless of whether they were operating as an RN or were in higher duties).

30. Based on the number of entries made by Dr Sadler on client progress notes, I perceived that the female trauma clients seemed to receive more attention from Dr Sadler than the male clients. I am not implying this is dubious or inappropriate in any way. Instead, I observed that the boys were missing out. I considered it to also be reflective of the fact that the male clients tended to be at BAC for different reasons.

31. In my opinion, most of the boys at the BAC could have been (more appropriately) treated in the community rather than be an inpatient of the BAC for months on end. Boys at BAC presented predominantly with mood and developmental disorders and with school avoidance issues. Such conditions are fairly stable and should have required only a short-stay at the BAC in order for the client to be safe enough to return to the community for treatment (in the sense of them being non-aggressive and non-self-harming). In comparison, the girls at the BAC tended to be more extreme in their behaviours, [redacted] and requiring more care.

32. I would describe the management and operation of the BAC as 'insular' and would describe the BAC as being 'an island in psychiatric services'. I never saw any evidence from Dr Sadler's leadership nor from the permanent NUM, of open, or practical discussions about challenging the care model, ensuring the National Standards of Mental Health Services were met, sourcing or considering psychiatric literature on best practice or clinical evidence, or even examining what was happening outside of The Park. This differs to other places where I have worked.

Reporting of concerns about the BAC

33. Consistent with my view of the BAC as being 'an island', in my experience, there was also a general reluctance at the BAC to report clinical incidents. For instance, there was a reluctance to do mandatory reporting. On one occasion I did mandatorily report about a child protection issue (abuse in the home) with another colleague (who I am not prepared to name). This was despite the multidisciplinary treating team not wanting this to occur. My colleague told me that he said to the team that I and he would report regardless and so the team backed down.

34. Based on my subsequent discussion with my colleague, it is my understanding that staff of the BAC considered themselves to be the best service to deal with any issues faced by its clients. That is, that they considered there was no need to report on something to another service because BAC staff were able to manage the issue. I disagreed with this mindset.

35. From 2011 until closure of the BAC in January 2014, I became aware of a number of incidents of concern to me, with respect to the operations of the BAC. A few examples follow.

36. The first is an incident reported to me by RN Steve Sault, which involved a male Acting Clinical Nurse Peter Kop (**"A/CN"**) (accompanied by a female RN, whose name I do not recall) taking some of the adolescents to Redcliffe for an outing. It was a hot day and so this A/CN decided that they could all go for a swim in the pool there, and that if they did not have swimwear, to go swimming in their underwear. From RN Sault I am of the understanding that and the nurses went swimming in their underwear and t-shirts.

37. I was concerned for what might have happened had this adolescent absconded in that scenario. Quite apart from the unprofessionalism, there was a big safety issue. For example, it would have been difficult for the staff involved to have chased after the client in their wet clothing, had absconded. Although I do not now have access to the notes, I do recall that the client's progress notes, that evening, indicated that .

38. I came back after a few days off to learn about this incident. I believe that two other nurses, RN Meredith Kellahan and CN Kim McManus, had already complained to managers (I am not sure who the managers were). I sent a formal concern via email to BAC NUM Risto Ala-Outinen. I no longer have access to a copy of this email. The NUM

minimised the concern, saying to me words to the effect that it was 'fourth or fifth hand information'.

39. A few days later, I was told by a colleague (who I am not prepared to name) that:

(a) two male managers (NUM Risto Ala-Outinen and Nursing Director Darren Collins (also known as Darren Leahy) had interviewed each of the adolescents involved;

(b) the adolescents had no support person with them ; and

(c) it was his impression, from hearing what was said, that the managers were putting words in the adolescents' mouths.

40. To the best of my knowledge, there were no repercussions for the A/CN who had taken the adolescents swimming. I observed that this A/CN was well liked and supported by Mr Ala-Outinen. I believe that Mr Ala-Outinen 'minimised the situation' and did not undertake an appropriate investigation until requested to by Will Brennan.

41. Confidential

42. Confidential

43. Confidential

44. Confidential

Witness Signature:

Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

45. Confidential

46. Confidential

47. Confidential

48. Confidential

49. Confidential

Redlands proposal

50. I was generally aware, in around 2009, of a proposal to relocate the BAC to the Redlands.

51. I recall seeing architectural plans that had been drawn up, and also hearing from other staff members (I cannot recall who) about processes on how the new facility would be run. There was talk of each adolescent having his or her own bathroom. This caused concern amongst some BAC nurses in terms of the ability to monitor the adolescents (with respect to self-harm risk) and also the fact that an ensuite bathroom for adolescents is not reflective of the community (that is, what is 'normal').

52. The first official notice I had, that the Redlands unit was not going ahead, was an email from Ms Kelly on 11 September 2012. In this email, Ms Kelly stated that the relocation of the BAC to the Redlands was no longer available, referred to 'high level discussions' and stated that the WMHHS supported the national reform agenda to ensure young people are treated closer to their homes in the least restrictive environment. Attached and marked **"KS-4"** is a copy of the email which I received from Ms Kelly on 11 September 2012.

Changes at the BAC

53. In 2012, after Mr Ala-Outinen had left the BAC, I recall observing a shift in the management and overall operation of the BAC. This shift coincided with:

    a. discussions between staff about BAC's ongoing operation, with its future 'being mooted';

    b. BAC drawing political attention, with people who had previously had no input, becoming involved in its management. In particular, there was an increase in the involvement from those 'higher up' than there ever had been before. (By 'higher up', I mean that there was an increase in the involvement of higher executives of the WMHHS);

    c. Ms Vanessa Clayworth (another RN at the BAC) becoming involved in various planning and committee meetings concerning the BAC, as well as discussions with higher executives; and

    d. Workforce changes in WMHHS and thus at The Park. Specifically, I recall looking at a copy of the *West Moreton Hospital and Health Service Workforce Plan 2012-2017* (**"the Plan"**). I made a number of handwritten notes on this Plan, a copy of which is attached and marked **"KS-5"**.

54. Of particular interest to me was the intention, documented in the Plan, to reduce the number of RN positions and increase the ratio of ENs to RNs. When I saw these figures, I recall thinking that the BAC would be closed. I held this view because I recognised that the BAC was such an expensive model and the LNP Government was cutting government services.

55. I was also aware that the BAC had been attracting attention from the hierarchy (the Executives) and the then Health Minister, Mr Springborg.

56. [redacted]

57. [redacted]

58. In around January 2013, I received a staff Information Sheet entitled *'Changes to rehabilitation service at The Park – Centre for Mental Health'*, which outlined changes being made to the delivery of rehabilitation programs for consumers at The Park. The

[redacted] .... [redacted] .....

Witness Signature: Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

Information Statement stated that there was no longer to be a separate rehabilitation service. Attached and marked **"KS-6"** is a copy of this Information Statement dated January 2013.

59. On 4 February 2013, I received an email from Ms Sharon Kelly (Executive Director, Mental Health and Specialised Services, WMHHS) which referred to a mental health restructure and stated there was a requirement for an increase in Enrolled/ENAP nurses and a commensurate decrease in the establishment of Registered Nurses. Ms Kelly invited RN's to place their names on an Expression of Interest Voluntary Redundancy Register. Attached and marked **"KS-7"** is a copy of the email I received from Ms Kelly on 4 February 2013.

60. Whilst I do not specifically recall putting my name on an Expression of Interest Voluntary Redundancy register, I do recall all of the nurses at the BAC having to go and apply for one of only five jobs that there available and attend an interview. I was not offered any of these five jobs.

61. I began keeping an eye on cuts to nursing positions after the LNP came into government. The Queensland Nursing Union (**"QNU"**) constantly updated its website with lists of site positions that were being lost. I kept an eye on these updates also.

62. On 15 February 2013 the QNU published an update on its website which showed that 40.2 FTE positions, including 18.2 FTE nursing positions, had been abolished from the WMHHS mental health services. Attached and marked **"KS-8"** is a copy of this update by the QNU dated 15 February 2013.

Staffing concerns

63. Staffing numbers stayed relatively steady for the duration of my time at the BAC, which was dependent on acuity of the clients and numbers of clients on the ward.

64. Previously, there had been three permanent RNs assigned to work night shift at the BAC. A minimum of two assigned per shift but more if there was a client on continuous observations. However, after one of these nurses took a redundancy in 2013, the BAC would frequently be assigned an EN, agency or pool nurse (and not a permanent staff RN).

65. The difficulty with this situation was that agency or pool nurses do not get the opportunity to build a strong rapport with the clients, so when the clients were deteriorating in mood and considering self-harming, they would usually only approach the permanent RN on shift. Staff who are not in a work place very often are not as familiar with rules and procedures associated with that ward. It is a safety issue. Non-permanent staff often do not pick up on an adolescent's warning signs that the client is about to self-harm. Warning signs differ greatly between clients.

66. Although I do not recall the exact date, I recall an occasion when I was assaulted by a client of BAC, which resulted in my head being punched into a concrete wall. An EN from

[redacted] [redacted] Reg No: 11604

Witness Signature ✓ Justice of the Peace / ~~Commissioner for Declarations~~ / Lawyer

another ward and an agency staff member who were working that shift with me did not feel able to fill out the report online, and so I had to complete all of the paperwork myself (when usually a colleague would have assisted with this given the circumstances).

Decision to close the BAC

67. I did not have any involvement or input into the decision to close the BAC. I was never given the opportunity to, or asked to, offer any input.

68. At intervals between the period 30 November 2012 and 20 November 2013, I received communication about the decision to close the BAC in the form of "Fast Facts" issued by Ms Kelly. A collection of the Fast Facts in my possession are attached as a bundle and marked **"KS-9"**.

Support to Staff

69. I am not aware of any support offered to staff regarding the closure, other than to access counselling services if desired. I was not offered any other support. As I later explain, it was not until the last day of the BAC's operation, that I was advised that upon BAC's closure, I would be going into the central pool of nurses at The Park. I was not ever given an alternative.

70. Sometime just prior to Christmas 2012, I recall there were a number of rumours in the workplace about the future of the BAC. I became concerned that no one had spoken to the night staff about the plan for the BAC and its closure and so I emailed Ms Kelly to ask her to meet with night staff. A copy of my email to Ms Kelly dated 2 December 2012 is attached and marked **"KS-10".**

71. I recall that Ms Kelly subsequently arranged a meeting early one morning at the BAC, which was attended by the Director of Nursing (Mr Will Brennan), the Director of High Secure (Mr Darren Leahy/Collins), myself and another permanent night nurse RN Lourdes Wong.

72. At this meeting (in December 2012) I raised with Ms Kelly my concerns about the environment of crisis within which the BAC was operating and the stress on the staff. I told Ms Kelly words to the effect that I was concerned staff would not be able to manage incidents on the ward if there were fewer nursing staff over Christmas, and that I was deeply concerned [redacted]. Whilst I do not recall who these particular patients were, I do recall that it was [redacted]

[redacted]

Witness Signature:

Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

Reg.No. 12604

73. My impression was that Ms Kelly took these concerns on board. I say this because the staffing numbers remained fairly consistent up until the BAC closed in January 2014.

