NOTICE

This statement contains information the publication of which is prohibited by an order made by the Commissioner of the Barrett Adolescent Centre Commission of Inquiry on 15 October 2015.

Document	Paragraph containing information the publication of which is prohibited
QNU.001.002.0001 Matthew Beswick statement	5(b); 25(d); 30(e), (g); 31(a)-(e); 37(b).

OATHS ACT 1867

STATUTORY DECLARATION

QUEENSLAND
TO WIT

I, **Matthew Jon Beswick**, c/o Roberts & Kane Solicitors, level 4, 239 George St, Brisbane in the State of Queensland do solemnly and sincerely declare that:

The following statement is provided in response to a notice I received from the Barrett Adolescent Centre Commission of Inquiry requiring me to give information in a written statement in regard to my knowledge of matters set out in the Schedule annexed to the notice.

Response to Schedule of Questions

1. **Outline your professional qualifications and provide a copy of your current or most recent curriculum vitae.**

   (a) I am registered to practice as a nurse with the Nursing and Midwifery Board of Australia. I have been a Registered Nurse since 17 January 1996.

   (b) I hold a Bachelor of Nursing from Griffith University which I completed at the end of 1995.

   (c) I first commenced employment as a Registered Nurse (RN) in the area of mental health nursing at The Park (previously Wolston Park Hospital) on 4 July 1999.

   (d) In or about mid-2001, while employed at The Park I undertook an 18 month rotation at the Barrett Adolescent Centre (BAC).

   (e) I returned to work in the Barrett Adolescent Centre in 2005 where I remained employed until it closed in January 2014.

   (f) Attached and marked [[QNU.001.002.0021]] is a copy of my curriculum vitae.

Signed: . .....

2. **We understand that you were a nurse involved in some way with providing care at the Barrett Adolescent Centre (BAC). What was your positon or job title? On what basis and by whom were you employed? Was this employment on a permanent, full time, part time, casual or some other basis?**

   (a) I was firstly employed to work as a RN at the BAC on a full time basis by the West Moreton Hospital and Health Service (as it is now known). I became a permanent employee during my time at the BAC but I cannot now recall when that occurred.

   (b) During my employment at the BAC I was given the opportunity to act in a Clinical Nurse (CN) position on numerous occasions.

   (c) I undertook a lengthy stint as acting CN for 18 to 24 months prior to BAC closing.

3. **How many shifts did you carry out per week?**

   (a) During my employment at the BAC I worked mostly 10 shifts per fortnight and on occasions at my request reduced my shifts to 7-8 shifts per fortnight.

4. **How long were you employed at the BAC? Did you occupy the same position for the entire period or did your job description or duties and responsibilities change over time? If so, explain the changes.**

   (a) I was employed at the BAC for approximately 9 ½ years which includes an 18 month rotation in 2001 to 2002.

   (b) As previously stated I was initially employed as a RN. In or about 2011 I was given the opportunity to act in the position of CN on a continuous basis for about 18 to 24 months until the closure of BAC.

   (c) The CN role is an advanced clinical practice level of the RN role and includes the provision of clinical care to patients, supervision of nursing staff, supporting and managing nursing staff, patients and their families and liaising with allied health staff.

5. What were your duties and responsibilities during your employment at the BAC?

(a) As acting CN my key responsibilities were:

i. to provide advanced nurse specific mental health clinical services to patients including assessment, recommendations, risk management, collaborative care planning, therapeutic interventions within a multidisciplinary team context;

ii. to practice collaboratively and provide clinical leadership with the interdisciplinary health care team to promote the safety, security and wellbeing of patients;

iii. to provide direct clinical care to patients and support families;

iv. to contribute in clinical meetings as required including attendance at the weekly case conference, the Intensive Case Work Up review held every 6 to 8 weeks and completing handover book; and

v. to provide ongoing support to the Nurse Unit Manger and nursing staff delivering care to the patients.

