

Oaths Act 1867

Statutory Declaration

I, **VANESSA CLAYWORTH** of c/- Corrs Chambers Westgarth, Level 42, One One One, 111 Eagle Street, Brisbane, in the State of Queensland do solemnly and sincerely declare that:

- A. I refer to my Statutory Declaration sworn 27 October 2015 wherein I responded to Questions 1, 2, 3, 4, 5, 6, 7, 8, 9 and 21 in the Schedule attached to a Requirement to Give Information in a Written Statement dated 19 October 2015 (**Request**).
- B. I make this second Statutory Declaration in response to Questions 10 to 20 and 22 in the Schedule attached to the request.

10 From late 2013 until early 2014, a number of BAC patients were transitioned to alternative care arrangements in association with the closure, or anticipated closure of the BAC ("transition clients"). Did you have any involvement in developing, managing and implementing the transition plans for the BAC patients, (including, but not limited to identifying, assessing and planning for care, support, service quality and safety risks)? If so:

- 10.1 My involvement in transitioning Barrett Adolescent Centre (**BAC**) adolescents began on 30 September 2013 when I was invited by Acting Clinical Director of BAC, Dr Anne Brennan, to participate as a member of the BAC Clinical Care Transition Panel (**Panel**). The Panel was chaired by Dr Brennan and included me, Clinical Nurse Consultant – Clinical Liaison, Sue Daniel, Occupational Therapist, Megan Hayes, Social Worker, Carol Hughes, a representative from the BAC School and BAC Project Officer, Laura Johnson. Annexed and marked **VC-1** is a true copy of Dr Brennan's email to me.

(a) Identify the transition clients with whom you were involved; and

- 10.2 Because of my involvement on the Panel and in my capacity as A/CNC from 14 October 2013, I had intensive involvement with the following adolescents who were transitioning from BAC:

(a) Inpatients Patient [REDACTED] and [REDACTED].

(b) Day patients Patient [REDACTED] and [REDACTED].

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(c) Outpatients Patient [REDACTED] and [REDACTED].

10.3 I was also involved in the transition of the adolescents on the wait list for admission and the referral assessment list. Those adolescents were:

(a) Wait list for admission Patient [REDACTED] and [REDACTED].

(b) Referral assessment list Patient [REDACTED] and [REDACTED].

10.4 Additionally, there were eight adolescents who were discharged from BAC around or after the decision to close BAC was announced on 6 August 2013 and before meetings of the Panel commenced. My recollection is that:

(a) Patients [REDACTED] and [REDACTED] were discharged in the ordinary course of their care.

(b)

(c)

(d)

(b) Explain the transition arrangements in place and how those transition arrangements were developed in the period from August, 2013 to January, 2014.

10.5 In the lead-up to the first of the Panel meetings, I implemented a range of process changes which I thought to be important for transition of the adolescents. This included dispensing with the former Case Conference template and Weekly CC/Nursing Summary and introducing Consumer Care Review Summary and Plan (CCRS) template for use at BAC. The CCRS was a Queensland Health template which (in contrast to the Case Conference template) was accessible electronically state-wide on CIMHA database. I felt this was necessary to efficiently document and communicate with

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receiving Hospital and Health Services (**HHS**). Annexed and marked **VC-2** is my email dated 27 September 2013.

- 10.6 A Panel meeting for each adolescent was scheduled over a series weeks on Tuesdays, Wednesdays and Thursdays of each week. Over the course of each two hour sessions, in general, three BAC clients were reviewed one by one. Annexed and marked **VC-3** is a bundle of BAC Clinical Care Transition Panel Schedules (x4) which were prepared by Ms Johnson from around October 2013 – November 2013.
- 10.7 The Panel, which was chaired by Dr Brennan, met for two hours on each of these days from around 15 October 2013 until around 25 November 2013. The absence of any like facility to BAC meant that unless an adolescent required acute (inpatient) care, he or she needed to be transitioned back into his/her community. The Panel's focus was to identify each adolescent's community reintegration needs together with the skills which he or she would need to develop to achieve reintegration. This was done by:
- (a) Dr Brennan summarising the adolescent's case with reference to his/her CIMHA record and if possible, identifying a tentative discharge date.
 - (b) The Panel, as a group, discussing the adolescent's community reintegration needs and skill needs with reference to a guide which was projected onto a screen that the adolescent would require to successfully reintegrate.
- 10.8 Ms Johnson made some notes of the Panel discussion into the guides but those notes are not complete and were not intended to be representative of a comprehensive plan for each adolescent. Annexed and marked **VC-4** is a bundle of those guides.
- 10.9 Before and after the Panel meetings, there was a significant amount of work associated with identifying appropriate service providers to meet the adolescent's identified needs and support skill development. Most of that work was done by Dr Brennan, Megan Hayes and me with support from the other Panel members and BAC staff on an 'as required' basis. As a way of tracking progress, Megan Hayes (with input from Dr Brennan and I) prepared a series of documents for each adolescent which she called 'Community Contacts'. Annexed and marked **VC-5** is a bundle of those documents by way of example.
- 10.10 In respect of the adolescents on the wait list and referral assessment list:



