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THE HONOURABLE MARGARET WILSON QC, Commissioner

MR P. FREEBURN QC, Counsel Assisting

MS C. MUIR, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 4) 2015

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

BRISBANE

9.30 AM, TUESDAY, 8 MARCH 2016

Continued from 7.3.16

DAY 22

RESUMED

[9.30 am]

5 COMMISSIONER WILSON: Good morning, ladies and gentlemen. Ms Muir.

MS MUIR: Commissioner, housekeeping to start with.

COMMISSIONER WILSON: Yes.

10 MS MUIR: If I could hand to you the current list of exhibits to be tendered as at 8 March - - -

COMMISSIONER WILSON: Thank you.

15 MS MUIR: - - - 2016.

COMMISSIONER WILSON: This has been distributed to the parties?

20 MS MUIR: It has, only just, Commissioner.

COMMISSIONER WILSON: Now, these will be the documents from when, from yesterday and from Friday; is that correct?

25 MS MUIR: Yes, from the 4th and from the 7th. I think there's one from the 4th.

COMMISSIONER WILSON: Alright. Well, I'll do as I've done previously: if there has been no query raised about this list by lunchtime, the documents will be assigned the numbers you've provisionally given them.

30 MS MUIR: Thank you.

MR DIEHM: Commissioner, I might just mention that I had neglected yesterday when taking Dr Brennan to a small bundle of notes from one patient – for one patient to indicate that they would be tendered by Counsel Assisting. So perhaps they will
35 need to be added to the list as well.

COMMISSIONER WILSON: Well, if you'd speak with Ms Muir when you get a chance they can be - - -

40 MR DIEHM: Thank you.

COMMISSIONER WILSON: - - - tendered in due course.

MS MUIR: I can certainly attend to that, Commissioner.

45 COMMISSIONER WILSON: When you're ready.

MS MUIR: Commissioner, this should be a closed court. I just want to make sure that the live streaming is not on.

5 COMMISSIONER WILSON: Is the live streaming off? Alright. And, Mr Bailiff, those who – Mr Thompson is not authorised to be in the court; should leave. [REDACTED]