(b) I was also appointed as Care Coordinator and associate Care Coordinator for a number of the BAC patients over the years I worked there. In the 6 months before the BAC closed I was Care Coordinator for [redacted] and Associate Care Coordinator for [redacted]. I also relieved other Care Coordinators or Associate Care Coordinators when they were on leave. The responsibilities of a Care Coordinator included:

i. bringing care issues of the patient to the attention of the multidisciplinary team;

ii. forming a therapeutic relationship with the patient and continually assessing and monitoring the patient's mental state;

iii. communicating with the patient's family/carers to give updates on progress, ask for opinions and feedback on care given and to plan care for the coming week;

iv. ensuring the prescribed treatments for the patient are implemented in a timely manner;

v. collaborating with the patient to form a recovery plan and goals to work toward;

vi. monitoring the progress of agreed actions;

vii. liaising with members of the multidisciplinary team;

viii. completing a weekly summary for the patient using the clinical files, handover report book and input from the team; and

ix. continually updating the patient management plan which was a reference guide for all staff about the care needs for the patient.

6. What were the reporting systems in place at the BAC during your employment? Who did you report to?

(a) From Monday to Friday between 8 am and 5 pm, as an acting CN I reported both administrative and clinical matters to the Nurse Unit Manager (NUM) of the BAC. After hours I reported to the After Hours Nurse Manager.

(b) If I had a concern about a patient's condition or treatment during a shift I communicated my concerns to:

i. the Consultant Psychiatrist on call;

ii. the nurse allocated the care of the patient; and,

iii. the nurse in charge of the shift, if I was not the nurse in charge; and

iv. if after hours, the After Hours Nurse Manager.

(c) Each Care Coordinator prepared a weekly summary about their patient or patients for presentation at the weekly Case Conference each Monday.

(d) As both an acting CN and Care Coordinator, I provided updates on the patients'

progress or change in condition to the patients' family or carer.

7. What record systems did you use to record the carrying out of your tasks?

(a) It was a requirement for nursing staff to make an entry in the patient's clinical record each shift detailing in the progress notes any interactions or cares provided to the patient during the shift.

(b) I was responsible as acting CN in charge of a shift to ensure patient documentation was completed by the nursing staff each shift.

(c) The CN and/or nurse in charge of a shift recorded information about the patients in a handover report book. This book was used to communicate information about the patients to the nursing staff, allied health, doctors and teachers.

(d) A weekly multidisciplinary Case Conference was held every Monday and attended by representatives from medical, nursing, allied health teams and teaching staff. The patient and family were also welcome to attend when the patient's case was being presented. The registrar recorded Case Conference notes in the patient's progress notes and the CN recorded information into the handover book.

(e) The Care Coordinator for each patient also attended, where possible, the Case Conference to present their weekly summary on the patient to the meeting. The weekly summary was filed into the patient's clinical record.

(f) There was also an Intensive Case Work Up review which was held every 6-8 weeks which focused on 1 or 2 patients only. It was similar to the weekly Case Conference but more detailed with additional attendees such as external stakeholders, Child & Youth Mental Health Services (CYMHS) and any other organization relevant to the care of the child.

(g) There is a mandatory reporting requirement for nurses to report child safety concerns to the Department of Child Safety.

8. What on average was the number of patients that you provided care for?

(a) The BAC was staffed to provide care for 15 inpatients and up to 5 day patients. The care provided to the day patients was the same as the inpatients except for the fact that the day patients arrived in morning to attend school and left at the end of the school day to go home.

(b) There was no specific allocation of patients to nursing staff until about 3 to 9 months before the BAC closed. Prior to patient allocation being introduced it was not uncommon for nursing staff to interact with every child in the BAC.

(c) When patient allocation was introduced it was the responsibility of the CN in charge of the shift to allocate patients to nursing staff. The number of patients allocated to a specific nurse depended on the acuity of the patient and the experience of the nurse.