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- (a) On around 11 November 2013, I asked Ms Johnson to clarify the strategy around the admission waiting and referral assessment lists. Annexed and marked **VC-6** is an email that Ms Johnson sent to Director of Strategy, Mental Health and Specialised Services (MHSS), West Moreton Hospital and Health Service, Dr Leanne Geppert, following my discussion with her and her reply.
- (b) Also on 11 November 2013, I sent an email to a referring health service for one person on the admission waiting and referral assessment lists. Annexed and marked **VC-7** is the email I sent to a [REDACTED] regarding Patient [REDACTED] dated 11 November 2013 and her reply dated 3 December 2013.
- (c) On or around 20 November 2013, Ms Johnson undertook a non-clinical review of the admission waiting list and referral assessment list patients on CIMHA. Annexed and marked:
- (i) **VC-8** is an email that Ms Johnson sent to Allied Health Professional Practice Leader – Social Work, Kathy Stapley and me attaching a table reporting on the outcome of that review.
 - (ii) **VC-9** is a chain of emails between Ms Johnson, Dr Brennan, Ms Stapley and me regarding a waitlist strategy.
- (d) On 21 November 2013, Ms Johnson emailed Ms Stapley and me an updated version of the table that she had prepared following her review of the admission waiting list and referral assessment list. Annexed and marked **VC-10** is Ms Johnson's email.
- (e) I met with Ms Stapley once on 22 November 2013 to review the admission waiting and referral assessment list files with a view to identifying the last contact person and date of contact. Annexed and marked **VC-11** is an email that Ms Stapley sent to me and others on 25 November 2013.
- (f) On 6 December 2013, Ms Stapley emailed Dr Geppert, Ms Johnson and me an update on the admission waiting and referral assessment lists. Annexed and marked **VC-12** is Ms Stapley's email and my reply.
- (g) On 7 January 2014, I emailed Ms Stapley, Dr Brennan and Ms Johnson an update on the admission waiting and referral assessment lists. Annexed and

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marked **VC-13** is my email.

- (h) On 9 January 2014, Ms Geppert emailed Dr Brennan, Ms Johnson and me to ascertain whether there was anyone on the admission waiting and referral assessment lists who may need extended care and would benefit from admission to Greenslopes residential in February 2014. Annexed and marked:
- (i) **VC-14** is Ms Geppert's email dated 9 January 2014.
 - (ii) **VC-15** is Ms Johnson's email to Dr Brennan, Ms Geppert and me dated 10 January 2014.
 - (iii) **VC-16** is my email to Dr Brennan and Ms Geppert dated 14 January 2014.
 - (iv) **VC-17** is my email to Dr Brennan, Ms Geppert and Ms Johnson and Dr Geppert's reply.

10.11 I do not recall having any further involvement with the adolescents on the admission waiting list and/or the referral assessment list.

11 Explain any information, material, advice, processes, considerations and recommendations that related to or informed the transition arrangements.

11.1 The transition arrangements were informed by:

- (a) The age, clinical condition and clinical needs of the adolescent.
- (b) The adolescent's risk profile.
- (c) The suitability of a proposed alternative service provider including its eligibility criteria, its ability to meet the adolescent's needs and the availability of funding for that service provider.
- (d) The wishes of the adolescent and his/her family.

11.2 Where adolescents were either unwilling or unable to return to the family home, the arrangements were also informed by the need to source appropriate accommodation and when sourced, its appropriateness including location, safety features, staffing profile and staff expertise, community access, funding availability and its wait list.


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12 For each of those transition plans:**(a) State who was responsible for preparing and overseeing the transition plans; and**

12.1 The transition plans were formulated by Dr Brennan on an individual, case-by-case basis. The Panel's role is outlined above. The plans were implemented by me in my role as A/CNC, Megan Hayes and other BAC staff in close consultation with, and oversight from, Dr Brennan on a day-to-day basis and with strategic oversight by the WMHHS MHSS Executive.

(b) Were there any arrangements to review, follow-up, and monitor the outcome of the transition arrangements? If so, what were those arrangements?

12.2 Prior to discharge from BAC, an adolescent's transition arrangements were sometimes reviewed in Panel meetings and more commonly reviewed in his/her weekly Consumer Care Reviews, summaries of which are documented in the CIMHA records.