74. At this meeting, I recall that I asked Ms Kelly about the closure date. Ms Kelly told me that the BAC would close on 26 January. I understood this to mean January in the following year (that is, January 2013). This was the first time that I had learned of the date when the BAC was to actually close. Ms Kelly explained to me words to the effect that, the closure date had been chosen because many of the adolescents went home over Christmas and it was better to close the BAC before the start of the new school year rather than disrupt them mid school semester.

75. There was never any official documentation as to the closure date at that stage, as far as I am aware. After the meeting I spoke briefly in passing to Vanessa Clayworth, who I knew to have been attending a number of high level meetings. She asked me what I had learned from the meeting. I told her the closure date and she looked genuinely surprised. My understanding was that the January closure date was fixed.

76. I did not take any notes or recording of my meeting with Ms Kelly. The reason for this is that on 3 July 2012, all staff at The Park had received an email from Ms Kelly instructing staff not to make any recordings of formal or informal meetings with colleagues and/or management. A copy of this email is attached and marked **"KS-11"**.

77. I was surprised when the BAC did not close in January 2013. I remember thinking that the closure was taking a lot longer than I had anticipated it would. I recall that suddenly a lot more was being built into the closure process, in terms of the formation of a transition panel and an expert panel group during 2013. I recall reflecting on the fact that Ms Kelly had obviously learned that it was important not to do the closure so hurriedly.

78. I was not told anything more about the closure date.

My understanding of the reasons for the closure

79. Based on the "Fast Facts" and my meeting with Ms Kelly in December 2012, I understood that the reasons for the closure of the BAC were:

    (a) the forensic risk at The Park (which I have discussed above);

    (b) the expense of running the BAC (that is, BAC was an expensive unit to run);

    (c) the deterioration of the BAC building;

[redacted] ..... [redacted] .....

Witness Signature: Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

JUSTICE OF THE PEACE (QUALIFIED) QUEENSLAND Reg No: 111604 DEPARTMENT OF JUSTICE & ATTORNEY-GENERAL

(d) the need for community care and in the region of the family and where the client resided (in line with the National Standards of Mental Health Services); and

(e) the need to follow current policies, objectives and best practice.

80. For reasons set out earlier in my statement (namely, my concerns about the BAC), I supported the decision to close the BAC and to not have a stand-alone facility.

81. I was of the view, and remain of the view, that the reasons outlined above, taken together, are a valid reason for the closure of the BAC *provided* a contemporary model of care was in place on closure.

82. However, to the best of my knowledge, a contemporary model of care was *not* in place at the time when the BAC closed. I recall some discussion, following meetings of an expert panel in 2013, about a model in Victoria (which I believe was called Y-PARC). My understanding is that this was however only something being contemplated and had not, for example, been implemented in Queensland by the time the BAC closed.

83. Instead, I observed that BAC clients were basically "farmed out" to existing services wherever they could be fit.

The Transition Period

84. My primary concern about the closure of the BAC was the manner in which it occurred and, in particular, the culture of crisis generated in response to it. I observed that this made transitioning clients very difficult and affected a few of the clients terribly, traumatising them further and leading to a sense of hopelessness.

Reluctance by staff to accept the closure

85. I recall that sometime during around Spring 2012, staff (I cannot recall who specifically) took BAC clients on a trip to other potential sites for the BAC (one of which was in Springfield). I am aware of this because I recall seeing it noted in either the handover book or in the clients' progress notes. In addition, I overheard staff tell BAC clients words to the effect that, they were 'not to worry' because the BAC would be relocated.

86. On 6 August 2013, I received and printed a Media Statement issued by the WMHHS and Children's Health Queensland Hospital and Health Service. This media statement stated that the BAC was no longer an appropriate model of care and that alternative models would be explored. A copy of this Media Statement is attached and marked **"KS-12"**.

87. From August 2013, when the decision to close the BAC was announced, I observed a definite reluctance on the part of many BAC staff to believe that the BAC would in fact close, and to take steps to transition clients.

88. The bulk of the BAC staff seemed unable to accept what was happening, and were convinced that there would be a new site for the BAC to relocate to.

89. As a result of this attitude displayed by BAC staff, there seemed to be no motivation to prepare clients in the practical skills needed in the community as part of comprehensive transition arrangements. My impression was that they believed that BAC would be 'saved' and moved to a new location. I observed BAC staff to descend into a humane but not necessarily professional way of dealing with adolescents in crisis.

90. Many staff had formed long term professional relationships with clients, however as a result of the sense of crisis which was being generated, these relationships appeared to be developing into something more akin to that of a friendship. I also observed many instances where clinicians had lost their objectivity and descended into an emotional 'mothering' role towards the adolescents and to the extent they would not document detailed information provided to them by the client. A therapeutic relationship has the aim of providing care that is goal directed, planned and purposeful and professional; to engage in activities that achieve the patient's health care goals and not social (such as letting clients be Facebook friends).

91. This response was well-intentioned but, in my professional opinion, unhelpful. Whilst it satisfied a short term need for the adolescent, it disregarded the clinical need for objective, complex trained clinical care which was focused on looking ahead. This response made it easier for boundaries to be overstepped, and for clinicians to lose objectivity.

92. On 8 January 2014, I sent an email to Mr Des Suttle (Human Resources). I wrote in this email: 'things have been handled very badly indeed at Barrett. It needs to close beyond any shadow of a doubt. It is a shemozzle…'. The matters I have described in the preceding paragraphs explain what I was referring to in this email. A copy of this email is attached and marked **"KS-13"**.

Appointment of Dr Anne Brennan

93. I observed the attitude amongst staff towards transition planning to change when Dr Anne Brennan was appointed. Dr Brennan proceeded to set up a Transition Panel.

94. Whilst I did not have any involvement in the transition planning or the panel, I considered that there was sufficient amount of time left available to transition a small number of people. (Mental health services operate in severely limited time frames).

95. Based on my previous experience transitioning mental health clients, it should have been a matter of reviewing a database of available services and the timeframe needed for those services, and then using that to guide the timeframe for the transition. The biggest consideration would have been where there were available beds. It might have been that there were inadequate receiving services, but this applies to mental health across the board and is something I would urge the BAC Inquiry to consider in its final report.

96. Another challenge would have been that the Acting Nurse Manager (Vanessa Clayworth) was very new to the role, and would have had the Executives looking over her shoulder.

97. I have no knowledge of any processes in place to monitor the adequacy of the transition process or transition arrangements. I did not follow-up with any of the adolescents once they had transferred out of the BAC, and I was never asked to do so.

Leaving the BAC

98. In around late 2013 to early 2014, Human Resources sought advice from nurses of the BAC regarding our ongoing employment options. On 6 January 2014, I sent an email to Mr Suttle in Human Resources, providing a copy of my curriculum vitae and outlining my employment preferences. A copy of my email to Mr Suttle dated 6 January 2014 is attached and marked **"KS-14"**.

99. My final shift at the BAC was the evening of 26 January 2014/morning of 27 January 2014. I cannot recall whether or not there were any adolescents still at the BAC at this time.

100. During this shift, I went around and tried to remove anything from the BAC which might identify any of the adolescents (such as photographs and labels with names). I did this because I was concerned that people would be coming into the BAC (such as contractors) and I wanted to protect the privacy of the adolescents.

101. On the morning of 27 January 2014, Mr Alex Bryce (Nurse Manager) attended the BAC.

102. Mr Bryce informed me (and the other nurses present) that we would not be coming back to work at the BAC that night, but would be going into the central pool of nurses at The Park. I was not given any further information or alternative options.

103. I worked a few shifts in the central pool but then requested leave without pay. The reason why I requested leave without pay was because I was just being assigned to one-on-one continuous observations and had no other duties. I had no interest in being put in that position. I was also commuting from Noosa 155km away, as I had left my rental property in late 2013. The reason I left my rental property was because I knew that the BAC was closing.

Voluntary Redundancy

104. On or about 17 February 2014, I received a letter from Ms Lesley Dwyer (Chief Executive, WMHHS) advising that following organisational restructure, my position had been abolished and no alternative role had been identified for me. The letter invited me to accept a Voluntary Redundancy (**"VR"**). A copy of the letter dated 17 February 2014 is attached and marked **"KS-15"**.

105. My perception was that the Executive were very eager for staff to accept VRs. The reason I say this is because, even before it was officially stated that the BAC was closing, there had been a call for expressions of interest for transfers. I had requested a transfer to the extended forensic unit, however I never received a response.

106. After one or two weeks' of leave, I came back and worked in the central pool at The Park. I subsequently chose to accept the VR.

OATHS ACT 1867 (DECLARATION)

I KIMBERLEY SADLER do solemnly and sincerely declare that:

(1) This written statement by me dated 14/12/15 is true to the best of my knowledge and belief: and

(2) I make this statement knowing that if it were admitted as evidence, I may be liable to prosecution for stating in it anything I know to be false.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867.*

[redacted].....Signature

Taken and declared before me at NOOSA COURTHOUSE this 14th day of DECEMBER .....2015.

Taken By ..... [redacted] .....

Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

JUSTICE OF THE PEACE (QUALIFIED) QUEENSLAND GOVERNMENT Reg.No.: 111604 DEPT. OF JUSTICE & ATTORNEY-GENERAL

VALERIE ROSE CHOPPING JP QUAL

[redacted]

Witness Signature:

[redacted]

Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

ATTACHMENT LISTING

Bound and marked "**KS-1**" to "**KS-15**" are the attachments to the Statutory Declaration of **Kimberley Sadler** declared ...14 December 2015

Attachment	Document	Date	Page
KS-1	Curriculum Vitae of K Sadler	2015	0019
	Confidential		
KS-4	Email from S Kelly to WMTeamConnect	11.09.12	0042
KS-5	West Moreton Hospital and Health Service Workforce Plan 2012-2017	2012	0043
KS-6	Information Sheet for Staff – Changes to rehabilitation service at The Park – Centre for Mental Health	January 2013	0046
KS-7	Email from S Kelly to WM-ThePark-NursingStaff	04.02.13	0047
KS-8	QNU Flyer – Hands Off Our Public Health Services	15.02.13	0048
KS-9	WMHHS Fast Facts 1, 2, 3, 7, 10 and WMHHS and CHQHH Flyer	30.11.12 – 20.11.13	0050
KS-10	Email between K Sadler and S Kelly [WMS.0012.0001.24156]	02.12.12	0057

....

Witness Signature: Justice of the Peace / ~~Commissioner for Declarations~~ / Lawyer

Reg.No. 11604

KS-11	Email from S Kelly to K Sadler (and others)	03.07.12	0058
KS-12	Media Statement – Statewide focus on adolescent mental health	06.08.13	0059
KS-13	Email from K Sadler to D Suttle [WMS.4000.0007.00001]	08.01.14	0061
KS-14	Email from K Sadler to D Suttle [WMS.4000.0007.00001]	06.01.14	0063
KS-15	Letter from L Dwyer to K Sadler – [WMS.4000.0007.00001]	17.02.14	0065

[redacted] .....