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Closed Hearing

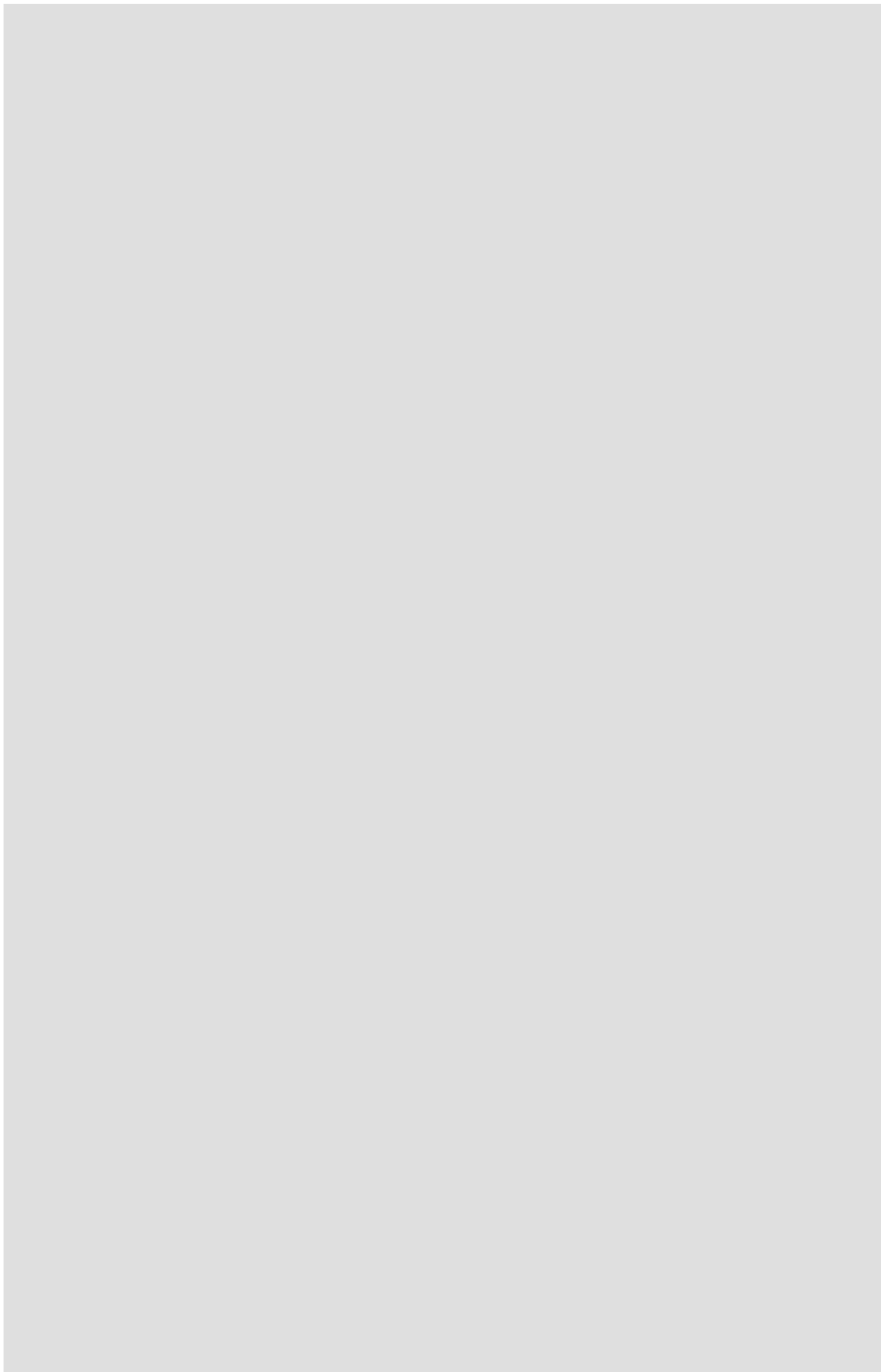
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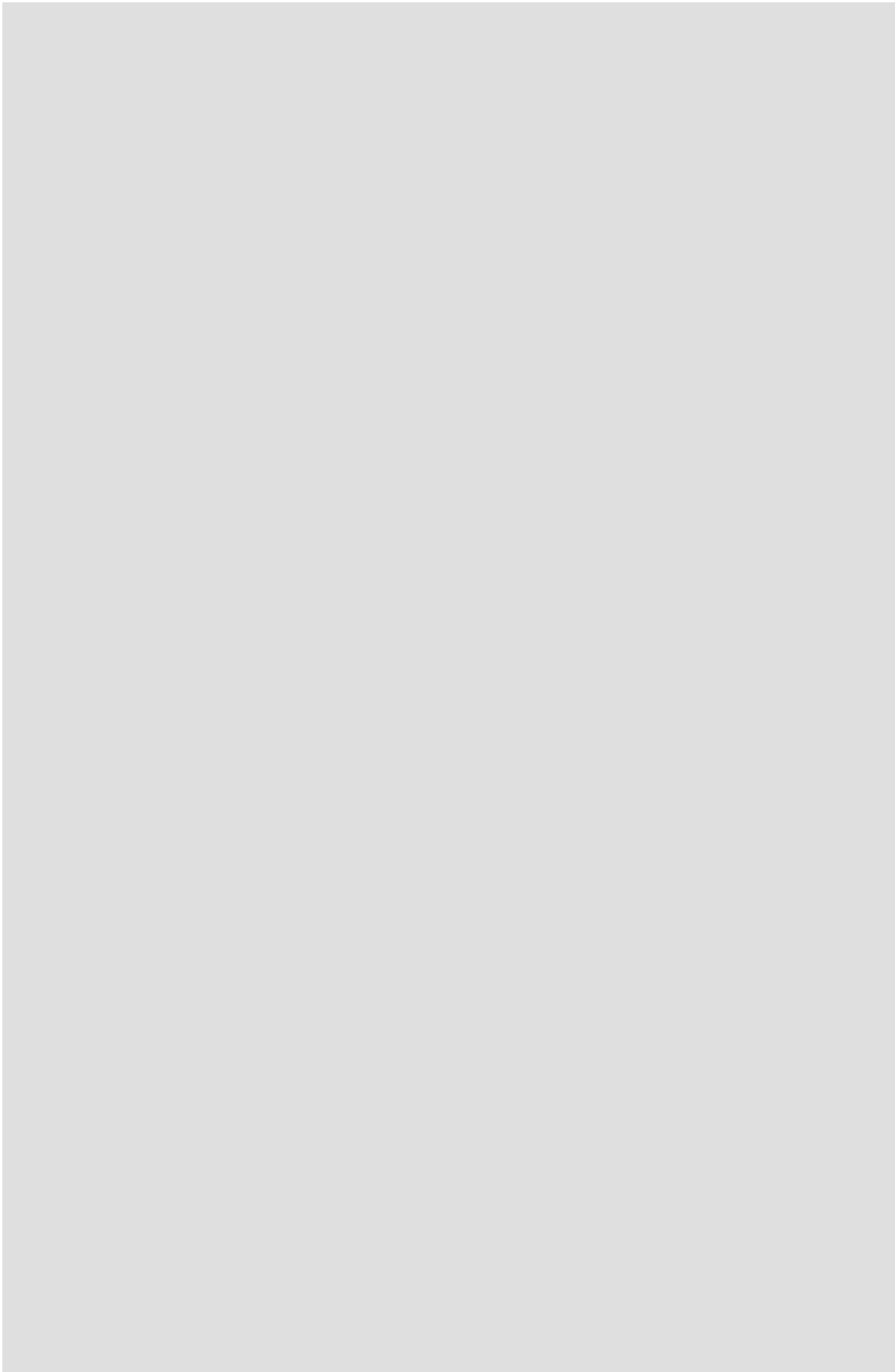
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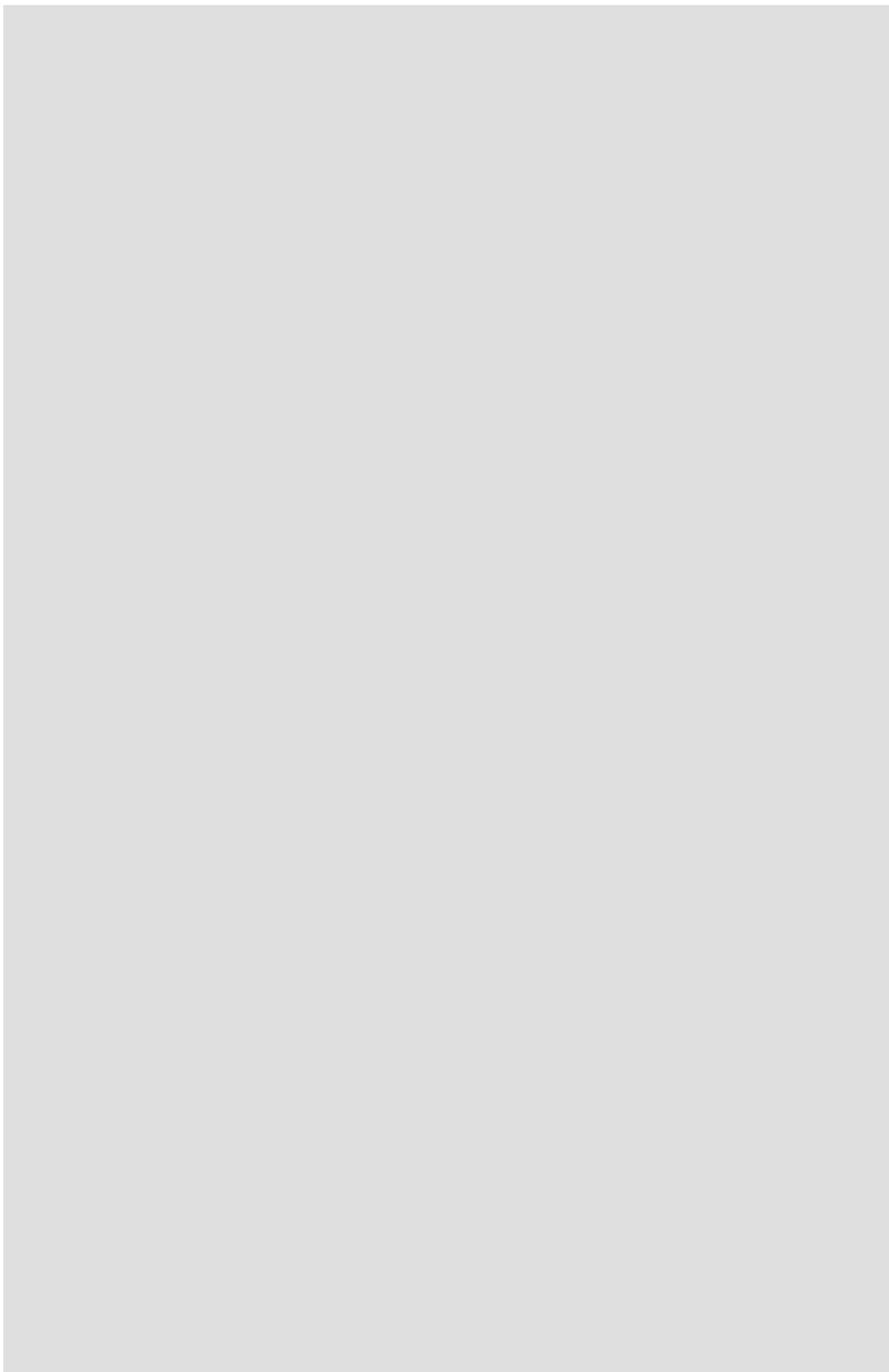
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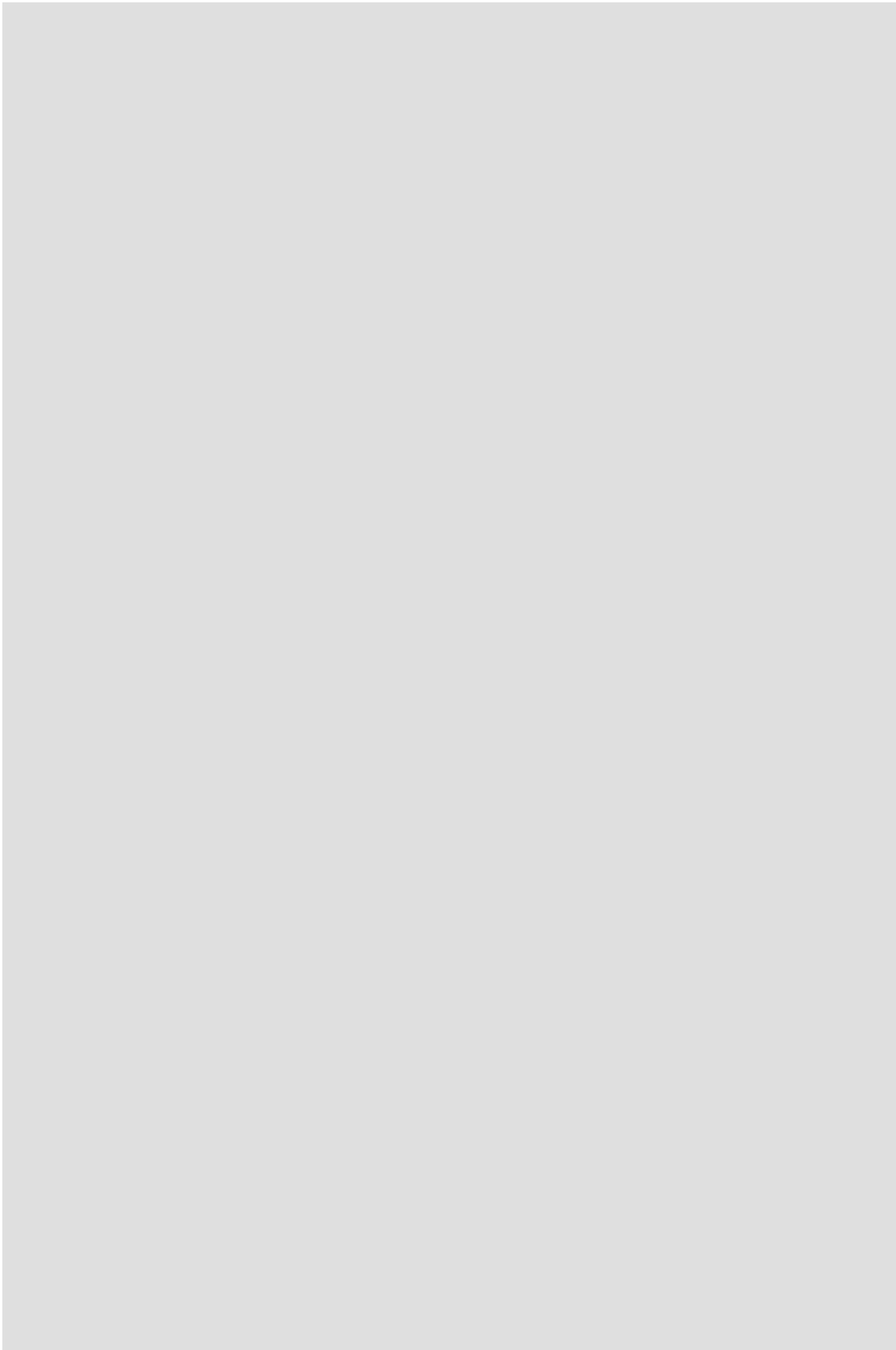
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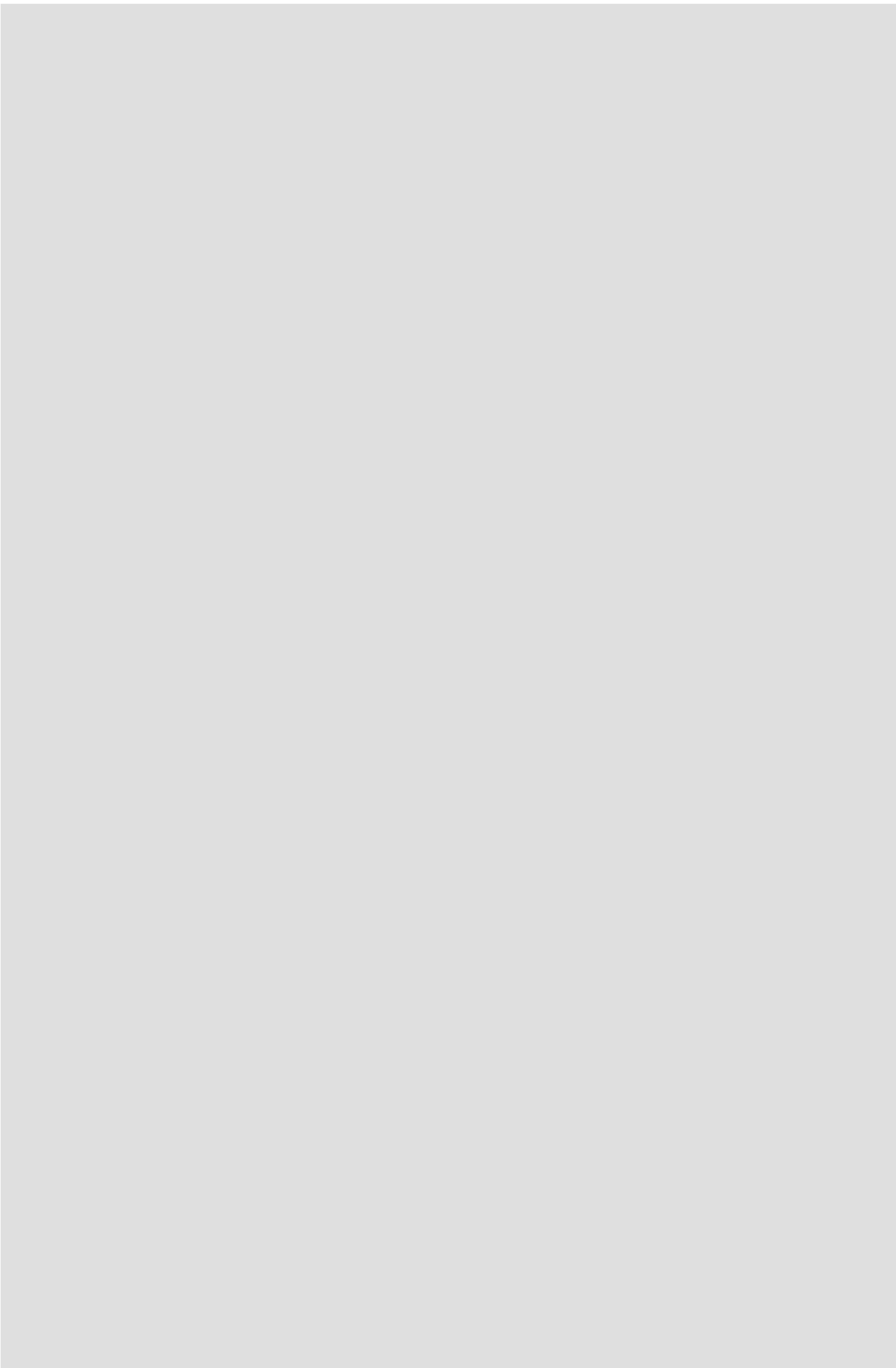
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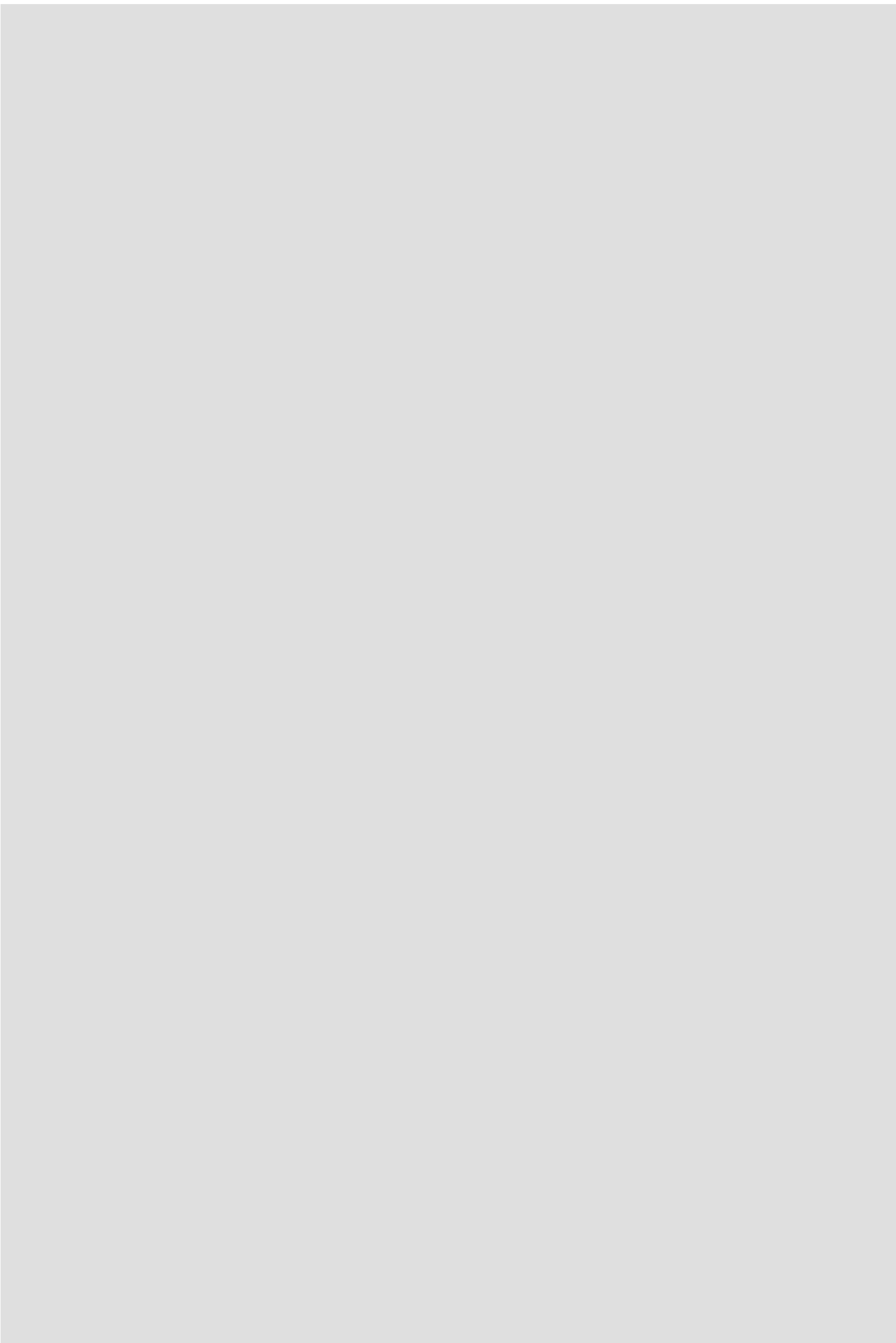
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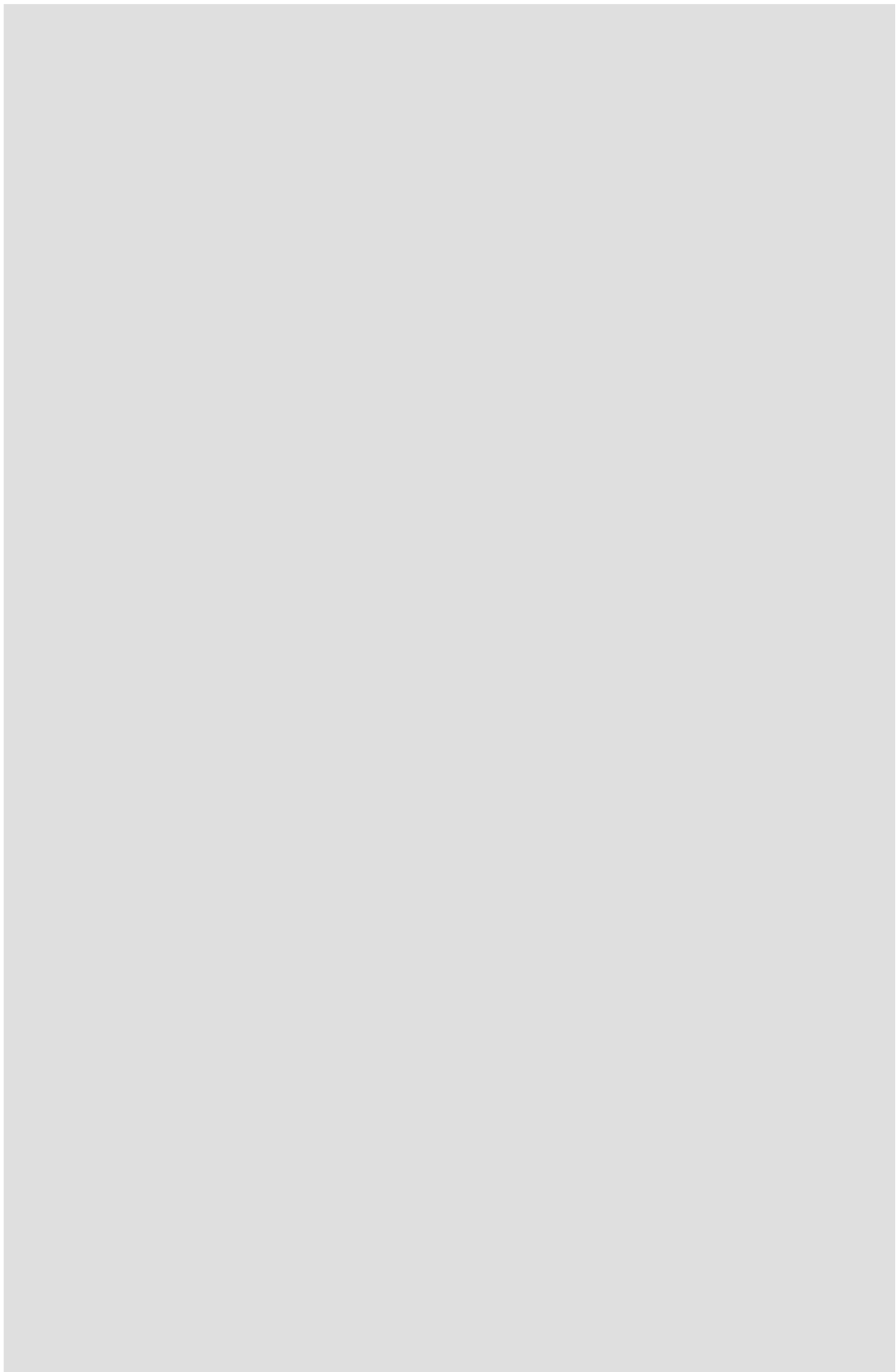
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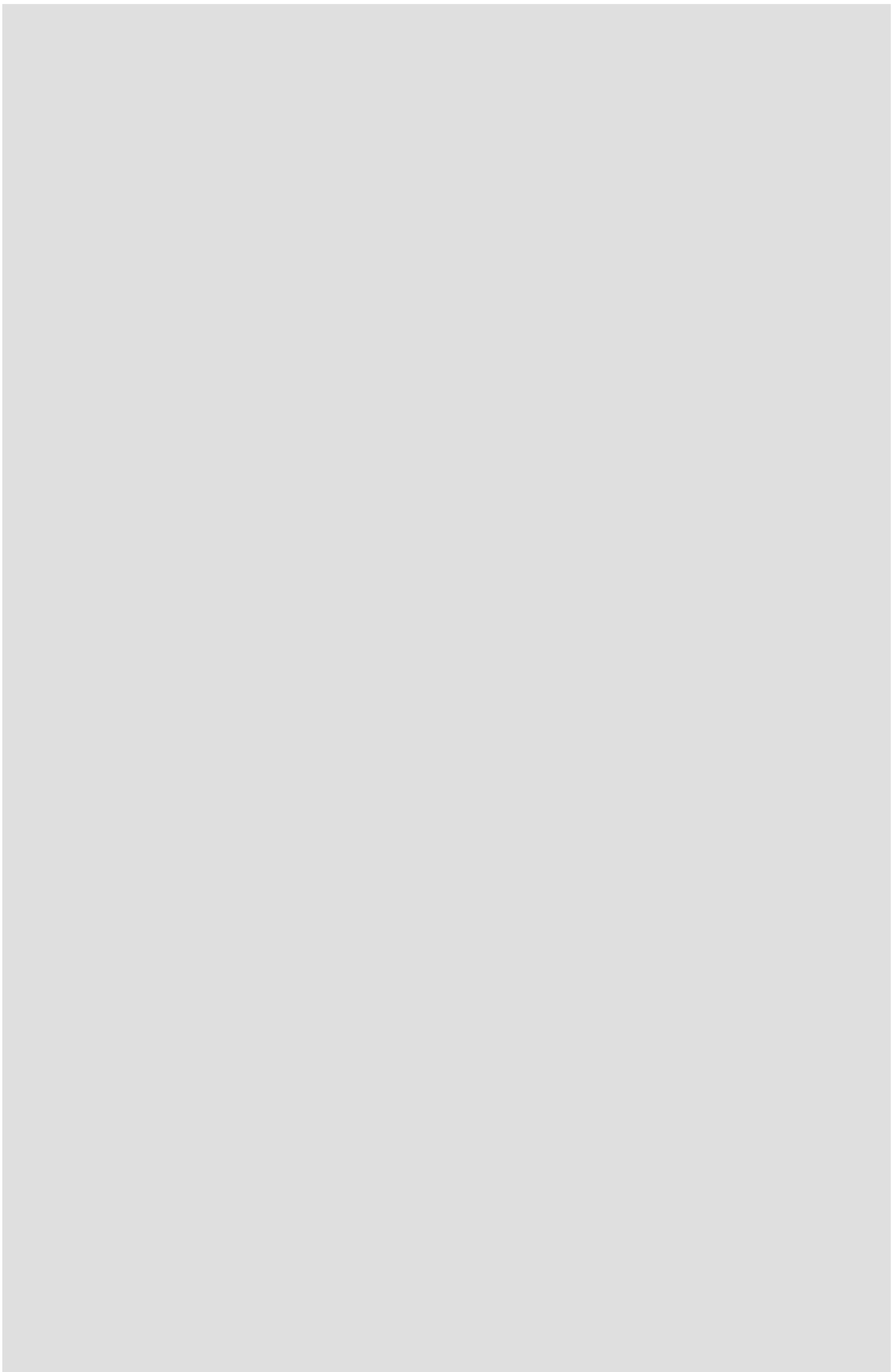
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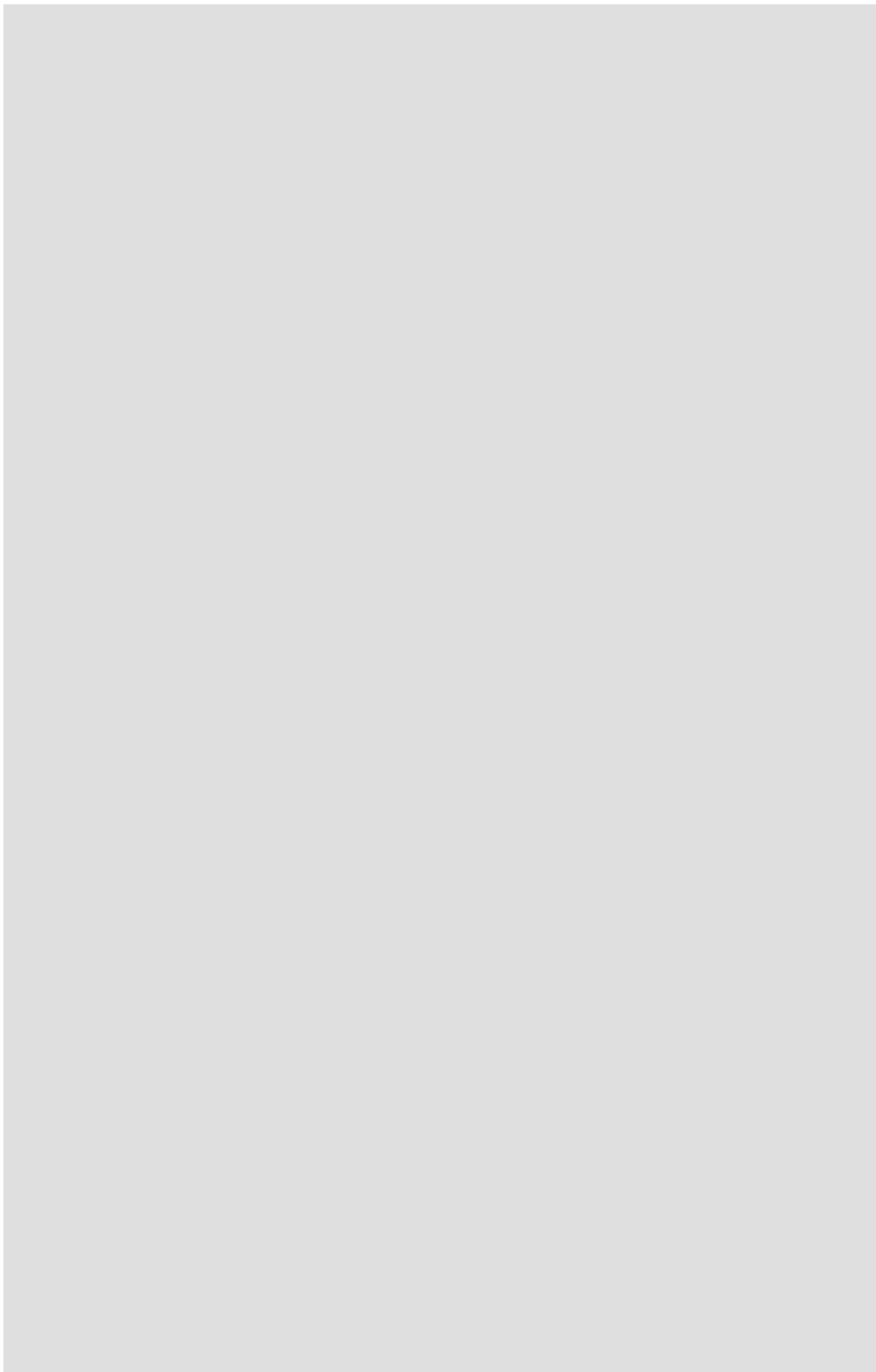
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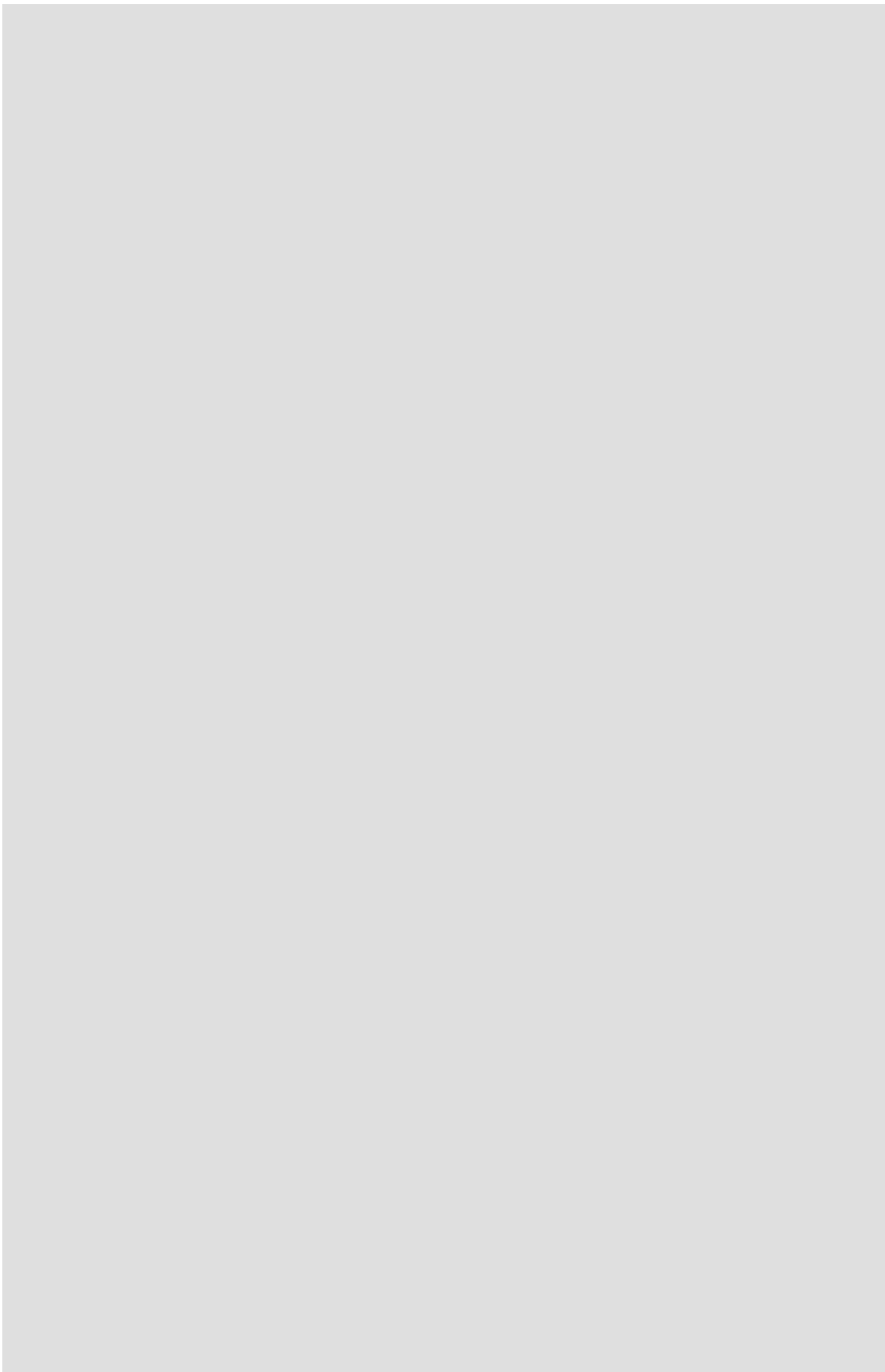
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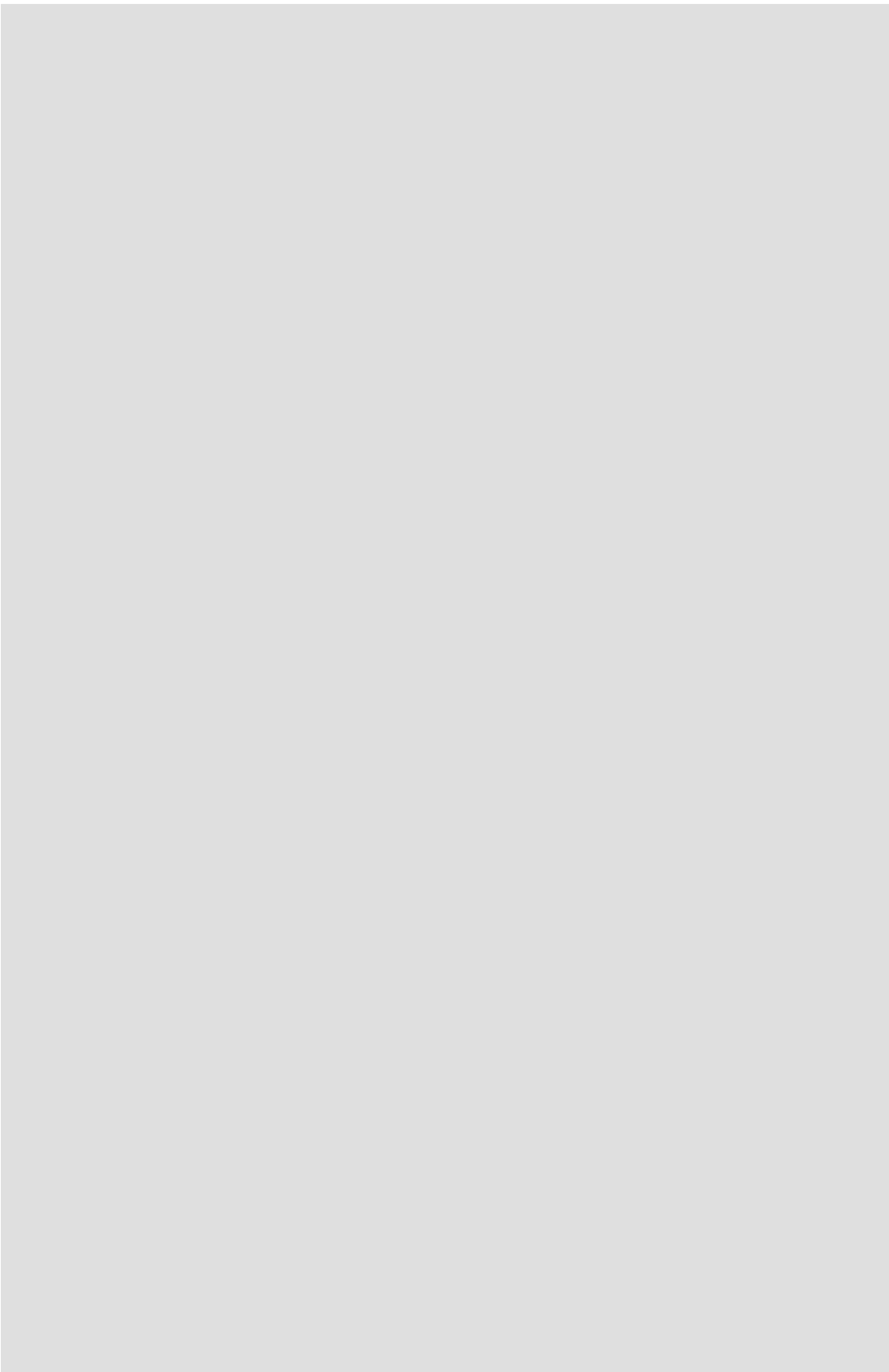
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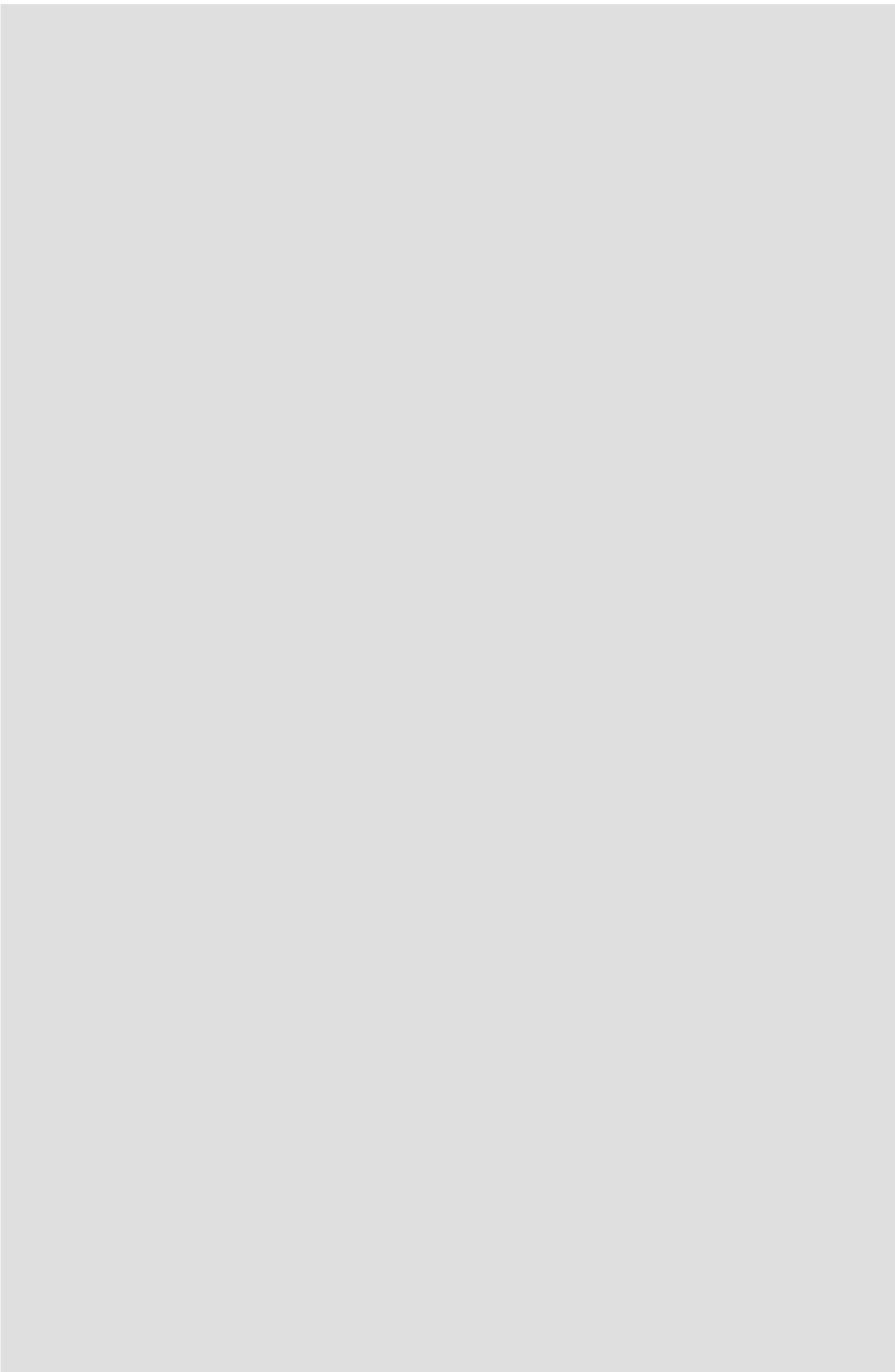
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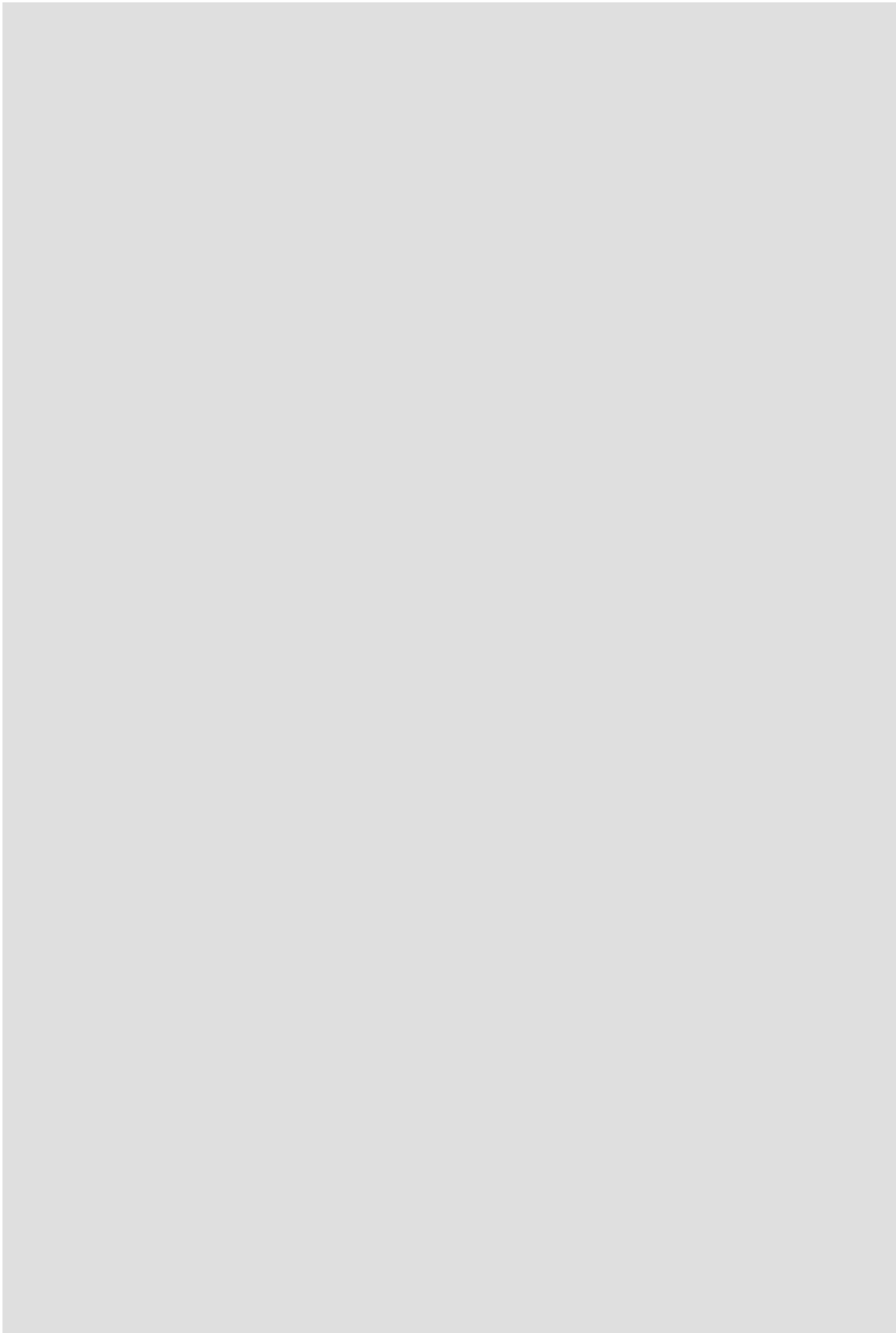