12.3 I cannot now recall there being any arrangements to review, follow-up or monitor the outcome of the transition arrangements after discharge. I understood that the responsibility of BAC for the adolescents ceased upon handover to the receiving service as BAC ceased to exist as a facility and its staff necessarily sought alternative employment.

13 Did you have any discussions with the medical or other staff at receiving alternative services regarding the transition clients' transitional arrangements, transition plans, treatment plans, clinical and educational needs, or other matters? If so, explain the nature of these discussions, including the date on which they occurred, with whom, and for what purpose.

13.1 Yes. Annexed and marked **VC-18** is a table which summaries the communications that I had with medical and other staff at receiving alternative services.

13.2 The purpose of each communication was to identify potential alternative service providers to facilitate the referral of adolescents to those providers as appropriate and to handover the adolescent's care on transition.

14 In relation to the transition arrangements, did you have any consultation(s) with transition clients and/or their families, friends or carers? If so, explain the date

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and detail of such consultation(s).

14.1 Yes. Annexed and marked:

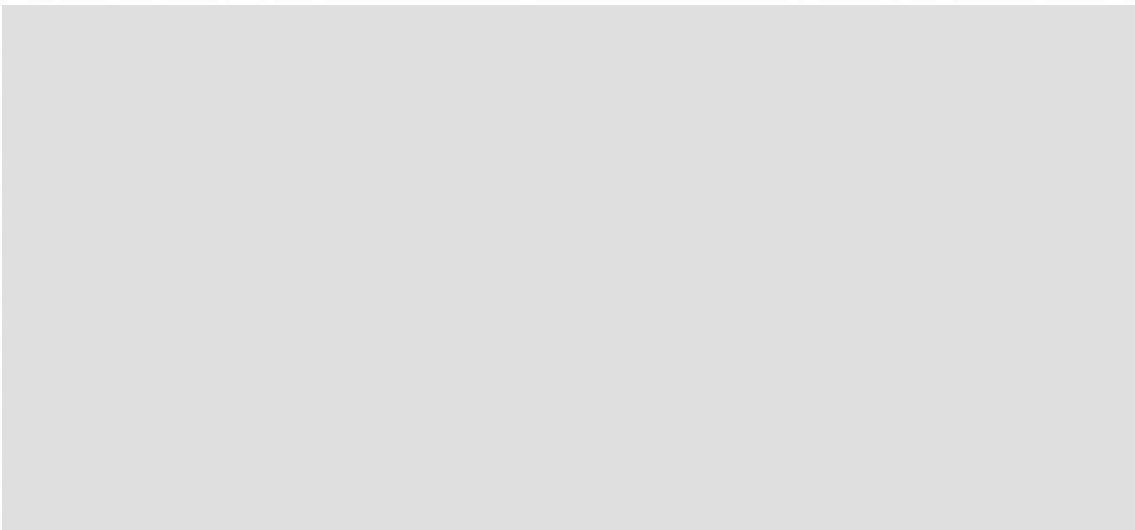
- (a) **VC-19** is a table which summarises the communications that I had with transition clients.
- (b) **VC-20** is a table which summarises the communications that I had with transition clients' families, friends and carers.

15 Were you aware of any concerns regarding the transition of any transition clients from the BAC to an alternative service provider? If so:

- (a) Explain any such concerns;**
- (b) If there were concerns, who were these concerns expressed by, and to whom?**
- (c) On what date, and by what means did you become aware of these concerns?**
- (d) What steps, if any, did you cause to be undertaken as a result of any such concerns?**