Witness Signature:

[redacted] .....

Justice of the Peace / ~~Commissioner for Declarations / Lawyer~~

Reg No. 111604

[redacted] .....

Witness Signature:

[redacted] .....

Justice of the Peace / ~~Commissioner for Declarations~~ / Lawyer

Reg No. 111604

KS-1

KIMBERLEY SADLER

[redacted]

EDUCATION

11 December 2009 **MASTER IN MENTAL HEALTH NURSING**

University of Queensland

27 November 2006 **BACHELOR OF NURSING**

University of Sunshine Coast / Central Queensland University

20 December 1996 **BACHELOR OF ARTS – PSYCHOLOGY (HONOURS)**

University of Queensland

EMPLOYMENT – NURSING

8 December 2014 to 10 March 2015

Mental Health Nurse IHMS - International Health & Medical Services

Wickham Point Immigration Detention Centre

1 September 2009 to 9 March 2014

REGISTERED NURSE (Permanent)

BARRETT ADOLESCENT CENTRE

The Park-Centre for Mental Health, Rehabilitation and Education

(NOTE: Ward closed by Qld Health in March and I chose to take a redundancy package; on long service leave until September 2014).

1 January – 30 August 2009

A/CLINICAL NURSE (in Rehabilitation – Contract)

EXTENDED TREATMENT & REHABILITATION

The Park-Centre for Mental Health, Rehabilitation and Education

1 Feb 2007 to 31 December 2008

REGISTERED NURSE (Contracts, as part of the Master of Mental Health Nursing degree)

Medium Secure (5 months)

High Security (13 months)

Extended Treatment and Rehab (4 months)

EMPLOYMENT – OTHER

2001-2004 **Domestic Violence Refuge Worker** (30hrs per week)

SONSHINE SANCTUARY (at Nambour)

1999 **RESEARCH ASSISTANT** (Contract, Neuropsychology research re brain injury)

School of Psychology, University of Queensland

1998-1999 **RESEARCH ASSISTANT**

(Contract, 'Euthanasia study of the correlates of the wish-to-hasten-death')

Department of Psychiatry, University of Queensland

1998-1999 **EVALUATION OFFICER** (Type II Diabetes Project/Program)

Brisbane Inner South Division of General Practice

1997-1998 **PROJECT OFFICER** (Cancer Rehabilitation Project/Program)

Logan Area Division of General Practice

1996 **RESEARCH ASSISTANT** (Contract, Fruit fly eradication research)

Department of Primary Industries

1995 **RESEARCH ASSISTANT** (Research re how young children learn to read)

School of Psychology, University of Queensland

1985-1995 **QUARANTINE SCIENTIFIC ASSISTANT** (Contracts)

Australian Quarantine and Inspection Service

RELEVANT DOCUMENTATION

AHPRA NMW0001467387

DRIVERS LICENCE

NT 'OCHRE' CARD Clearance notice no: 47799 (expires Feb' 2016)

MENTAL HEALTH NURSE

Wickham Point Immigration Detention Centre, IHMS, Darwin NT

- Identified and assessed persons in detention at risk
- Provided at risk persons in detention with appropriate and timely management of their mental health needs
- Ensured high standards of mental health practice
- Provided correct and complete documentation
- Provided clinical reports to appropriate internal and external stakeholders
- Liaised with all parties involved in the medical/mental health management of detainees
- Complied with privacy legislation and the IHMS Policy and Procedures Manual, including the confidentiality agreement
- Complied with EEO and OH&S requirements

Following is a detailed list of the duties I performed as an RN, acting CN, Project Officer and Domestic Violence refuge Worker:

REGISTERED NURSE

Barrett Adolescent Centre (BAC), The Park – Centre for Mental Health

- Risk management / report safety issues / maintain a safe working environment / mandatory reporting of misconduct to Ahpra and CMC
- Adhere to Qld Health policy and procedures
- Apply Workplace Health and Safety principles / Risk assessments
- Work within the Mental Health Act
- Clinical documentation and verbal communication to team
- Complete duties for assigned role as set out in role description
- Liaise with multidisciplinary team, other agencies (e.g., Centrelink)
- Senior Nurse in Charge of shift on alternate nights on night duty
  - Allocate duties to nursing staff on shift
  - Clinical duties
  - Documentation
  - Manage emergent issues as required
  - Risk management
  - Reporting requirements (to medical staff, Chief Services Officer)
- Prioritise and developed an individualised plan of care (in association with input from team members), in consultation with the adolescents and their carers I care coordinated: Personal recovery plans, medications, leave, reviews, physical needs, community liaison, referrals, carer and consumer care, liaison with the Consumer Advocate.
- Performance improved by attending conferences, workshops, mandatory training.
- Adopted standards of clinical practice in accord with the beliefs, philosophy and objectives of the organisation
- Mental health status assessments
- Utilised policies and procedures to assist with problem solving
- Confidentiality, rights, privacy & dignity of consumers, carers and colleagues

- Communicate clearly with other health professionals
- Maintain accurate, objective client records that meet legal requirements
- Legislative requirements: Workplace Health and Safety Act; Equal Employment Opportunity; Drug and Poisons Act
- Assisted the professional development of students on placement on the wards and tried to maximise their learning

A/CLINICAL NURSE REHABILITATION

Extended Treatment and Rehabilitation, The Park – Centre for Mental Health

- Coordinated the daily operational aspects of the rehab team when the team leader was absent
- Self-Medication Program (Assessment and Education role)
- Transitioned consumers into ETR back into the community
- Mental Health Act implications on an ongoing basis
- Physical and Mental Health assessment
- Review outcomes, Evaluation, Clinical role (holistic nursing care)
- Multidisciplinary team meetings (representing rehab)
- Care Coordinator
- Risk management
- Program development
- Psychosocial nursing
- Relapse prevention
- Knowledge of mental illness (symptoms and impact on socialisation – relating to program participation)
- Conflict resolution
- Time management skills
- Inter-stream communication knowledge of shifts and staff on shift – link between clinical nursing team and rehab team

REGISTERED NURSE

The Park – Centre for Mental Health

During my study for a Master in Mental Health I worked at The Park-Centre for Mental Health, Research and Education in placements, as an RN, in Medium Secure, High Secure and Extended Treatment and Rehabilitation. In that time I performed the following skills:

- Prioritised and developed an individualised plan of care (in association with input from team members) and in consultation with the assigned consumer
- Implemented planned nursing care utilising accepted nursing standards, to achieve identified outcomes
- Evaluated the effectiveness of planned nursing care by reviewing client outcomes
- Adopted standards of clinical practice in accord with the beliefs, philosophy and objectives of the organisation
- Conducted comprehensive assessments of clinical problems and identified options to select the appropriate action
- Care Coordinator
- Initiated interventions to prevent or solve clinical problems
- Utilised policies and procedures to assist with problem solving
- Confidentiality, rights, privacy & dignity of consumers, carers and colleagues
- Communicated clearly and objectively with other health professionals
- Maintained accurate, objective client records that meet legal requirements
- Reported changes in consumers mental state in an appropriate time frame
- Evaluated and reported changes in the consumers outcomes accurately
- Actively sought to identify areas for improvement
- Legislative requirements: Workplace Health and Safety Act; Equal Employment Opportunity; Drug and Poisons Act
- Assisted the professional development of students on placement on the wards and tried to maximise their learning

PROJECT/EVALUATION OFFICER

BRISBANE INNER SOUTH DIVISION OF GENERAL PRACTICE (1998 - Contract)

TYPE II DIABETES (ACTION RESEARCH) PROJECT/PROGRAM

Purpose of the project/program: to improve the identification and health of people with Type II diabetes in the community and to significantly improve the quality of GPs knowledge and ability to treat Type II diabetes. My job was to:

- Liaise with the participants and the GPs
- Recruit GPs to take part in the project
- Report to University of Queensland lecturing staff who were supervising the evaluation of the project
- Advise relevant community organisations of the project
- Liaise with all of the team members (12 GPs, 2 dieticians, 2 nurse educators, 2 podiatrists, administrative staff), use the data they provided me with for evaluation; and to make sure they were informed of the activities of their fellow members, as well as any developments that occurred in the project
- Problem solve as part of the action research process
- Conflict resolution between staff
- Undertake research interviews on all participants
- Recruit, train and supervise 2 casual assistants.

PROJECT OFFICER

LOGAN AREA DIVISION OF GENERAL PRACTICE (LADGP)

(1997 – Contract)

'RECHARGE' CANCER REHABILITATION (ACTION RESEARCH) PROJECT/PROGRAM

- Participated in the program to help to provide support to the participants
- Responsible for the ongoing development of the program and for searching out and gathering information for the participants
- Supervise two exercise physiology students on placement
- Collected data on different aspects of the project and wrote regular assessment reports on it for the federal Department of Human Services and Health
- Identified, liaised and consulted with private sector organisations to obtain additional sources of income for the LADGP projects
- Provided administrative assistance related to project management (database maintenance)
- Provided support and expertise to the GP Project Coordinator
- Assisted the Project Manager in ensuring that each of the LADGP projects met their aims and objectives, as set out in the project specification sheets
- Responsible for adhering to all project reporting requirements, as set out in the standard conditions of grant
- Liaised and consulted with GPs and Allied health professionals, community members, consumer groups and government departments in regards to the project
- Kept the Chief Executive Officer and other LADGP staff aware of the developments in the project
- Arranged and attended meetings between all parties
- Recruited GPs and medical specialists into the program
- Arranged for guest speakers from varying community organisations
- Funding applications
- Wrote articles for the Division newsletter.