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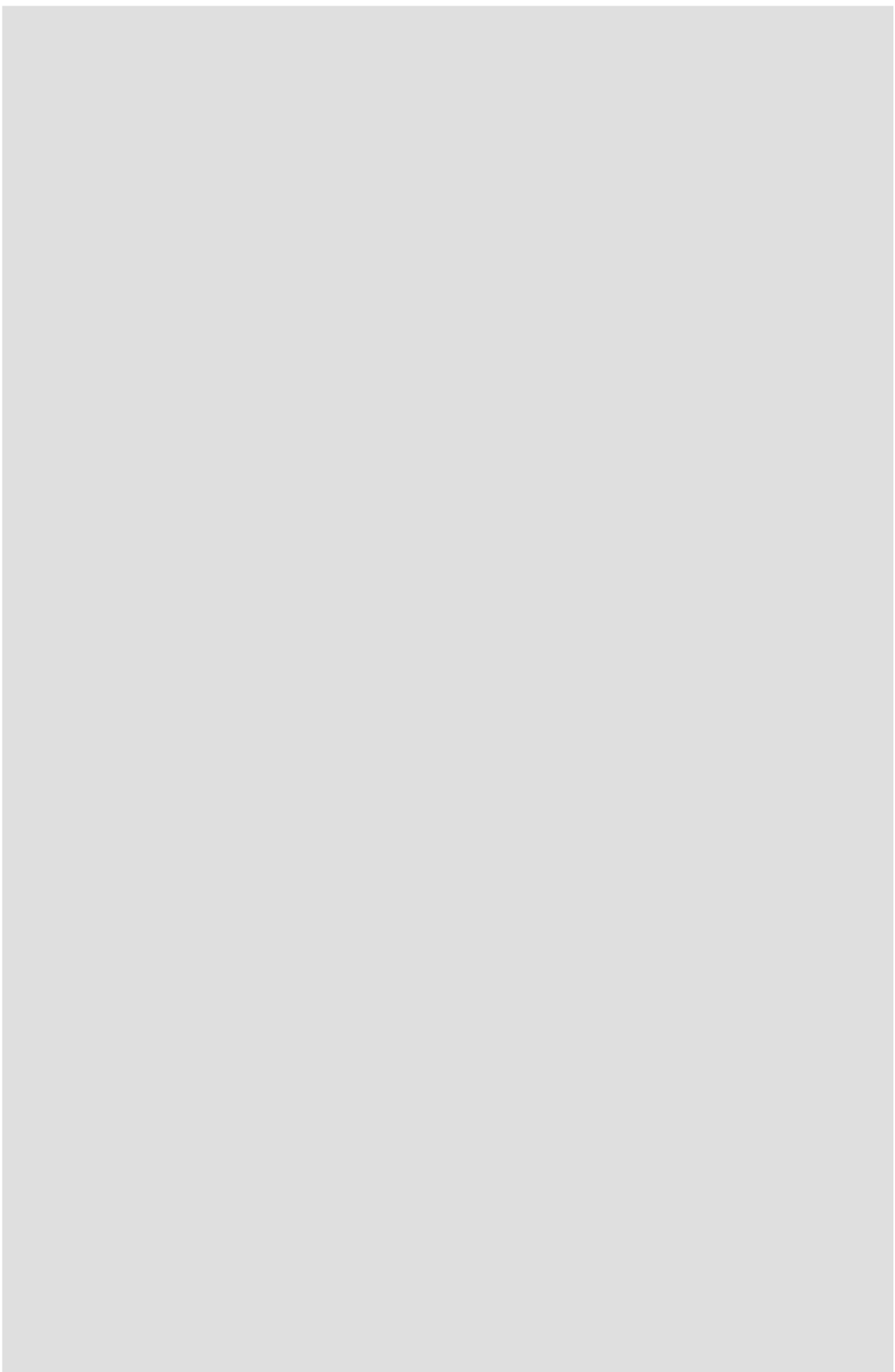
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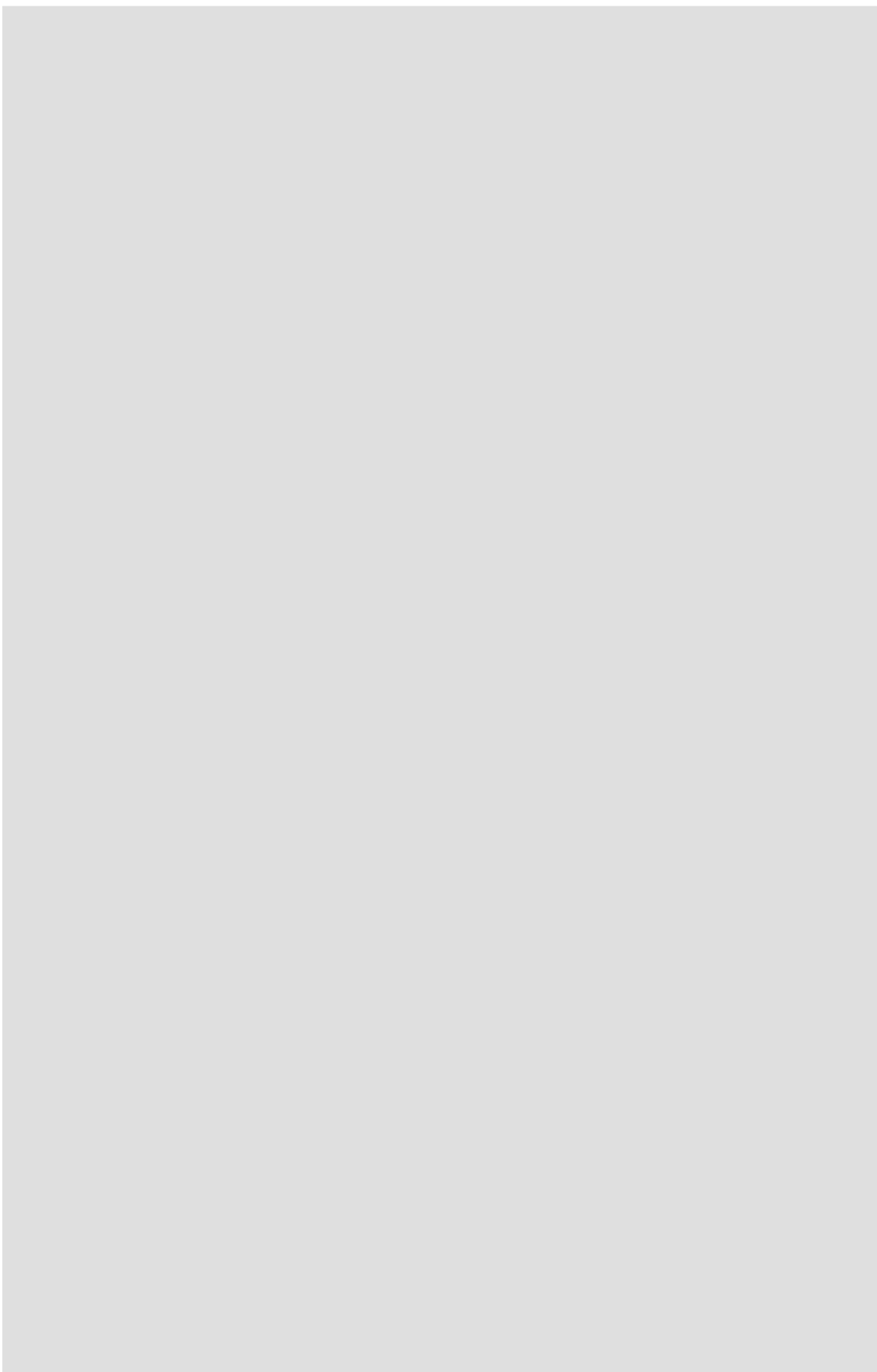
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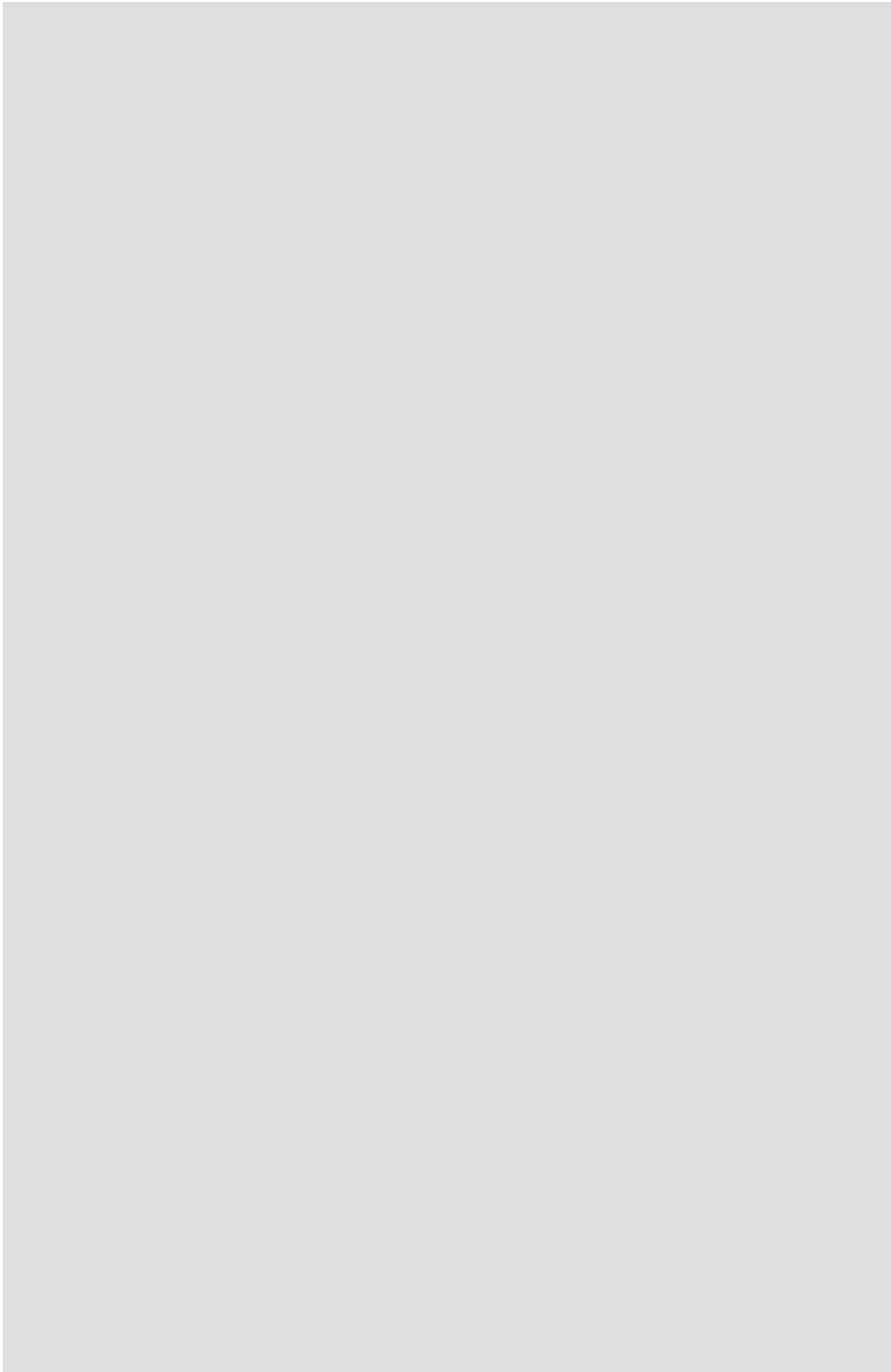
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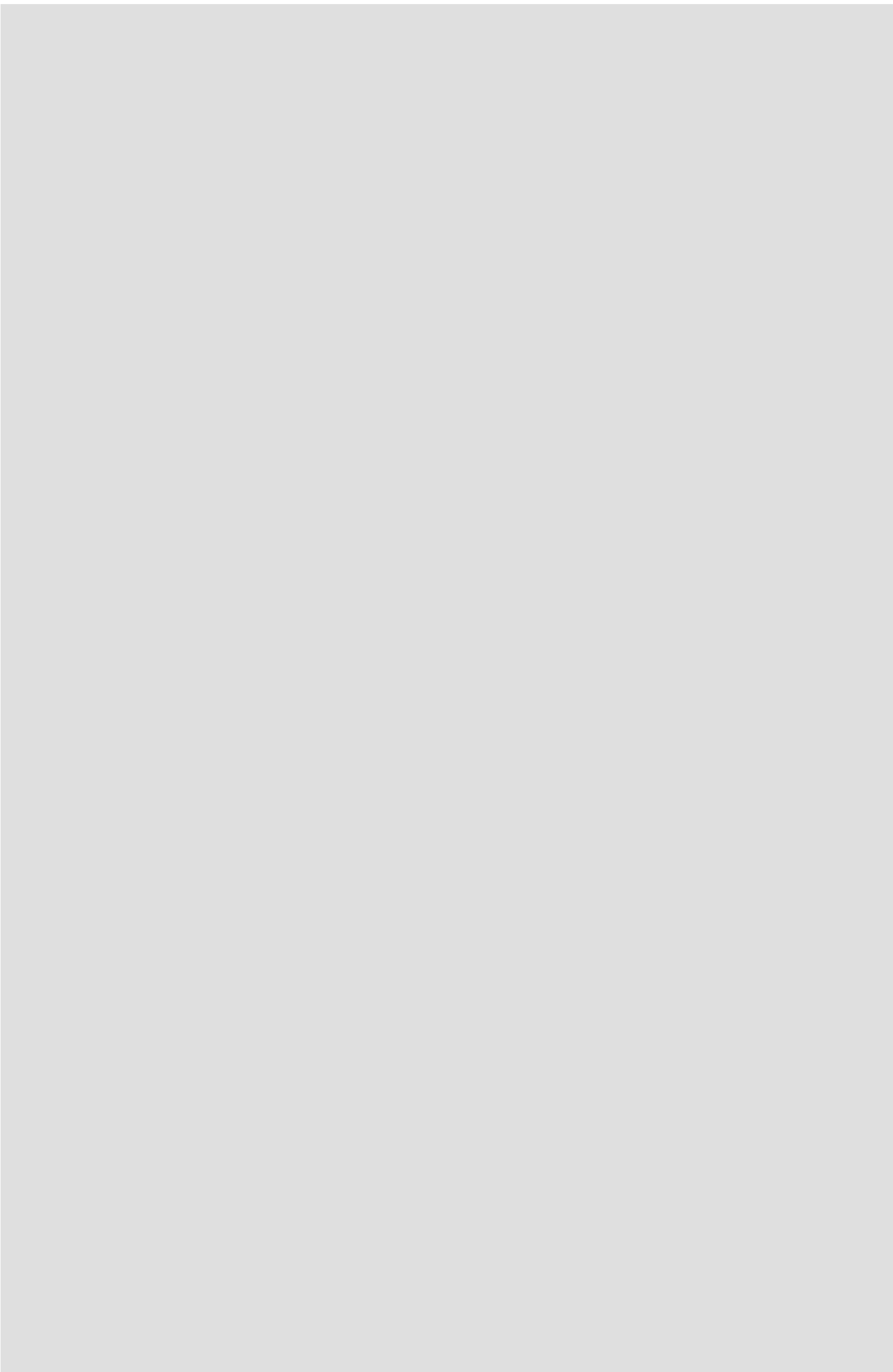
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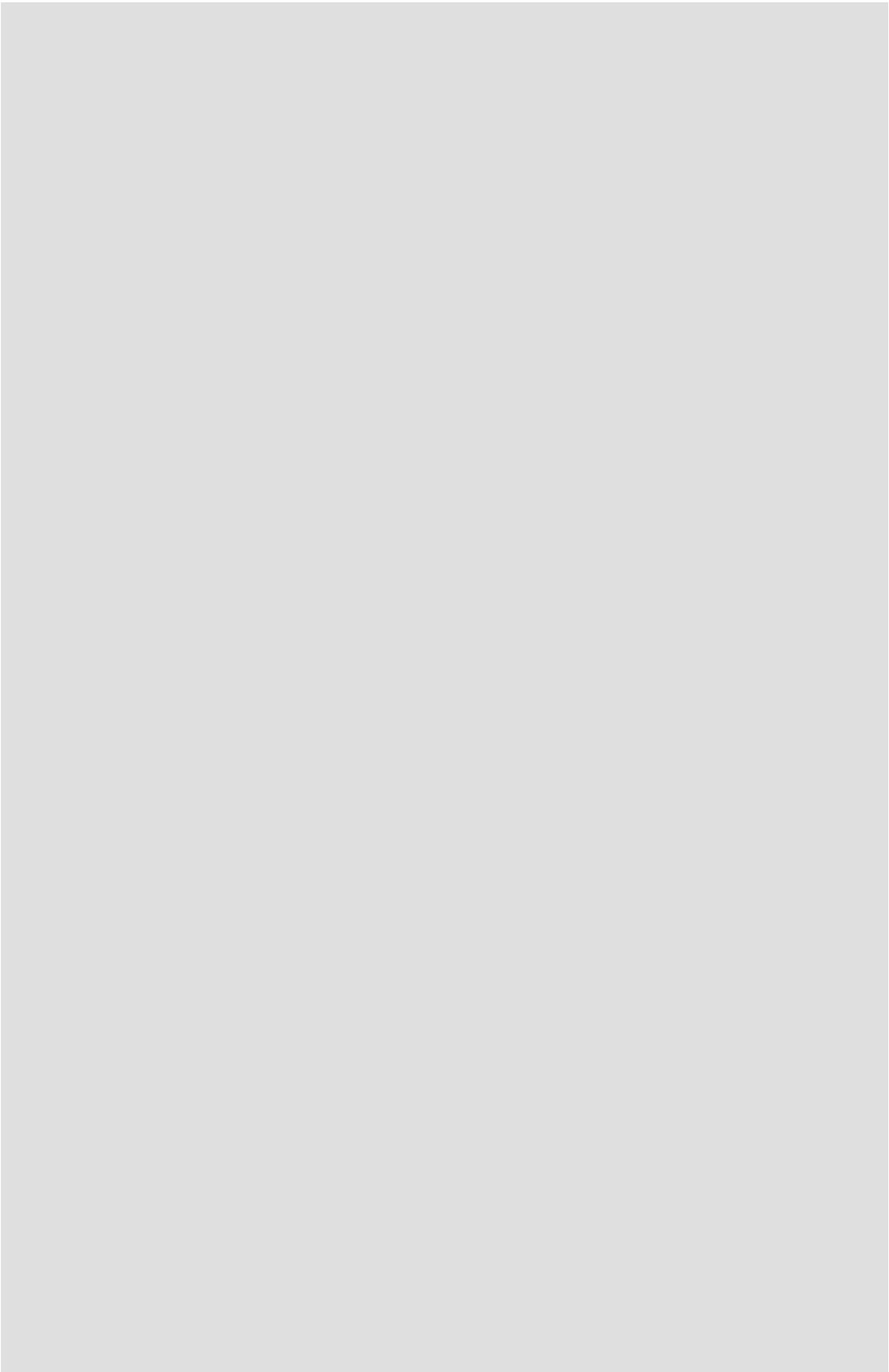
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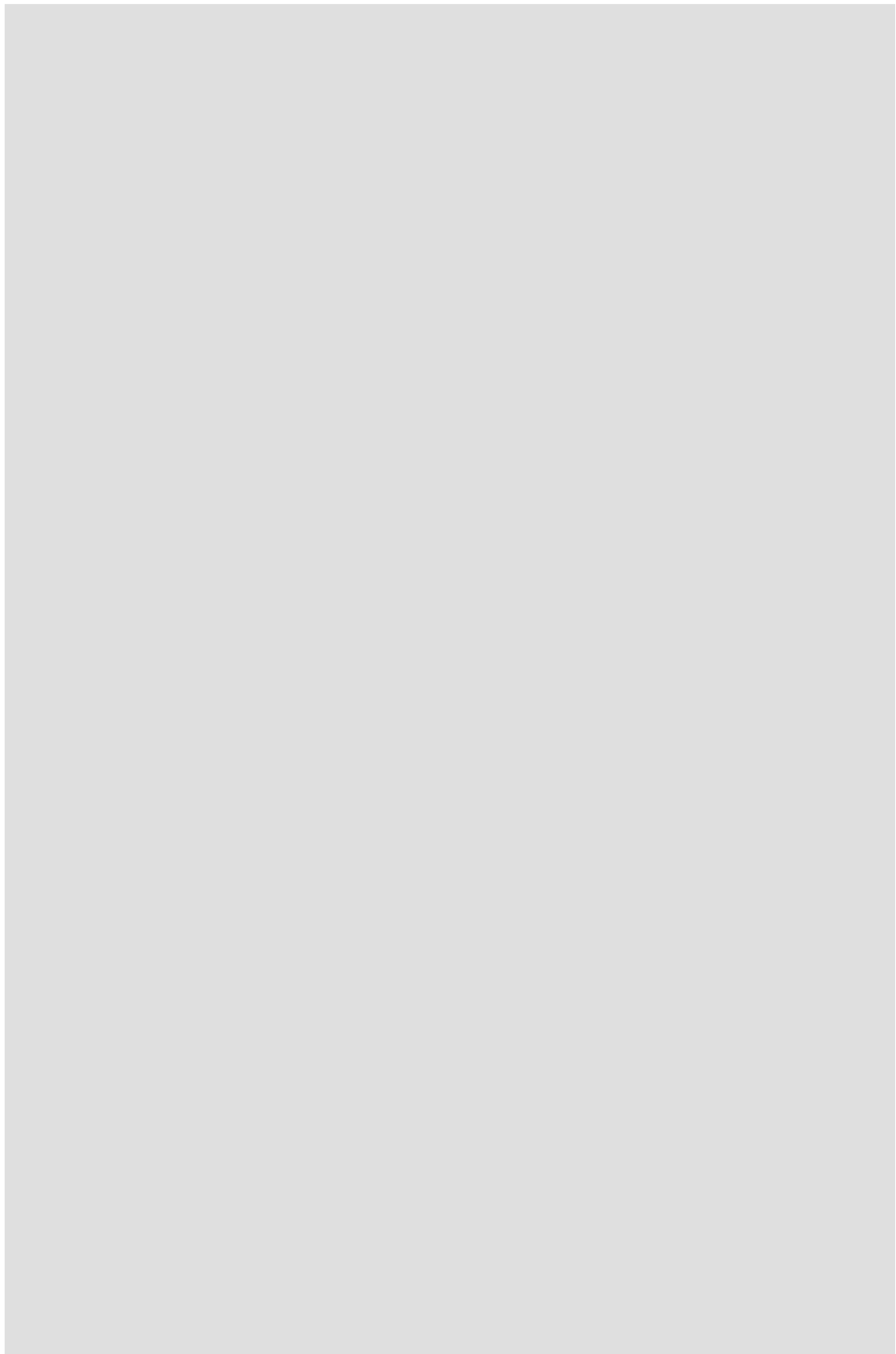
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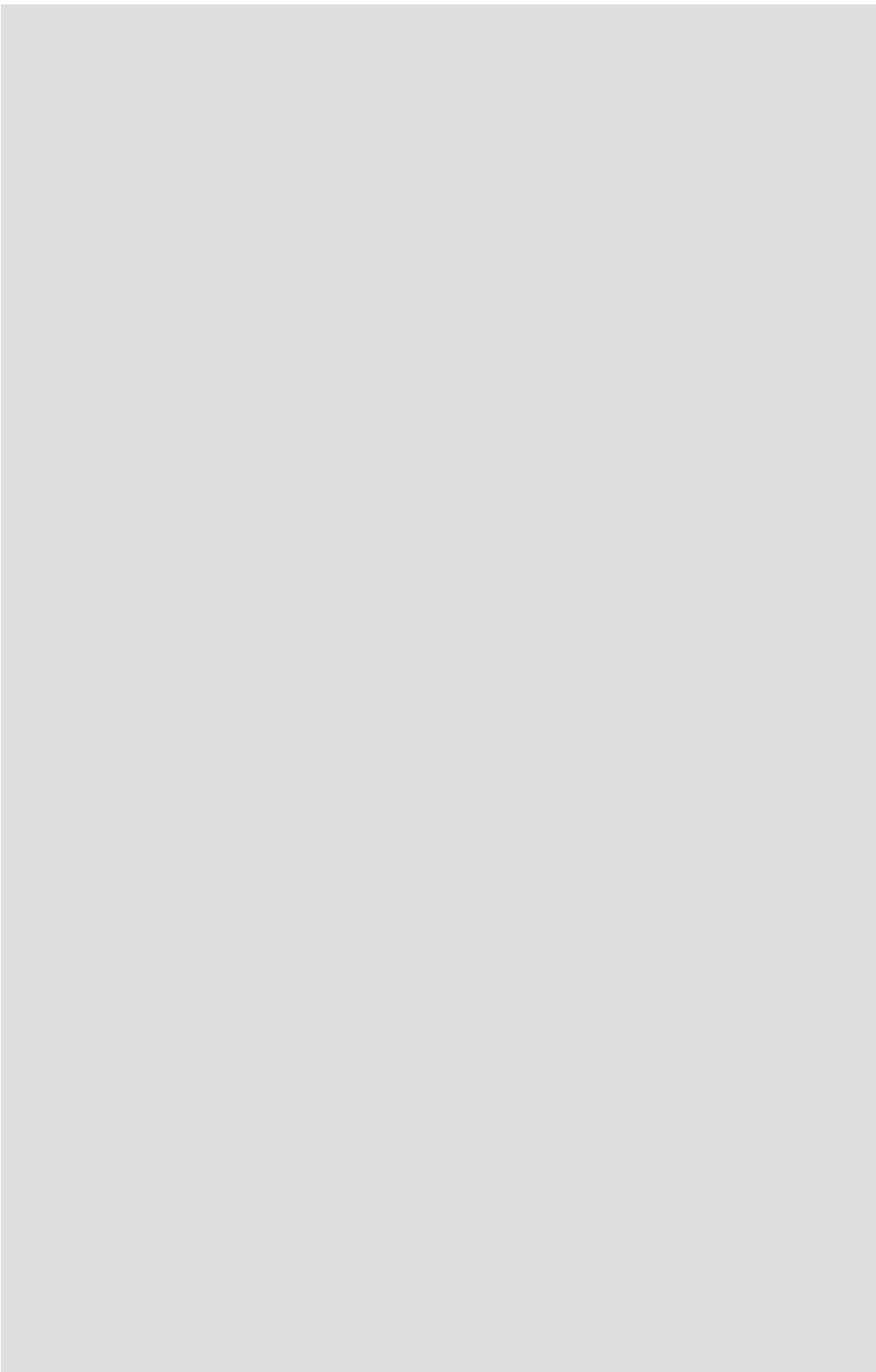
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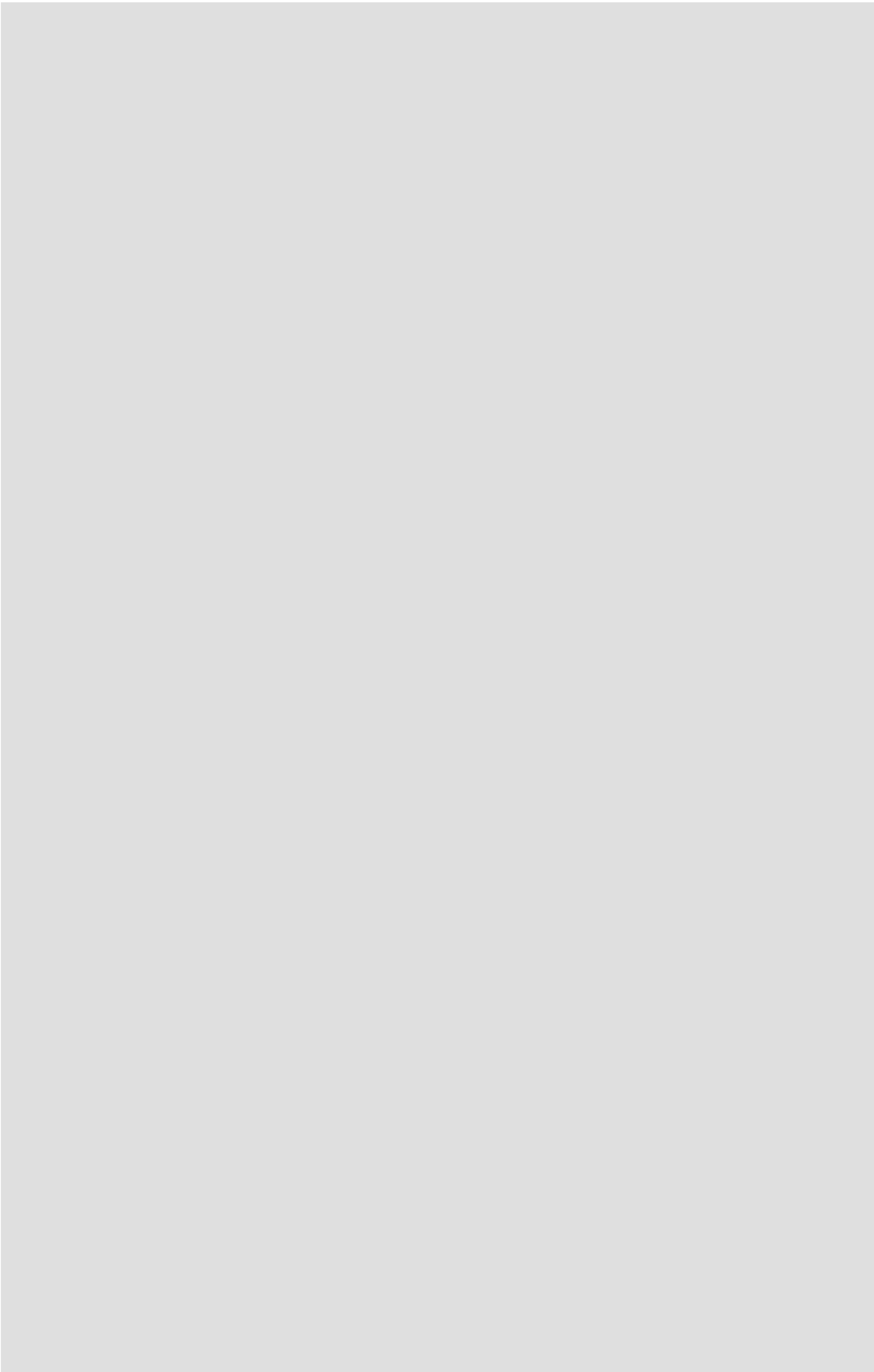
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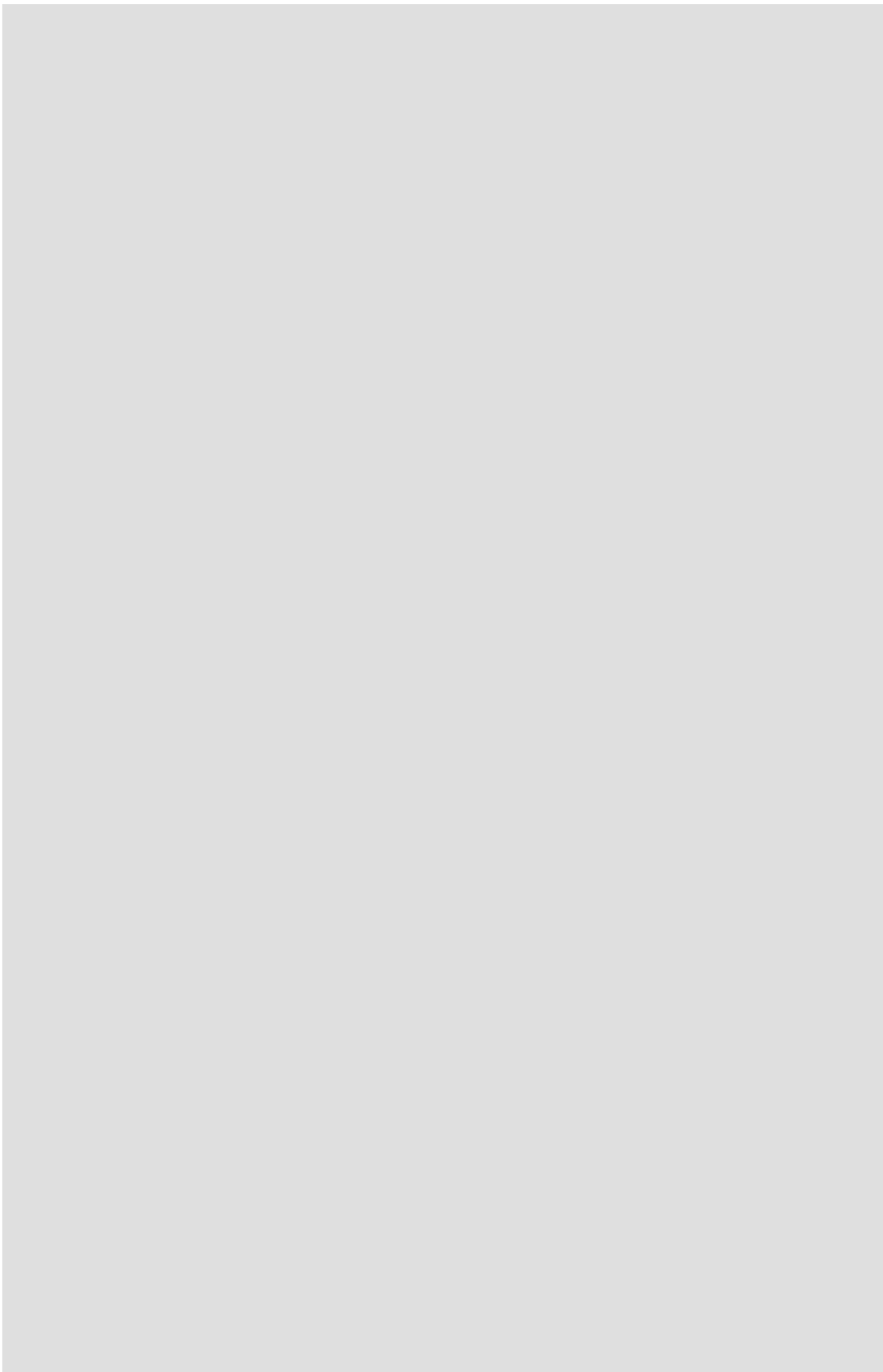
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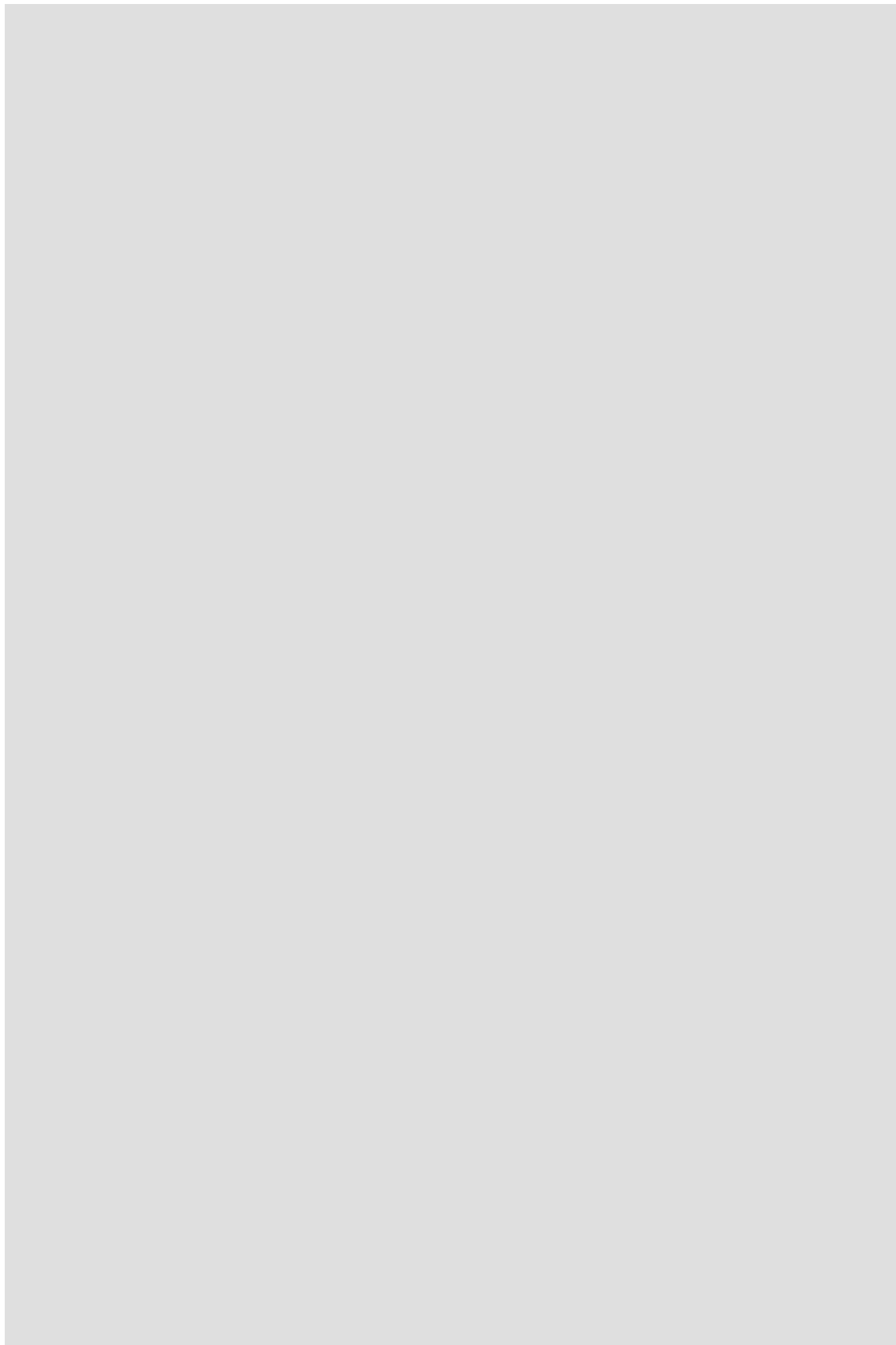
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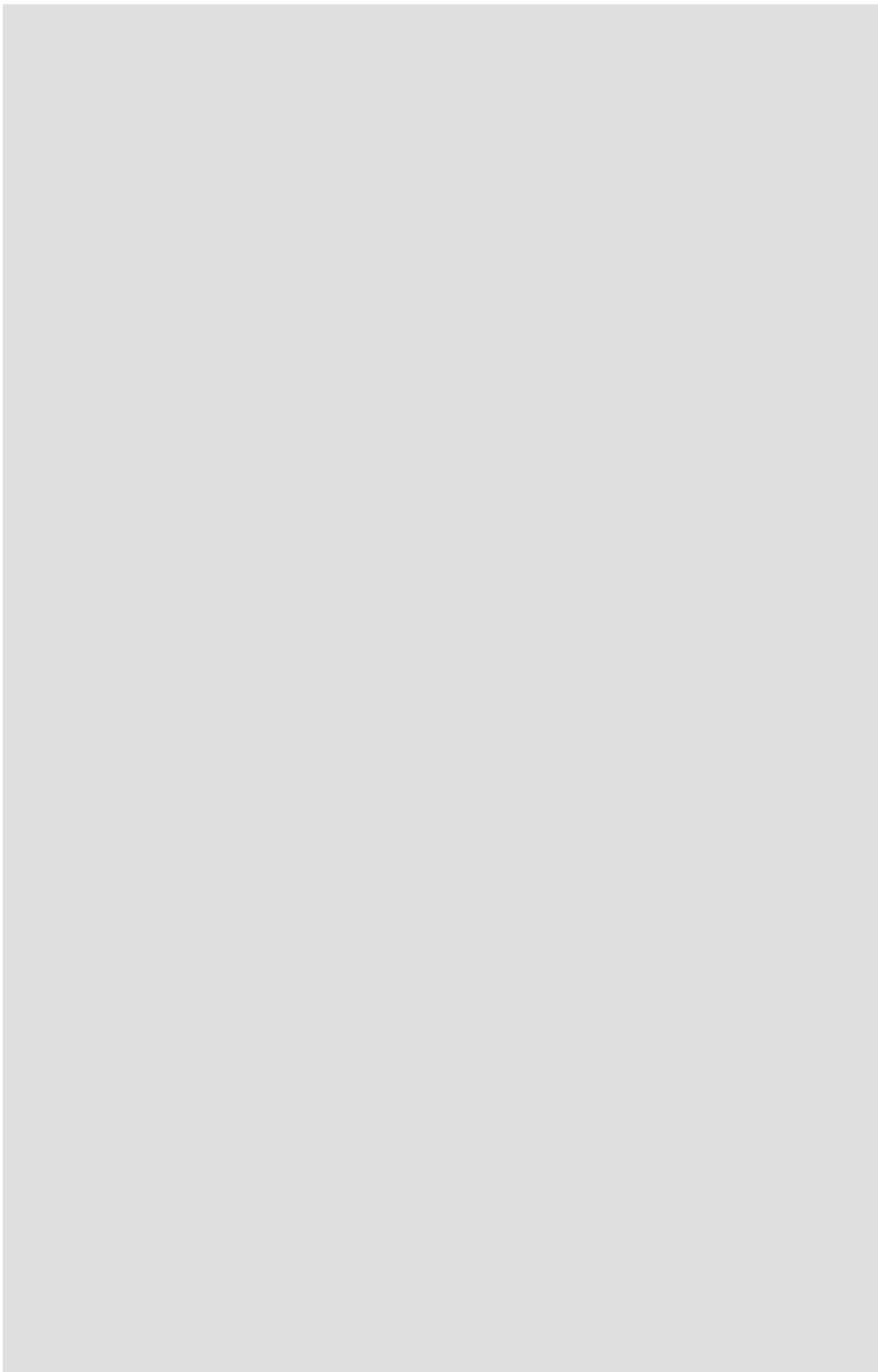
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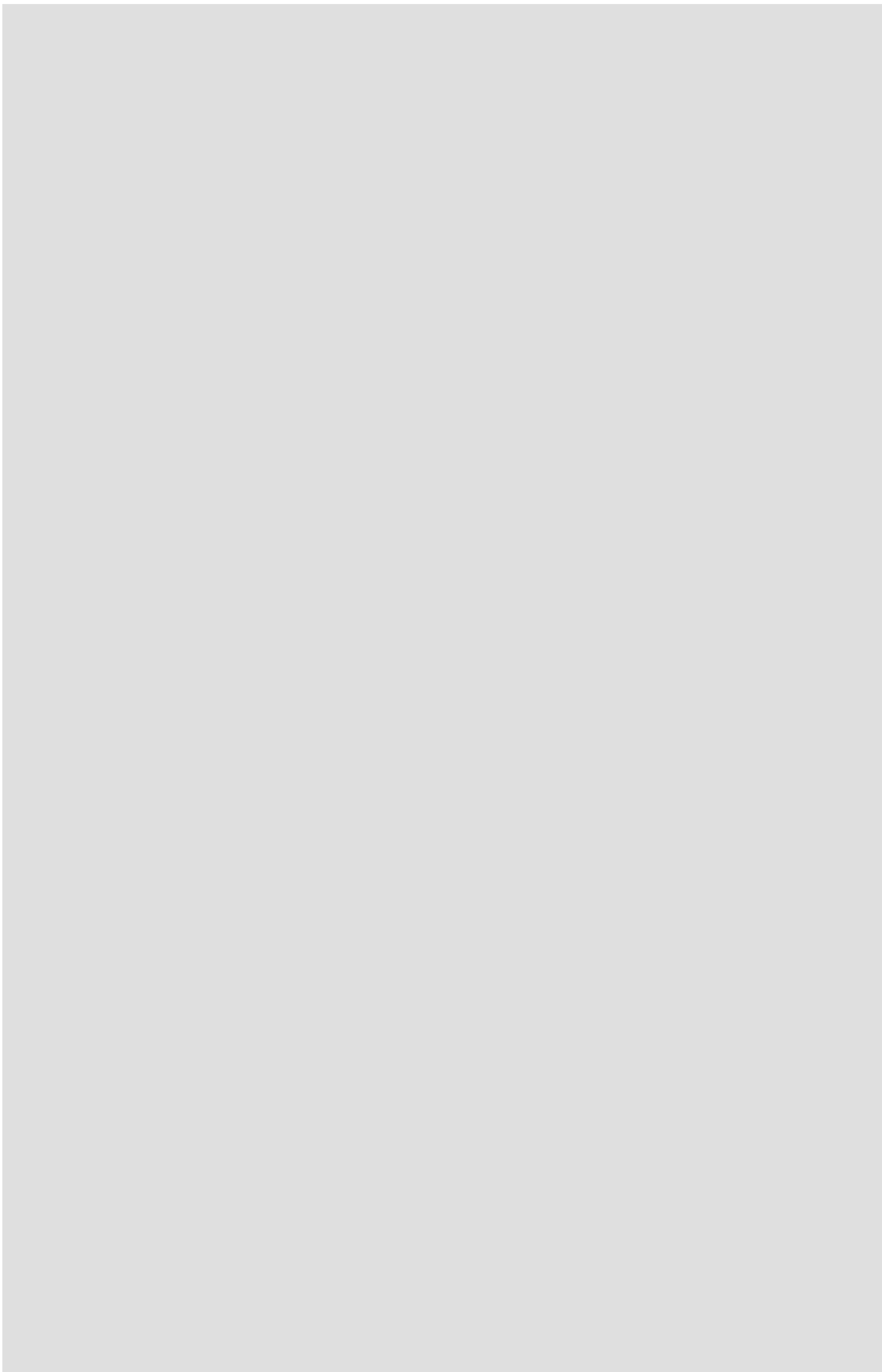
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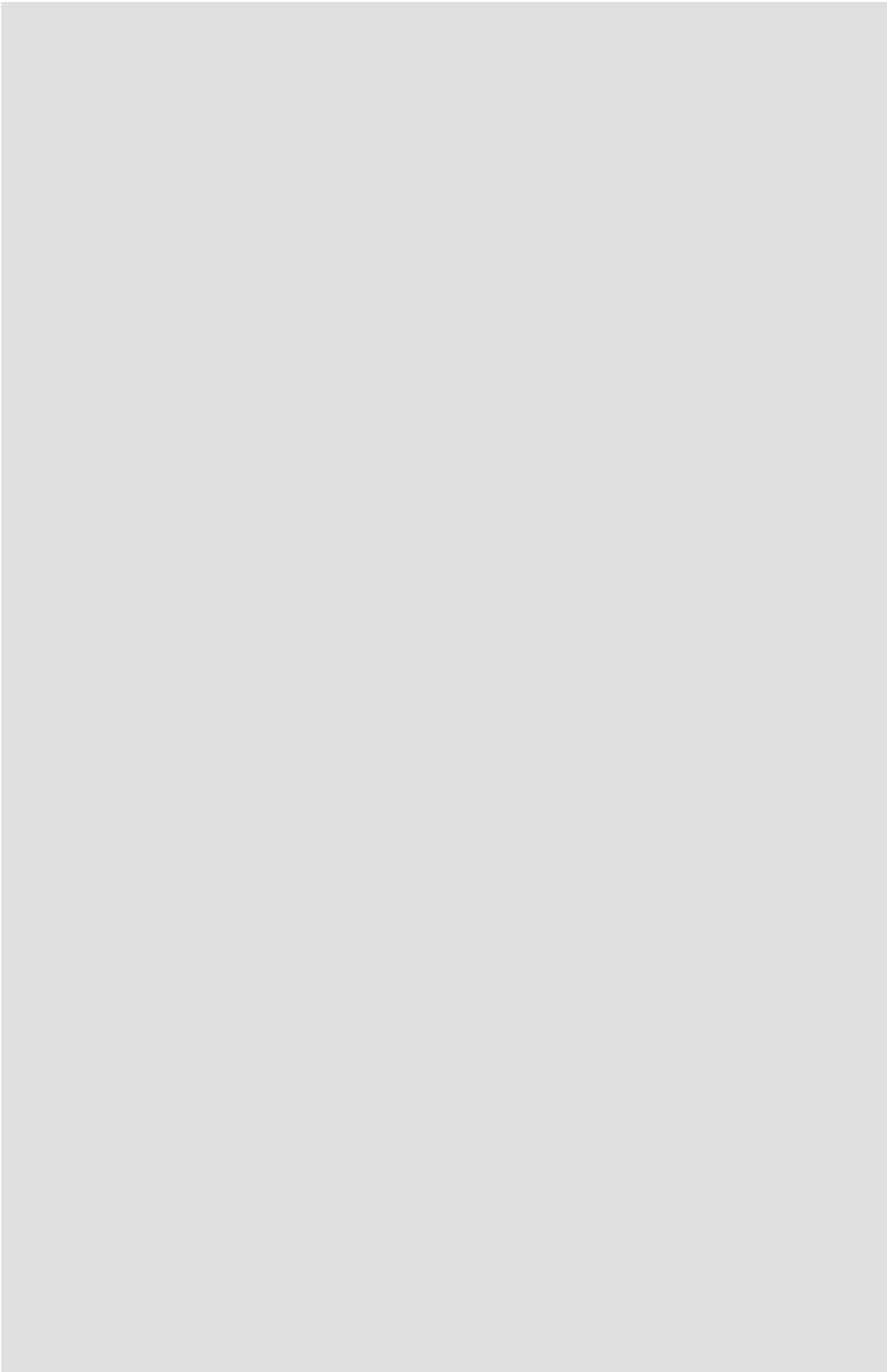
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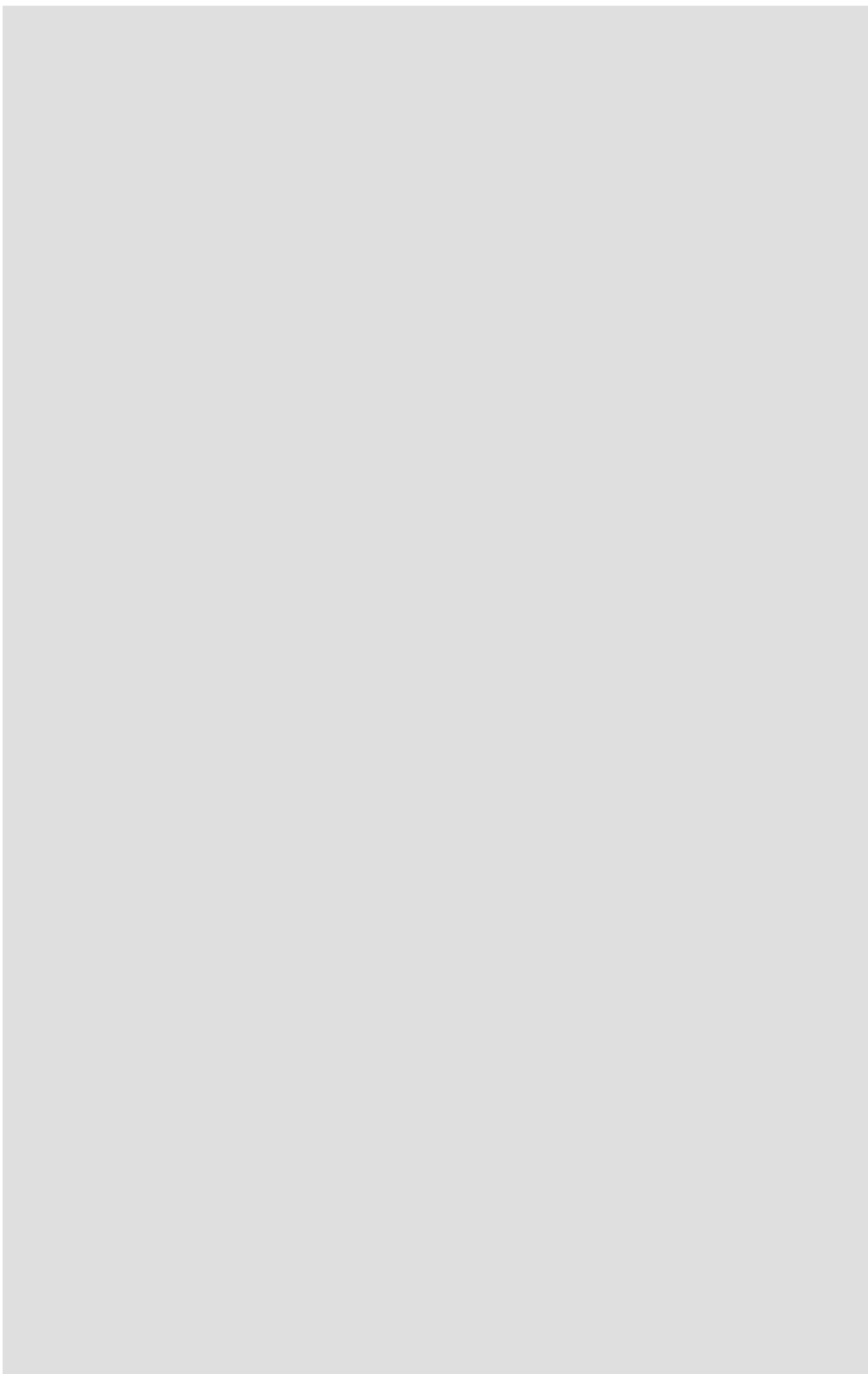