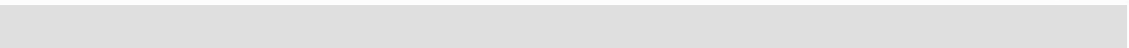
Patient 

15.1



Patient 

15.2



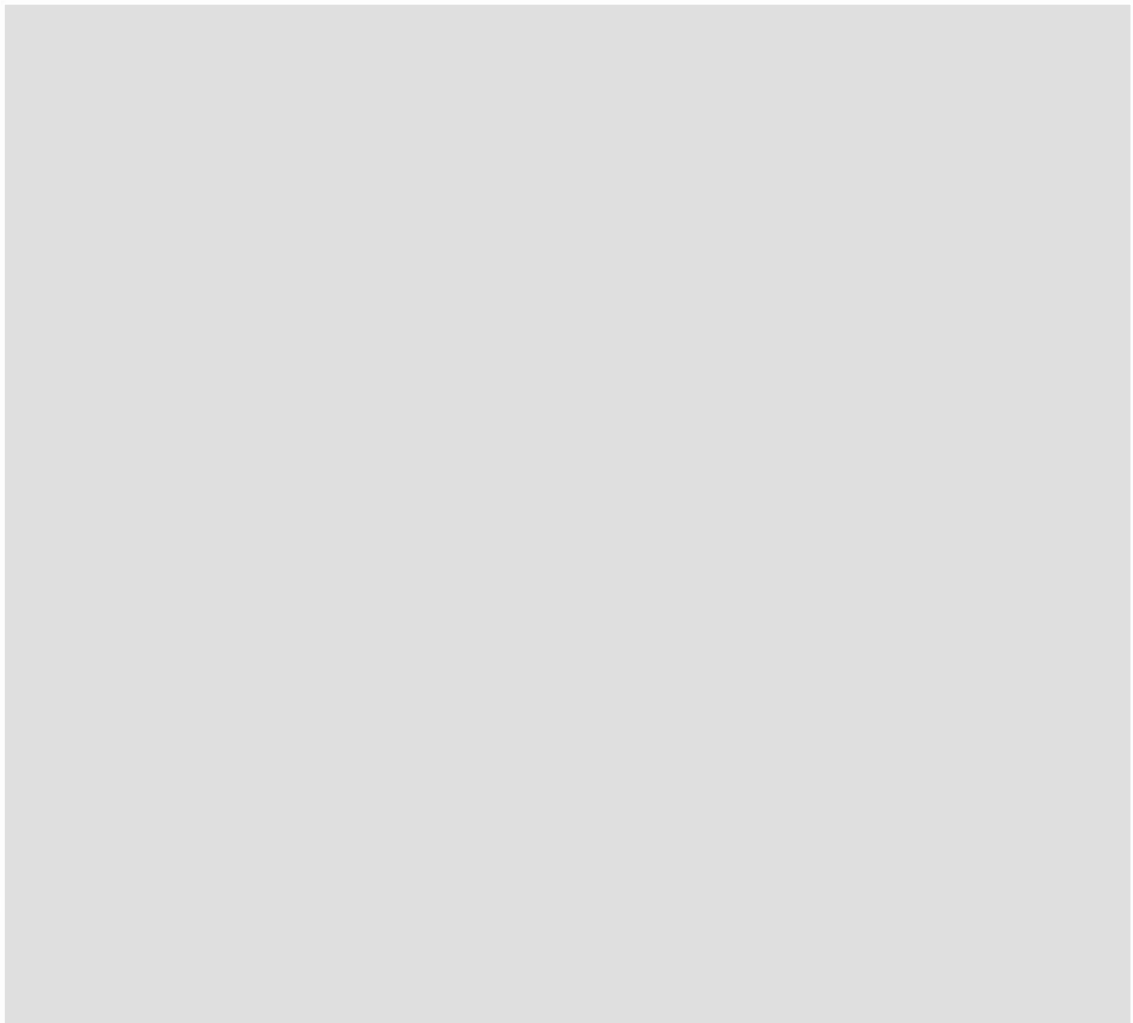
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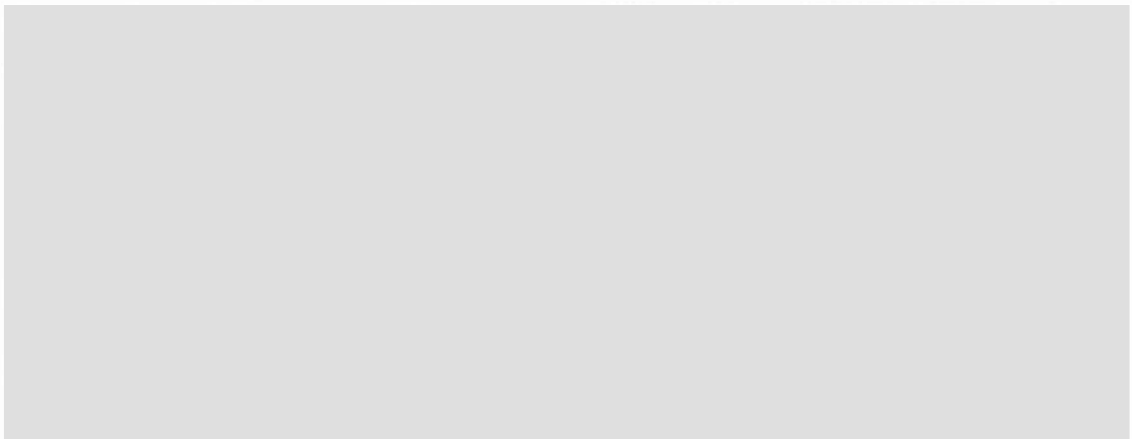
15.3