DOMESTIC VIOLENCE REFUGE WORKER

SONSHINE Sanctuary Incorp

- Admission of clients
- Assess the needs of clients according to Safety, Access and Equity Practice Standards
- Assisted the clients with their children and helped to identify their needs
- Advocate for clients re: police and children's services
- Mandatory reporting of child abuse to Child Protection authority
- Assisted clients to obtain housing
- Liaised with Centrelink workers re: emergency payments
- Empowered women to express their emotional needs and make decisions in a supportive and non-judgemental environment
- Worked to provide a secure environment (risk management)
- Referral to counselling, legal, financial and health related services
- Assisted clients to return to the community with the help of a support plan
- Kept up to-date on the relevant legislation
- Participated in group work

EXHIBIT 111

WIT.900.012.0029

OHO.002.008.0019

Confidential

EXHIBIT 111

Confidential

EXHIBIT 111

WIT.900.012.0031

OHO.002.008.0021

Confidential

EXHIBIT 111

Confidential

EXHIBIT 111

Confidential

EXHIBIT 111

Confidential

EXHIBIT 111

WIT.900.012.0035

OHO.002.008.0025

Confidential

EXHIBIT 111

WIT.900.012.0036

OHO.002.008.0026

Confidential

EXHIBIT 111

WIT.900.012.0037

OHO.002.008.0027

Confidential

EXHIBIT 111

Confidential

EXHIBIT 111

Confidential

EXHIBIT 111

WIT.900.012.0040

OHO.002.008.0030

Confidential

EXHIBIT 111

WIT.900.012.0041

OHO.002.008.0057

KS-3

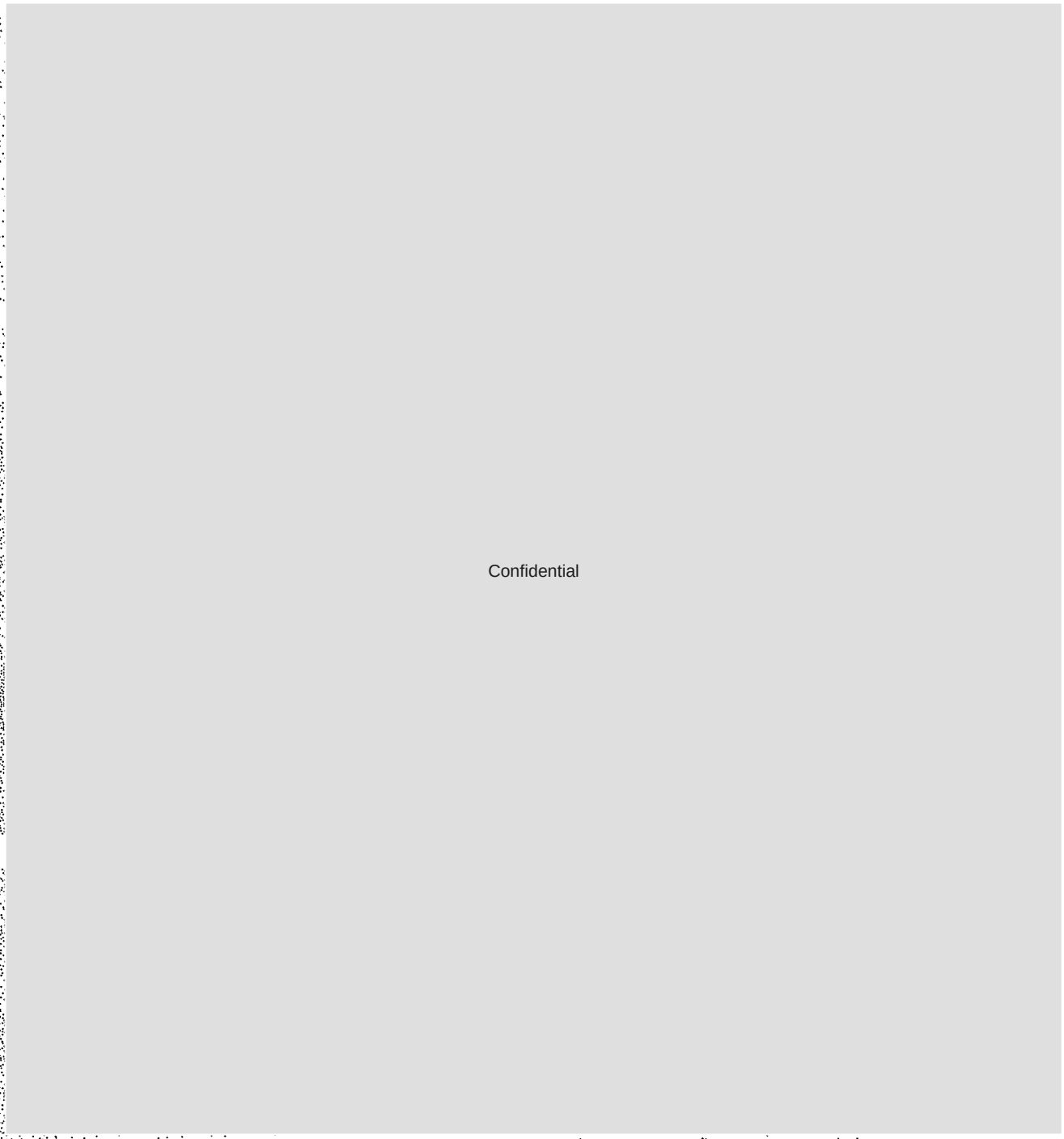


EXHIBIT 111

Provided to BRCC01
On 10/11/15.

KS-4

Kimberley Sadler - ATTN STAFF: Update regarding Barrett Adolescent Centre

From: WM TeamConnect
To: WM TeamConnect
Date: 11/9/2012 2:41 PM
Subject: ATTN STAFF: Update regarding Barrett Adolescent Centre

Security: Proprietary

Yesterday there were several media articles that appeared in relation to the future of the Barrett Adolescent Service that have caused some anxiety among staff at the centre.

On Friday 9 November I along with the Chief Executive, Lesley Dwyer met with the majority of staff at the Barrett Adolescent Service to correct this misreported information and ensure all staff are given detailed and factual information about any proposed organisational change in adolescent mental health services.

Given the current speculation and in the interests of our staff, patients and their families I am keen to inform you about the present thinking in relation to the future of adolescent services at The Park.

1. I can confirm that high level discussions have been taking place in regards to the future of Barrett Adolescent Services in the context of the 'Redlands option' no longer being available.
2. Any decision will take into account that the role and structure of The Park facility is that of an adult forensic service, and have regard to concerns held by some stakeholders regarding the co-location of adolescent services and adult forensic/secure services.
3. The West Moreton Hospital and Health Service supports the national reform agenda to ensure young people are treated closer to their homes in the least restrictive environment, and with minimum possible disruption to their families, educational, social and community networks. As all of you would be aware, the National Mental Health Service Planning Framework clearly recommends community-based and non-acute care settings for the care of mental health consumers, particularly young people.

We gave a commitment to staff today to ensure that as soon as information becomes available they will be kept up-to-date. Staff have access to Employee Assistance Program (EAP) and I encourage any staff who require this assistance to call **1300 361 008**.

Meetings will now be arranged with the System Manager, other Hospital and Health Services and key experts to discuss options. Staff will have the opportunity to be involved and we welcome input during this process.

Staff and unions will be advised directly and in detail about whatever direction our services will take in the future. Once any decision is made I am committed to consultation about the implementation of any organisational change, particularly in regard to minimising the impact of any change on staff.

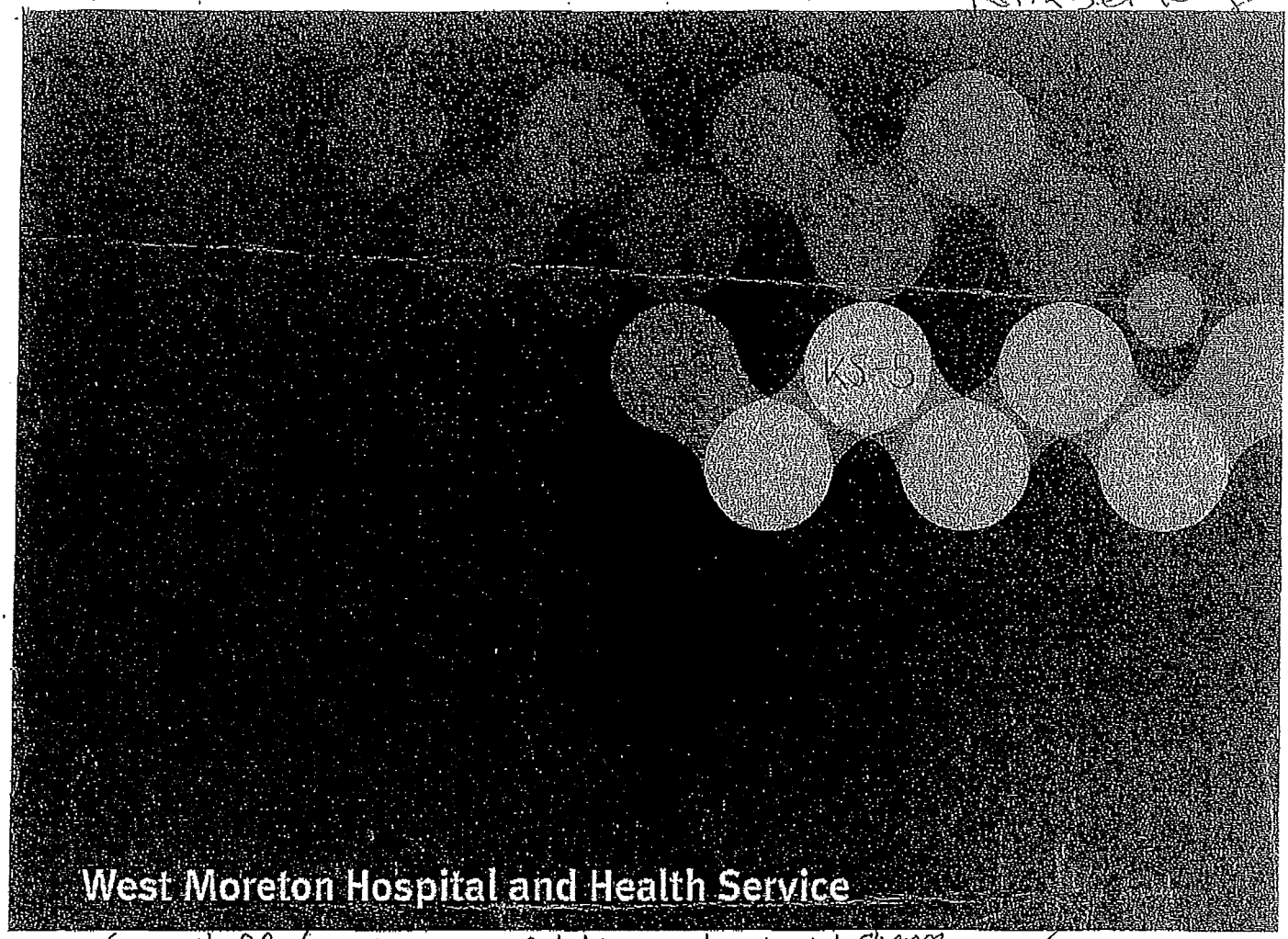
As always staff are welcome at any time to bring forward all suggestions and ask questions. I would ask you speak to you line manager in the first instance or alternatively you can email

Kind Regards

Sharon Kelly
Executive Director Mental Health and Specialised Services

EXHIBIT 111

WIT.900.012.0043



2600 staff / 249,000 population → to double by 2031 (350k by 2017 = ↑ by 10-15k annually.

Workforce Plan 2012-2017 = An evolving doc. & will be informed & amended (p.2)

~~⇒ staff growth: (p.4) = 1209 (2008) ⇒ 4468 (2012).~~

→ ◦ Pop. set to double in WM by 2031 (p.2) (* but see over page)

→ ◦ Now = Activity Based Funding Model

→ ◦ Environmental Scan → (Reforms).

(p.4-5)
- 'Nat. Health & Hospital Service Agreement' (Feb '2011)
- 'Nat. Health Reform Agreement' (Aug '2011) } = resulted in 17 x HHS in Qld. (took effect 1/7/12).
- 'Nat. Partnership Agreement for Hosp. & Health workforce Reform (2008) } Reform/workforce
- 'Health Workforce Aust.'