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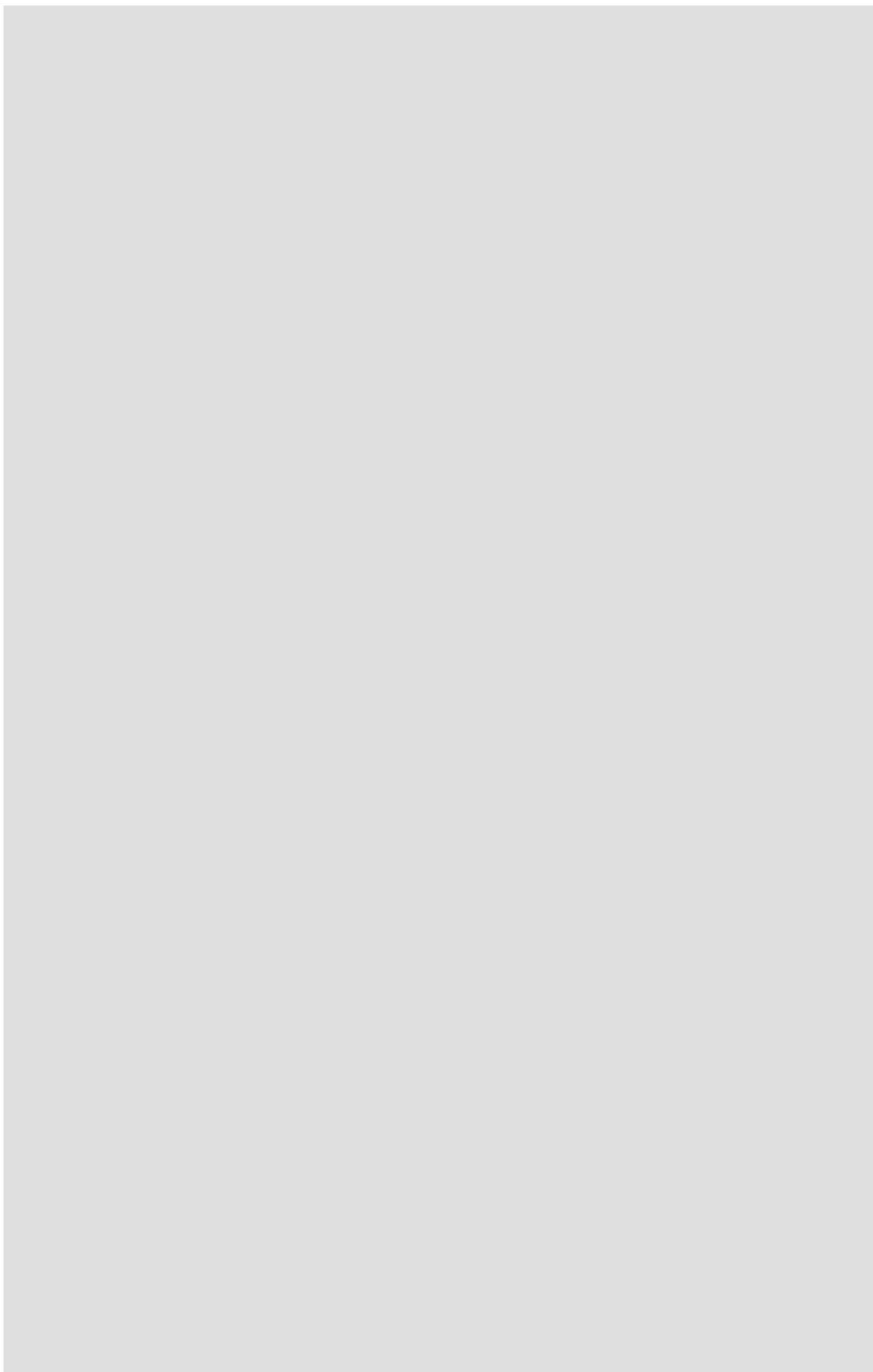
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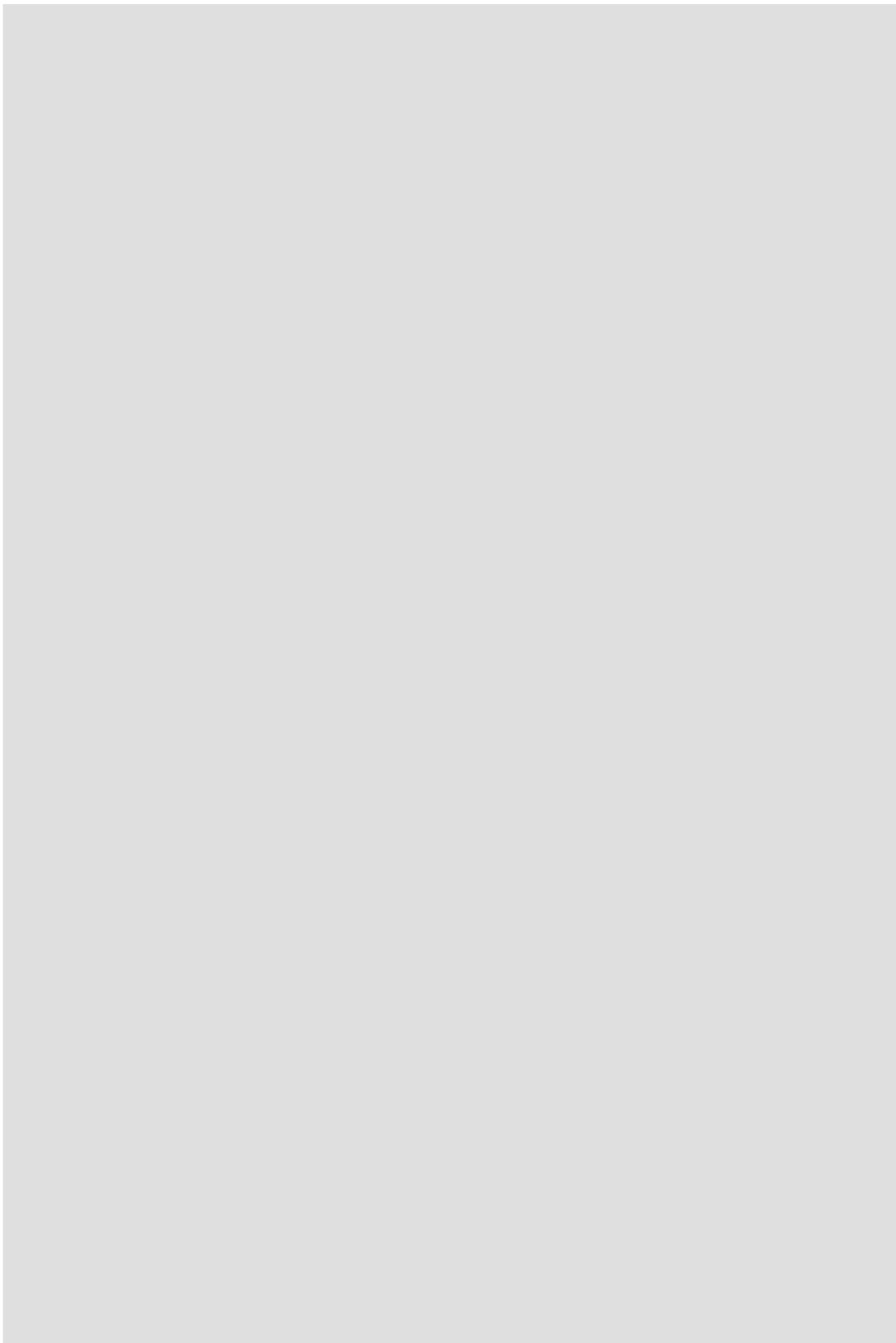
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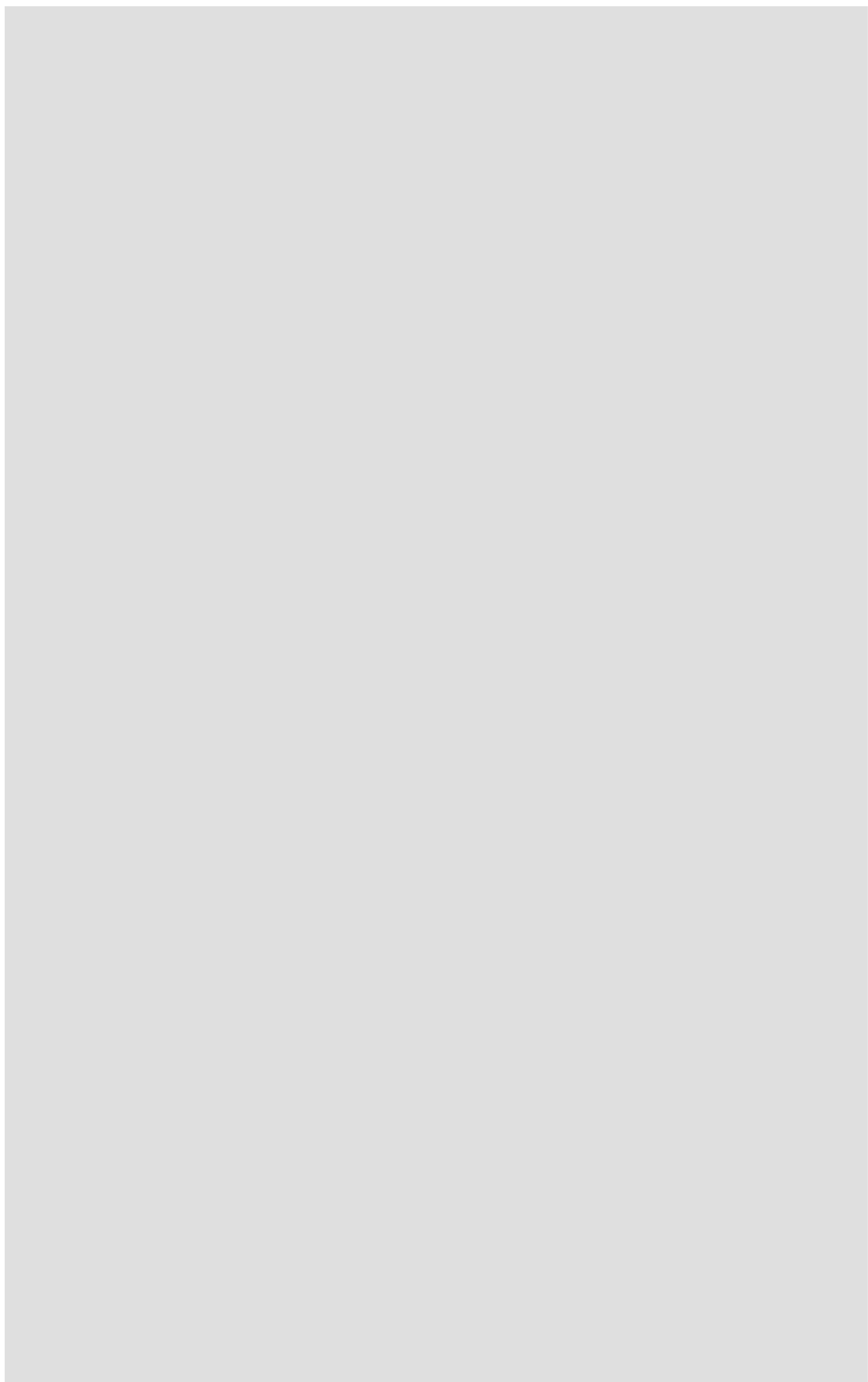
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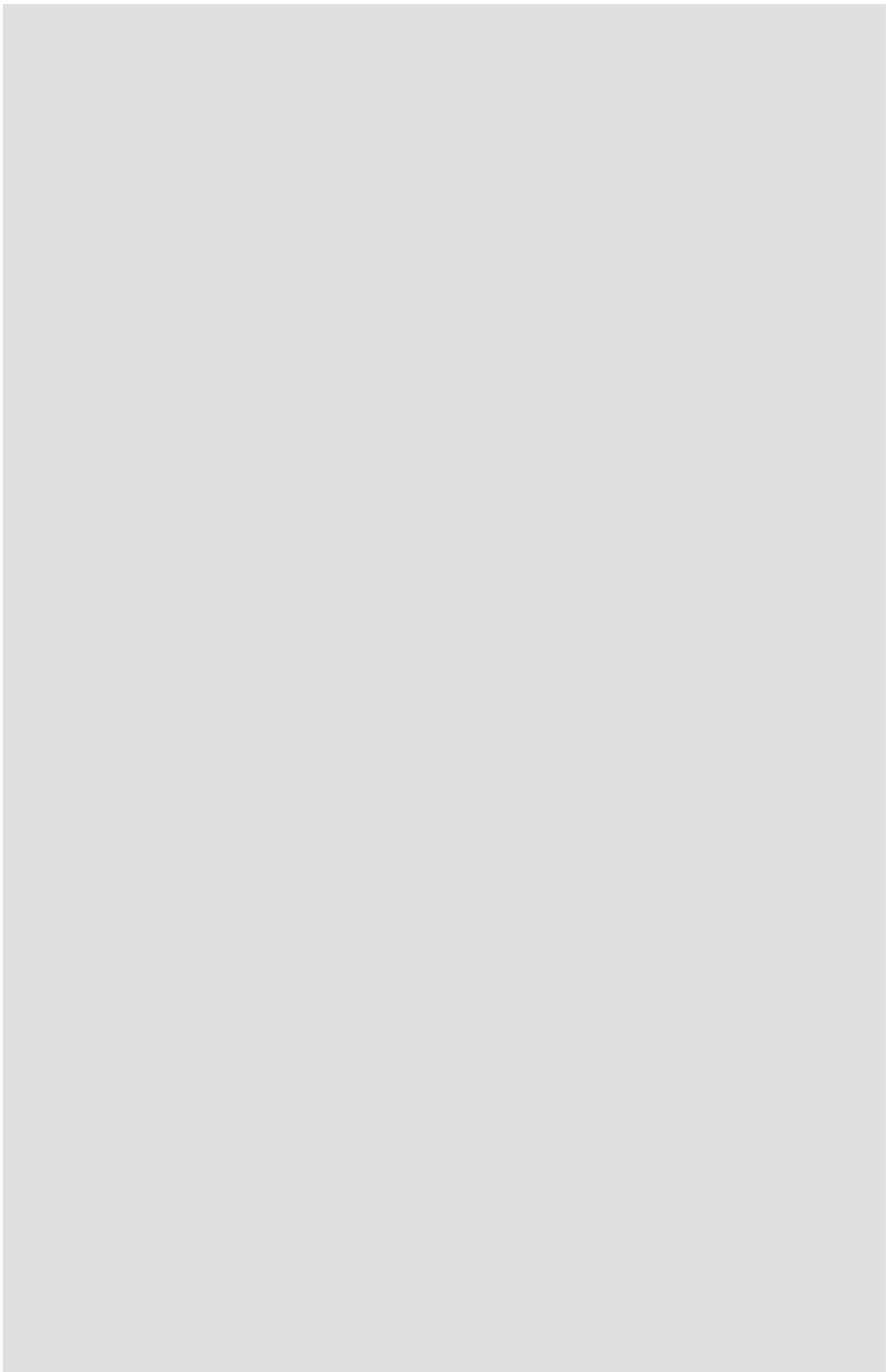
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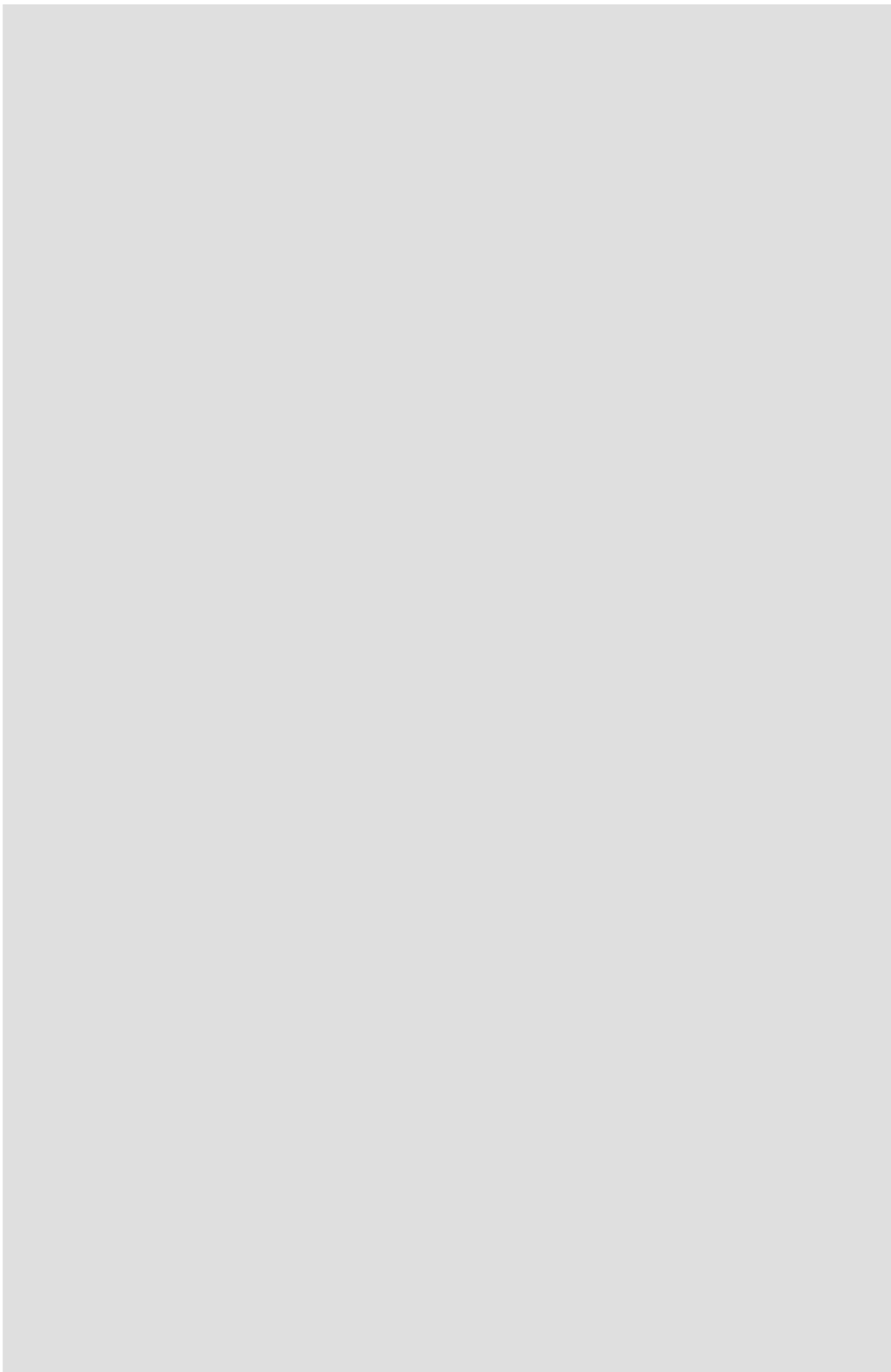
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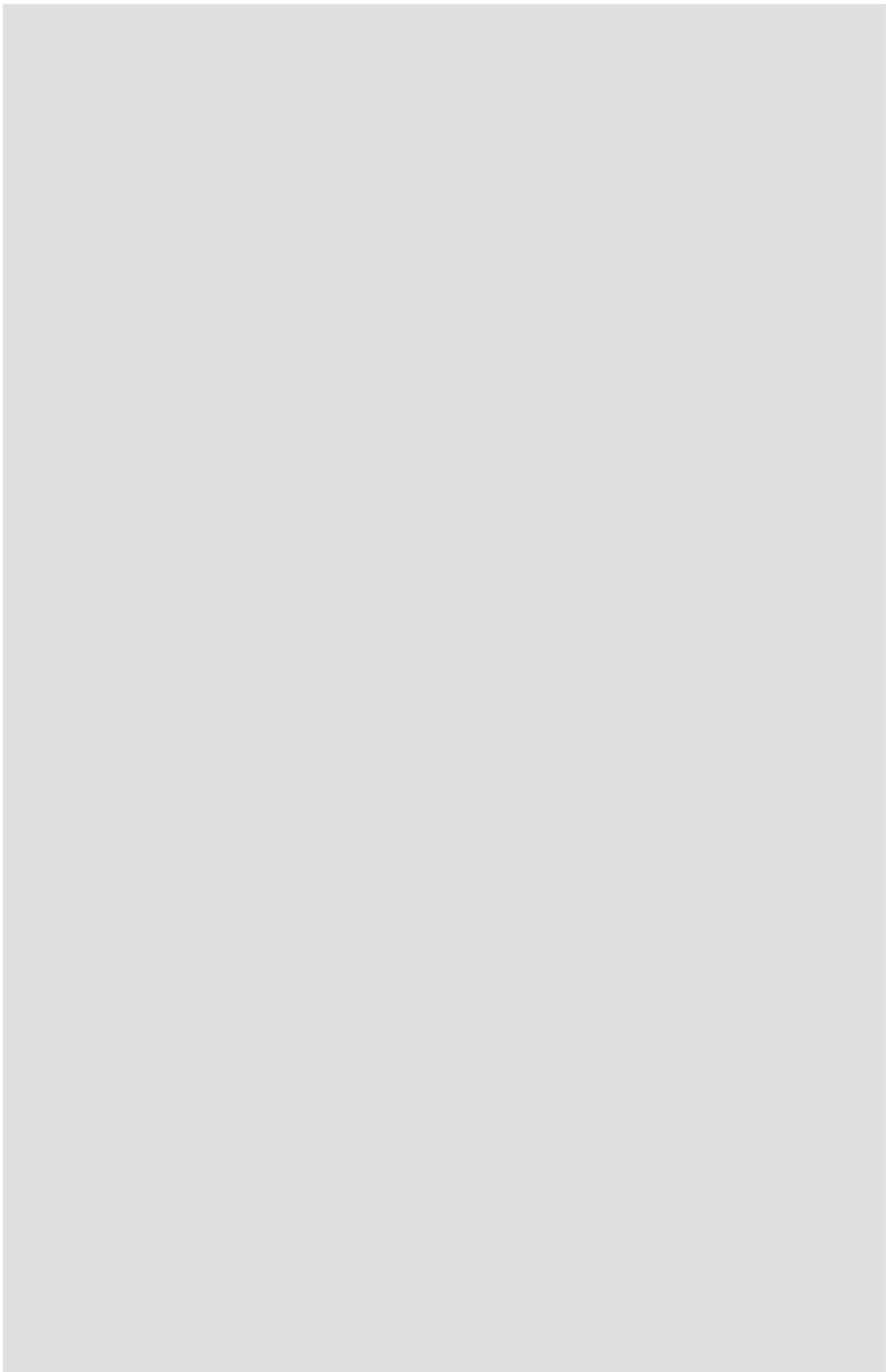
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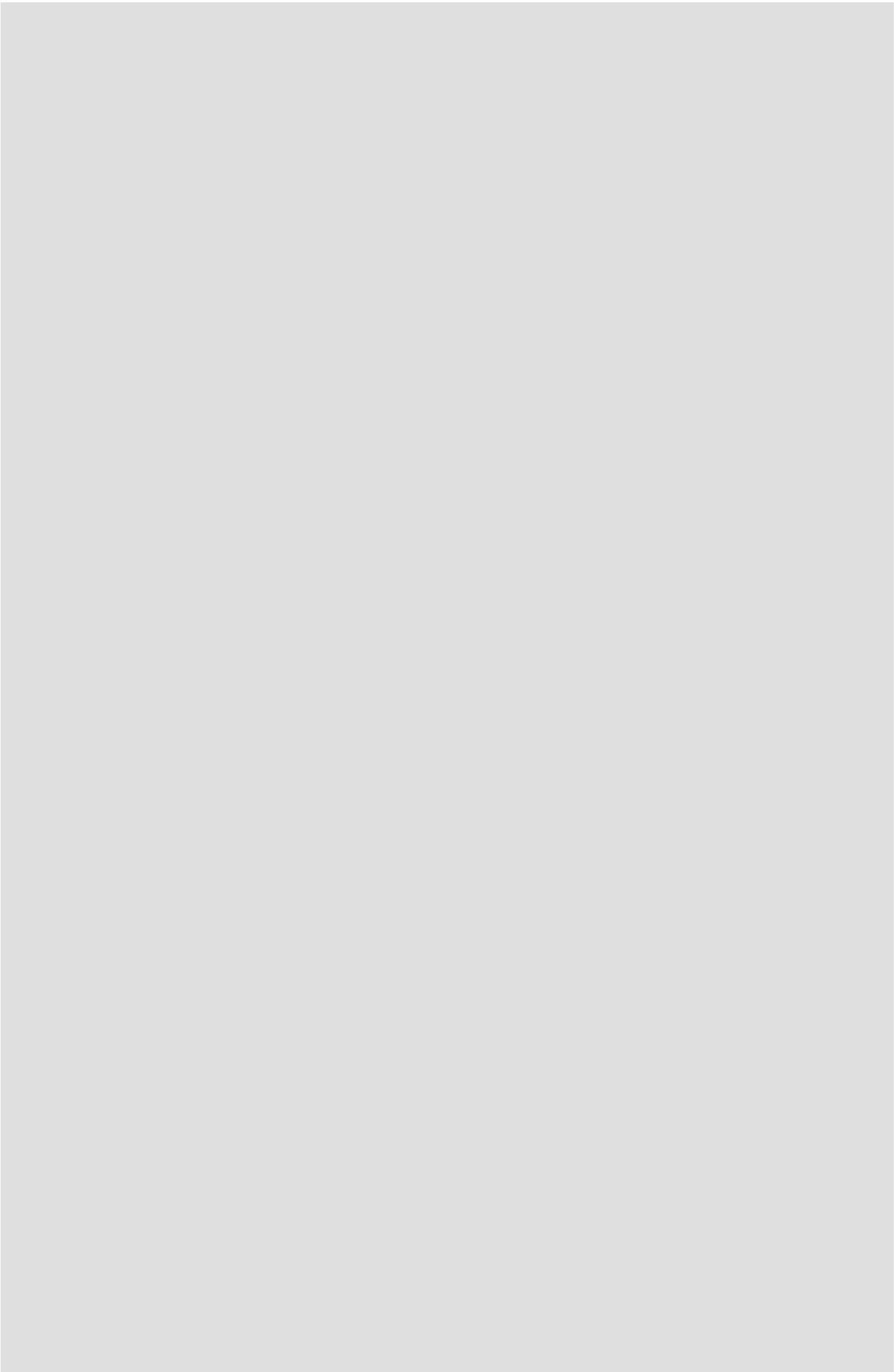
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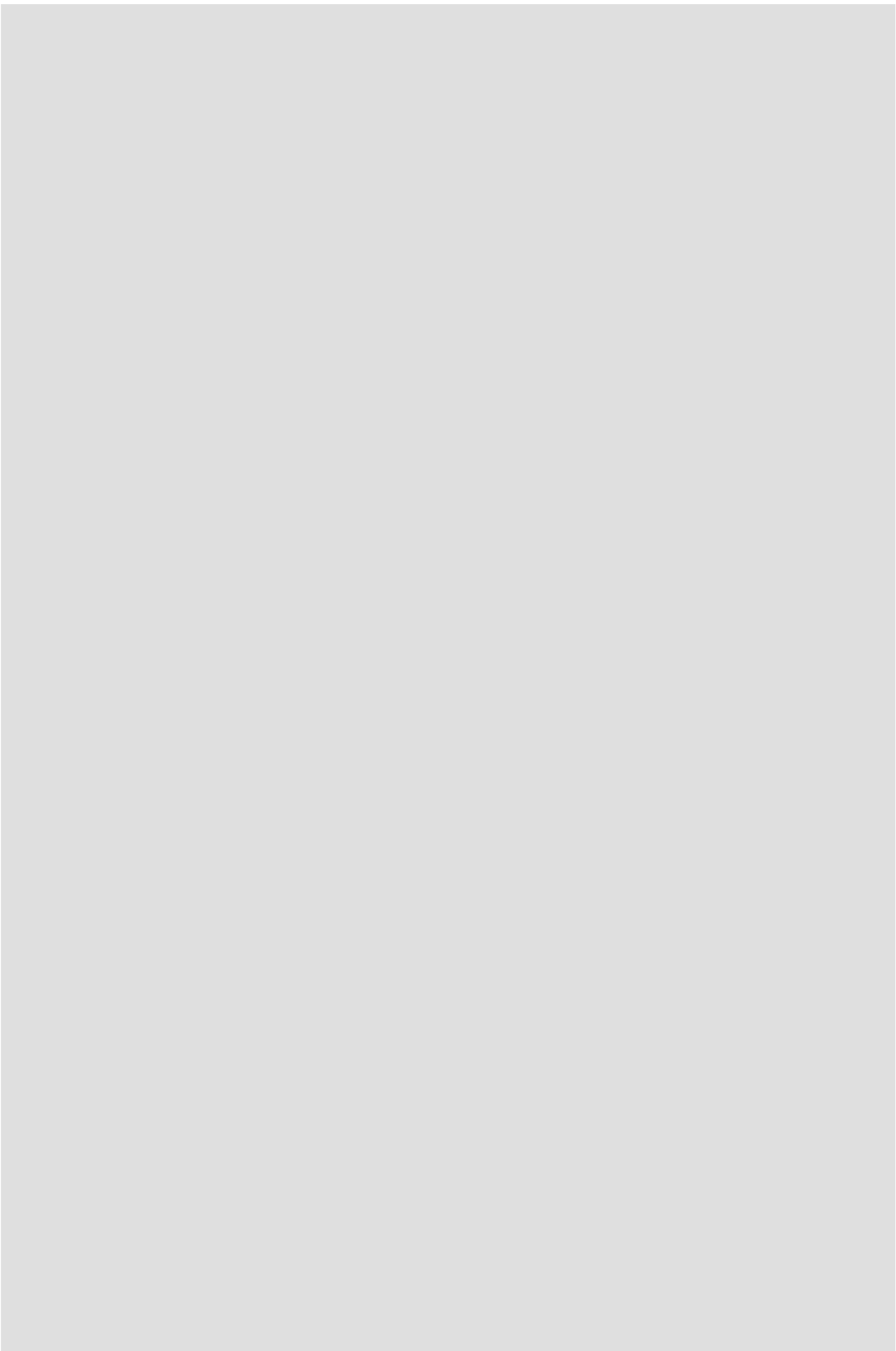
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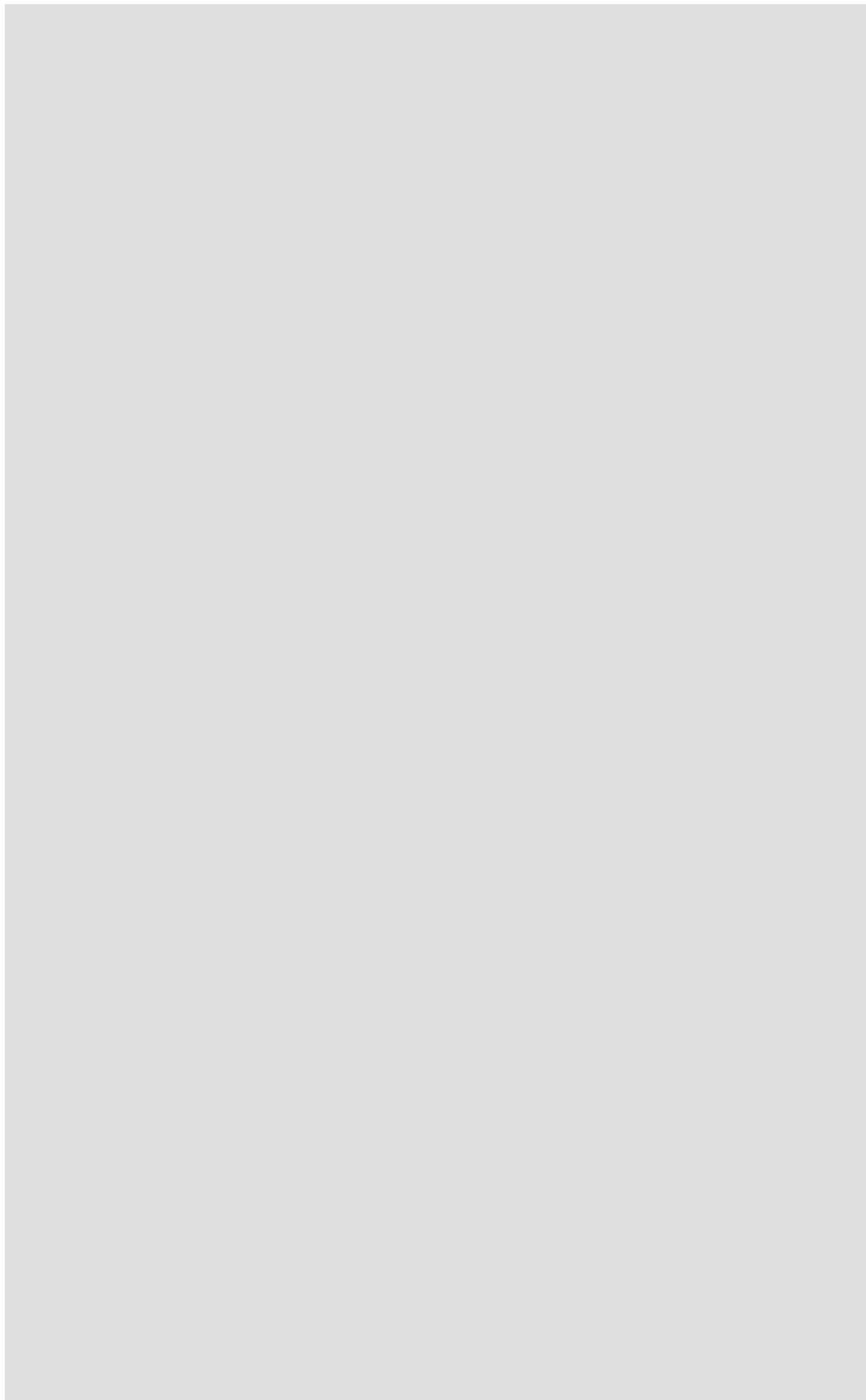
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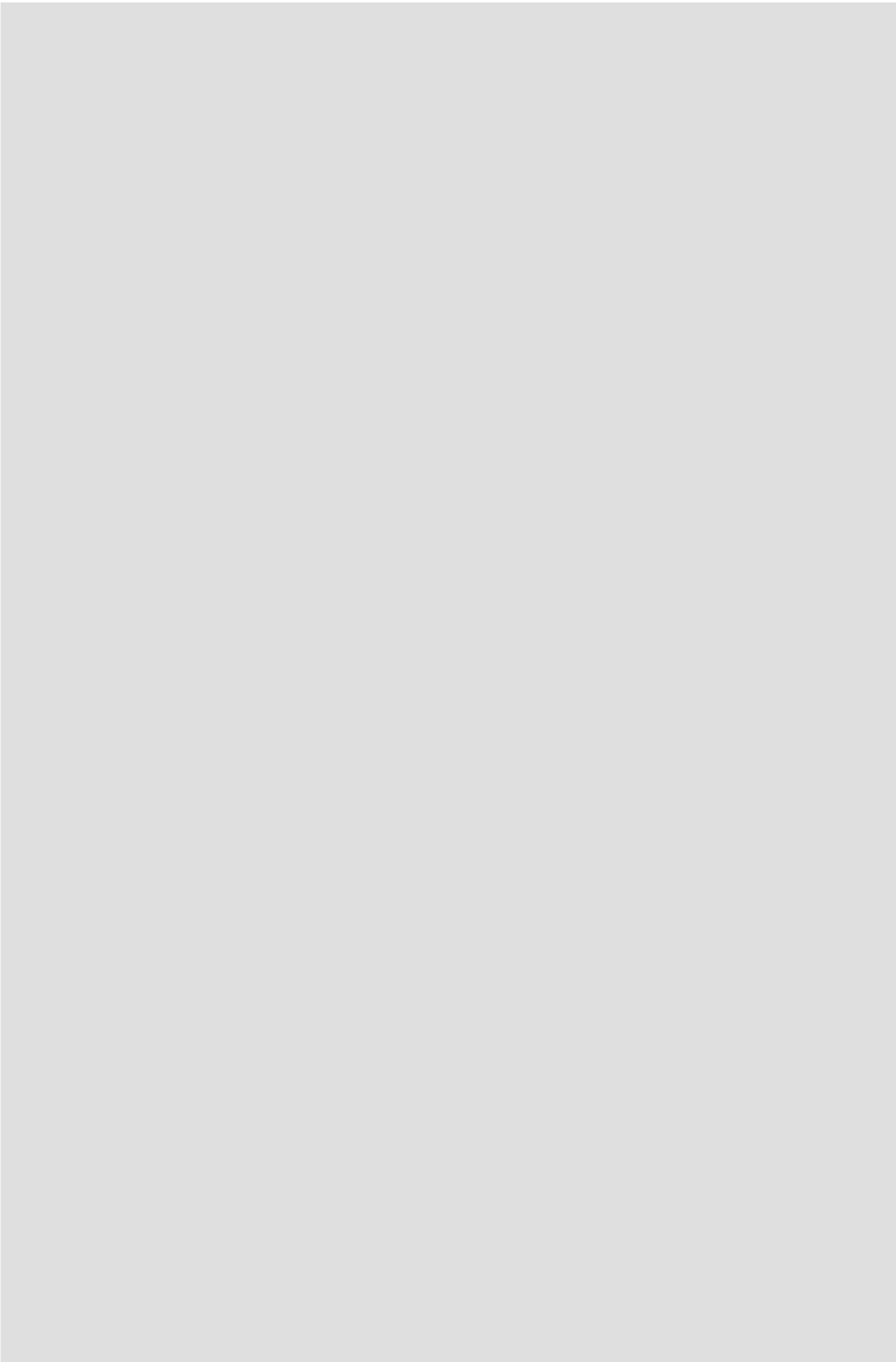
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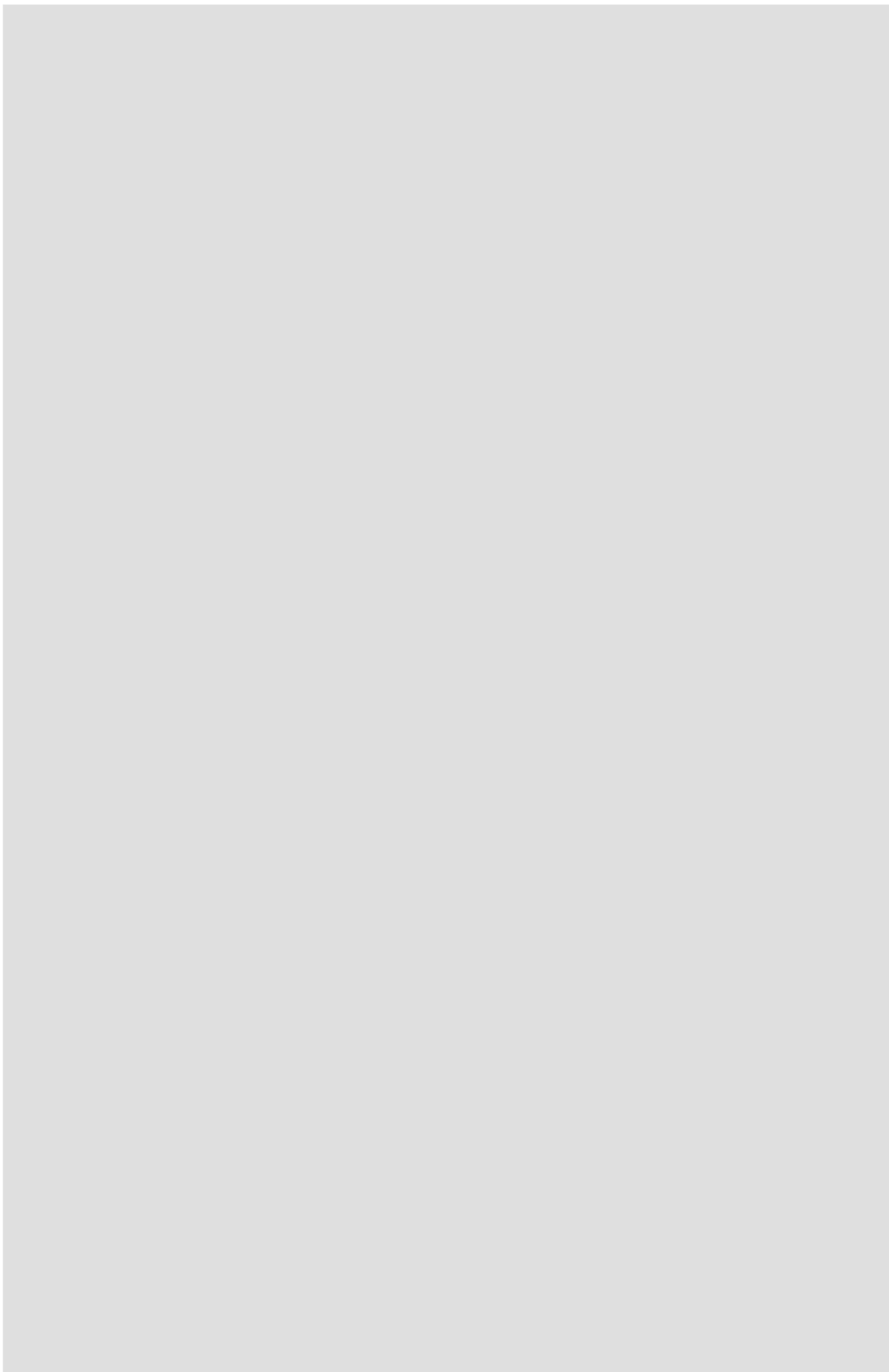
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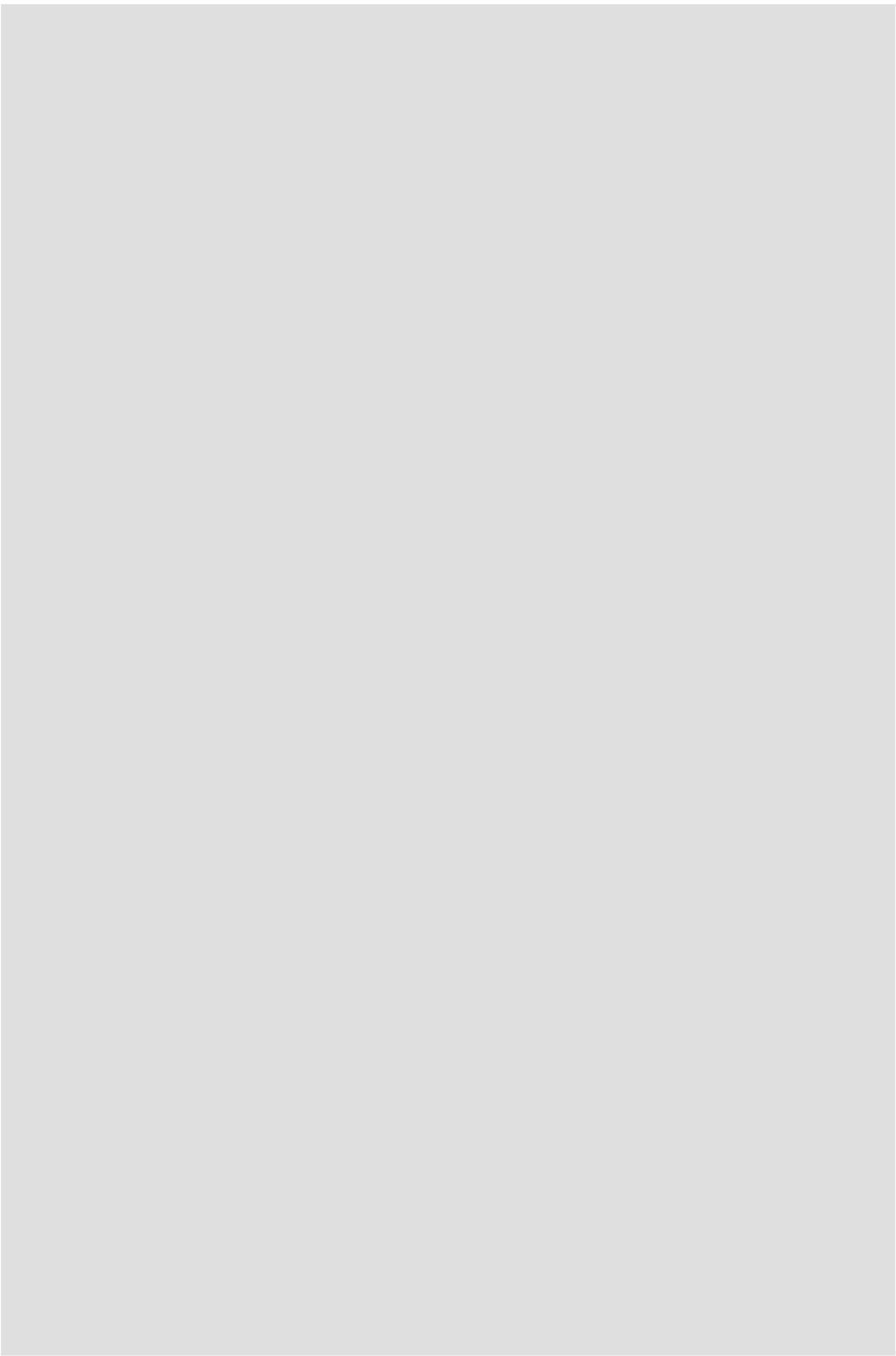
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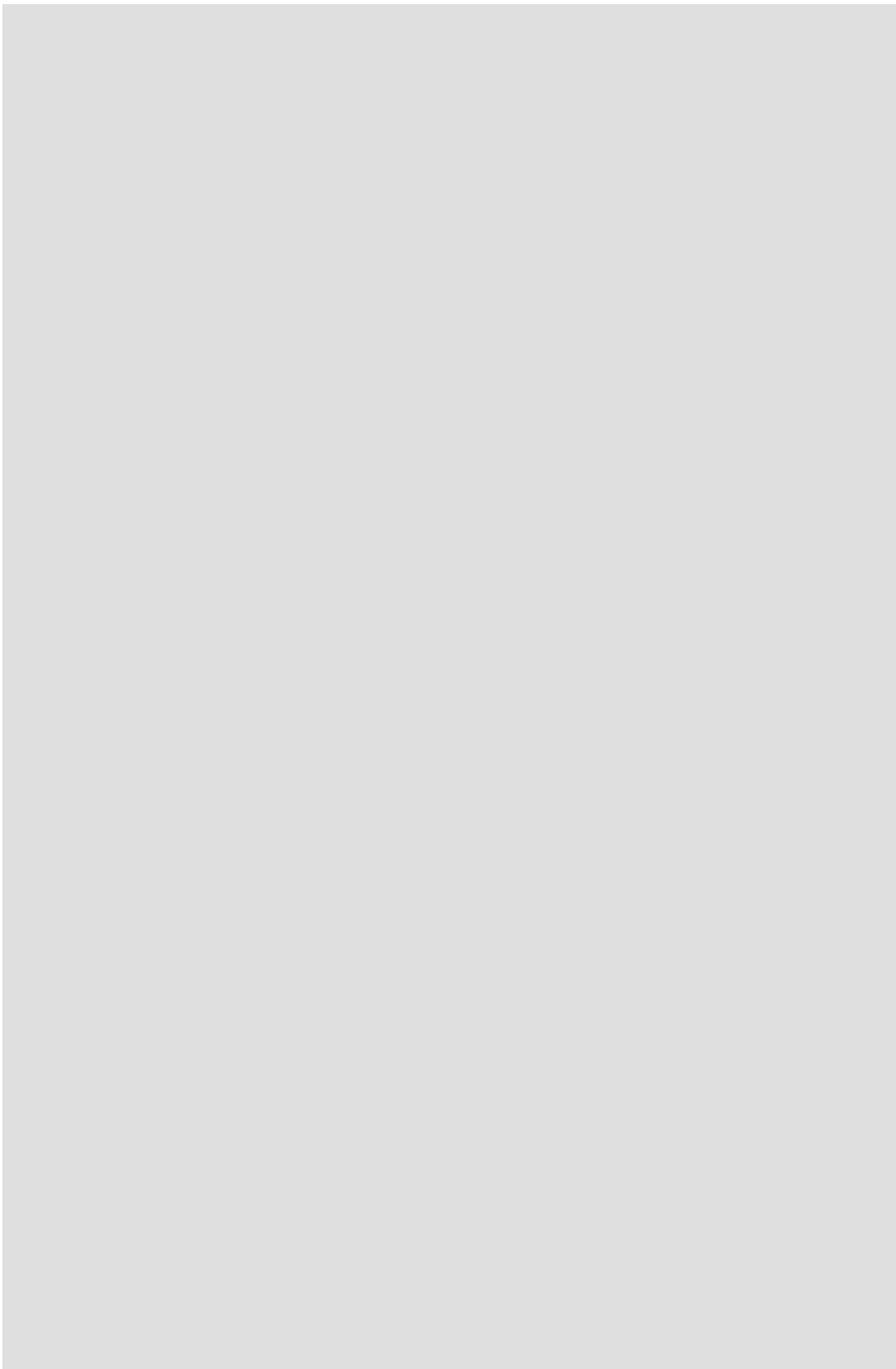
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5 **RESUMED**