(d) Before patient allocation was introduced it was usual for me to engage in the care of all the patients in the BAC on any given shift. After patient allocation was introduced, I was allocated a patient load of 2 to 4 patients depending on the acuity of the patients as I also had team leader responsibilities.

(e) It was usual for Care Coordinators to be allocated the care of the patient for whom they were Care Coordinator. This may not have always occurred for a number of reasons. The treating team may have decided that a particular patient would benefit from wider interaction with other staff members rather than limiting their interaction with the Care Coordinator. On occasions there may have been patients with a greater need who required more experienced nursing staff to care for them and this may have resulted in the Care Coordinator not being available for allocation to their patient.

9. Describe how you went about your care of BAC patients on a day to day basis.

(a) On most shifts I was the CN in charge of the shift which meant that I supervised nursing staff, allocated nursing staff to specific tasks, such as Clinic Nurse role, visual observations, constant observations and meal supervision. I received and gave handovers in respect of the patients. I attended scheduled ward meetings such as the

weekly Case Conference and the Intensive Case Work Up.

(b) The CN role also consisted of a 'hands on' role providing care to patients as the need arose.

(c) Throughout any given shift I provided support and managed staff, patients and their carer network.

10. Describe the state of the BAC facilities during the period of your employment at the BAC.

(a) The BAC facility consisted of two main buildings, a ward block and a school block. There was also a boating shed, wood work facilities, an outdoor barbeque, trampoline, a half-court basketball court, grass court and a huge vegetable market garden.

(b) The ward block consisted of:

i. 3 x 4 bed dorms and 4-6 single rooms and bathroom facilities;

ii. a dining, lounge, communal area and a kitchen;

iii. a high acuity area;

iv. a sensory room;

v. an art room;

vi. a sand play room;

vii. offices for nursing staff;

viii. a storage area for sports equipment;

ix. a computer room for computer based art; and

x. a meeting room.

(c) The school block consisted of:

i. offices for teaching and clinical staff other than nurses; and

ii. 3 teaching areas.

(d) I considered the facilities to be adequate, well maintained and clean.

11. Describe briefly your experience and observations of the operations and management of the BAC during the time of your involvement or employment.

(a) When I first started at the BAC I was a beginner practitioner with little nursing experience in the area of adolescent mental health nursing. At the time, there was a balanced skill mix of nursing staff at the BAC and many of the nurses were highly experienced in the area of adolescent mental health nursing. Over time, I gained experience in adolescent mental health nursing from working with the experienced nurses in BAC. The BAC patients required highly specialised care due to their complex mental health issues and being adolescents.

(b) There was a low turnover of staff with a solid core of permanent experienced staff supplemented from time to time by casual or pool staff. It was a stable working environment.

(c) The working environment started to change when there was talk about the BAC facility moving to Redland Bay. I cannot recall when this first occurred. I recall that those staff members who were not likely to transition to the new facility were encouraged to obtain alternative employment prior to the move.

(d) As the proposed move to Redland Bay was a significant change in location, some nurses decided that it would be too far to travel and found employment elsewhere.

(e) This was the start of the 'brain drain' with experienced staff leaving the BAC resulting in permanent positions becoming vacant. Some of these vacancies were filled with permanent appointments and others were back filled with existing, contract or agency

staff acting in the permanent position.

(f) In or about 2012 the permanent Nurse Unit Manager retired and this vacancy was not permanently filled. I cannot now recall whether the NUMs retirement came before or after the announcement that the BAC would not be relocating to Redlands. In any case, there were three maybe four different nurses acting in the NUM position from this time until the BAC closed. This was far from ideal because the NUM was the nursing leader for the BAC.

(g) When the proposed relocation to Redland Bay did not proceed there was a period when permanent staff were being appointed but this did not extend to the permanent appointment of a NUM.

(h) Then the decision came to close the BAC which was a final blow. Nursing staff who left after this decision was made were replaced with contract staff, agency and nursing pool staff.