Env. Scan → (Health Workforce Market?

- 'Health Workforce 2025' - Drs, Nurses and Midwives' (HW 2025)

(p.5-6)

Env. Scan (→ Quality & Safety / Clinical Services Capability Framework / Nat. Safety & Quality Framework / Industrial Relations / Technological Change / WM HHS Context)

(pp.6-)

Provided to BACCOI on 10/11/15

Activity based forecasts

Given the revised approach to forecasting activity nursing projections have been completed for Ipswich Hospital and The Park. The following two tables reflect a change in skill mix over the next 12 months increasing the EN to RN ratios to 1:3 in the Medical and Surgical business units at Ipswich Hospital. The bottom table assumes two scenarios of 0% and 1% growth in purchased activity.

The ratio of numbers could be achieved more effectively if we have the capacity to transfer numbers across the facility. For example, if a registered nurse position becomes vacant in ICU, the vacancy could be filled by transferring a registered nurse with the appropriate qualifications from another business unit and backfilling the subsequent vacancy with an enrolled nurse.

Nursing Ipswich Hospital

	Current FTE	25% Ratio Zero Growth	25% Ratio 1% Growth
EN	59.81	99.29	100.28
RN	510.57	471.09	475.80

Nursing - Medical Business Unit Ipswich Hospital

	Current FTE	25% Ratio Zero Growth	25% Ratio 1% Growth
EN	35.58	42.70	43.13
RN	135.33	128.21	129.49

Nursing - Surgical Business Unit Ipswich Hospital

	Current FTE	25% Ratio Zero Growth	25% Ratio 1% Growth
EN	14.10	46.46	46.92
RN	171.76	139.60	140.99

Projected turnover of RN's in the next 12 months is 57 (headcount).
Projected turnover of EN's in the next 12 months is 8 (headcount).

Nursing – Integrated Mental Health

	Current FTE	16% Ratio Zero Growth	16% Ratio 1% Growth
EN	9.75	24.36	24.60
RN	91.36	76.74	77.50

Nursing – Centre for Mental Health

	Current FTE	16% Ratio Zero Growth	16% Ratio 1% Growth
EN	26.69	70.66	71.36
RN	274.76	230.79	233.09

Nursing – Combined WMHHS

WMHHS	Current FTE	1% Growth
All levels	1093.63	1104.56

2011 Turnover 6%, combined with 1% growth = need to recruit 76.55 FTE

(ii) Ageing Workforce

Our ageing workforce and impending retirement rates have highlighted a need to adopt processes to ensure corporate knowledge and current skill mixes are maintained. This can be achieved through the use of the Transition to Retirement Program, rotation of staff to enable capacity building of future workforce and early identification of risk areas and locations in order to implement strategies.

Evaluation of the HHS workforce has identified:

- 50.66% of the HHS workforce are aged over 40
- 36.97% are over 50 years
- 36% of the Nursing & Midwifery workforce are aged over 50 years
- 23% of the Medical workforce is aged over 50 years.
- 25% of the Allied Health workforce is aged over 50 years.
- 45% of frontline and middle managers are aged over 50

(iii) Flexible Workforce Intentions = ↓ overtime by FT workers by ↑ part-time workers i'e ↓use of casual/agency staff.

From the demographics presented in this plan, it is evident that there has been an increasing trend over the past five years for the workforce to partake in more part time work. 38% of the current workforce is employed on a part time basis within the HHS. Flexible working arrangements including part time and casual employment conditions, contribute to the recruitment and retention of the workforce. The subsequent reduction in average working hours means that greater staff numbers (headcount) will be required to be employed by the HHS to fill the equivalent full time positions.

Employing a large number of part-time staff in the HHS is the most cost effective way of increasing the staffing levels in time of increased need (for example in winter). Not only is this more cost effective than employing casual or agency staff, it also ensures that appropriately skilled staff are filling the deficits in the clinical areas. Increasing the part-time staff hours over peak times also decreases fatigue of full time staff members who would otherwise need to engage in overtime.

A reason why more staff require part-time engagement can include family commitments, As Sex discrimination commissioner Elizabeth Broderick stated 'It's one thing to have paid parental leave, but your kids will be there for at least the first 18 to 20 years. We now need to make flexible work mainstream'. With 74.41% of the HHS staff being female, the family commitments of this group of employees are significant requiring a more flexible approach to working conditions including rostering.

Generational influences are also affecting the workforce intentions of staff. Many younger staff members are now opting to work two part time jobs rather than one full time job). This gives the employee diversity in the work that they undertake and builds their skill set. In this case the challenge becomes how the organisation provides this variety within the sector to maximise the workforce.

Generation Issues

Generational diversities in the workforce can present some challenging issues and yet, significant opportunities. The sharing of information, work resources and meeting the diverse needs of different generations in the workforce is a challenge which the district must address to ensure that the ideas, creativity and innovation among staff and emerging leaders is nurtured and encouraged.

Increase Number of Students and Graduates

To address the predicted workforce shortages of the future, reforms to increase graduate and undergraduate numbers are occurring at State and Federal levels. The HHS will be required to educate, mentor and supervise greater numbers of students. The challenges for the HHS in meeting these commitments are:

- The physical capacity of current facilities to support clinical placements of students.
- The level of supervision required to support the increasing number of students.
- Supporting graduates in the workplace with additional support.

Me = ... but the nursing grads this year are finding it very hard to get

Provided to BACCOF on. 10/11/15.

KS-6

Queensland Government

Changes to rehabilitation service at The Park – Centre for Mental Health
Information Sheet for Staff
January 2013

As you would be aware Ms Sharon Kelly, Executive Director, Mental Health and Specialised Services (MH&SS) recently announced a revised organisational structure for the Division of Mental Health and Specialised Services.

Accordingly, there are a number of changes being made to the delivery of rehabilitation programs for consumers at The Park. These changes have been informed by a review of allied health and rehabilitation services conducted in October 2012.

From the week beginning Monday 18 February 2013, ~~there will no longer~~ be a separate 'Rehabilitation Service'.

It is the role of all mental health professionals to provide both treatment and rehabilitation interventions to consumers under their care.

The changes have been made to the service;

a. to make rehabilitation more accessible
b. to reduce parallel programming by different disciplines
c. to enhance communication about programs and patient progress
d. to enhance connection of group programs to individual treatment programs
e. to reduce interdisciplinary tension about who should be running programs

If there is no rehab team who will provide these services?

All health professionals will be involved in the provision of rehabilitation and recovery programs.

How will the provision of programmes be coordinated and supported?

The new allied health structure identifies two 'Recovery Coordinator' positions. These roles will support health professionals in the development and evaluation of programs across secure and non-secure services.

Providing a greater variety of programs may also require us to think creatively about how we use the resources we have. This may include working with other units and program areas to best share and utilise staff, facilities and equipment.

Is there any other training, support or resources available to assist staff involved in the provision of rehabilitation programs?

Yes. Speak with your line manager about what training, information, support or resources may be available to support your work with consumers.

EXHIBIT 111

Provided to BACCO1 on 10/11/15

FMI

4/2/13

KS-7

[redacted] Changes in skill mix The Park RN workforce

From: Caroline Furlong
To: WM-ThePark-NursingStaff
Date: 2/4/2013 1:36 PM
Subject: Changes in skill mix The Park RN workforce

4/2/13.

Within the recently announced Mental Health restructure I advised The Park nursing skill mix would be changed to reflect the needs of the service areas into the future. This requires an increase in Enrolled/ ENAP nurses and a commensurate decrease in the establishment of Registered Nurses.

A number of steps need to occur in this process, however an early step is that we need to understand the Registered Nurses who may wish to take the opportunity to exit the organisation during this time. I am aware that a number of Registered Nurses have already placed their name, through HR, on the EOI Voluntary Redundancy register.

We will be utilising this register as a starting point for those Registered Nurses who may wish to take a VR. I would ask that anyone who has not put their name on the register and wishes to be considered for a VR do so by **close of business Friday 8th February** by email to [redacted] If your name is on the list and you have reconsidered please email Mr Vella to request it be removed.

Please be advised, submitting your name for consideration may not result in a VR being offered as we work through the resource needs of the service.

It is important to note that to ensure consistent staffing and skill mix across The Park and in line with these changes, clinical moves will commence to ensure ongoing skill mix and clinical capability for each unit is not lost in this process.

Further information regarding the processes and the next steps will be provided to staff over the coming weeks inclusive of the appropriate union forums.

Regards

Sharon Kelly
Executive Director

Sharon Kelly
Executive Director
Mental Health and Specialised Services

West Moreton Hospital and Health Service

[redacted]

Chelmsford Avenue, Ipswich, QLD 4305
PO Box 878, Ipswich, QLD 4305
www.health.qld.gov.au

Provided to BACCON on 10/11/15. (Filed under yellow tab in folder) New = Cuts since KS-8

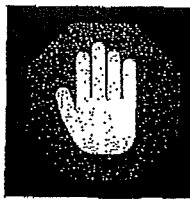
HANDS OFF OUR PUBLIC HEALTH SERVICES!

Red text denotes cuts confirmed this week

As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
TOTAL	• 396.52 FTE nursing and midwifery positions abolished • 291.9 30 FTE positions abolished from Queensland Health	The list below primarily details how abolished nursing and midwifery positions will affect communities. It does not detail every one of the current total of 396.52 FTE nursing positions abolished. The QNU is identifying new abolished positions every day.
CAIRNS AND HINTERLAND	Decrease in number of graduate nurses intake for the year – that is there will be no midyear intake of graduates.	Cairns region receives fewer nursing graduates to replace large numbers of retiring nurses. Worsens predicted shortfall in nursing. Nursing Support Unit staffing has been allowed to decrease so the graduate nurses will be filling positions that are usually filled by more experienced nurses.
	Call for volunteers to decrease hours from 1.0 FTE to 0.8 FTE.	Clinics that usually run at capacity (ie. most of them) will now be understaffed. Expected blow out in waiting times and less hours for nurse educators to train and oversee nurses.
	Decrease in graduate employment hours from 0.7 FTE to 0.6 FTE.	Graduate nurses receive less experience and have less incentive to stay in Queensland.
	Community Primary Preventative Services (CPPS) had had car fleet cut by 10% and remaining cars put in pool.	CPPS health professionals don't always have access to cars needed to deliver care.
CENTRAL QUEENSLAND	Emerald Community Health Interface Program nurse has been cut.	This is a liaison between community and the hospital. Reduced discharge planning. Reduced ability to co-ordinate community services and physiotherapy once patients get home.
	Emerald wound care nurse has been cut.	• Reduced ability to provide wound care in the home. This service will need to be carried out by private providers charged to the individual patient. • Reduced ability to monitor wound care and train nurses in wound care. • Decreased capacity for optimal wound care.

* GOLD COAST → 40.49 FTE (across the board) *



HANDS OFF OUR PUBLIC HEALTH SERVICES!