[12.36 pm]

MR FREEBURN: Commissioner, I call Vanessa Clayworth.

10 COMMISSIONER WILSON: Thank you.

VANESSA CLAYWORTH, SWORN

[12.36 pm]

15 **EXAMINATION BY MR FREEBURN**

MR FREEBURN: Ms Clayworth, can I first of all clarify the positions you held.
20 First of all, before 5 August 2013, what was your position?---Previous to that I was
the acting clinical liaison. And previous to that I was an acting clinical nurse and
substantive was registered nurse but I had acted up in positions ranging from 2009 to
my commencement of acting nurse unit manager.

25 Okay. Can I just – so prior to 5 August 2013, you were a community liaison officer.
Is that the position you mentioned?---Immediately preceding that I was acting
clinical nurse.

So going backwards, acting clinical nurse?---Yes.

30 For how long did you hold that position?---The immediate time preceding it was
from 1 July to 4 August 2013.

35 Right. So only for a couple of months. And prior to that, what position had you
been in?---Prior to that I acted as acting clinical liaison from the 4th of the 2nd 2013 to
the 16th of the 6th 2013. But in 2012 I acted in the position of acting clinical liaison
on four different occasions. And in 2011 I acted as acting clinical nurse consultant.
In 2010 and 2009 I also acted as acting clinical nurse and acting clinical liaison.

40 Right. Acting clinical liaison, what does that position involve?---The acting clinical
liaison role was for the admission of young people to Barrett.

MS McMILLAN: Commissioner, can I just ask – there's a couple of typographical
corrections to this witness' statement.

45 MR FREEBURN: Sorry.

MS McMILLAN: Yes. Can I just deal with that first?

COMMISSIONER WILSON: Yes, Ms McMillan.

MS McMILLAN: Yes. Thank you. I'm sorry to interrupt my learned friend but I think it's better if we just clarify those things now.

5

COMMISSIONER WILSON: Very well.

EXAMINATION BY MS McMILLAN

[12.39 pm]

10

MS McMILLAN: This is your first statement, is it not, Ms Clayworth?---Correct.

And it's paragraph 8.1, I understand?---Yes.

15

Alright. What should that – this relates to on 6 August William Brennan and Pdraig McGrath came to BAC and told you certain things. What do you say that, in fact, should read?---It shouldn't read William Brennan or Pdraig McGrath. I had received the phone call from Dr Trevor Sadler.

20

And that is how you were informed that the Barrett Centre was going to be closing. Is that right?---Correct.

25

Alright. And there is one other error in your statement?---Yes. It's a typographical error on page 2 of my exhibit 1.

So this is your CV?---Yes.

30

Yes. And what's the error there?---It should read - - -

It's WMS, I think, .0023.0004.00002?---It should read – for acting clinical nurse consultant business plan in 2011 it should say 2011 not 2012 for the years.

35

So this should be 28 February 2011?---Yes.

And 4 April 2011. Is that right?---Yes.

Yes. Thank you. They are the corrections, Commissioner.

40

COMMISSIONER WILSON: Thanks, Ms McMillan.

EXAMINATION BY MR FREEBURN

[12.40 pm]

45

MR FREEBURN: Now, Ms Clayworth, I'm going to ask you a whole series of questions. I think we're in open court at the moment?---Yes.

We have a process where if you are going to give an answer which involves identifying specific patients then we can close the court?---Sure.

5 So if you're going to give one of those types of answers can you give us a bit of a warning?---Yes.

10 At the end I'm going to ask you about one specific patient and we will – I will ask the Commissioner to close the court on that occasion so we can – anything where you need to give specific answers identifying specific patients we can leave til the end?---Yes.

Alright. Now, did the announcement of the proposed closure of the Barrett Adolescent Centre have an effect on staff that you observed?---Yes, it did.

15 What was that effect?---Staff were upset about the announcement. There was already some disruption from when it was previously announced that it may have been closing.

20 Right?---But are you specifically talking about an announcement made on 6 August?---Yes, because you moved to a new position on 5 August or 6 August?---Correct. I was appointed as acting nurse unit manager the day before the announcement of closure was made.

25 Right. And so what was – what did you observe to be the effect of your announcement on, I suppose, your second day of a new job?---Staff were upset. The young people were upset. The family was upset. I was upset.

30 And did that continue? Did it continue? Was it a – just a momentary thing or was it a - - -?---There was different degrees of anxiety and different degrees of young people, staff and families being upset. But I feel as though time went on with the supports that were put in place that it varied and sometimes it was individual based.

35 Right. Well, what sort of supports were put in place?---What supports did I put in place for nursing staff?

Well, I think a moment ago you mentioned in your answer that it varied because with supports that were put in place - - -?---Yep. Sure.

40 So what sort of supports are you talking about?---There was different supports for family. There was different supports for the young people. And there was different supports available for the staff. And I can only speak to, in more depth, the staff – what I provided to the nursing staff below me.

45 And what was that?---Post the announcement of closure, I provided debriefing with the nursing staff that were on the shift. I made myself available. I can recall from my notes and an email that I sent to my line manager at the time that I stayed back to, I think, 9.30 at night to be able to support the young people and the staff and be

available for the parents to contact on the phone at the time. I offered staff the group debriefing at the time. And, ongoing, I offered individual counselling for some of the staff. I also offered staff EAS and that was offered in person.

5 And what's - - -

COMMISSIONER WILSON: What's that?---Employee assistance.

10 Thank you?---So I offered that verbally to them in person. I also offered it in nursing meetings and that's documented in one of my statements, the minutes from that meeting where it was documented that I offered it. I also sent it on two occasions that I have copies of emails that I did send EAS details to staff. I also provided staff with opportunities on the roster should they need time off to debrief or access clinical supervision. I provided that opportunity for them. I also encouraged them to access
15 clinical supervision. I also appointed associate case coordinators to assist the CCs with the care they were delivering to the young people, to share the load.

MR FREEBURN: Now, EAS, employment assistance scheme. Is that right?---Yes. Correct.

20

And that involves the employee getting time off work to go and talk to a psychologist. Is that right?---Correct. And we also had made it known to staff that EAS would come onsite should they want that in a group setting as well.

25 Right. About a month later, Dr Sadler was stood down. Did that produce more stress on the staff?---Yes, it did.

30 And was there an offer of further assistance related to that?---Yes. I did offer additional assistance at that time, but the comment that I would like to make to this is that I was instructed that Dr Sadler was on leave. I didn't – I was under the impression that it was normal leave at that time. I didn't know the circumstances surrounding it. So I – I guess I didn't – hadn't been communicated to me that, possibly, the more sensitive support that may have been required, because at that time I thought he was just on leave and I didn't know how long for.

35

Who told you he was on leave?---I was instructed that Dr Sadler was on leave by Padraig in Will, so Padraig McGrath and Will Brennan.

40 After Dr Sadler went on leave or was stood down, there was then an investigation?---Correct.

And that investigation involved people coming to interview staff members?---Yes. It was – it was very intense and unpleasant for the nursing staff.

45 It produced further stress?---It did.

5 So I gather from what – one of your answers previously that you worked some additional hours to fit in - - -?---Yes, yes I did. Particularly for the nursing staff, I would make myself available. So the shifts were normally from – with handover being 3, 7 and 11, at night half an hour preceding those shifts. I made myself some days available at 6.30, 2.30 and even 10.30 at night, so I was available to all staff across the roster.

On the changeover?---On handovers.

10 Right. So were you told that you and the – the other staff members were not to communicate with Dr Sadler?---Yes.

15 Who told you that?---I can't – it was communicated in a meeting that was held by executive. I can't recall if it was individual within that setting, if it was Lesley Dwyer or Sharon Kelly, but from I can recall it was in a meeting with executive that was held with Barrett staff.

And this was shortly after Dr Sadler either went on leave or was stood down?---Yes.

20 Now, I want to deal with – Dr Brennan arrived shortly after that?---Yes.

25 Did you brief Dr Brennan? Would you have been the most senior person there at that time?---I would have been the most senior nurse in the position that I was at the time, yes.

30 So when Dr Brennan arrives – tell me if I'm right – that, normally, she would – Dr Brennan would get a handover from the previous clinical director, that that couldn't happen, so did she get a – some sort of handover from you?---Yes. I created a folder for both Dr Anne Brennan and Dr Elisabeth Hoehn. It wasn't instructed by me to complete it; I took it upon myself to complete it, and I did stay back until 11 o'clock at night completing this handover. Would you like to know what is included in it?

Yes, please?---I won't name any names.

35 Yes?---What was included in it was the young person's referral from another service. It was included their intake and assessment that at the time would have been completed by the – whoever was the clinical liaison. It had their intensive case worker's notes available in there, their management plans, crisis intervention plans if they were available, updated risk assessment and the most recent case conference notes, as well as any legal status if they were on an ITO.

45 Okay. So do I take it that the folder was split into - - -?---It was divided into each young person. So I included in the folders inpatients and day patients. I didn't include wait list or assessment list young people.

Right. From your observation, from Dr Brennan's point of view, she, walking in there, effectively had to start from scratch, and your folder was providing her with

some of the essential things she needed to know; is that fair?---Yeah. So I also did provide her verbal handover as well.

About specific patients?---Yes.

5

Right. So there's been previous evidence in the Commission about a green folder in the nurses' station containing some - - -?---Sure.

- - - planning – transition planning details?---Yes.

10

Is that a different folder to the one that you're talking about, or is it the same folder?---No. That's a different folder. That was a resource folder, while the folder that I provided Dr Hoehn and Dr Brennan was specific clinical notes relating to the young people.

15

Right. And the green folder: was – did that contain transition – any transition planning details or do you not know what was in the green folder?---I do know the green folder that you're talking about. It – in my opinion, it was by no means an extensive or detailed resource. It wasn't a directory or anything to that manner. It had in it – and it was created from what I can recall in 2009, so it was quite dated. I do believe, when we looked at it during the transition process, it was dusty, and we had to dust the dust off it. It – it was outdated and it was supported accommodations. It wasn't hospital and health services. It didn't have the eligibility criterias or ages or anything like that. It was supported accommodation.

25

It's - - -?---For adolescents.

It, essentially, was a folder which somebody could use as a resource – I mean, accepting that it might have been outdated – but somebody could use it as a resource to place another patient – place one of the patients somewhere?---I don't agree fully with that.

30

Right?---It was local to the Brisbane and surrounding areas. It was for adolescents; it wasn't for young adults.

35

Right. Okay. And your recollection is it was somewhat out of date?---Phone numbers were out of date, yes. Some places had even closed.

Alright.

40

COMMISSIONER WILSON: Excuse me. The other screen keeps coming on, asking us to make a call. I think this has got something to do with the telephone link we had for the last witness.

45

MR FREEBURN: Now, Ms Clayworth, I want to deal with the guidelines and practices associated with transitioning. In your second statement – and I probably don't need to take you to it – you say that your involvement in transitioning the

Barrett Adolescent Centre adolescents began on 30 September 2013, when you were invited by Dr Brennan to participate in the clinical care transition panel?---Yes.

5 Can I just deal – step back a bit. Ordinarily, you would have been involved in transitioning of Barrett Adolescent Centre adolescents quite apart from the closure and the events that were happening?---I – I like to make reference to how I think of that process; is that okay?

10 Yes?---I – I think of it in three different ways. I think there's young people that are discharged in the normal process of care, according to their clinical needs and where they are in their recovery. There's young people that are transferred to another service in regards to whatever needs they have at the time and their acuity and what's associated with that in regards to risk. And then there's young people that were transitioned. So I actually divide the young people that were at Barrett into three
15 different categories when I'm looking at that.

20 Alright. The first being people who are transitioned to another care provider because their condition is such that they can go to another care service?---So I would – I would describe that as discharge.

Discharge?---Not transition. I think a transition is a part of what we did in the process, and when the young person would not have been transferred from Barrett in their normal course of care, they were only transitioned out due to the closure.

25 Alright. Well, let's deal with your concept of discharge?---Sure.

You say in your statement that you recall that there were six patients discharged from the Barrett in the ordinary course of their care, after the decision was made on 6 August?---Upon reviewing that, I have four - - -

30 Four?--- - - - that I would put as discharge.

Right. Okay. So we can correct that to four?---Yes, please.

35 But those – they were discharged because they got well enough, effectively, to go somewhere else?---Yes. And part of their discharge in planning had – for some of them had already commenced before the announcement of the closure.

40 Right. Now, transitioning - - -?---Yes.

- - - so the transitioning that was required by the anticipated closure of the centre is an entirely different process?---It has some of the same elements, but it – yes, it was different.

45 And the difference – I'm probably summarising, but the difference is, essentially, that the patient is not necessarily ready – sorry – the patient's mental health condition

is probably – is not necessarily ready for a transition to another facility?---If Barrett was to continue there would not have been discharge from Barrett at that time.

5 Okay. So are there any published documents in the form of guidelines which addressed the first situation, what you called the discharge situation?---The – a – are you speaking about, possibly, two documents that I shared?

10 I'll come to those. But are there specific documents or practices that relate to that discharge? If you – in the ordinary course at the Barrett - - -?---Yeah. Yes.

- - - did you pull up a document and say – and have it - - -?---In the – what was previously known as intensive case work-ups and then changed to care review summaries, there was a part of that – there was a section where you would talk about discharge planning - - -

15 Right?--- - - - and link it to the young person's recovery goals and their my recovery plan.

20 Okay.

COMMISSIONER WILSON: Keep an eye on the time, Mr Freeburn.

25 MR FREEBURN: Yes. The process for the transitioning, that is, as you recall it, the – we'll use your terms - - -?---Yes.

- - - involve these clinical care transition panels; is that right?---Yes.

30 And did that – those panels – were they individual to the patient?---Yes. They were scheduled for individual patients.

35 So each of them might have common members – for example, Dr Brennan – but in each case they might have different members depending on the patient?---There was a core group of people that were requested to join the panel, but there was opportunity for other staff to join as well.

40 And was it – was there an active decision to keep the care coordinator, the therapeutic side of it, separate?---Yeah. It – it took much consideration and many discussions. In the beginning, when there was heightened anxiety and the young people were having difficulty with Dr Sadler have leaving, Dr Brennan coming in, they were having trouble identifying with somebody that they could trust. So in order to keep the therapeutic relationship and the therapeutic trust there was a decision initially that the case coordinators would be there to support and be an advocate for the young people and the young people's families.

45 And so not necessarily on the panel?---They were welcome to join the – welcome to join the panel, but we wanted to make it known to the young people should it be somewhere that the young people found it difficult to consider or comprehend the

placement that they still had somebody to identify with and feel safe with, and that was the CCs or associate CCs.

Right. Commissioner, is that an appropriate time?

5

COMMISSIONER WILSON: How many witnesses there after Ms Clayworth?

MR FREEBURN: There's three very short witnesses.

10

COMMISSIONER WILSON: I think we'd better have only an hour for lunch, somehow, come back at 2 o'clock.

WITNESS STOOD DOWN

15

ADJOURNED

[1.01 pm]

20

RESUMED

[2.03 pm]

COMMISSIONER WILSON: Yes, Mr Freeburn.

25

MR FREEBURN: Thank you.

VANESSA CLAYWORTH, CONTINUING

[2.03 pm]

30

EXAMINATION BY MR FREEBURN

35

MR FREEBURN: Ms Clayworth, I'm going to show you a document. It's one of those policy documents I was talking about before lunch?---Sure.

It's WMS.0015.0001.00528. Now, apart from preparing to give your evidence have you seen this before?---No.

40

You'll see it's – you'll see the purpose of the document at the top. It's really about the transfer of patients from one medical service to another. Meaning from West Moreton to Metro North or something like that. Is that right?---Yes, it could have been used in that purpose but it didn't exist at the time of transition.

45

It didn't exist. It looks like it's got an approval date of 1 September 2013, but I take it, it certainly wasn't distributed to you?---No.

Now, I just want to ask you a couple of questions about it, appreciating what you've just told me. If we scroll the page – scroll down a little to pages – to the bottom of that page first. You see the statement there:

5 *It is well-established –*

?---Yes, I can see that sentence.

10 In your experience is that right? That is, that Mental Health consumers or patients are at an increased risk of harm during periods of transition?---I think it can be a risky period handing over to one service from another and especially until the young person has the necessary therapeutic rapport with the receiving service.

15 Right. That's the problem, isn't it, the therapeutic rapport, the change and the therapeutic rapport?---It can be one of the many issues, yes.

Right. So if we go to the next page, we can see – if we scroll down a little bit we can see Clinical Hand-Over – a heading Clinical Hand-Over?---Yes, I can see that.

20 And you see the first two dot points. Just if you wouldn't mind reading those to yourself, please?---Yes, I've read those.

25 So appreciating that this isn't a document you've seen until recently and that it may not necessarily cover the sort of transition we're talking about here, there is a verbal and written communication of critical information that passes between the two transitioning entities?---Yes, I believe that happens for all consumers.

30 Right. Okay. And on to the next page, there's a heading, (2) Clinical Documentation. You see that first paragraph?---Yes. Prior to my appointment of Acting Nurse Unit Manager the CIMHA suite of documents haven't been used by Barrett in total until I was appointed.

Right. And did you arrange for that - - -?---Yes.

35 - - - to happen?---Yes, I did.

Right?---And there's emails in my statements.

40 Yes. Okay. So can I just take you to another topic, you were the Nurse – or, at least, Acting Nurse Unit Manager for a while?---Yes.

And you were later the Clinical Nurse Consultant during the period August 2013 to January 2014?---I can't – I'll have to look at my CV for the exact dates. I wasn't Acting Clinical Nurse – Consultant, sorry, until October.

45 14 October?---Yes.

Right. And before that from 5 August, I think we established, you were Acting Nurse Unit Manager?---Yes.

5 So where do those – is the first position you held, the Acting Nurse Unit Manager, is that basically in charge of the nursing staff?---So the Nursing Unit Manager is more Human Resource and Operations related. And the Clinical Nurse Consultant is clinical in nature.

10 Meaning nursing and - - -?---So the Clinical Nurse Consultant was more about the clinical care of the young people, while the Nurse Unit Manager – the differentiation is that they were in charge of the nursing staff.

15 Right. So is it a more administrative role as the Nurse Unit Manager?---Yes, if – if you need to look at it in that way. Yes.

Alright. Do you recall in August 2013 how many nursing staff there were at the Barrett Adolescent Centre?---I'll have to recall from the BPF, the Business Plan Framework, but I can't recall, sorry, the exact number of nurses.

20 Twenty?---Twenty-one, I think, from memory, but I can't be sure.

Right?---It was some time ago now.

25 Yes. And of that – let's assume there were roughly 20 – or what proportion were effectively regular Barrett Adolescent Centre employees?---Well, if – I'll go with 20 if that's what you're saying. I can't say how many there was now. But if you're saying there was 20, then they must have been regular nurses to have been on our roster.