(i) The skill mix of the nursing staff started to change when the proposal to move the BAC to Redland Bay was made with experienced nurses leaving and being replaced with less experienced. This trend steadily continued with the announcement of the closure of the BAC. There were still very experienced, excellent nurses working at the BAC, just less of them.

(j) Although the staffing numbers for each shift were more or less the same, the decline in skill mix meant there were more inexperienced adolescent mental health nurses on the roster than in the past. This presented challenges for me when allocating staff to specific patients and activities to try and get the right balance to ensure the safety of the patients and not overwhelm the staff.

(k) After the announcement to close the BAC, the consultant psychiatrist Dr Sadler was removed from his position at a time when there was a significant drain on expertise within the BAC. Dr Sadler's leaving upset both patients and nursing staff who were already traumatised by the closure announcement.

12. When did you first become aware of the intention to close the BAC?

(a) I recall attending a meeting when it was announced that the BAC was to be closed. I cannot now recall when the meeting took place.

13. How was the closure decision communicated to staff of the BAC?

(a) The closure decision was communicated to staff at the workplace. I'm not sure by whom or the details.

14. Were the staff of the BAC offered any explanation or reason for the decision to close the BAC? If so, what were the bases of the closure decision as communicated to staff of the BAC?

(a) The explanation I recall being given was that a building report was obtained about the BAC facilities which concluded that the buildings were suboptimal, inadequate and needed to be closed. A copy of the report was not provided to the staff of the BAC so I am unable to say whether this explanation was correct or not.

(b) In addition, I recall being told that the model of care used at the BAC did not fit within the National Mental Health Service Planning Framework to treat patients close to home.

15. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure?

(a) No, I was not consulted about the intention to close the BAC.

16. If you were consulted – what were your views?

(a) I was not consulted.

17. What if any knowledge do you have in relation to the termination of Dr Sadler?

(a) I was present in a meeting with Dr Anne Brennan and Dr Elizabeth Hoen when the children were informed that

and that Dr Sadler would not be working at the BAC until the investigation was finished.

(b) I cannot now recall when this meeting occurred.

(c)

(d) I believe I first heard of Dr Sadler's termination from other staff who had heard about it in the news. I do not recall any formal communication to me or other nursing staff about the reason for his termination.

18. What, if any, knowledge do you have about the employment of Dr Anne Brennan?

(a) I know that Dr Anne Brennan had had no direct involvement with the BAC until she stepped in as Director in Dr Sadler's absence.

(b) I did not know of her until I met her at the meeting she attended with Dr Elizabeth Hoen to inform the children of Dr Sadler's absence.

19. Were you involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC? If so what was your involvement?

(a) I was not involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC.

(b) I knew it was happening but I did not participate in transitional planning meetings.

(c) I believe that the reason why the nurses and Care Coordinators caring for the patients were not involved in the transitional planning was to enable us to support the patient particularly if the patient did not like the arrangement planned for them. It was meant to avoid a breakdown in the therapeutic relationship between the patients and nurses caring for them.

20. Were you involved in the care of any BAC patients who were part of the transitional arrangements? If so, what was your involvement?

(a) I was involved in the care of all the BAC patients who were part of the transitional arrangements. As an acting CN I was involved in their day to day care. There was no change to the way the patients were cared for during the transitional phase.

21. Were you consulted about an appropriate timeframe for the transitioning of patients of the BAC? If so, elaborate on these consultations.

(a) No, I was not consulted about an appropriate timeframe for the transitioning of patients of the BAC.

22. Was there an administrative or other deadline imposed for the transitions? If so, what was the deadline date? Was the deadline date different for each patient?

(a) When I first became aware of the decision to close the BAC, I was not told of a specific date for closure. I was under the impression at that time that the transition could take as long as it needed so as to get it right.