Red text denotes cuts confirmed this week

As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
TOWNSVILLE	Three palliative care beds closed. No details confirmed on how many nursing positions abolished.	More patients requiring palliative care will be required to travel.
WEST MORETON	Mental Health Services: 40.2 FTE positions abolished, including 18.2 FTE nursing positions.	Reduced mental health care across West Moreton.
WIDE BAY	Closure of pathology lab in Maryborough.	Maryborough residents will have to wait while their samples are sent to the pathology lab in Hervey Bay before they can receive a diagnosis.
	State government proposing to sell Yaralla Place nursing home.	Residents at Yaralla Place face uncertainty over living and care arrangements. Nurses employed at Yaralla Place face being made redundant.
	Eidsvold Hospital: state government proposing to close down hospital completely. Community and union joint action has pressured state government into retracting proposed closure. Premier Campbell Newman stated publicly that the hospital would remain open, but the QNU has since received correspondence stating that a review of the hospital's model of care 'may have significant effect upon employees'.	No hospital services for community in Eidsvold.

EXHIBIT 111

Provided to BACCOI on 10/11/15.

West Moreton Hospital and Health Service
FAST FACTS 1

KS-9

Barrett Adolescent Centre

This is the first in a series of Fast Facts newsletters that will be developed on a regular basis for consumers, families, staff and other child and youth mental health services in Queensland. If you have any questions you would like answered please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Is Barrett Adolescent Centre closing?
No final decision about Barrett Adolescent Centre (BAC) has been made. Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

What is happening?
We are investigating alternative models of care to determine if there are better treatment options for young people in Queensland.

Why is this happening?
We want to ensure adolescents receive the best possible care that is evidence-based and where possible, closer to their home. The BAC buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

The Park – Centre for Mental Health will continue to expand its capacity as a high secure forensic adult mental health facility. There are concerns that the Park is not a suitable environment for adolescents.

What's happening to current Barrett Adolescent Centre consumers?
All patients currently receiving care will continue to receive care in accordance with their treatment needs. Consumers and their families will be kept up-to-date on this work.

Is this about budget cuts?
This is not about cost cutting. All funding for services provided by BAC will continue well into the future. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

Date: Friday, 30 November 2012

Queensland Government

Provided to BACCOL on 10/11/15.

Barrett Adolescent Centre

This is our second Fast Facts newsletter which is designed to keep you better informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Has the expert clinical reference group been formed?
Yes, there are 11 members of this group from across Queensland and interstate, all of whom are experts in adolescent mental health. The members of the group have expertise in psychiatry, nursing, allied health and education.

Has the clinical expert reference group met?
Yes, the expert clinical reference group held its first meeting on 7 December 2012.

Has the clinical expert reference group made any decisions about the future of Barrett Adolescent Centre?
No. This was only the first meeting, so no recommendations or decisions have yet been made regarding Barrett Adolescent Centre.

However, the expert clinical reference group has committed to investigating options for a statewide model of care for adolescents requiring longer term mental health care. The group will provide recommendations to the Barrett Adolescent Centre Planning Group and the final model will be based on state and national mental health frameworks. The group meets again in early January 2013.

Is a public private partnership being considered?
All options for a statewide model of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

Is it true that Barrett Adolescent Centre will close regardless of the recommendations by the clinical expert reference group?
No final decision on Barrett Adolescent Centre has been made. What we are doing is investigating whether there are other models of care that can better meet the needs of Queensland adolescents who require longer term mental health treatment.

Date: Tuesday, 11 December 2012

Queensland Government

Provided to BACCOL on 10/11/15.

West Moreton Hospital and Health Service
FAST FACTS 3

Barrett Adolescent Centre

Welcome to our first update on the Barrett Adolescent Centre for 2013. I hope you all enjoyed a happy and safe festive season. We will continue to provide you with this newsletter to ensure you are kept informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

What has the expert clinical reference group been doing ?

The expert clinical reference group has now met three times and will continue to meet on a fortnightly basis, with a number of tasks being worked on outside of meeting times. The group is preparing an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future. This analysis will also identify gaps in current service delivery.

Has the expert clinical reference group made any recommendations about the future of Barrett Adolescent Centre?

No. Recommendations will not be made until after the group has considered the analysis of needs and requirements, as well as all possible options for a statewide model of care for adolescents requiring longer term mental health care.

How can I be sure that this decision will not be rushed?

We don't want to rush this. We want to get this right. That's why we will not make any decisions until after a thorough investigation of models of care. Before any decision is made, we want to determine if there is a better way we can meet the needs of Queensland adolescents who require longer term mental health care. All options for statewide models of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

There's been plenty of talk about budget cuts. Is this just another budget cut ?

No, this is not about cost cutting. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and in an environment that is as close as possible to their homes.

What's happening with the care for current consumers at Barrett Adolescent Centre?

The centre's current consumers will continue to receive the care that is most appropriate for them.

How can I have my say?

Please forward your comments to

Date: Friday, 1 February 2013

Queensland Government

Provided to BACC01 on 10/11/15

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Announcement about the way forward
It was announced by the Honourable Lawrence Springborg, Minister for Health on 6 August, 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Children's Health Queensland (CHQ) will assume governance for the new service options that are implemented, as part of its statewide role in providing healthcare for Queensland's children. The development and implementation of the new service options will be achieved through a statewide project auspiced by CHQ, using the earlier work and recommendations of the Barrett Adolescent Centre (BAC) Strategy Expert Clinical Reference Group.

What has happened since the announcement?
An Implementation Steering Committee has been established within the statewide project and has met fortnightly since 26 August 2013. This Committee is chaired by CHQ. Invited membership includes a consumer representative, carer representative, senior multidisciplinary clinician representation of public child and youth mental health services across the State, non government organisation representation, and a representative from the Department of Health. Working groups will address the key issues of service model development and implementation, financial and workforce planning, and consumer and carer needs. A communication strategy is currently being developed by CHQ to ensure that all stakeholders are kept informed of progress within the project.

What does this mean for the consumers, families and staff of Barrett Adolescent Centre?
It remains a priority for West Moreton Hospital and Health Service (WMHHS) to focus on providing safe clinical care for the adolescents of BAC. WMHHS will continue to consult with families about the care needs of and options for their child, and supporting BAC staff in the delivery of this care. While CHQ is responsible for the development of new service options for future adolescent mental health extended treatment and rehabilitation WMHHS remains responsible for services delivered by BAC. This means that as long as BAC continues to deliver services, WMHHS will continue to have the responsibility of providing safe clinical care for the consumers of BAC, and will continue to be responsible for supporting our staff in the delivery of these services.

Clinical Care at BAC
Dr Anne Brennan, a senior child and adolescent Psychiatrist, is currently acting in the role of Clinical Director at BAC. Dr Brennan is leading the multidisciplinary clinical team who are working with BAC consumers and their families to ensure that all young people are receiving safe and comprehensive care.

Date: Thursday, 26 September 2013

Queensland Government

EXHIBIT 111

Provided to BACCOI on 10/11/15. 20/11/2013.

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre.
To have your say or if you would like more information, please email [redacted] or go to http://www.health.qld.gov.au/westmoreton/html/bac/default.asp

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Visit by a Leading Child and Youth Mental Health Expert
We will be hosting a vist from a leading inter-state Child and Youth Mental Health expert on the 10 and 11 of December 2013. West Moreton HHS will be holding an information session for the parents and carers of current patients of Barrett Adolescent Centre (BAC), providing them with an opportunity to hear about mental health services for adolescents in Victoria. Further details of the session will be sent to parents and carers shortly. As part of the session, Children's Health Queensland (CHQ) HHS will also be presenting on elements of the future model of care.

Contact from Executive Director, Mental Health and Specialised Services (MH&SS)
Over the last week Sharon Kelly, Executive Director, MH&SS attempted to personally call each of the parents and carers of current consumers at BAC. This was an important process for directly updating everyone with recent information, and it was another valuable opportunity to hear about the experiences and needs of the current families of BAC so that we can incorporate feedback into our change process. These phone calls have been followed up with personal letters to the parents and carers to provide a reflection on the discussions held.

Transitional Service Options for 2014
Following through with our commitment to ensure there is no gap to service delivery, West Moreton HHS will work with other service partners to provide transitional services for current BAC consumers and other eligible adolescents while the future services are being finalised. We are planning day program and supported accommodation options, with enhanced community mental health service provision for adolescents with extended care needs. We will implement the programs in February 2014, which will also serve as a pilot for the future service options being developed by CHQ HHS. We will keep you informed of the progress of this work.

BAC Holiday Program
In order to provide additional support for the adolescents of BAC over the coming school holidays, an activity-based program focussing on the health needs of the consumers will be delivered across the December/January school break. West Moreton HHS will partner with a non-government service provider to develop and establish a targeted program for current BAC adolescents. More detail will be provided directly to families and consumers over the next couple of weeks.

Date: Wednesday, 20 November 2013

Queensland Government

Provided to BACCOI on 10/11/15.

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Queensland Government

What is the Barrett Adolescent Centre (BAC)?
Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

What is happening to BAC?
Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

Who was in the expert clinical reference group?
Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

What will happen to the consumers currently being treated at BAC?
West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

What happens if there are not enough spaces for young people in other services?
The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?
Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

How can the Queensland Government know this is the best option for the young people of the state?

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?
The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

Is this a cost cutting exercise?
No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further $2 million dollars to support the new models of care and services.

What happens to the funding previously allocated to BAC? Where did the funding actually go to?
Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

Will jobs be lost?
West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

What about the education services?
The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?
The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.