15.4 Annexed and marked **VC-22** is a true copy of a bundle of documents which support the statements I have made.

Patient 

15.5



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- 15.6 Those matters were identified by the Panel and extensive enquiries were undertaken by BAC staff, including, me to source appropriate alternative service providers. Details of my communications with alternative service providers in respect of Patient [REDACTED] are set out in my response to question 13.
- 15.7 At Dr Geppert's request and to assist with some planned discussions with the [REDACTED], Laura Johnson and I prepared a BAC Consumer Transition Package Plan for Patient [REDACTED]. That BAC Consumer Transition Package Plan documented [REDACTED] diagnoses, identified risks, ongoing treatment and support needs, proposed alternative service provides/types, family situation, level of independence and accommodation needs from my perspective. I understand that it was reviewed by Dr Brennan before it was finalised.
- 15.8 To facilitate Patient [REDACTED] transition [REDACTED], I liaised extensively with staff at the [REDACTED] and I attended three BAC Consumer Transition of Care meetings. Details of my communications with [REDACTED] are set out in my response to question 13 above.
- 15.9 [REDACTED]
- 15.10 Annexed and marked **VC-23** is a true copy of a bundle of documents, including the BAC Consumer Transition Package Plan, which support the statements I have made.

Patient [REDACTED]

15.11 [REDACTED]

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15.12 I did not address these concerns solely or on my own initiative. At Dr Geppert's request and to assist with further discussions in respect of Patient [REDACTED] transition, Laura Johnson and I prepared a BAC Consumer Transition Package Plan for Patient [REDACTED]. That BAC Consumer Transition Package Plan documented [REDACTED] diagnoses, identified risks, ongoing treatment and support needs, proposed alternative service provides/types, family situation, level of independence and accommodation needs from my perspective. I understand that it was reviewed by Dr Brennan before it was finalised.

15.13

15.14 Annexed and marked **VC-24** is a true copy of a bundle of documents, including the BAC Consumer Transition Package Plan, which support the statements I have made.

Patient [REDACTED]

15.15 From my knowledge of Patient [REDACTED] case as a A/Clinical Nurse, A/NUM, A/CNC and as a member of the Panel, I had a number of concerns for Patient [REDACTED] when transitioning from BAC to an alternative service provider, namely:

(a)

(b)

(c)

15.16 Those matters were identified by the Panel and extensive enquiries were undertaken by

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BAC staff, including, me to source appropriate alternative service providers. Details of my communications with alternative service providers in respect of Patient [REDACTED] are set out in my response to question 13.

15.17

[REDACTED]

15.18 At Dr Geppert's request and to assist with further discussions in respect of Patient [REDACTED] transition, Laura Johnson and I prepared a BAC Consumer Transition Package Plan for Patient [REDACTED]. That BAC Consumer Transition Package Plan documented [REDACTED] diagnoses, identified risks, ongoing treatment and support needs, proposed alternative service provides/types, family situation, level of independence and accommodation needs from my perspective. I understand that it was reviewed by Dr Brennan before it was finalised.

15.19

[REDACTED]

15.20

[REDACTED]

[REDACTED]

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15.21

15.22

15.23 Annexed and marked **VC-25** is a true copy of a bundle of documents, including the BAC Consumer Transition Package Plan, which support the statements I have made.

Patient ■

15.24 From my knowledge of Patient ■ case as a A/Clinical Nurse, A/NUM, A/CNC, and as a member of the Panel, my concerns for Patient ■ when transitioning from BAC to an alternative service provider were:

(a)

(b)

(c)

15.25

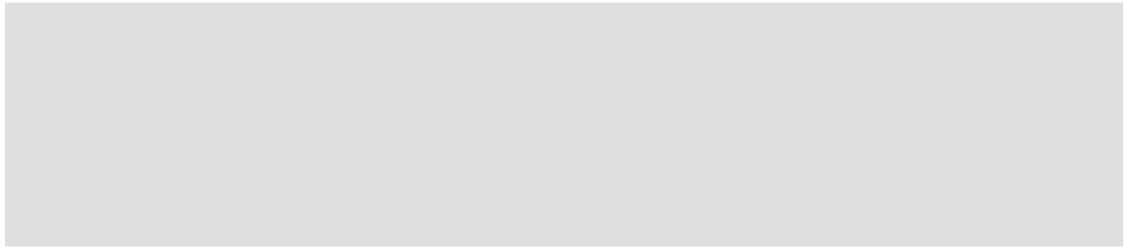
15.26

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15.27 Annexed and marked **VC-26** is a true copy of a bundle of documents which support the statements I have made.

16 If there were transitional plans in place for the transition clients, what progress did each client make in respect of the plans? If progress was unsatisfactory, what arrangements, if any, were made for alternative management?

16.1 In order to respond to this question, I have reviewed the patient records for each nominated adolescent. I have expended more than 100 hours on this task and the responses set out below are based on my memory of each case, aided by my review of the records. There are thousands of documents which detail client/progress in transition and, save for the Discharge Summary for each client (which includes a summary of transition progress), I have not attached individual documents to this Statutory Declaration as these are available to the Commission.