(b) Later on, I cannot recall when, closer to the time the BAC closed, a date for closure was communicated to the staff. We were told that they were '*aiming to have it shut by [proposed date]*'. This proposed date would change from time to time.

23. Were you involved in the carrying out of the transitional care arrangements for the any of the BAC patients? Were you consulted in relation to the transitional arrangements for the patients?

(a) As acting CN, I was requested to arrange nursing staff to escort patients to visit the new facility or placement

(b) I personally did not escort any patients and had no involvement in the selection of the new facility or placement.

24. Describe the transitional arrangements that you were involved in and for whom those arrangements were made. Did you consult with patients, their families or carers about the transitional arrangements?

(a) I was not involved.

25. What timeframes were you given (and by whom) for the carrying out of the transitional arrangements? How did these timeframes compare with the usual timeframes within which you operated when a patient was being transitioned out of the BAC?

(a) As previously stated at paragraph 22a of my statement, no timeframes were given for carrying out the transitional arrangements. I was under the impression that the transition for each patient would take whatever time was needed to ensure the new arrangement was appropriate.

(b) I was not formally told of timeframes. I was provided with updates about closure but no timeframes.

(c) The timeframes seemed to me to be accelerated compared with the timeframes taken prior to the closure announcement but it is difficult to compare because every patient had different timeframes for transitioning.

(d) Having said that it is my impression that when transitioning a complex patient such as [redacted] I would have expected it to take a long time probably longer than most long term patients.

26. Were the transitional care arrangements tailored to the individual needs and care requirements of each patient?

(a) I was not privy to the specifics of the transitional care arrangements or how it was done.

(b) I was not specifically told that the transitional care arrangements were tailored to

individual needs and care requirements of each patient but I can say that different arrangements were made for each patient.

27. **If so, did the transition plans developed for individual patients adequately take into consideration patient care, patient support, patient safety, the health of each patient, the education/ vocational needs of each patient, the housing or accommodation needs of each patient, service quality and the needs of the families of each patient?**

(a) I was not shown any of the transitional plans developed for each of the patients so I cannot say what was taken into consideration in developing the plans.

(b) I know that both Dr Brennan and Vanessa Clayworth, members of the transitional planning team, agonized over the transitional planning for each child because they spoke to me about it from time to time.

(c) As far as I know the transitional arrangements made for each patient was the best option available to the transition planning team. The transition planning team were doing the best they could.

28. **When did your involvement with the transitional arrangements of each patient in your care cease?**

(a) My involvement ceased when I went on holidays one week before the doors of the BAC shut. Most of the patients had been transitioned out of the BAC when I went on leave. I cannot now recall the precise number.

29. **Were there any challenges associated with organising transitional care for the patients at BAC? What were those challenges?**

(a) I was not involved in organising transitional care for the patients at BAC.

30. **What are your observations of the effect of the closure decision on the inpatients and outpatients of the BAC, their families, carers, friends and staff of the BAC?**

(a) The effect of the closure decision on the patients both inpatients and day patients

varied from it being a catastrophe for some to indifference for others.

(b) In my opinion it negatively impacted on the patients and caused a significant disruption to some of their treatment with individual therapists leaving or being moved and the Director Dr Sadler leaving.

(c) The closure decision caused anxiety and uncertainty for patients.

(d) The inpatients were worried about where they would be placed. Some reported to me that their transitional plans were inappropriate and inadequate for them. They felt it would not work and was not enough to keep them safe.

(e) Confidential

(f) Most patients were concerned about their future.

(g) It is my impression that the acuity of the patients went through the roof with increasing incidences of patient self-harm, risky behaviour and increase in dissociative type events. Confidential

(h) Many patients were angry and some, not all, distrusted the health system which was supposed to be keeping them safe.

(i) The families were very anxious and concerned about the future of their children.

(j) There was disbelief and anger about the decision.

(k) For the staff, the decision to close brought great uncertainty about the future of our nursing career. It put a cloud over us.