EXHIBIT 111

KS-10

From: Sharon Kelly
Sent: 2 Dec 2012 07:04:26 +1000
To: Sadler, Kimberley
Subject: Re: Barrett Meeting on Monday

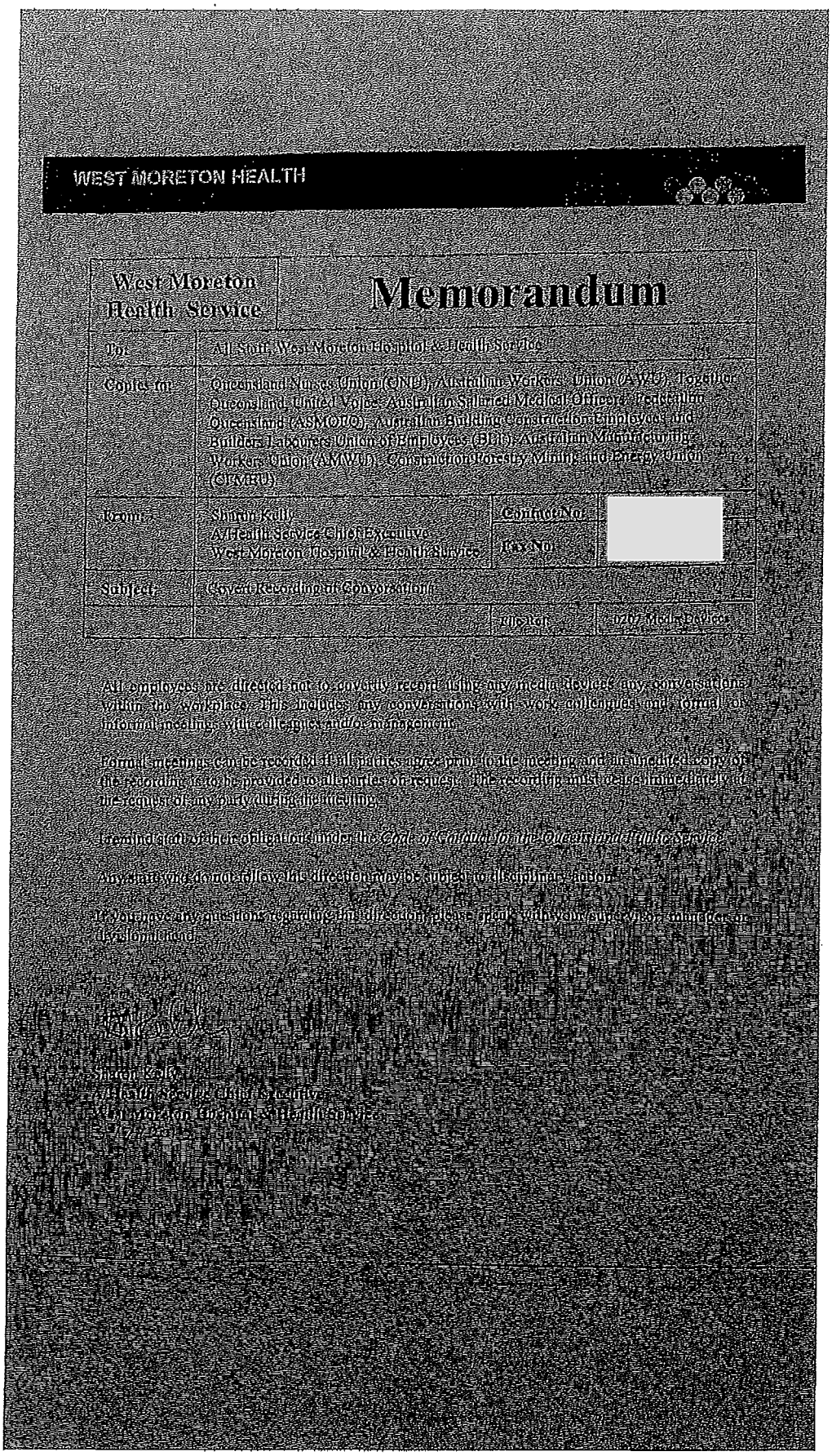
No problems Kimberly will see what is best. I could come to the beginning or end of shift?

Sharon Kelly

Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service

On 02/12/2012, at 2:18 AM, "Kimberley Sadler" wrote:

> Dear E/Dir Kelly,
>
> I am a night shift worker at Barrett Adolescent Centre, which you are coming for a meeting at on Monday 3 December 2012. I was wondering if it would be possible for either (i) a tape to be made of the meeting (or video) or (ii) detailed meeting notes to be made of it, so that night staff can be informed of the content in as much detail as for any of the other staff.
> We received very little info from the last meeting you attended at Barrett except for a couple of sentences to summarise it given in handover. Any effort to record it or minute the meeting on Monday therefore would be greatly appreciated.
>
> Thank you for considering this request. Yours Sincerely,
> Kimberley Sadler (RN)



WEST MORETON HEALTH

West Moreton Health Service	**Memorandum**		
To:	All Staff, West Moreton Hospital & Health Service		
Copies to:	Queensland Nurses Union (QNU); Australian Workers' Union (AWU); Together Queensland United Voice; Australian Salaried Medical Officers' Federation Queensland (ASMOFQ); Australian Building Construction Employees and Builders Laborers Union of Employees (BLUE); Australian Manufacturing Worker's Union (AMWU); Construction Forestry Mining and Energy Union (CFMEU)		
From:	Sharon Kelly A/Health Service Chief Executive West Moreton Hospital & Health Service	Contact No: Fax No:	
Subject:	Covert Recording of Conversations	Date:	02nd March 2015

All employees are directed not to covertly record using any media devices any conversations within the workplace. This includes any conversations with work colleagues and formal or informal meetings with colleagues and/or management.

Formal meetings can be recorded if all parties agree prior to the meeting and an audio copy of the recording is to be provided to all parties on request. The recording must cease immediately at the request of any party during the meeting.

Breaches of this or other obligations under the *Code of Conduct for the Queensland Public Service* may be subject to disciplinary action.

Any staff who do not follow this direction may be subject to disciplinary action.

If you have any questions regarding this direction, please speak with your supervisor, manager or development.

Sharon Kelly
A/Health Service Chief Executive
West Moreton Hospital & Health Service

EXHIBIT 111

Provided to BACCOI on 10/11/15

WIT.900.012.0059

BAC

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Media Statement

Queensland Government

KS-12

6 August 2013

Statewide focus on adolescent mental health

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

"This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

"This model of care may include both inpatient and community care components.

"Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people," he said.

"This is a positive step forward for adolescent mental health care in this state," Dr Steer said.

To view the expert clinical reference group recommendations visit http://www.health.qld.gov.au/westmoreton/html/bac/

ENDS

Media contact:

West Moreton Hospital and Health Service -
Children's Health Queensland -

EXHIBIT 111

KS-13

From: [redacted]
To:
Date: 1/8/2014 7:49 pm
Subject: Re: Job App update

Hi Des,

I received your email not long after you sent it but I thought I would wait for a little while before I replied until I had an update.

Nambour Mental Health Services received my referee reports and phoned me on Tuesday to say they were happy with them; and they then asked me to send them ASAP a certified copy of my degrees.

I managed to get that done today after tracking down a Justice of the Peace in Coolum. I drove them in to NGH mental health and gave the docs to their admin - who said they would make sure they went to the relevant people as soon as the NUM and A/CN involved in the job application process were next at work - at three o'clock today. I therefore expect to here from them tomorrow, hopefully. I will let you know as soon as I know.

When they phoned me n Tuesday they said they had sent a query to human resources about whether I could transfer as that might be the easiest way to arrange matters. In my docs I handed in today I also suggested that they contact you, as you are looking after BAC staff. I gave them your phone number, fax number and your email details.

The NUMs name is Allistair Russell and the A/CN is Tony Quarrell.

I also gave them certified copies of all my qualification docs, birth certificate and Aust citizenship, Hep B proof, Ahpra registration proof, Credentialling proof (I receive the maximum 5.5% allowance because I have my Masters), and drivers license. Also a copy of my last pay slip details to show what grade/level I am on as an RN and to prove I receive the Credentialling allowance. I figure it wouldn't hurt to give them everything even though they didn't ask for it, just to facilitate things should they officially offer me the job. There were about seventy-eight applicants if I recall correctly so the competition is really up there.

Maree Sheraton phoned me late today to say she phoned you and had a good long chat. I am really glad about that because I encouraged her to do just that. Thank you for counseling her. She really needed to have a decent person to 'hear' her. It is true what she said. Our mandatory training is well over due and I am worried about that as well. Things have been handled very badly indeed at Barrett. It needs to close beyond any shadow of a doubt. It is a schamozzle.

If at all possible, I would be very grateful that in my last couple of weeks at BAC if you could facilitate, somehow, that I could attend mandatory training, mental health act training, and oimha training. I have been on night duty for two years. Nobody has informed me of anything. Night staff have been kept well and truly in the dark. The best friends of the hierarchy have been well favored let me tell you. But there is no point n me whining.
If you can help me with these small training requests I would be appreciative.

Thank you Des for being a genuine and helpful human being. The people and culture colleagues of yours handling BAc before you took over need a kick up the arse. They did not bother to come and see us night staff.

Our manager does not seem to be at work this week either. Very poor show when you consider that it is such a critical week in terms of psychological need for BAC staff. We have been deserted. We have been treated very badly but, sadly, I expected nothing less. I am very glad to be leaving West Moreton. The culture was bad before but in the last couple of years it has become truly appalling. The things I know about the place depress me.

I am hopeful of the future, though. Please look after Maree she really has been treated disrespectfully and I think she deserves a VER.

I am stressed but I am ok.
Thanks Des,

Kimberley Sadler :-)

Sent from my iPad

On 06/01/2014, at 9:00 AM, "Desmond Suttle" [redacted] wrote:

> Hi Kimberley, Good to hear from you. That is positive news in respect to the job on the Sunshine Coast because panels will only contact referees if the applicant is being considered for possible appointment.
> When you contact the Sunshine coast today about the current vacancy mention that you are being made an Employee Requiring Placement and are seeking employment on the coast and ask if there are any other vacancies available and if your details can be circulated to the appropriate management.
>
> Sometimes there are shortages in a service and you may just be the employee they are looking for. The info you sent to me re future employment would be good to include in any email re jobs. Hopefully you are successful with your current job application.
>
> Please contact me if you need to discuss. Regards des
>
> Des Suttle
> Senior HR Advisor Workforce
>
> West Moreton Hospital and Health Service
> [redacted]
> Chelmsford Ave, Ipswich, QLD 4305
> PO Box 73, Ipswich, QLD 4305
> www.health.qld.gov.au
> **********
>
> This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.
>
> Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.
>
> If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.
>
> If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.
>
> Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.
>
> Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.
>
> **********
>

EXHIBIT 111

KS-14

From: Kimberley Sadler
To: Desmond Suttle; [redacted]
Date: 1/6/2014 2:59 am
Subject: HIGH PRIORITY Barrett Adolescent staff CV re employment opportunities
Attachments: CV January 2014.docx

Dear Des,

I am replying to the email you sent to all the Barrett Adolescent Unit staff regarding employment opportunities.
Please find attached my CV (in my own format) along with the names and contact details of two referees. (They have both in the last month provided me with written references using the Qld health reference template but I apologise as I do not know how to scan to attach them to this email).

I actually live up on the Sunshine Coast in the Noosa district and would therefore like to only consider positions in the Sunshine Coast Hospital and Health Service. Nambour, Mountain Creek, Maroochydore and Caloundra are all possible locations for work.

I am interested as a mental health RN in any of the following: Mt Creek community rehab, community mental health assessment team, or acute mental health.
I am also up for research work as I have previously worked on several research jobs as a research assistant in the UQ psychiatry and UQ psychology departments; and I even would consider work as a project officer or domestic violence refuge worker (having relevant work experience in same - see CV). Failing all that then I would consider a child protection job if that was the only employment available.

However, should there not be a suitable position that I find acceptable, then I would be happy to take a VER, as I do not wish to be transferred into any old job.