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	

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Discharge Date	
Discharge Summary	Attached and marked VC-27

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	14 December 2013
Discharge Summary	Attached and marked VC-28

Client Name	
Transition Panel Date	
Plan Detail	

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Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-29

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	

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Discharge Date	
Discharge Summary	Attached and marked VC-30

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-31

Client Name	
Transition Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-32

Client Name	
Transition Panel Date	
Complex Care Review Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-33

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	

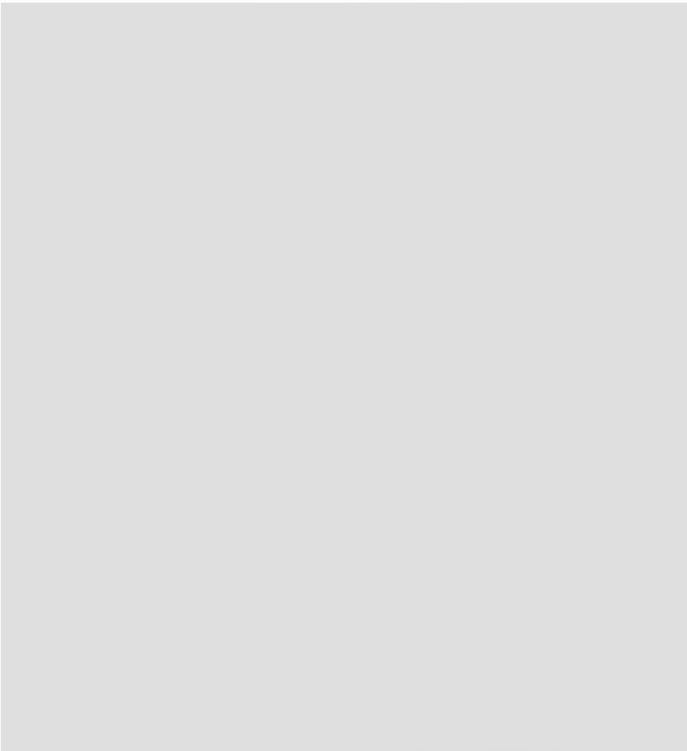
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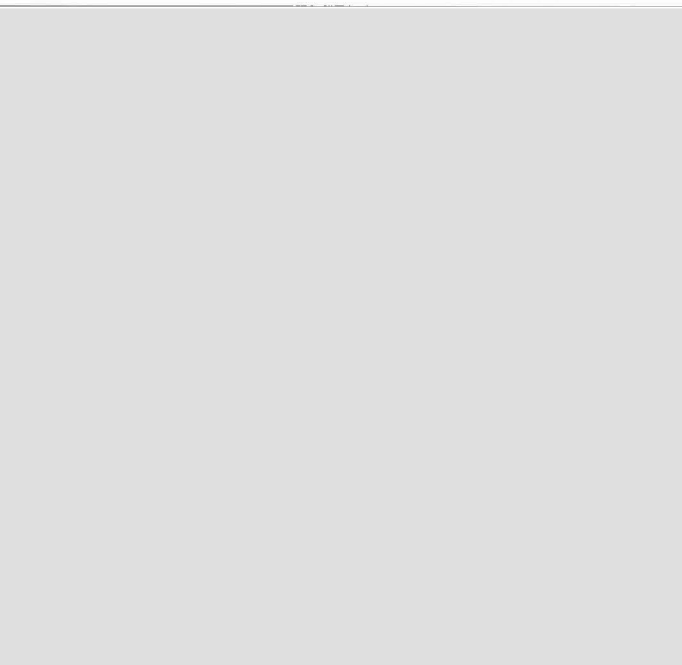
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Discharge Summary	Attached and marked VC-34
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Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	
Discharge Summary	

Client Name	
Transition Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-36

Client Name	
Transition Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-37

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	


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Discharge Date	
Discharge Summary	Attached and marked VC-38

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-39

Client Name	
Transition Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-40

Client Name	
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-41

Client Name	
Transition Panel Date	

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Plan Detail	
Progress (including problems and management)	
Discharge Date	
Discharge Summary	Attached and marked VC-42

17 The Commission understands that you attended numerous BAC consumer transition of care planning meetings. If so, in relation to these meetings:

17.1 As far as I can now recall, I attended four BAC Consumer Transition of Care Planning meetings.

(a) Explain the function/purpose of these meetings. What did they involve?

17.2 The function/purpose of those meetings was to facilitate the transition of Patient [REDACTED] care to the MSHHS and Patient [REDACTED] care to the [REDACTED]. Significant work to facilitate the transition of both patients was done 'out of session' by BAC staff and MSHHS staff (for Patient [REDACTED] and [REDACTED] staff (for Patient [REDACTED]) and was documented in emails and on CIMHA, as required.