30 Right. But what proportion were – what I'm trying to get to is what proportion of the mix – what was the mix of permanent Barrett Adolescent employees and casual pool staff?---Sorry, I just want to clarify. You were asking about the roster, so if they were on the roster they were either permanent or to Barrett on contract.

35 Right?---If they were on the roster.

Right. And is there another – The Park had a pool of nurses?---Are you talking about the Central Service Office?

40 Yes?---Yes, there was some nursing staff in the pool, but they – it was different to – I guess there's different layers to what you're referring to as pool. There was casual and there was agency and there was contractors within that as well.

45 Right. Okay. So we've got a number of different categories?---Yes.

If – looking at it from an outsider's point of view – how many of the – what proportion of the staff that were there were permanent as opposed to either from The

Park – the pool, Park or casual or agency?---I would have to look at the – to be able to really talk to that I would have to look at each shift, but there certainly would be rostered nursing staff – from our roster, sorry, there would be regular nursing staff rostered to the shift that would take leadership.

5

Yes?---I would have to – I have to look at the ref forms to be able to give you ratios. Like, I can't comment without them in front of me.

10 Are you able to say whether there's a majority of permanent staff?---There certainly would have been – there certainly without a doubt would have been a majority of nurses that were rostered to Barrett from the rosters. It would either done by myself when I was Acting Nurse Unit Manager or done by Alex and a skill mix would have always been considered.

15 Right. As the transition progressed, some of the nursing staff found alternative jobs to go to?---Yes, some did.

20 Did that create either a shortfall or a difficulty in securing nursing staff?---I think this – I – I think I think of things a little bit differently. Whenever – I think there was a change in nursing staff from when it was announced that Barrett could have been closing – and I'm talking in – I can't remember the year.

25 So that's November 2012?---Yes. Sorry. Thank you for that. That's what I'm thinking. There was some change in nursing staff then, but my view on that is that it was probably timely for some of those nurses to have moved on at the time and progressed their own professional career and at risk of becoming burnt out. And then that gave an opportunity for other nursing staff to be professionally developed and be supported by West Moreton in progressing their own career. So I think when other staff did leave that there certainly was other people that developed professionally and stood up.

35 Okay. From, say, taking it back to November 2012 onwards, was it the case that those nurses that you're saying stood up, that is, they became more experienced from that time on?---They were already experienced, but they had the opportunity to consolidate their knowledge and – and become true leaders.

40 Alright. But do you accept that in that period, from November 2012 onwards, that there was at least some depletion of experienced nurses at the Barrett Adolescent Centre?---No.

None?---I think that the level of knowledge that was still there was a great level of knowledge.

45 I want to take you to another one of these policy documents; it's QHD.008.004.9683. Now, again, apart from preparing to give evidence at this Commission, have you seen that document before that?---No, I had not.

This document is prepared by – you may not know this, but prepared by Queensland Health in response to an investigation by Professor Kotzé and Skippen. I gather you didn't participate in that investigation?---No, I did not.

5 So I want to understand how the recommendations in this document match your knowledge. If we have a look at the scope of the document, if we just scroll down a little, you see the scope again – if you read those dot points?---Yes, I've read those.

10 Those four bulleted services: they don't reflect the entirety of the services that patients were transitioned to in September to February 2014, do they?---I believe that they do.

CYMHS service?---Child youth mental health services, yes.

15 Right. So what about to accommodation and – accommodation services?---They would be included under non-government organisation.

I see. Okay. So – now, if we go down a little, to the next page, and there's a heading, Background. Now, I just want to address, again: if we read the third
20 paragraph under Background, if we scroll - - -?---Starting with the importance?

Yes?---Yes, I've read that.

I just want to focus on the words – on the word “re-emergence”. Your evidence is –
25 and I'm not sure whether the number still survives – but your evidence in your statement is that there are eight adolescents who could transition in the course of their ordinary care; that's at 10.4?---In my first statement or my second statement?

30 Second?---I'll just get that, sorry. At 10 point?

At 10.4, which is on page 2 of the document?---Are you referring to the young people that were discharged prior to the transition panel's meeting?

35 Well, in 10.4 you say there were eight adolescents who were discharged from the Barrett Adolescent Centre around or after the decision to close Barrett Adolescent Centre was announced?---Yes, I've broken it down into the A, B, C, D.

Yes?---Sorry. I'm not sure what you're wanting me to answer in open court.

40 So – well – so are you right – are you confident that there are eight patients that were transitioned around this time?---Well, I think that's where I've broken it down more into the four that were discharged and the four that were transferred. But yes, there was the eight in total.

45 Yes. Okay. So these are the patients - - -?---Sorry. I do want to confirm that some of these people listed on here since the terms of reference were discussed more weren't counted as transition clients anymore.

Right. Yes?---So I think it's difficult for me to talk to this point since there was the change in identification of who was transitioned and who was not.

5 Okay. Let's go back to your terminology. These were patients that were discharged; is that as we were talking about before lunch?---I – I find it hard to talk about this in open court, because, I think, when I say the ones that were as transfer and discharge – there's only four in each – I'm worried that it might be - - -

10 Okay?--- - - - obvious who those people are.

Okay. Alright. We'll keep going and come back to that?---Okay.

15 So if we remember back to the document I took you to, the policy and the use of the word re-emergence - - -?---Yes.

- - - re-emergence can mean re-emergence of symptoms that - - -?---Yes.

20 - - - can happen as a result of poor transition?---I wouldn't say that it could happen as poor transition. There can be a re-emergence of symptoms at any time, and there could be a number of triggers for that to occur.

25 Okay. Now, if we can go back to that document and just go back to the – the next paragraph, immediately below Key Aims. There it is. See there's a paragraph, Key Aims?---And you want me to read that or the one underneath?

Just quickly, yes, please, the – see it's got four dot points?---Yes.

And then the paragraph after it?---Okay. Yes, I've read that.

30 Ms Clayworth, am I right in thinking that it's an acceptance proposition amongst health professionals that the transitioning of a mental health patient from one service to another carries with it risk?---Most certainly.

35 And therefore requires some additional care?---Yes, it does.

40 Thank you. And could I just ask you about the concept of transfer and the concept of transition. Is transfer a narrower concept, that is, it's effectively when the patient physically goes from one service to the next?---Yes, and I think transfer is about – it could be that the ward that they're currently in can't meet their needs or there may be legal statuses around it that they need to be in another ward or another hospital.

45 But the transition is essentially the physical process and what I want to suggest to you is that the transition is a broader concept requiring some prior gradual steps – some – and - - -?---Yes. I think a transfer is – it's less time and sometimes can be effectively immediately once the young person is reviewed - - -

Yes?--- - - - and why transition can be more staged.

Yes. It involves planning and – sorry, with more complicated patients it will generally involve some planning, some gradual steps and acceptance of the new service?---Where possible, yes.

5 Commissioner, the next group of questions involve – will involve closed court if I can ask that the court that be closed.

COMMISSIONER WILSON: Just a minute.

10 MR FREEBURN: I need to talk about a specific patient.

COMMISSIONER WILSON: Yes, Mr Freeburn. That can happen and the live streaming should go off, please. Did you hear me? The live streaming off [REDACTED]

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Closed Hearing

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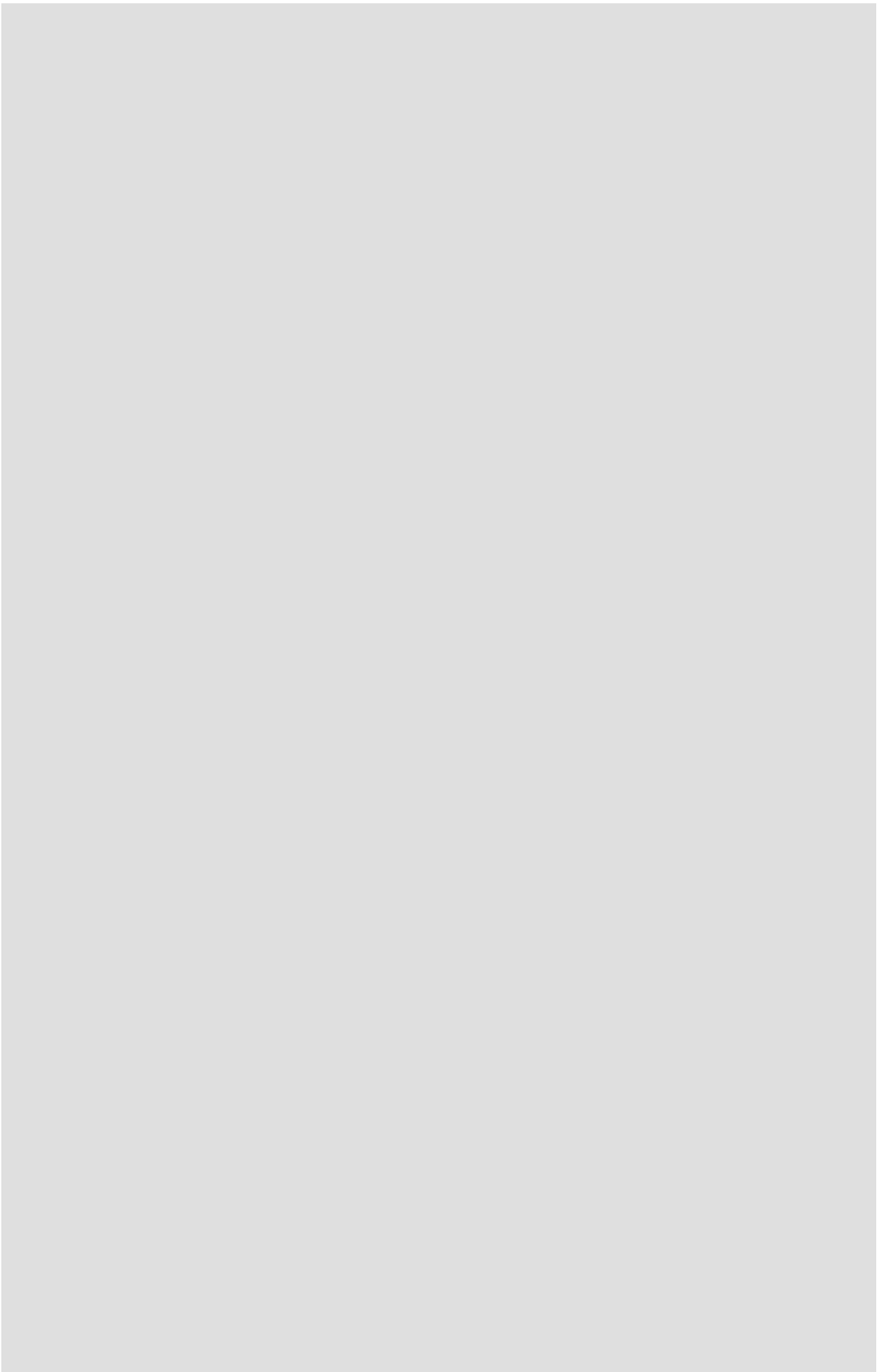
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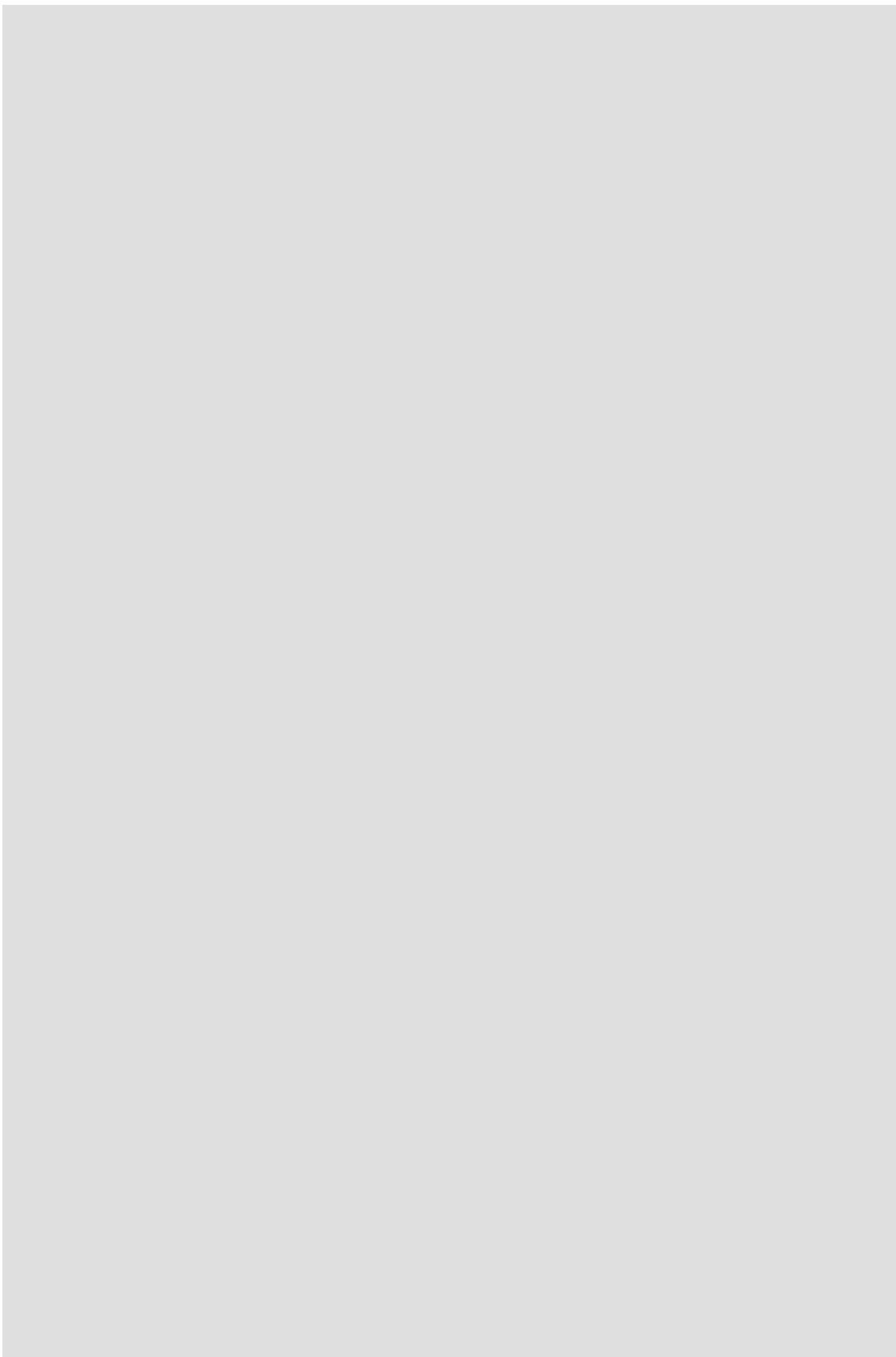
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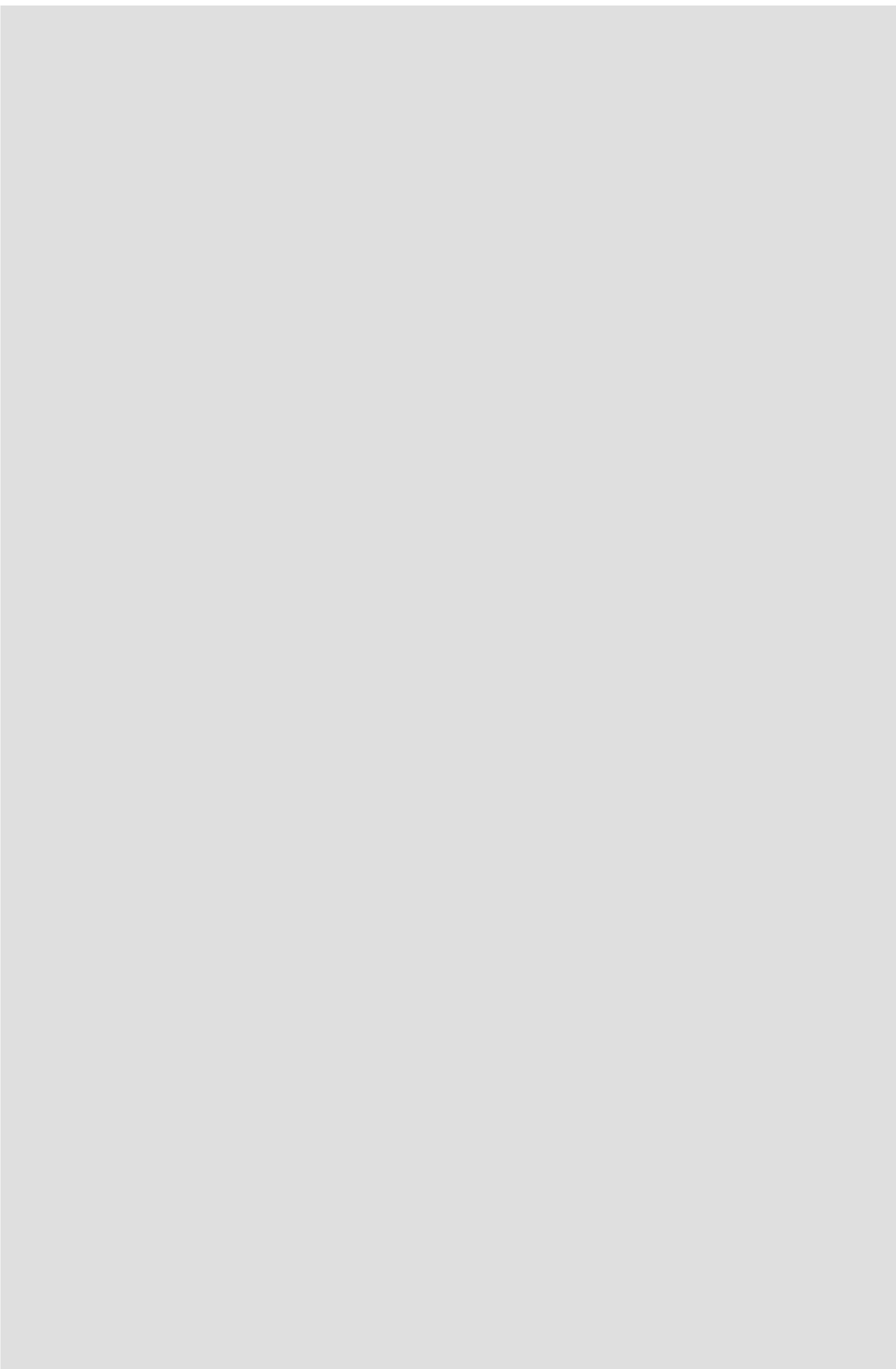
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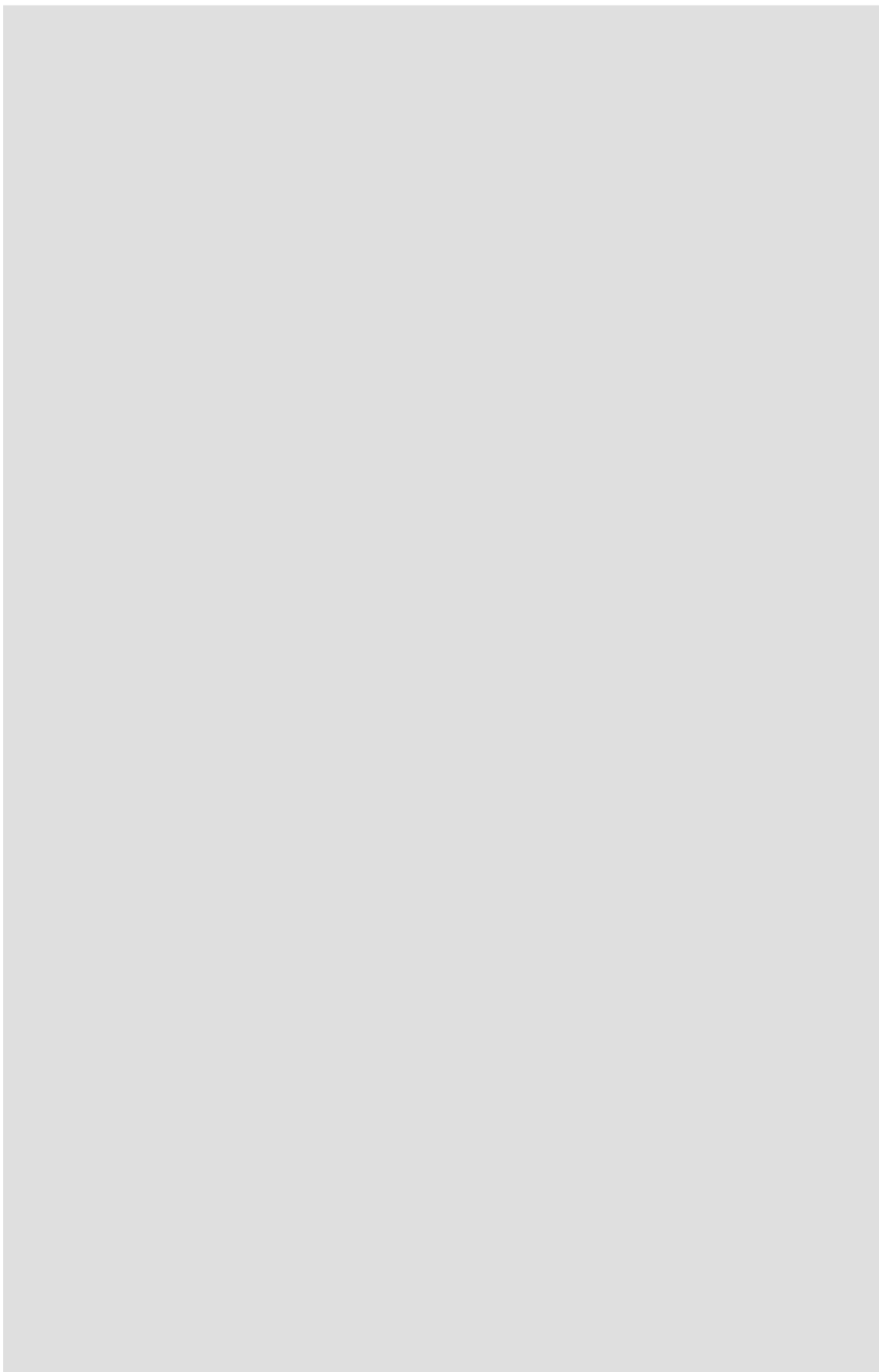
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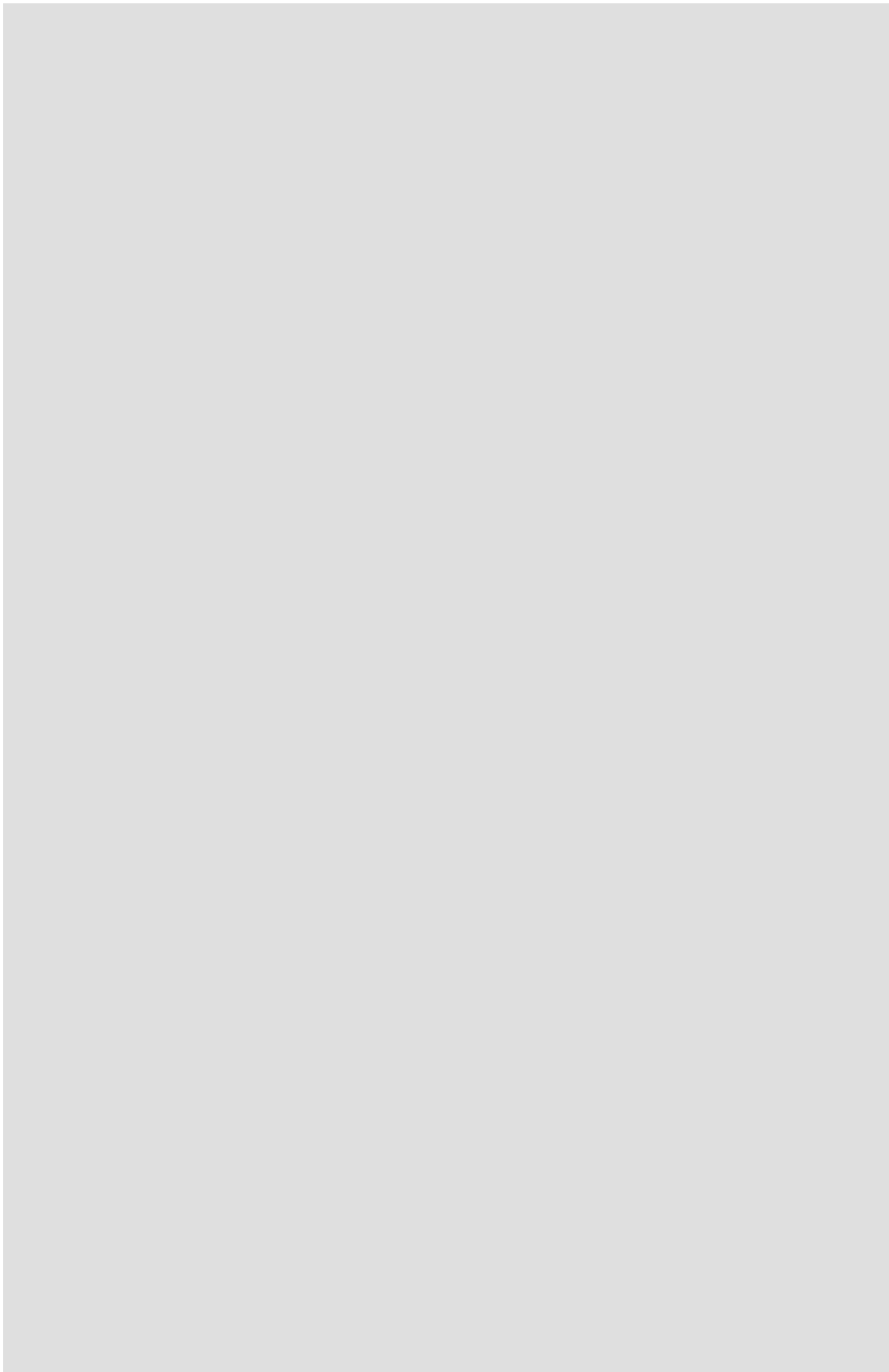
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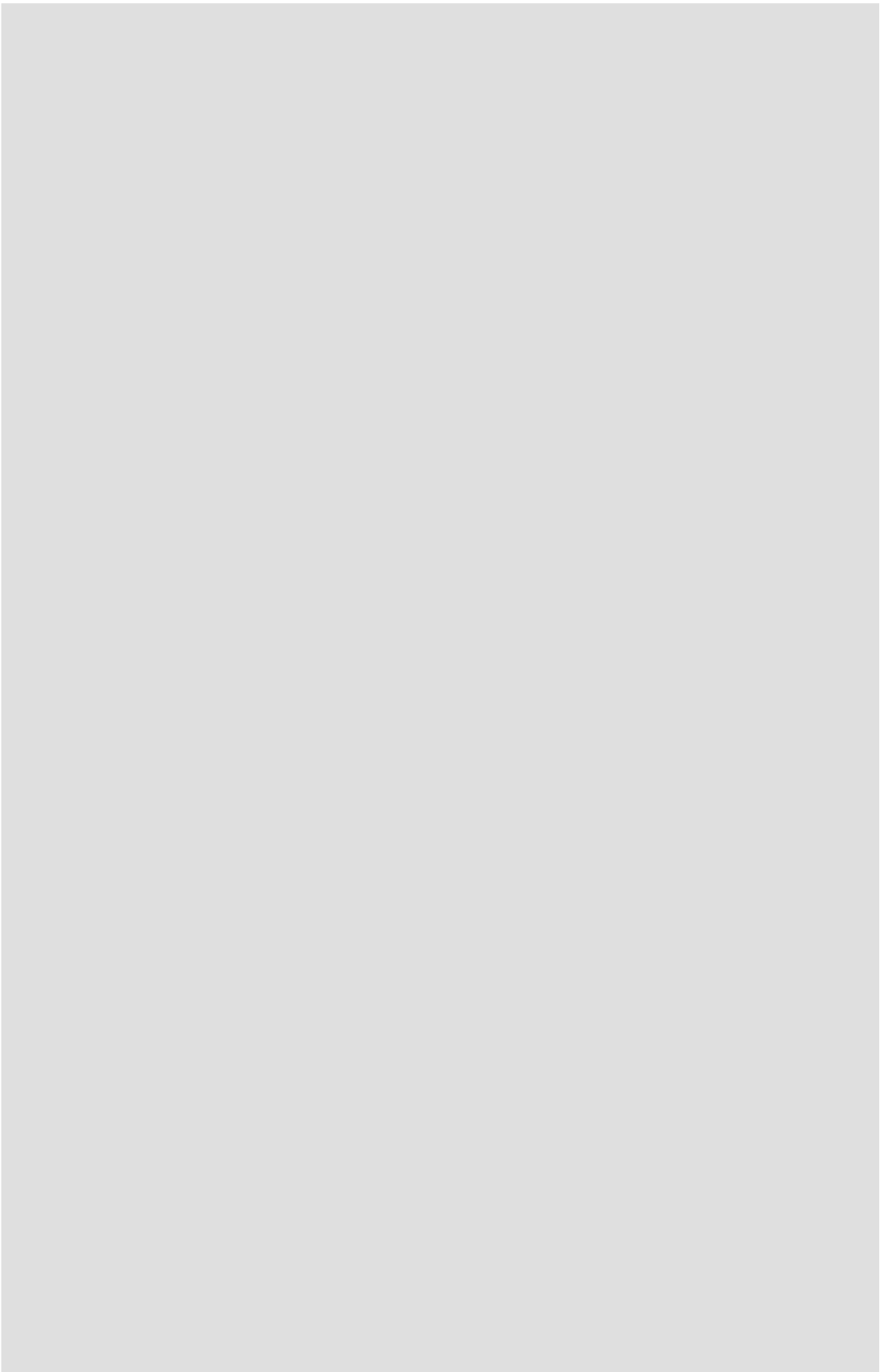
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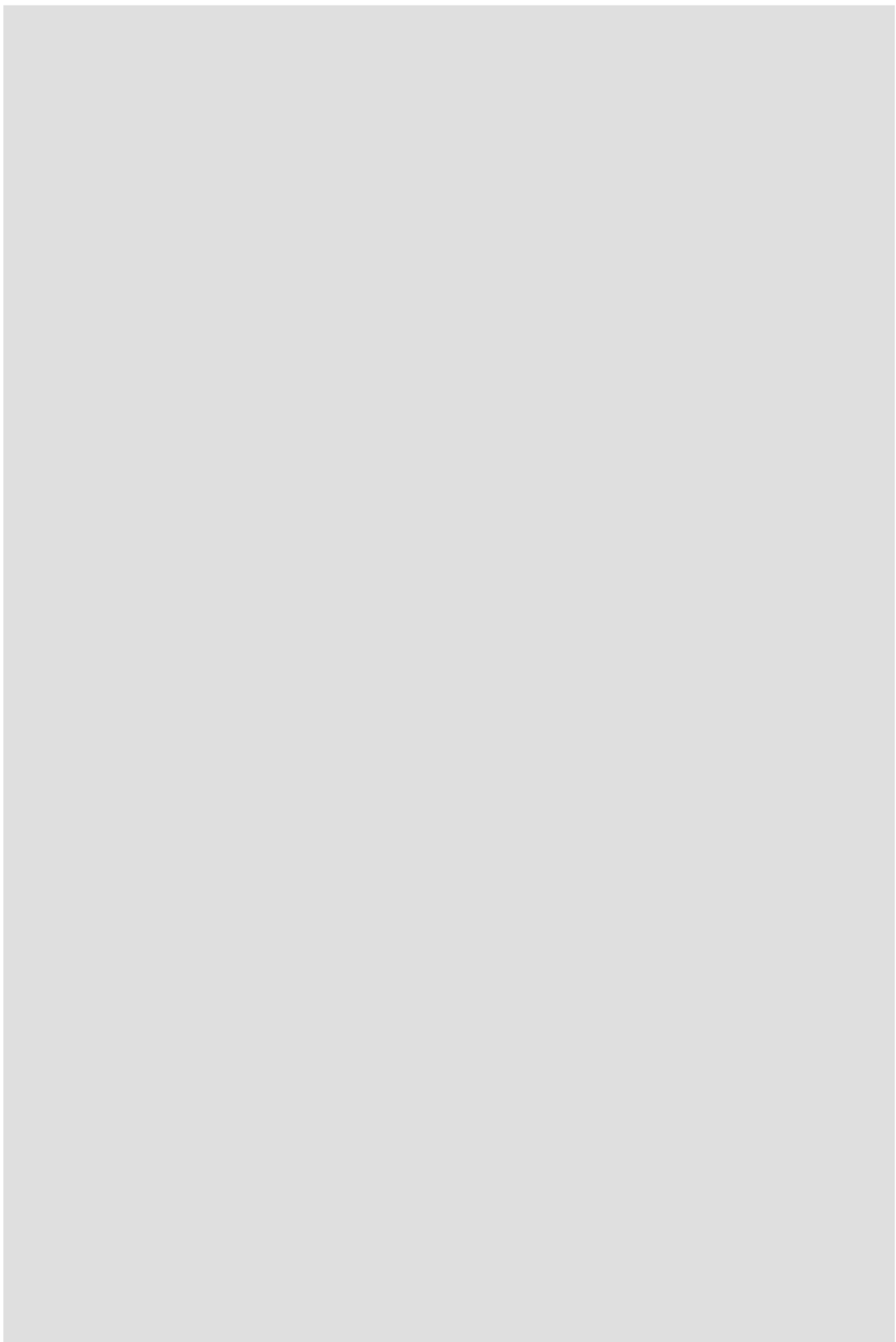
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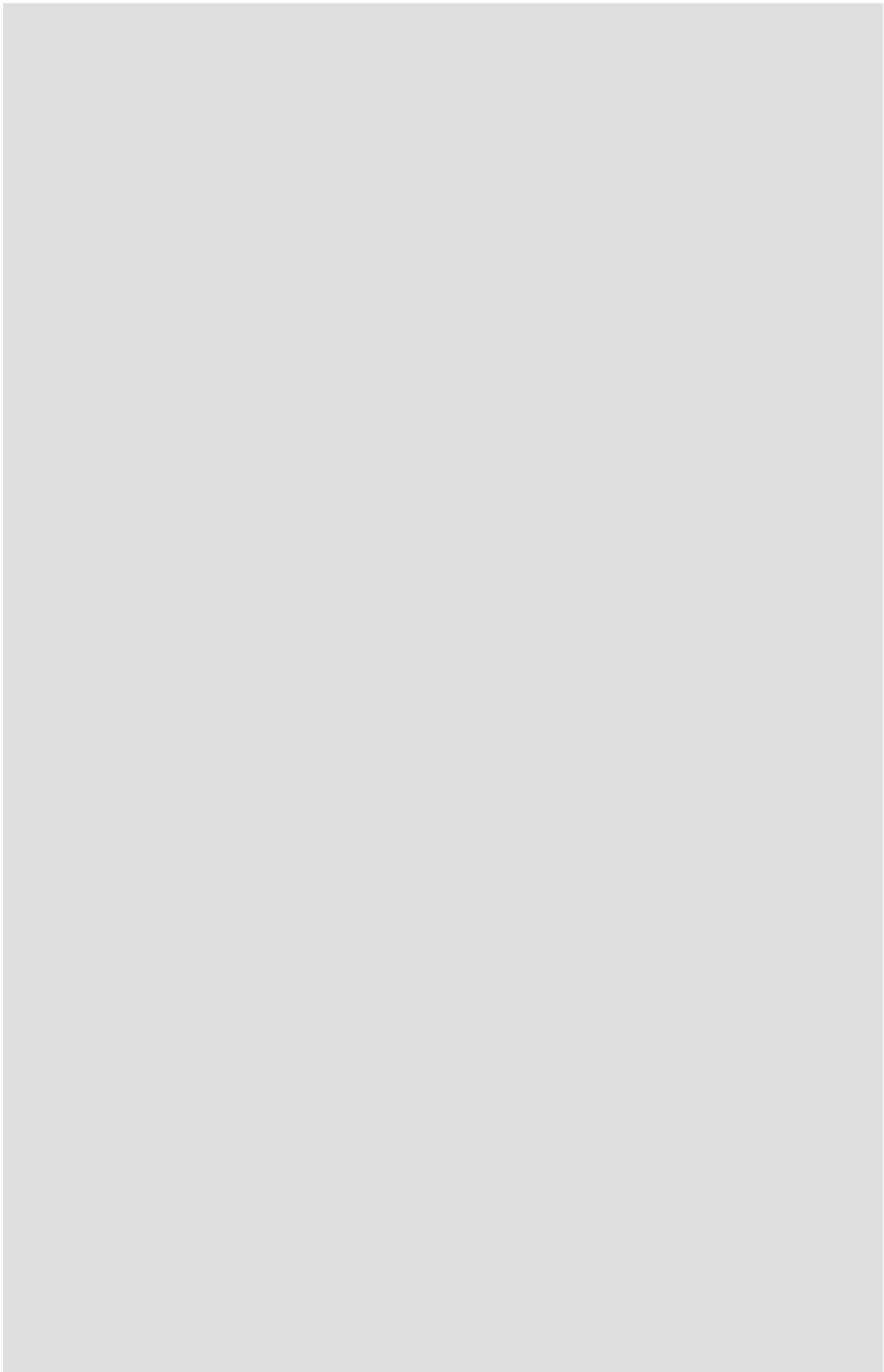
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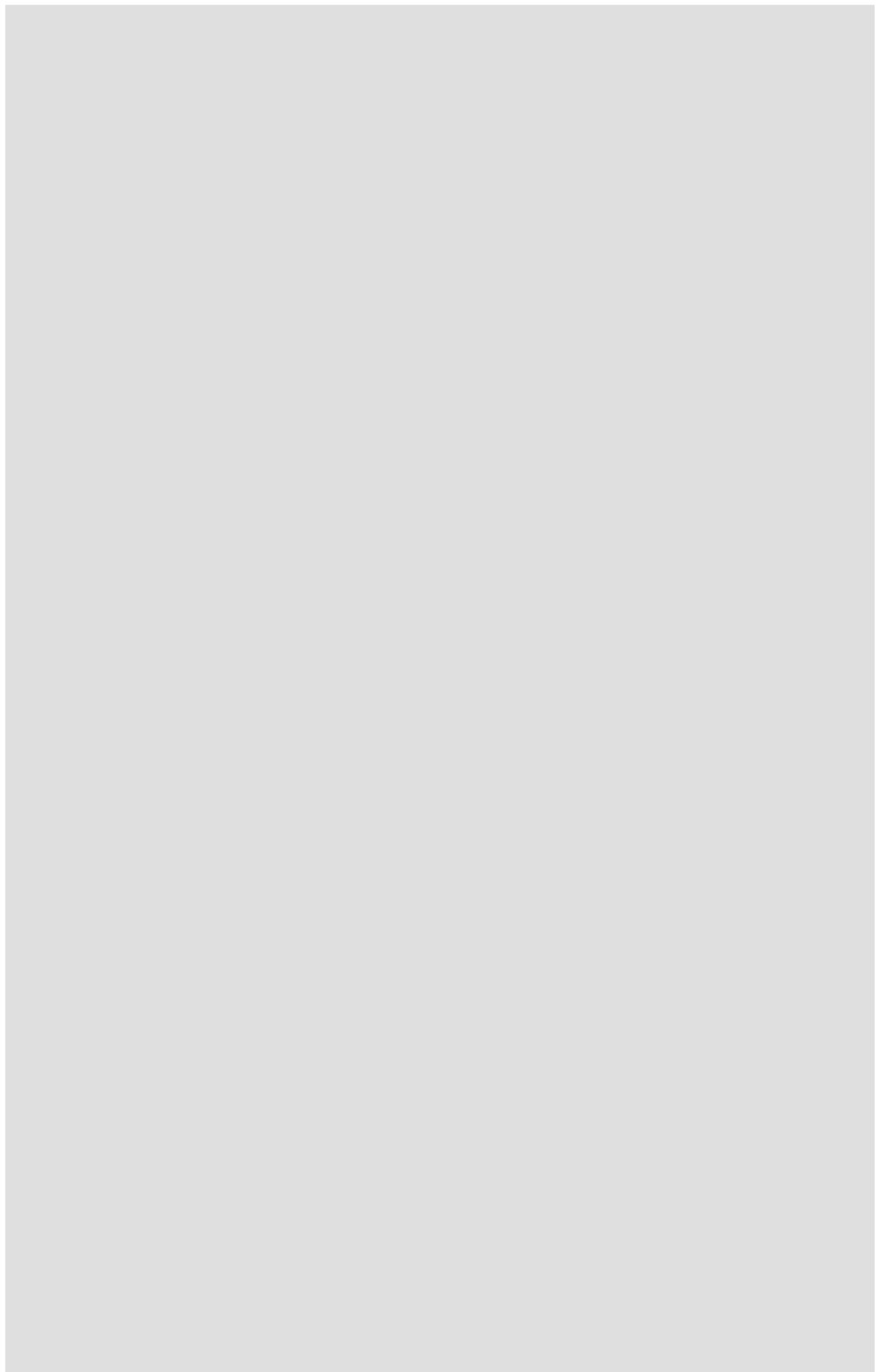
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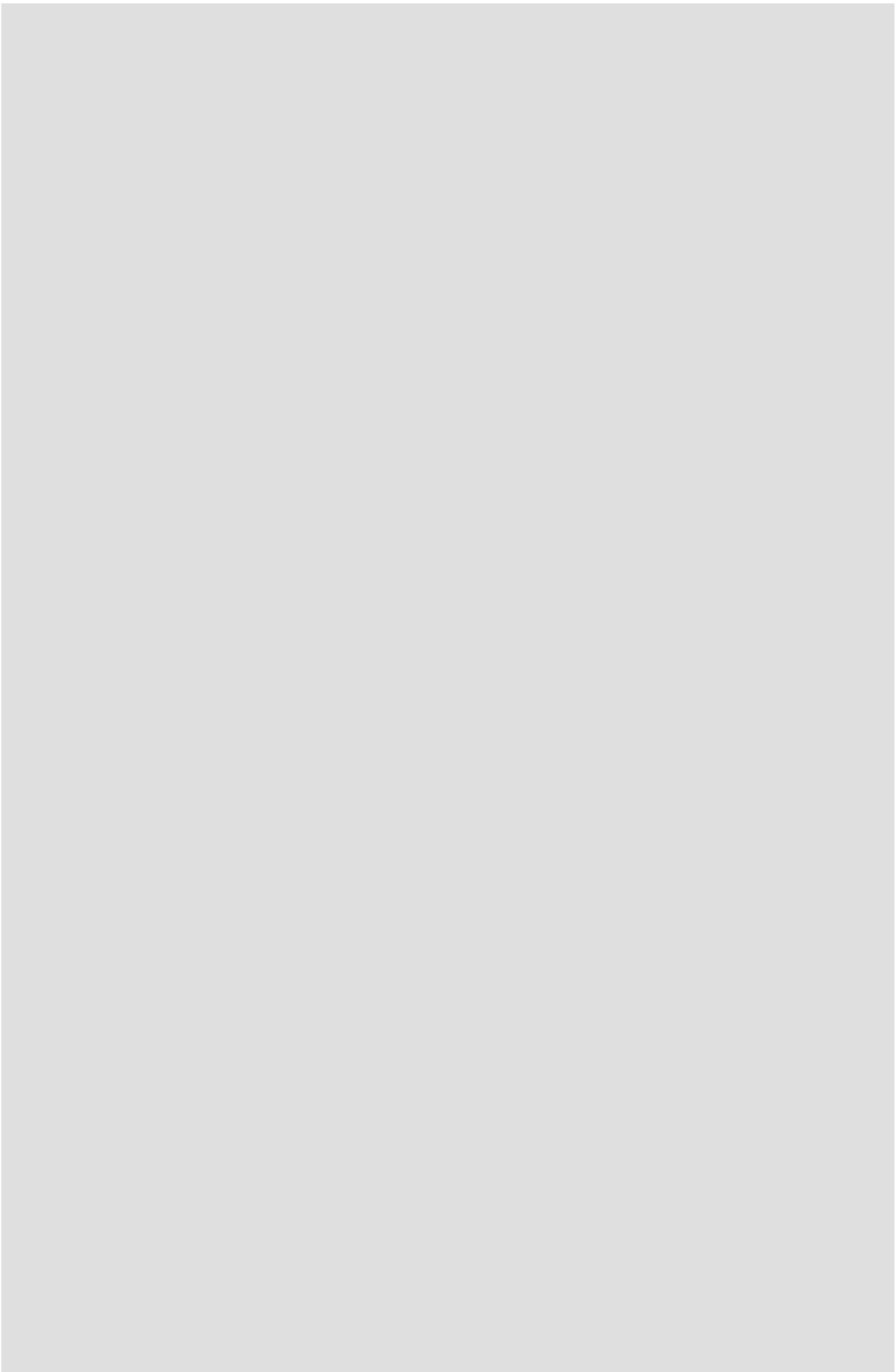
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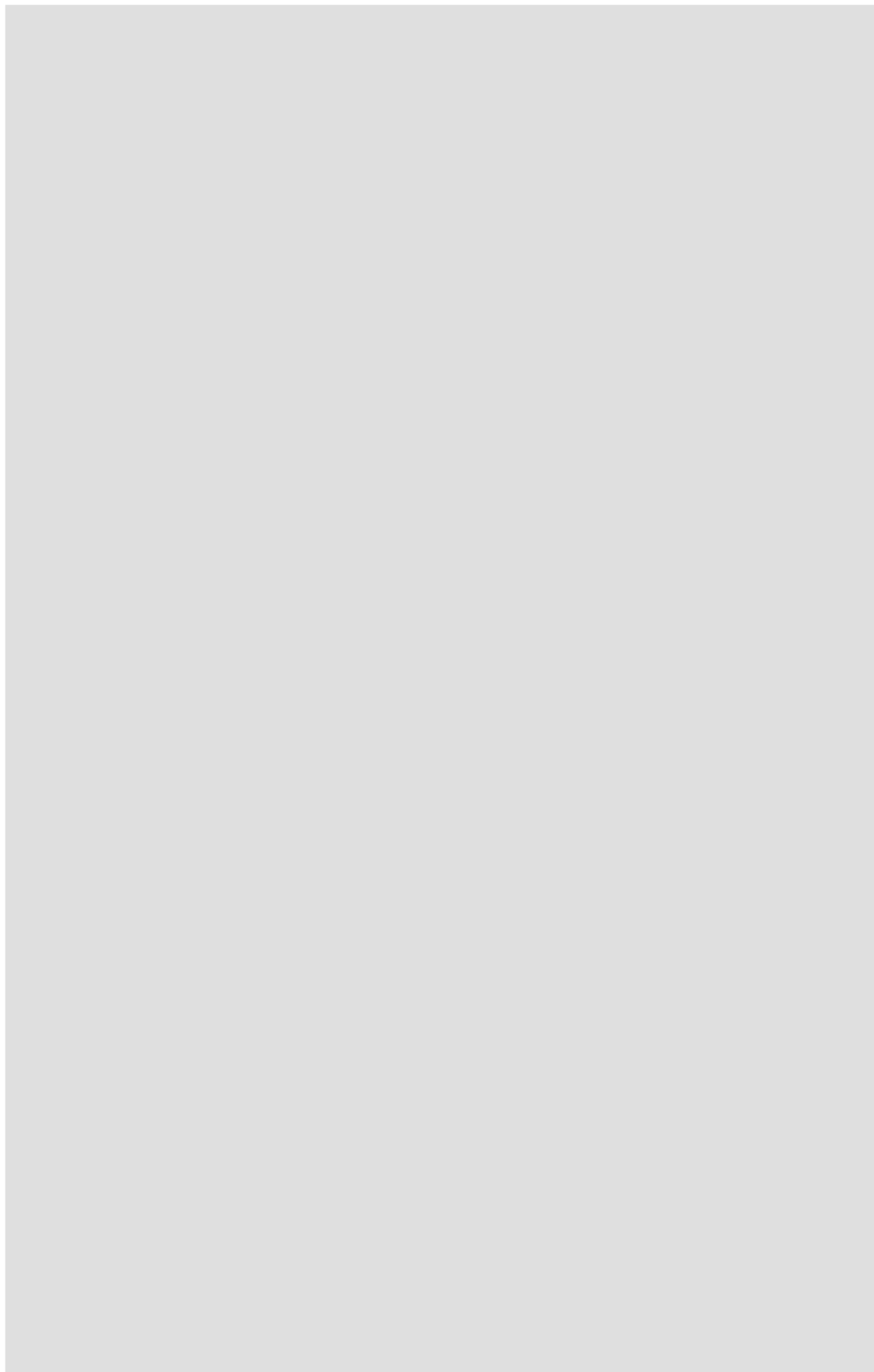
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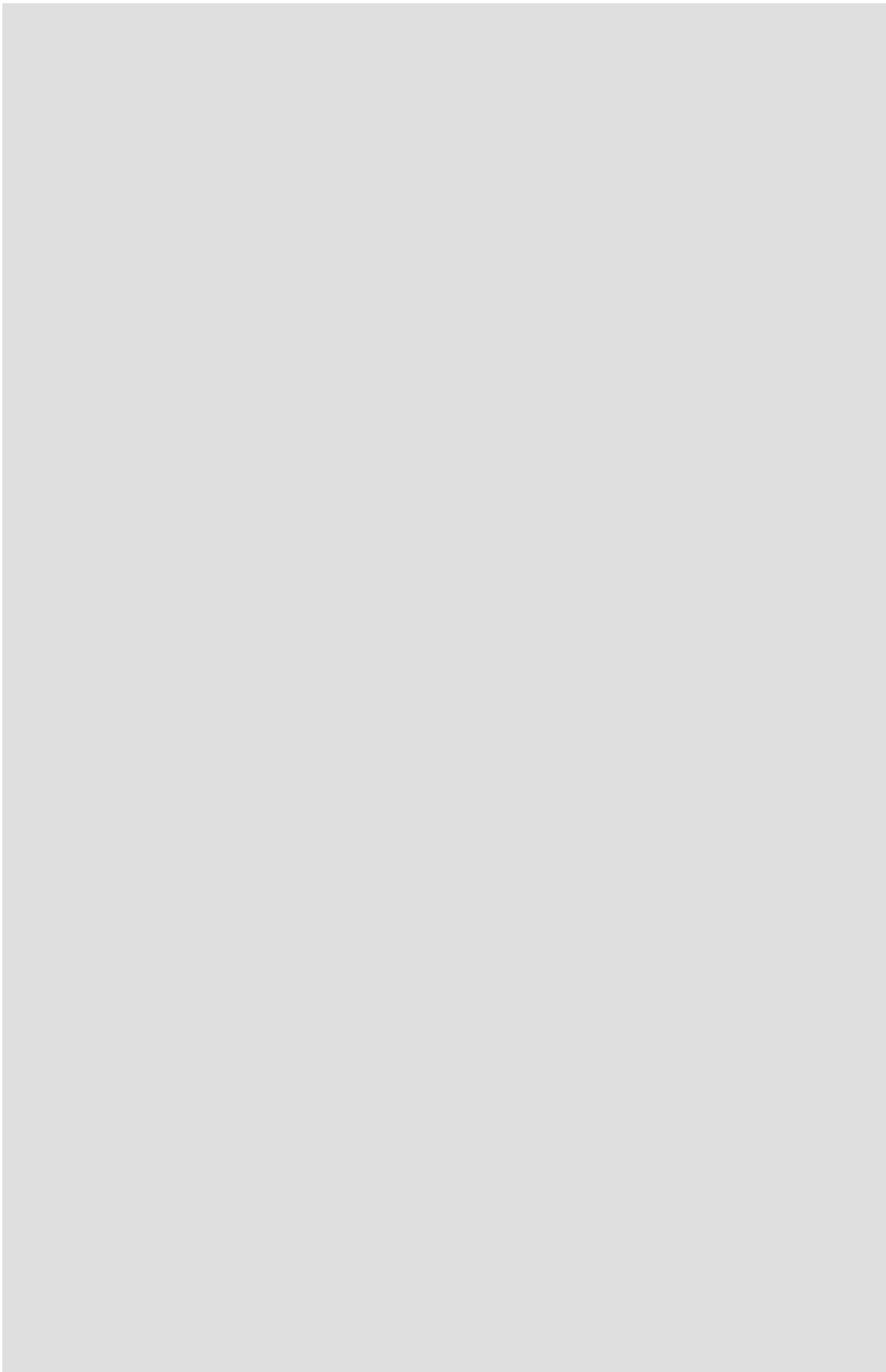
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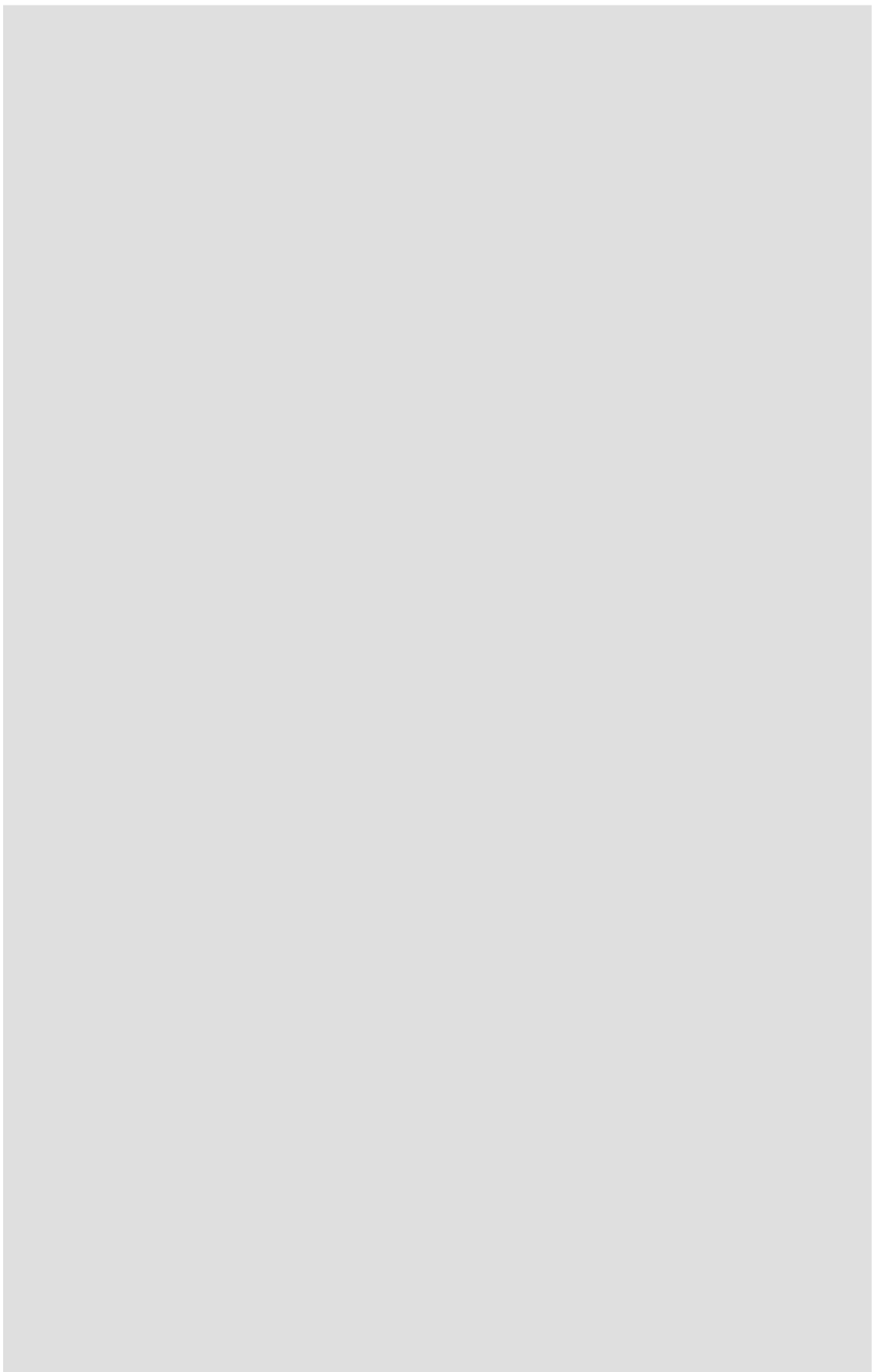
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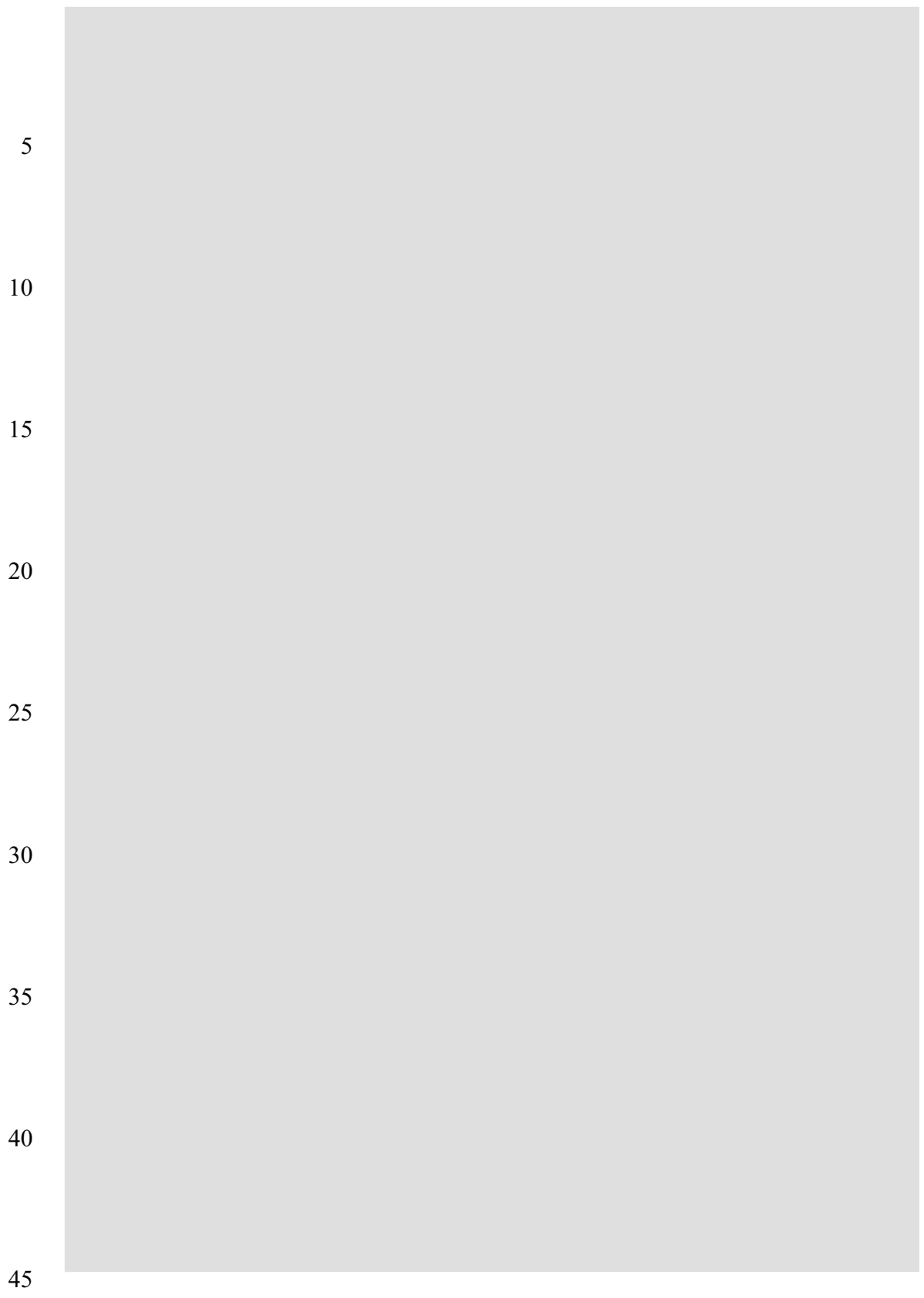