(l) The staff were very stressed as there was an ongoing investigation which I referred to

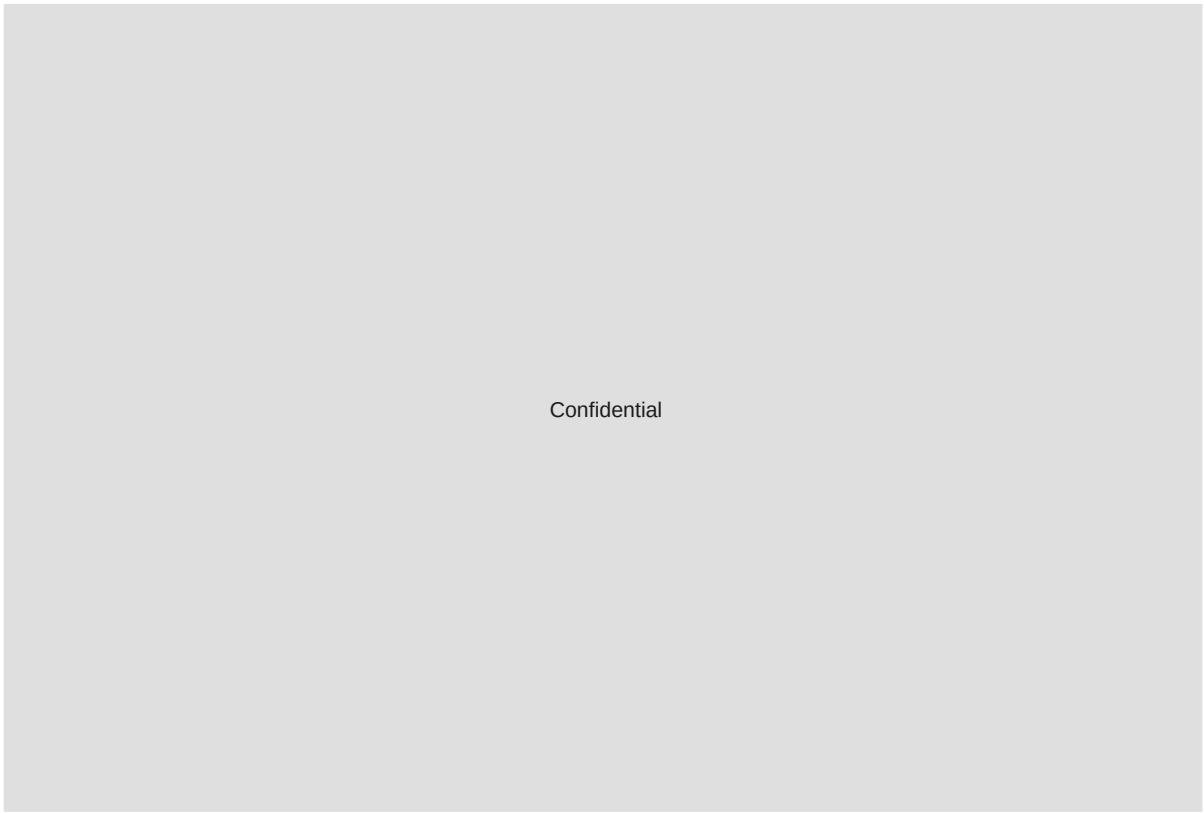
in paragraph 17c of this statement. Many of the staff were interviewed during the investigation.

(m) The staff were worried about the patients and the increasing acuity placed even more strain on the already stressed staff.

(n) I believe I helped the patients through this time in a positive way. I decided to delay my holidays so that I would be available to look after them until they moved.

(o) Some of the teaching staff developed a negative even hostile attitude towards many of the nursing staff. They put the nursing staff in the same boat as management. They seemed unable to separate the nursing staff from the executive decision makers who made the decision to close the BAC.