17.3 In Patient [REDACTED] case, [REDACTED] prepared minutes of the meetings on 18 December, 2013 and 8 January, 2014, copies of which are annexed and marked **VC-43** and **VC-44**. In respect of Patient [REDACTED] Laura Johnson prepared an email following the meeting on 12

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November, 2013 which documents the meeting outcome, a copy of which is annexed and marked **VC-45**.

(b) How often did the group meet?

- 17.4 I attended three meetings with [REDACTED] staff regarding Patient [REDACTED] - on 6 November 2013, 18 December 2013 and 8 January 2014.
- 17.5 I attended one meeting with the [REDACTED] regarding Patient [REDACTED] - on 12 November 2013.

(c) Who attended?

- 17.6 Regarding Patient [REDACTED], the meetings that I was involved in took place on 6 November 2013, 18 December 2013 and 8 January 2014.
- 17.7 I do not now recall who attended the first meeting on 6 November 2013. Apart from me, the meeting invitees were Renee Robertson, Sean Hatherill, Dr Leanne Geppert, Roderick Buchner, Dr Suneel Chamoli, Dr David Crompton, Vicki Green, Carla Piggott, Dr Anne Brennan, Caroline Furlong, Darren Neillie, Laura Johnson, Sharon Kelly and me. Annexed and marked **VC-46** is the meeting invitation from which I have extracted those names.
- 17.8 The second meeting on 18 December 2013 was attended by Una Window, Rod Buchner, Janelle Bowra, Christie Burke, Dr Suneel Chamoli, Dr Anne Brennan, Dr Tarrant, Julie O'Donovan, Lesley Holloway and me. VC-43 is a copy of the minutes of that meeting from which I have extracted those names.
- 17.9 The third meeting on 8 January 2014 was attended by Dr Leanne Geppert, Laura Johnson, Dr Brennan, Dr Stedman, Nathan Pasieczny, Una Window, Angela Hain, Dr Subramanian Purushothaman, Rod Burcher, Christie Burke, Dr Suneel Chamoli, Di Tarrant, Julie O'Donovan and me. VC-44 is a copy of the minutes from that meeting from which I have extracted those names.
- 17.10 Regarding Patient [REDACTED], the meeting that I was involved in took place on 12 November, 2013. The other invitees were Dr Brennan, Dr Jacinta Powell, Shannon Dawson, Vikas Moudgil, David Higson, Belinda James, Susan Philp and me. I have extracted those names from an email that Ms Johnson sent following the meeting on 12 November,

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2013, a copy of which is VC-45.

(d) What were the resolutions or findings or actions determined as a result of those meetings?

17.11 The resolutions, findings or actions determined as a result of the meetings involving Patient [REDACTED] are documented in VC-43 and VC-44.

17.12 The resolutions, findings or actions determined as a result of the meeting involving Patient [REDACTED] are documented in a chain of emails passing between Ms Johnson and Ms Dawson following that meeting, copies of which are annexed and marked **VC-47**.

18 Were you involved in the 'Complex Care Review Panel'? If so, in relation to this Panel:

18.1 As far as I can now recall, I attended one Complex Care Review Panel.

(a) Explain the function/purpose of the Panel.

18.2 The function/purpose of the Complex Care Review Panel was to facilitate the transition of Patient [REDACTED]. Annexed and marked **VC-48** is its Terms of Reference.

(b) How often did the Panel meet?

18.3 As far as I can now recall, the Complex Care Review Panel for Patient [REDACTED] met once on 5 November 2013.

(c) Who constituted the Panel?

18.4 The Complex Care Review Panel for Patient [REDACTED] comprised Dr Brennan, Dr Ian Williams, Emma Hart, Josie Sorban, Richard Litster, Penny Knight, Tania Withington and me. Annexed and marked **VC-49** are the minutes of the Complex Care Review Panel from which I have extracted those names.

(d) What were the resolutions or findings or actions determined as a result of those meetings?

18.5 The resolutions, findings or actions determined as a result of the Complex Care Review Panel for Patient P are documented in VC-49.

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19 Were you involved in the Complex Care Review Panel which convened to support the transition of care for [REDACTED] If so,

(a) Was a Consumer Care Review Summary (CCRS) developed for [REDACTED] What did this involve? Please provide a copy.

19.1 Specific to supporting the transition of care for Patient [REDACTED], a Complex Care Review Panel was held on Tuesday, 5 November 2013 from 1100 hours to 1230 hours.

19.2 A Consumer Care Review Summary was not developed for Patient [REDACTED] during the Complex Care Review Panel. Care Reviews (which were called Case Conferences prior to 30 September 2013 and Consumer Care Reviews after 30 September 2013) occurred weekly for each adolescent at BAC.