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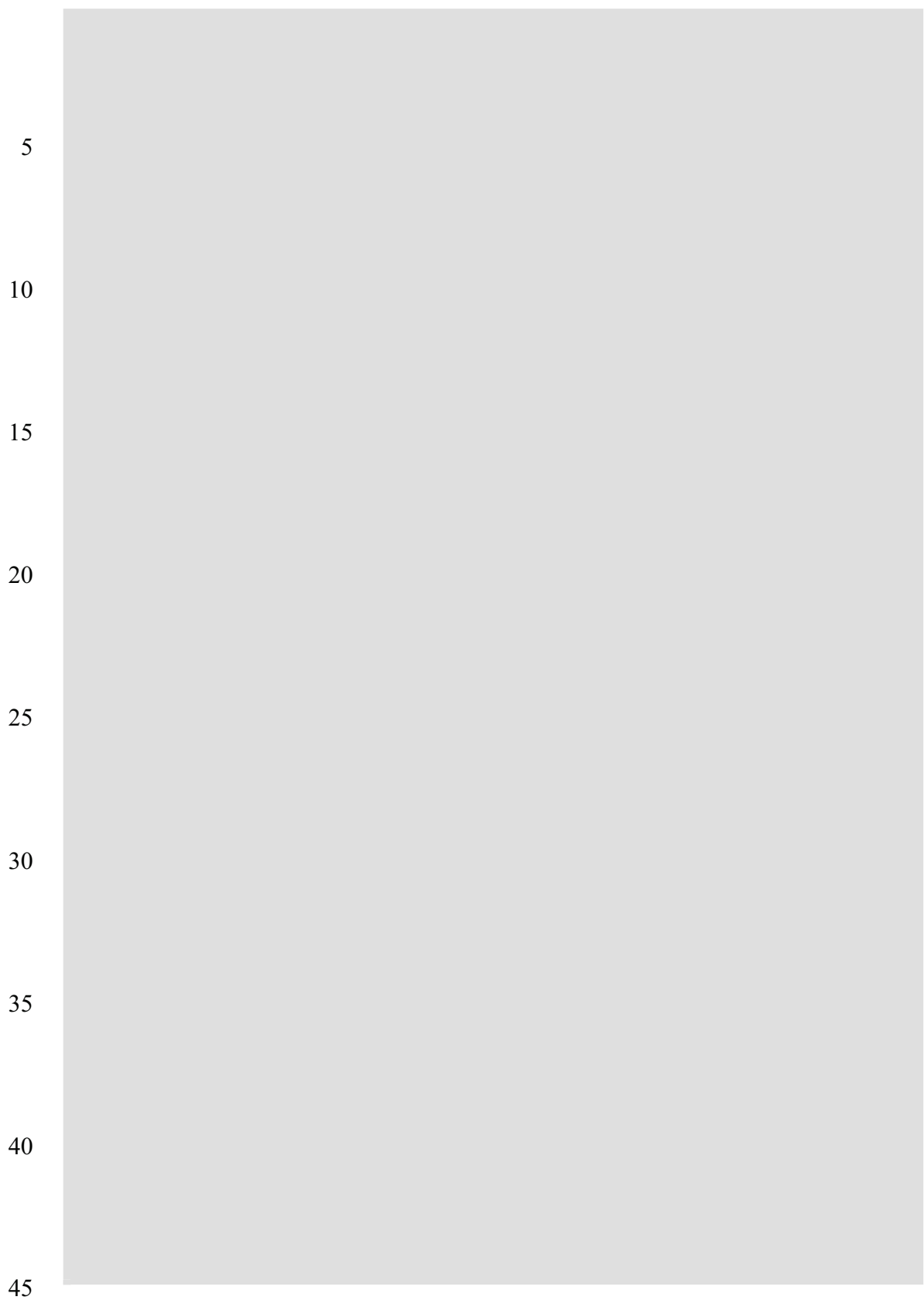
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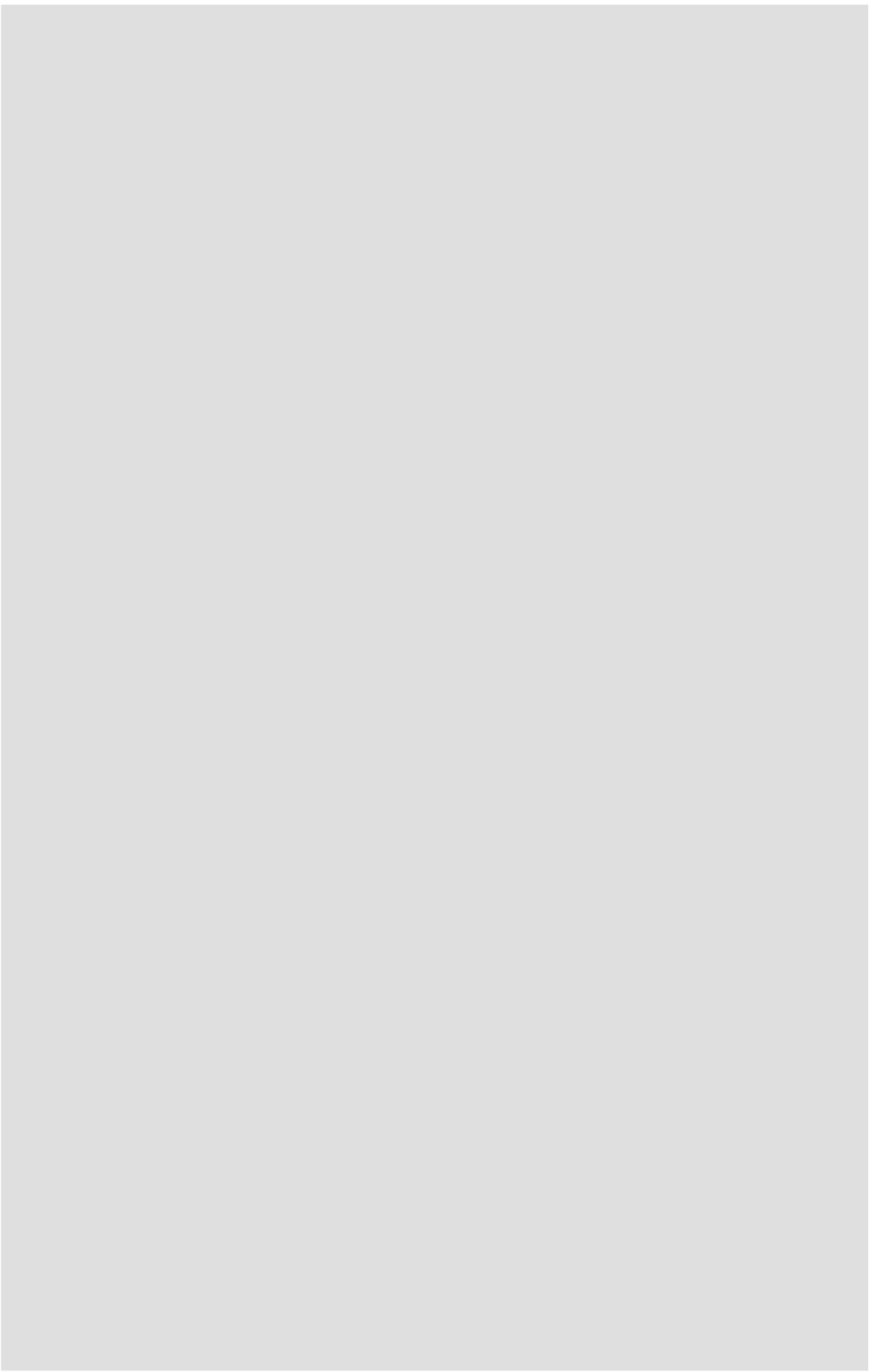