Actually, at the end of November I applied for a RN position at acute mental health services in Nambour General Hospital and the interview went very well, so my referees were asked to send their references. They did that but there have been lots of problems getting documentation through to NGH. I subsequently learned that the referee reports did not show up in the mental health NUMs email (Outlook email) even though on the referees Groupwise email system it said 'sent'. So a referee tried to fax the reference on a couple of occasions but there was an error in that process too.
When I found that out from the NUM, Mr Alistair Russell - I rang him on Christmas Eve to see if he had received them yet - but he said no, I then had to resort to driving them to Nambour myself.
I handed them to a staff member on Boxing Day who said that the NUM would not be at work for at least a couple of days. I have not heard anything and presume that the NUM might return to work on the 6 Jan 2014.
My plan is to phone him today in the hope he is there and has finally seen the references.

Mr Alistair Russell's phone number is: [redacted] should you wish to speak with him.

I work on night duty. I am rostered on tonight (6/1/14) but then I have two nights off and start back on the night of the 9/1/14.

Since I am not at work much this week, in terms of being able to read my emails, then **please send your emails to my personal email:** [redacted]
as well as to my work one. I often check my personal email and there will be less delay in the

communication process that way.

My phone is playing up but if you need to leave a message on it then you should be able to: (m)

No-one from People and Culture has come out to talk to myself or to the other permanent staff member on night duty at BAC about any of this. We have been completely left out so please accept my apology if I have not included further relevant information.

I believe the closing of BAC is in the communities best interest and therefore I am looking forward to the change of service and feel in a positive frame of mind.
In particular I wish to work in my own health district as the difficulties of trying to commute/live in two widely distanced districts is really taking its toll. I also need to be more available to assist my mother than I have been, who lives on the Sunshine Coast.

Thank you for considering this information and I expect to hear from you soon,
cheers,
Kimberley Sadler (RN, Barrett Adolescent Unit, The Park-Centre for Mental Health)

>>> Desmond Suttle 12/19/2013 2:54 pm >>>
To assist the Health Service identify possible employment opportunities for you, we need you to provide a copy of your current CV/Resume.
The CV/Resume should be comprehensive detailing the roles that you have performed and identify two current referees who can verify how you have worked. It is important that you ask a person to be your referee before you actually list them as your referee. You may already have a current CV/resume that you can send to us or you may wish to use the attached Resume format.
The CV/Resume should be emailed to before 5 January 2014 as soon as possible. If you have any concerns regarding your CV/Resume please contact Des Suttle on

West Moreton Hospital and Health Service

Chelmsford Ave, Ipswich, QLD 4305
PO Box 73, Ipswich, QLD 4305
www.health.qld.gov.au (http://www.health.qld.gov.au/)

EXHIBIT 111

WIT.900.012.0065

WMS.4000.0007.00001

KS-15

Queensland Government

Queensland Health

Enquiries to: Human Resource Services

Telephone:
Facsimile:
Reference: *172303_SadlerK_VRL_20140206*

Ms Kimberley Sadler

Dear Ms Sadler

I am writing to advise that following organisational restructure, your permanent substantive position has been abolished. Unfortunately, as we have been unable to identify an alternative role to place you in, you have been designated as an employee requiring placement.

There are a number of options open to you which we are now outlining. *Directive 06/13: Employees requiring placement* provides the process for managing employees in your situation. The directive provides employees requiring placement with the opportunity to accept a voluntary redundancy package.

If an employee requiring placement chooses not to accept the voluntary redundancy, they will be registered in a central placement pool within Queensland Health, where efforts will be made to identify transfer opportunities for them within Queensland Health and across the public sector.

The information below provides an overview of the choices for an employee requiring placement. For further information, please refer to *Directive 06/13: Employees requiring placement* and *Directive 11/12: Early retirement, redundancy and retrenchment*. Copies of these directives are attached, and may be accessed through the Public Service Commission website at www.psc.qld.gov.au.

Offer

In accordance with *Directive 06/13: Employees Requiring Placement* (attached), I am offering you the opportunity to choose between two options:

1. Accept a voluntary redundancy; or
2. Pursue transfer opportunities.

You need to make and advise of your decision within 14 days. If I do not receive your decision in this timeframe, I will consider that you have chosen to pursue transfer opportunities.

Queensland Health Building
147–163 Charlotte Street, Brisbane
GPO Box 48
Brisbane QLD 4001

Website: www.health.qld.gov.au

Voluntary Redundancy

The offer of a voluntary redundancy is made in accordance with *Directive 11/12: Early retirement, redundancy and retrenchment.* The redundancy package is made up of:

- your accrued recreation leave;
- your accrued long service leave (provided you have had at least one year of service)
- a severance payment (of 2 weeks' salary per year of service – to a maximum of 52 weeks); and
- an incentive payment of 12 weeks' salary or $6,500 (whichever is greater), pro-rata for part-time employees.

Attached is an estimate of what you would be entitled to in a redundancy package based on the separation date stated at the top of the form.

Also attached is a summary of your position, leave and service periods, including projected leave until the separation date.

Pursuant to amendments to the *Industrial Relations Act 1999* effective 1 July 2013 and in accordance with Queensland Health Policy C48 - *Overpayments*, Queensland Health has the authority to deduct any outstanding overpayments from an employee's final payment at the time of separation. It is your responsibility to ensure that you review any overpayments carefully and contact the ERP payroll service team immediately with any queries you may have. Any outstanding overpayments owed to Queensland Health at the time of your separation will be deducted from the termination payment.

If you have any questions or queries regarding your leave and service record, estimate of entitlements or salary overpayment / loan advice it is important that you contact the ERP payroll service team as soon as possible to enable them to respond to or investigate your query or concerns, enabling you to make a decision and advise us within the required 14 day period. The ERP payroll service team can be contacted by ringing (07) 3170 4295 or emailing Payroll_ERP@health.qld.gov.au.

In making this offer, I confirm that it is a bona fide redundancy (refer to section 3.2 of Directive 11/12).

In considering this offer, it is your responsibility to seek independent financial, taxation and superannuation advice, which I strongly encourage you to do.

Please note: If you decline this offer of a voluntary redundancy, you will not be offered a voluntary redundancy again.

Pursuing Transfer Options

If you choose to pursue transfer opportunities, *your registration date for placement opportunities will be 15 calendar days from receipt of this formal offer of voluntary redundancy.* The department will work with you to identify an alternative suitable permanent position at your substantive classification level. You may also nominate to be considered for redeployment to a lower classification level.

To assist you in achieving a new placement, you will be assigned a case manager. Your case manager will work co-operatively with you to try and secure a new placement, including completing a registration form detailing your skills and experience to facilitate vacancy matching. Your case manager will also obtain a referee statement from your current supervisor or manager about your

performance and conduct. You will be provided with a copy of this referee statement. If the referee report contains any comments you do not agree with, you will be given an opportunity to respond.

In accordance with the process outlined in Directive 06/13, you will be registered in the Queensland Health internal placement pool, where your skills, experience and resume will be reviewed to assess your potential suitability for vacancies. If a potential vacancy match is identified, you will be requested to participate in a suitability assessment process.

At the same time a similar matching process will be undertaken for vacancies across the whole of the Public Service. Again, if a potential vacancy is identified, you will be requested to participate in a suitability assessment process by the relevant agency.

If a match is identified and you are assessed as suitable for the role, you will be offered a transfer. If you choose to accept transfer to the role, a start date in the new role will be negotiated. This will usually be no longer than two weeks, but an alternative timeframe could be negotiated if appropriate in the circumstances.

If you do not wish to accept a transfer, you will have the opportunity to be offered one additional vacancy. If you refuse a second transfer offer, you will need to demonstrate reasonable grounds why you are refusing. If you refuse and cannot demonstrate reasonable grounds for doing so, your employment may be terminated in accordance with s134 of the *Public Service Act 2008* (extended to Health Service Employees via Schedule 2 *Applied provisions and rulings for health service employees* under the *Public Service Regulation 2008).* In such circumstances, you will have a right to lodge an appeal to the Appeals Officer. Neither the transfer nor the termination of your employment will occur prior to the completion of the appeal period, or if you lodge an appeal, the appeal decision being made.

Please note, that if your employment is terminated on this basis, you will be entitled to notice and payout of accrued leave in accordance with the relevant leave directives, but you will not be entitled to a severance or incentive payment.

If you are assessed as unsuitable, you will be provided with a copy of the report outlining the reasons for the assessment.

It is important that you fully participate in efforts to secure you an alternative substantive role, including participating in suitability assessment processes and applying for suitable vacancies during this period, particularly permanent vacancies. You should be aware that if you do not participate and cannot provide reasonable grounds for not participating, a disciplinary process may be commenced.

Queensland Health will work with you to try and secure a new substantive role for you. However, if you have not been placed into a new role within four months after your registration as an employee requiring placement, a formal review will occur to determine whether or not it is appropriate to continue these transfer efforts.

A review may be initiated at any time during the four month period if reasonable placement efforts have been undertaken or a transfer opportunity is unlikely to occur because of specialised skills or location.

If, as a result of such review, a decision is made that that it is appropriate to continue transfer efforts, you will remain an employee requiring placement and a further review period will be set.

If, however, a decision were to be made that it is not appropriate to continue the transfer efforts, a retrenchment process will be commenced in accordance with *Directive 11/12: Early retirement, redundancy and retrenchment.* As part of this process and before a final decision is made, you will

be provided with an opportunity to explain why you think retrenchment is unreasonable in the circumstances. In the event you are retrenched, you will be entitled to a severance package in accordance with Directive 11/12. This package does not include the 12 week incentive payment as outlined in the voluntary redundancy offer. A retrenchment package includes your accrued leave and a severance payment (i.e. 2 weeks' salary per year of service up to a maximum of 52 weeks).

Salary Maintenance

Directive 06/13 sets out the salary maintenance provisions that may apply if you elect to pursue transfer and, where applicable, redeployment.

Advising of your decision

You have 14 calendar days in which to advise [redacted] of your decision to accept a Voluntary Redundancy or pursue transfer options.

If you do not wish to accept the offer of voluntary redundancy, please return within 14 calendar days only the completed and signed decision form.

If you wish to accept the offer of voluntary redundancy, please ensure you return each of the following forms completed and signed within 14 calendar days to [redacted]

- Decision Form
- Position, Leave and Service Record
- Voluntary Redundancy Estimate of Entitlements
- Separation Advice Form

As a current surplus employee you will be eligible to access a Queensland Government funded program supporting employees impacted by current organisational changes through the Enhanced Employee Assistance Program.

This program provides enhanced and specialised services to assist employees that have become surplus due to workplace change with employment pathways, skills and career advice to support you to complete in the broader job market.

If you wish to discuss this program further please contact [redacted]

I know that this is a significant decision and I would like to remind you there is support available through the Queensland Health Employee Assistance service. Any enquiries can be emailed to [redacted] or you can contact them on [redacted] You may also wish to obtain professional financial advice to assist you in making this decision.

Yours sincerely

[redacted]

Lesley Dwyer
Chief Executive
West Moreton Hospital and Health Service
17/2/2014

Encls:

- *Directive 06/13: Employees Requiring Placement*
- *Directive 11/12: Early retirement, redundancy and retrenchment*
- *Decision Form*
- *Position, Leave and Service Record and Information Sheet*
- *Voluntary Redundancy Estimate of Entitlements*
- *Separation Advice Form*