31. Explain what (if any) contact you have had with any former BAC patients or their families, carers or friend following the closure of the BAC.



32. What provision, if any, was made for the re-deployment or redundancy of staff of the BAC after the closure decision? And after the transition arrangements had been finalised?

(a) The permanent nursing staff seeking re-deployment or redundancy were invited to attend a meeting with management level representatives of WMHHS including the prisons. It was like a job interview without an actual job being offered. I cannot now recall when the meeting occurred but it was after the announcement of the closure of the BAC.

(b) Each nurse was individually interviewed by the panel. I was told that there were 5 jobs for 10 people and that potentially 5 redundancies would be offered. However, if a prison job was taken it would reduce the number of redundancies offered.

(c) I expressed an interest in a redundancy. I was interested to know if I took a job at the Mater Hospital Mental Health Unit whether this would affect the redundancy which precludes a person from working in Queensland Health for a period of time after taking a redundancy. After a number of email exchanges between me and a Human Resources officer at WMHHS I was advised that the Mater Hospital would count as Queensland Health. I do not have a copy of the email exchanges.

(d) I was offered a position at the Ipswich Hospital Inpatient Mental Health Unit which I accepted due to the response I was given about the Mater Hospital.

(e) I later obtained advice from the Queensland Nurses' Union and was advised that if I had taken a job with the Mater Hospital it would not have affected my redundancy.

(f) I was am unaware of what provision was made for re-deployment or redundancy after the transition arrangements were finalised.

33. Explain what (if any) support was offered and or provided to you between the announcement of the closure decision on 6 August 2013 up to and including the final day of your involvement with the transitional arrangements.

(a) I do not recall being offered any support. The staff within the BAC supported each other. I felt supported by my colleagues through this informal network.

34. Provide any information you have in relation to your experience with the operation and management of the BAC following the closure decision.

(a) In addition to my response at paragraph 11 of my statement, there were multiple management changes thrust upon us after the closure decision.

(b) The holiday program was taken off the BAC staff and given to an external provider which bewildered the patients. The holiday program was always successfully run by the BAC staff with the added benefit that the staff knew the patients well enough to motivate them, support engagement and manage risk. The patients questioned the nursing staff as to why it was now being provided by an external provider and we were unable to provide an explanation as none was given to us. The activities offered by the external provider to the patients was reduced to no off site activities. Previously the BAC staff provided 1 to 2 off-site activities per week.

(c) The rules changed about who would accompany the patients on outings. I believe acting NUM Graham Dyer told the CNs that they were no longer allowed to accompany the patients on outings. There was a view that the most seriously unwell patients were unlikely to go on outings and therefore the most experienced nurse should remain at the BAC to look after them. This was not always the case. Sometimes non-attendance was based on a patient staying on the ward awaiting a family pickup to take them on home leave. It was my experience that non-attendance by a patient on an outing was often not related to the patient's acuity. The most seriously unwell patients would sometimes go on outings as it was good therapy for them. In my view, given the dynamic nature of outings with adolescents who had complex mental health issues, it made sense to have experienced nurses

patients on outings. However, my clinical judgement in this regard was overruled.

(d) It seemed to me that rules were being made on the run. I am sure the intent was good but consultation with experienced staff would have assisted in better decisions being made. The 'one size fits all' rule took away the discretion from experienced clinicians to make decisions.

35. Provide any information you have in relation to your experience with the operation and management of the BAC at the time of the transitional arrangements.

(a) Please refer to my responses at paragraph 11 and paragraph 34 of my statement.

36. Outline and elaborate upon any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.

(a) At this stage I have no other information to provide.

37. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

(a) Attached and marked [[QNU.001.002.0021]] is a copy of my curriculum vitae.