19.3 Patient [REDACTED]'s Consumer Care Reviews occurred on 30 September 2013, 8 October 2013, 14 October 2013, 20 October 2013, 28 October 2013, 4 November 2013, 13 November 2013, 18 November 2013, 23 November 2013, 9 December 2013, 19 December 2013, 23 December 2013, 7 January 2014, 13 January 2014, and 20 January 2014. A bundle of the Consumer Care Review Summaries developed at those Consumer Care Reviews are attached and marked VC-50.

(b) How were high risk situations identified and mitigated?

19.4 Patient [REDACTED]'s clinical risk was monitored on an ongoing basis during [REDACTED] admission to BAC and managed as required by Dr Sadler and Dr Brennan with input from other BAC staff.

19.5 The CCRS' (and before that the Case Conference notes which are located in the Patient [REDACTED]'s clinical chart) provide an overview of the care afforded to Patient [REDACTED] for the preceding week..

(c) How was the clinical risk during the transition of care of "P" from BAC to alternative care options managed?

19.6 The risks associated with Patient [REDACTED] transition from BAC were identified by the Panel and led to the formulation of the Complex Care Panel to formulate an appropriate plan for Patient [REDACTED] transition. Patient [REDACTED] was transferred from BAC to the [REDACTED] as part of the transition process with a plan for [REDACTED] reintegration into the community in a supported way.

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20 Were you involved in any other Complex Care Review Panel in relation to any other transition client? If so, please answer (a) – (c) above in relation to that transition client(s).

20.1 I was not involved in any other Complex Care Review Panels.

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

21.1 All documents referred to in my witness statement are exhibited.

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

Taken and declared before me by)
VANESSA CLAYWORTH at Brisbane in)
the State of Queensland this 20th day of)
November 2015)
Before me:)

Signature of authorised witness

Signature of declarant

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

STATUTORY DECLARATION OF VANESSA CLAYWORTH

INDEX OF EXHIBITS

No	Document Description	Document number	Page
VC-1	Email from Anne Brennan to various persons including Vanessa Clayworth dated 30 September 2013	WMS.0018.0001.00573	1
VC-2	Email from Vanessa Clayworth to Daisy Aclan, Harry Tooman and copied to others dated 27 September 2013	WMS.0018.0001.01548	2 - 3
VC-3	West Moreton Hospital and Health Service - BAC Clinical Care Transition Panel Schedules prepared around October 2013 – November 2013	WMS.0018.0001.00275 WMS.0013.0001.00321 WMS.0013.0001.00319 WMS.0019.0001.00002	4 - 7
VC-4	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0080.00001	8 - 39
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0073.00004	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0084.00009	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0082.00034	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0067.00003	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.6003.0008.01087	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0077.00055	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0064.00001	



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	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0081.00001	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0074.00001	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0070.00003	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0068.00005	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0071.00003	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1003.0006.00005	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1007.0066.00003	
	Document entitled 'Barrett Adolescent Centre Transition Team – Patient [REDACTED]', undated	WMS.1002.0009.00137	
VC-5	Document entitled 'Community Contacts – Patient [REDACTED]', undated	WMS.1007.0080.00002	40-69
	Document entitled 'Community Contacts – Patient [REDACTED]', undated	WMS.1007.0073.00002	
	Document entitled 'Community Contacts – Patient [REDACTED]', undated	WMS.1007.0084.00014	
	Document entitled 'Community Contacts – Patient [REDACTED]', undated	WMS.1007.0082.00005	
	Document entitled 'Community Contacts – Patient [REDACTED]', undated	WMS.1007.0067.00001	
	Document entitled 'Community Contacts – Patient [REDACTED]', undated	WMS.1007.0086.00015	

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	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0077.00017	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0081.00002	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0074.00003	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0070.00001	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0068.00002	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0071.00001	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0075.00005	
	Document entitled 'Community Contacts – Patient ■', undated	WMS.1007.0066.00001	
	Document entitled 'Community Contacts Patient ■', undated	WMS.1007.0069.00003	
VC-6	Email from Leanne Geppert to Laura Johnson, copied to various other persons including Vanessa Clayworth dated 15 November 2013	WMS.0019.0003.00555	70-71
VC-7	Email from Laura Fay to Vanessa Clayworth dated 3 December 2013	WMS.0023.0001.02191	72
VC-8	Email from Laura Johnson to various other persons including Vanessa Clayworth, copied to others dated 20 November 2013, attaching: <ul style="list-style-type: none"> Document entitled 'Current Adolescents on Admission Waiting List and Referral Assessment List 20.11.13' 	WMS.0019.0001.00468 WMS.0019.0001.00475	73-74
VC-9	Email from Leanne Geppert to various persons including Vanessa Clayworth, copied to others dated 20 November	WMS.0019.0003.00558	75-76

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