(b)

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

Matthew Jon Beswick

Taken and declared before me at Brisbane this 30th day of October 2015

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Judith Simpson, Solicitor

Matthew Beswick

Profile

I am a registered nurse committed to providing comprehensive mental health nursing to acute and complex patients in the public health system. Since March this year, I have been working with adults in the acute environment. For several years prior I had been delivering professional clinical services in assessment and treatment of young people with severe and complex mental health problems and disorders as a member of a multi-disciplinary team to maximise consumer outcomes.

I am a friendly and approachable person, and have a relaxed and easy-going personality. This enables me to quickly build rapport and trust with consumers. My interpersonal style is also well suited to team work, and I am known for my ability to work with and through others to achieve positive therapeutic outcomes for consumers whilst delivering a service that is ethical, efficient and effective.

Experience

Registered Nurse, Ipswich Integrated Mental Health Unit - March 2014 to present

The move to Ipswich has re-acquainted me with the Adult Acute setting. This has been a welcome renewal of some of my skills. Concurrently I have become proficient with the significant changes in information systems and different focus on risk management and accountability.

Acting Clinical Nurse, Barrett Adolescent Centre – 2011 - early 2014

I have been the clinical nurse at Barrett Adolescent through a very challenging period of transition and uncertainty. Throughout I have been able to help provide stability to clinical services, patients and family and staff. This time has included extreme acuity over extended periods. My skills of supporting and managing staff, patients and their carer networks have been tested and shown to be effective.

Registered Nurse, Barrett Adolescent Centre – 2005-2011

Working here solidified my skills and capabilities with adolescents, their family and multidisciplinary teams. I provided comprehensive care delivery as a registered nurse within the framework of detailed care plans and needing to respond to emerging situations. This included leadership responsibilities on outings away from the ward and away from supervision of Clinical Nurses. Through my experience as an RN I was able to develop significant skills in using recreational activity as opportunities for diagnostic clarity, treatment, role modelling, strengths identification etc. These helped inform my input to the multi-disciplinary team.

Registered Nurse, The Park Centre for Mental Health - 1999 - 2005

During this period I worked in a variety of roles. I have completed 3 years through the spectrum of High Secure Forensic nursing. This included the highest acuity from admission of highly psychotic

patients right through to pre-discharge. This environment hones skills of team work, risk assessment and rapport building. 18 months in Ipswich Integrated Mental Health Unit provided me with a grounding in working with adults with acute mental health issues. My other time during this period included 18 months in Barrett Adolescent Centre, Geriatric Psychiatric Ward for repatriated service men and Medium Secure Services

Agency Nursing, 1998 – 1999

I engaged in a period of twelve months working in medical, surgical and psychiatric nursing settings to solidify my general nursing skills and test myself in mental health environments.

Registered Nurse, Thursday Island Hospital, 1996 - 1998

I entered this environment as a recent graduate. Primarily it involved working with the indigenous population of the Torres Strait. My roles included 4 months of Emergency and Operating Theatre nursing, 4 months of Community Nursing and 16 months working on the General Ward. This provided me with a wide range of experiences to promote my skills in many aspects of nursing especially cultural sensitivity.

Education

Griffith University, Gold Coast – Bachelor of Nursing, 1996

Several years ago I completed two subjects towards a Graduate Diploma Mental Health Nursing. I do intend to return to tertiary study at some time in the future. My wish is to resume next year.

Skills

Mental health assessment skills, risk management, building rapport. Case management working with client, family and multiple stakeholders. Developing care plans for complex clients. Seeking and acting on feedback from all stakeholders in provision of all aspects of care. Excellent functioning within a large multidisciplinary team. Leading a team in a complex, challenging work environment. Experienced in identifying and managing needs of varied staff. This includes clinical, professional and peer support needs. Effective use of multimodal communication techniques. Proficient and comfortable in computer based information systems. Manage change including implementation, assessment, evaluation and initiating change in conjunction with all relevant stakeholders.

EXHIBIT 23

Pages 24 through 25 redacted for the following reasons:
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The Commissioner has granted confidentiality to parts of this document under correspondence dated 10 November 2015.