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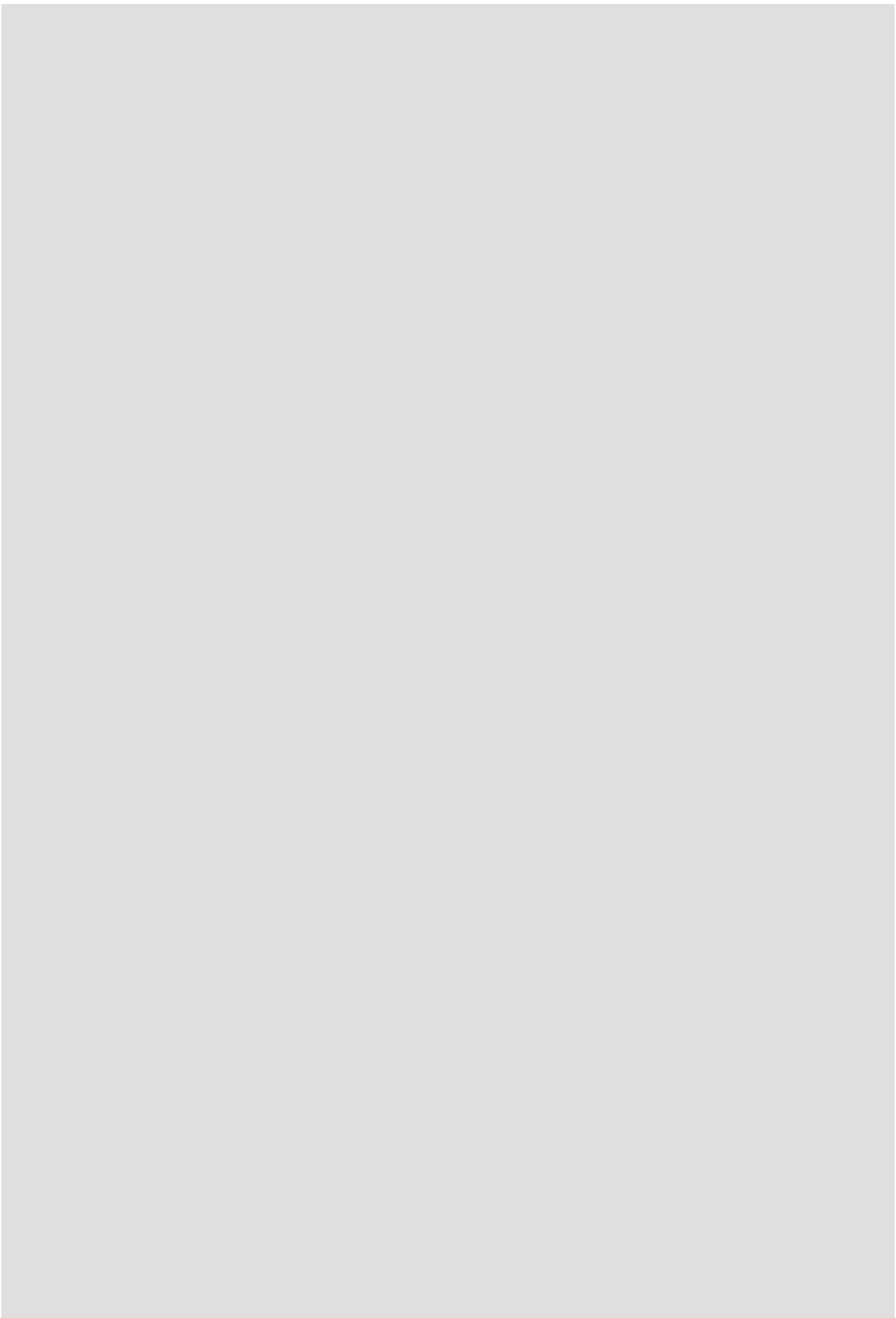




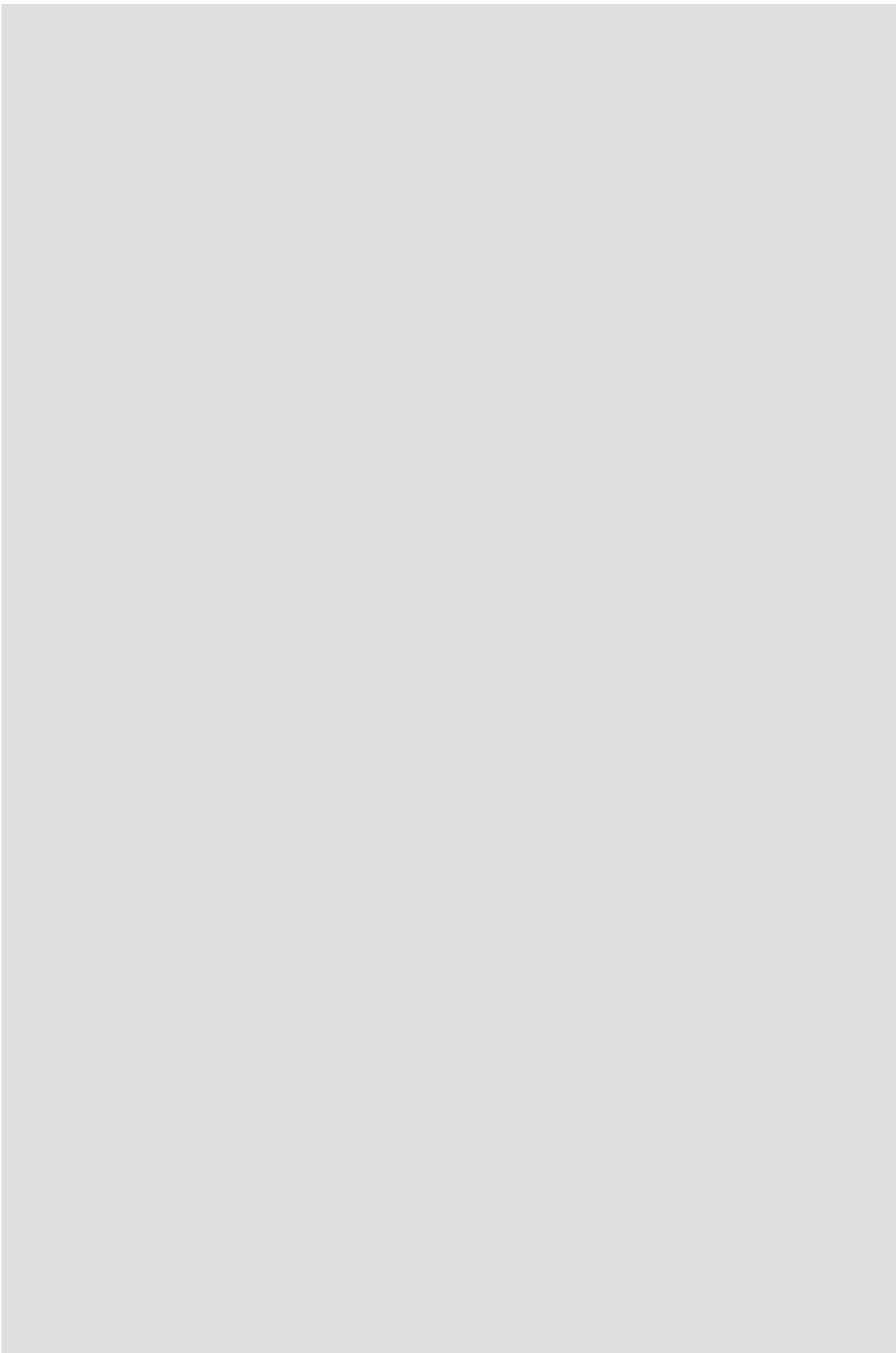
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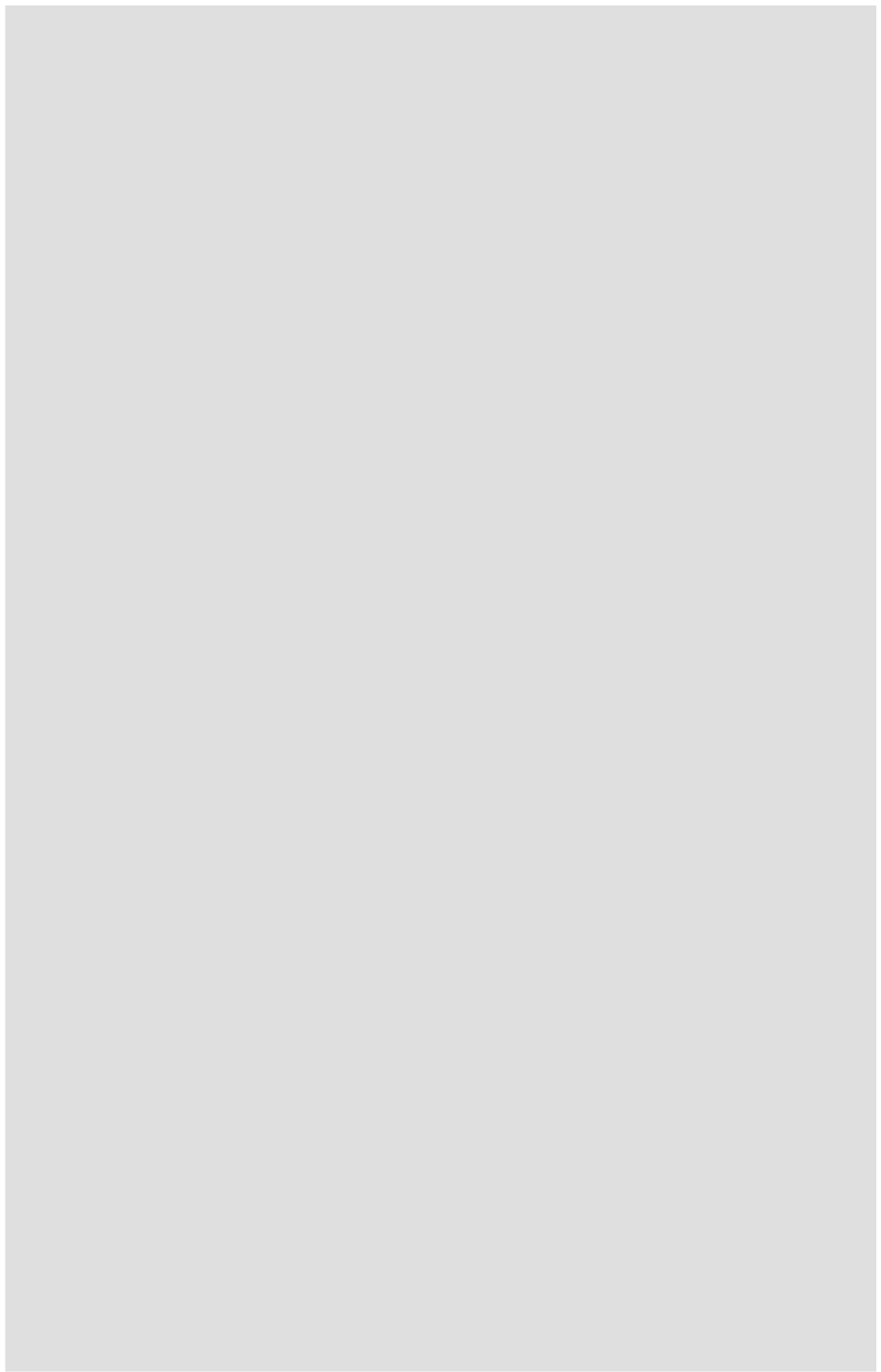
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RESUMED

[3.44 pm]

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VANESSA CLAYWORTH, CONTINUING

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EXAMINATION BY MS McMILLAN

COMMISSIONER WILSON: Yes, Ms McMillan.

40

MS McMILLAN: Yes.

COMMISSIONER WILSON: Now, we're in open hearing and live streaming is on. Is that correct? Thank you.

45

MS McMILLAN: Thank you.

You were talking about clinical nurse meetings. That was between you and nurses, was it?---Clinical nurses. So I think nobody was appointed to the clinical nurse

positions, from my memory, at that time. But there was registered nurses that were acting in those roles. So I believe there were three, from memory.

5 And what – you say that that was a means of support to them. What – how was it a means of support to them?---It provided an opportunity for them to debrief but also provided them with clinical direction.

10 Well, give us an example perhaps?---So from that, we would talk in more detail about any of the roles that case coordinators had in regards to carrying out actions from the case conferences. So that could've been a course of the young person's normal care or it could've been actioning some of the discussions regarding transition. It was also an opportunity to discuss with generally how the shift could be run or run better and reviewing of clinical incidents that took place as well.

15 Now, you say at times staff were distressed?---Yes.

20 Did you do anything in particular if you understood a particular member of your staff, that is the nursing staff, was distressed, would you do anything about it?---Yes. I'd provide them an opportunity to speak with myself. I – should they want to. And if they did not want to, I would allow them to have time even in my office with the door closed where they could collect their own thoughts and, you know, feel more centred before going out on the ward. And whatever duties they were doing at that time, I would assure that I would either do them or ask another nurse to do them. But a lot of the time, I would do that. So even being continuous observations, doing the medication, doing the observations of the young people.

30 Okay. Alright. Thank you. Now, I just want to clarify in case it's not clear. The transitional panels, as a matter of course, the case coordinators were not invited, were they?---They – it wasn't that they weren't necessarily invited. They weren't a part of the panel. They were welcome to come if they thought that it wouldn't affect the therapeutic relationship that they had with the young person.

35 And did they perform a role in terms of a conduit before, say, the transition panel and the young person and their family?---They certainly did. So part of the role of being a case coordinator is to have contact with the family. That is one of the primary roles of the case coordinator. And often in the care reviews which were formerly known as case conferences that were held weekly, in the actions it was listed CC to contact mother, father, carer, whoever it may have been. And the CCs had access to those documents. And on top of that, there would be times that I would send emails to
40 CCs asking them to follow up and make contact with the parents or complete something to assist with the transition process, be it referral or a crisis intervention plan.

45 Alright. And is it correct to say that there was perhaps an idea of separateness in a way so that they were given information in a form at times that was appropriate to be passed on to the patient and their families?---Yes. That's correct.

Right. So that – if I have got this incorrect, just tell me. But it was done so that they weren't put in a position of conflict, that they had information in their possession that they weren't able, necessarily, to pass on?---Yes. So information that was shared with the case coordinators a lot of the time was information that was able to be shared with a young person and their family so the case coordinator didn't have to deal with the stress of holding information from the family or not – because that could be difficult sometimes, not – because there was many discussions when something had to be escalated to higher levels. It was – you know, you didn't know how long you needed to wait for. And I didn't think that was fair to put that stress on staff when they were already under a lot of stress.

So, what, in that case if it was escalated up to a DG level - - -?---Executive DG level, Mental Health Branch.

- - - would you then inform the case coordinator when it was resolved?---Yes.

Right. Rather than the – in terms of there being some uncertainty about it?---Yes, because at times plans would change.

Alright. Thank you. Now, you mentioned in terms of you shared job advertisements with staff. What about in terms of other – did you offer them any other assistance, nursing staff, about securing employment elsewhere?---So I encouraged them – it was – at the time, I just want to make it known that from when Alex Bryce took over as nurse unit manager it was his role for the support of staff. But I certainly did still meet with staff. And if it was being discussed in the nurse's station, encourage them to meet with HR and discuss their individualised plan for employment.

And as I understand it, the CMC role didn't exist prior to the transition process, did it?---No, it did not at Barrett.

So it was actually created - - -?---Yes, it was.

- - - in relation to the transition?---Yes, it was.

And, as I understand, you were effectively relieved of other duties to be able to concentrate on the issues relating to transition?---Yes. Alex Bryce came in as nurse unit manager to relieve me of those duties.

Alright. Now, you were asked about Dr Sadler being stood down. And you weren't asked – in your view, do you think the transition process, in general, was affected by Dr Sadler's absence?---I think Dr Sadler held a wealth of knowledge and he was containing because he had a relationship with the young people and the family and he had an understanding of the young person's history. But I don't think it would've changed the places that the young people went because it even went above the clinical director's role. So be it Dr Sadler or Dr Anne Brennan, it went above their level and did go to DG Executive Mental Health Branch level to find these young people placements.

So from what you said, he was adept at managing or containing patients' families. Correct?---Yes.

5 In terms of their emotional state, can I put it that way?---Yes.

But in terms of the actual process of transition, you say that that often went above the clinical director. That was his role that Dr Brennan then came into?---Yes, it did. Yes, it did.

10 Right. Okay. So, now, in terms of this site visit that you mention about Logan, would you have a look at this document, please, because I don't think it's on Delium yet. It's been notified. Is that a copy of the minutes that you said documented that site meeting?---Yes. It was dated Tuesday, 10 September, the minutes.

15 Well, we understood that Dr Sadler was stood down on that day?---Yes.

So the site visit from – it appears from the minutes, occurred prior to 10 September?---I believe it was the - - -

20 Is that right?---I believe it was the previous week.

Alright. I tender that document, Commissioner.

25 COMMISSIONER WILSON: Thank you. Could I see it, please?

MS McMILLAN: Sorry.

COMMISSIONER WILSON: So these are not minutes of the site visit, as such.

30 MS McMILLAN: No.

COMMISSIONER WILSON: They're minutes of lots of things which happen to mention the site visit.

35 MS McMILLAN: Yes. That's so, Commissioner. Yes?---It's the minutes from the nurses meeting and it was discussed with the nurses.

COMMISSIONER WILSON: Alright. They can become an exhibit.

40 MS McMILLAN: Thank you.

Now, change of topic. In terms of – you understand a number of the education staff at Barrett have given evidence, correct, in this inquiry?---Yes.

45 Can you indicate prior to you assuming the nurse unit manager in early August 2014, how would you describe, in general, your relationship with the education staff?---I would have said it was good.

Cordial?---Yeah. There was a mutual respect.

When you assumed the nurse unit manager role, did you discern towards you from the education staff any change?---Yes, I did.

5

What was it?---I think it was difficult me being in that position because I feel as though I was associated with the theme of the closure. And because I was in meetings and I wasn't able to share information. And the teaching staff at times would ask me that information and it was information that was of a clinical nature and I was unable to share it. And their responses, at times, I found to be intimidating and body language at times was aggressive in nature and it – it was unfortunately unpleasant and it hadn't previously been like that.

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And in terms of – were you aware of – or did you have any level of awareness of them communicating post the closure announcement with the young patients about their situation in terms of possible transitions and information such as that?---Yes. I became aware when – and I won't mention the young people's names because we're in open hearing. But there were times when the young people wanted to come speak with me about what the teachers had spoken to them about, because the young people were dealing with their own stresses and anxiety, and, I think, sometimes, when the teachers were perhaps uncontained with their own emotions and discussed that with the young people, the young people witnessed it, it was difficult for the young people to process it – process that information. They had difficulty with their own emotions, let alone witnessing others and others being put onto them as well.

25

Well, how did you become aware of that? Was that from the education staff or from the young people?---The young people would come and speak with me in person.

30

And would they indicate to you what, that they had certain information and where it came from?---Yes, they would. So some of the information was out of case conferences or out of transition panels.

35

Alright. And did it indicate that it – the education staff had something to do with information they were then discussing with you?---Yes. Well, the – the young people had said they were the source of the discussion.

Right. Thank you. Now, the balance of my questions should be in closed session, Commissioner.

40

COMMISSIONER WILSON: Alright. Does anyone have anything in open session?

45

MR McMILLAN: Commissioner, I have one matter by leave, if I might, arising from the examination by Ms McMillan.

COMMISSIONER WILSON: Yes, Mr Ben McMillan.

EXAMINATION BY MR McMILLAN

[3.56 pm]

5 MR McMILLAN: Thank you, Commissioner. Ms Clayworth, you were asked a
number of questions by your counsel, Ms McMillan, about communications with
staff, and a number of times during your evidence you said things were available to
all staff. Do I take it that you're referring only to the nursing staff?---The
communication folder was available to all staff, so that could have been – it was
10 available on the – it was out in our dining area and handover area, so it was available
for all staff. It wasn't just strictly for nurses. All staff could have accessed it, and it
was known that it was there. It was discussed in case conferences that it was there.

15 And the emails that you sent to staff that you've been asked questions about: were
they sent to nursing staff or to other staff at the BAC?---The majority of them were
sent to nursing staff because I was nursing staff's line manager. There was
somebody else at The Park that would have been the line manager for allied health
and for education staff.

20 Were you ever directed by anybody that you were to communicate only with
employees of the West Moreton Hospital and Health Service and not with the
education staff?---There – there was a separation in meetings at times, but I still
certainly communicated with education staff at case conference and at the morning
meetings.

25 Thank you. Thank you, Commissioner.

COMMISSIONER WILSON: Anything arising out of that in open hearing?
Alright. The hearing will be closed again. The live streaming should go off.

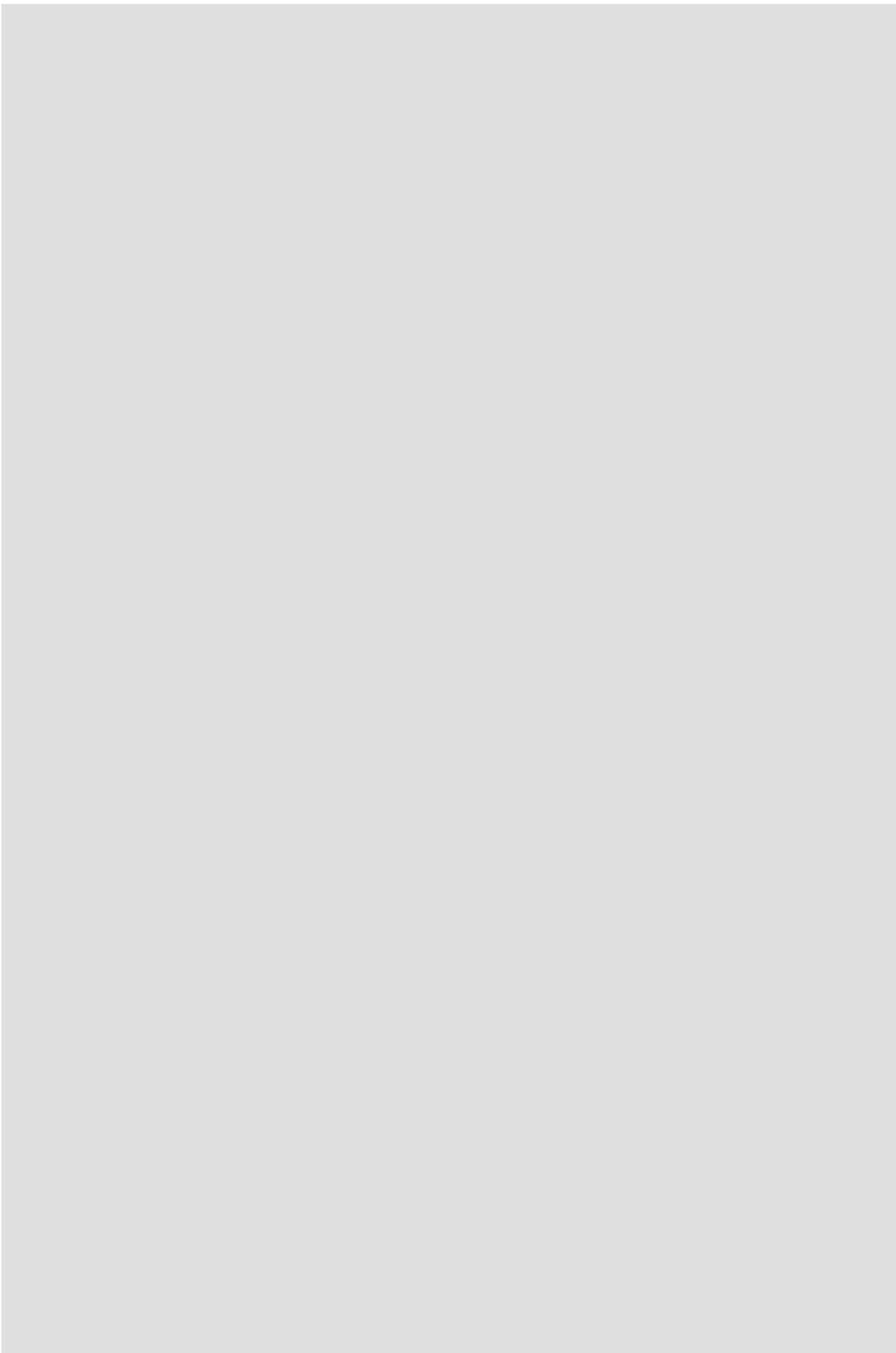
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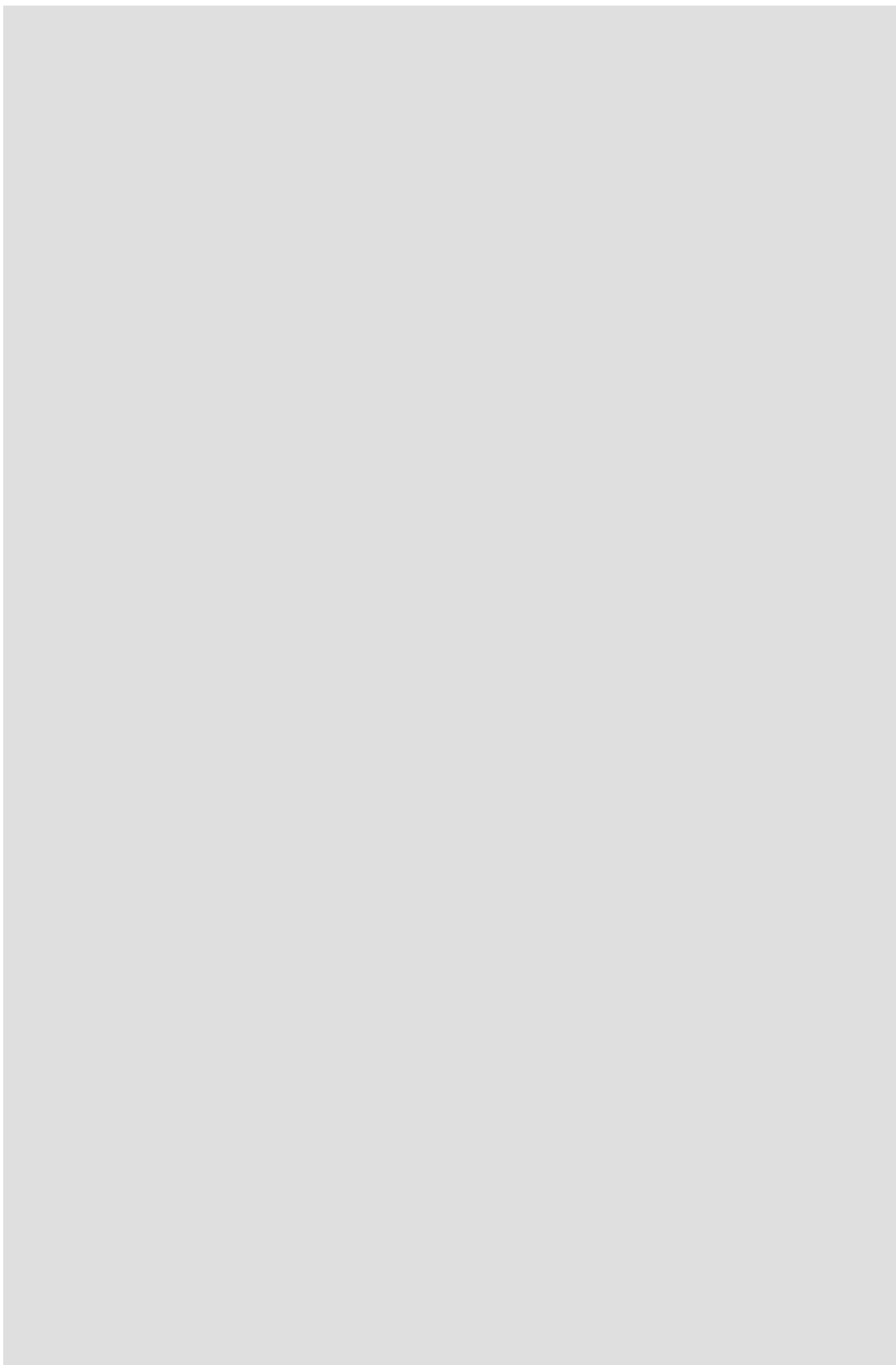
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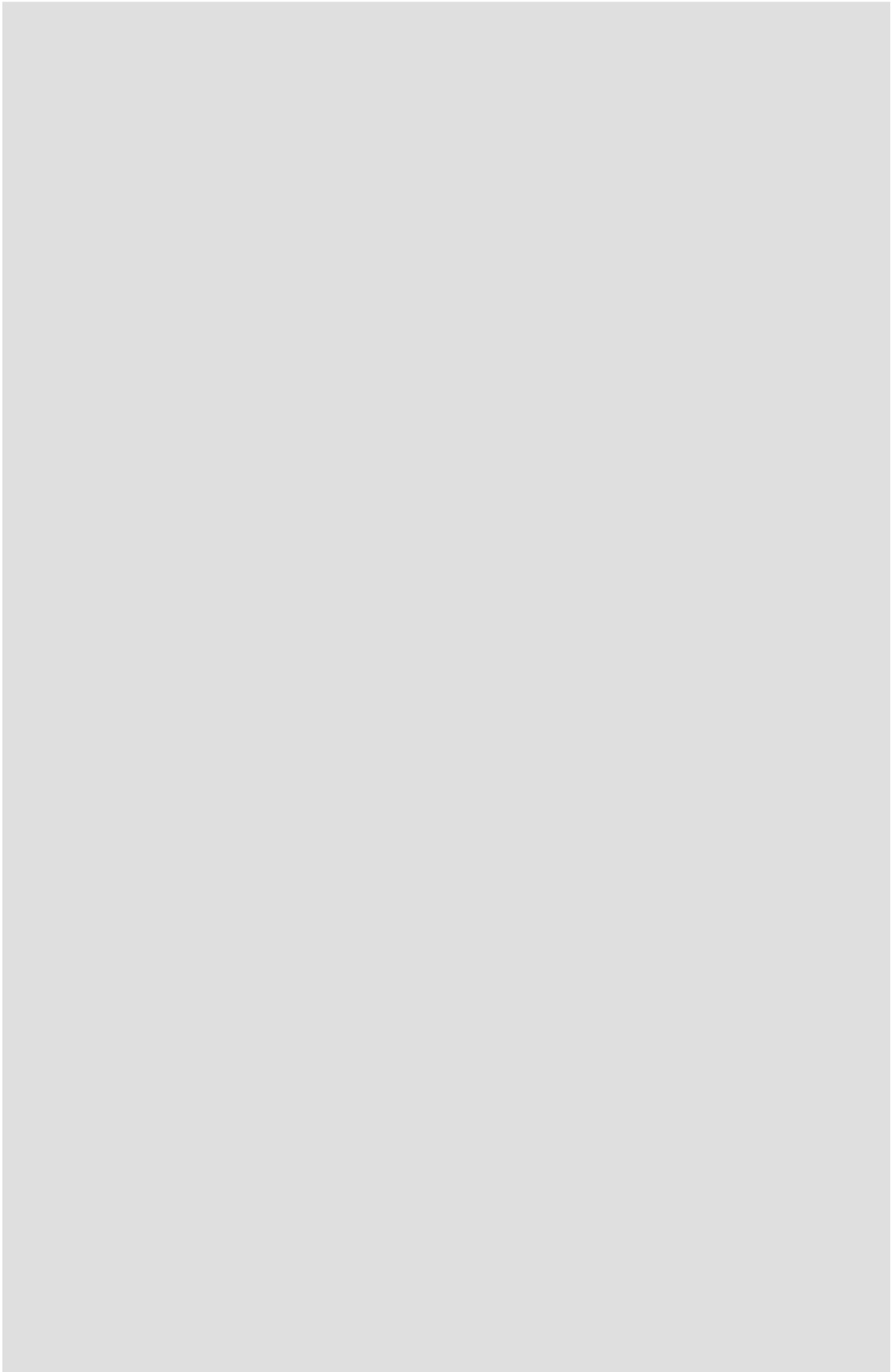
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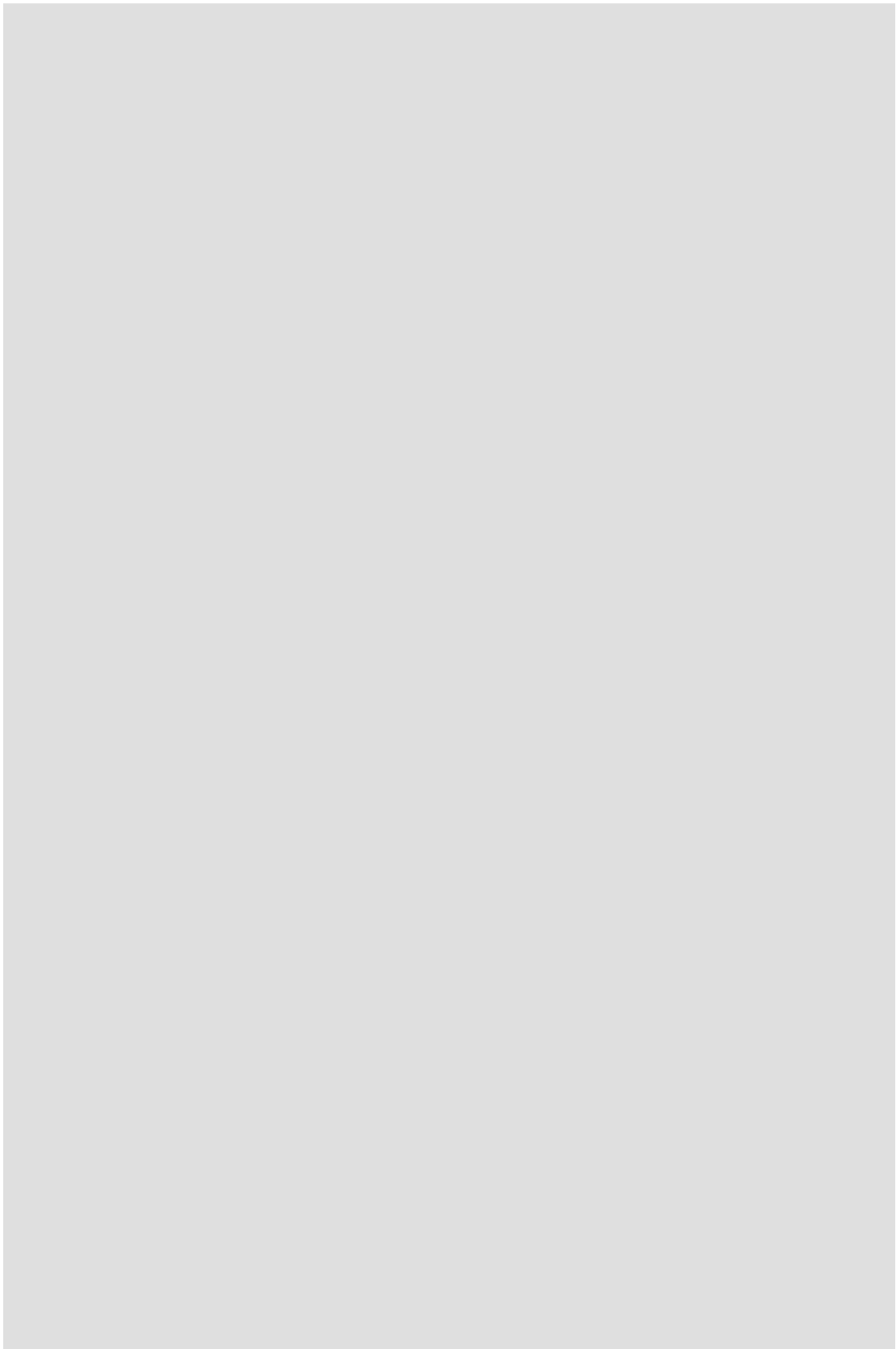
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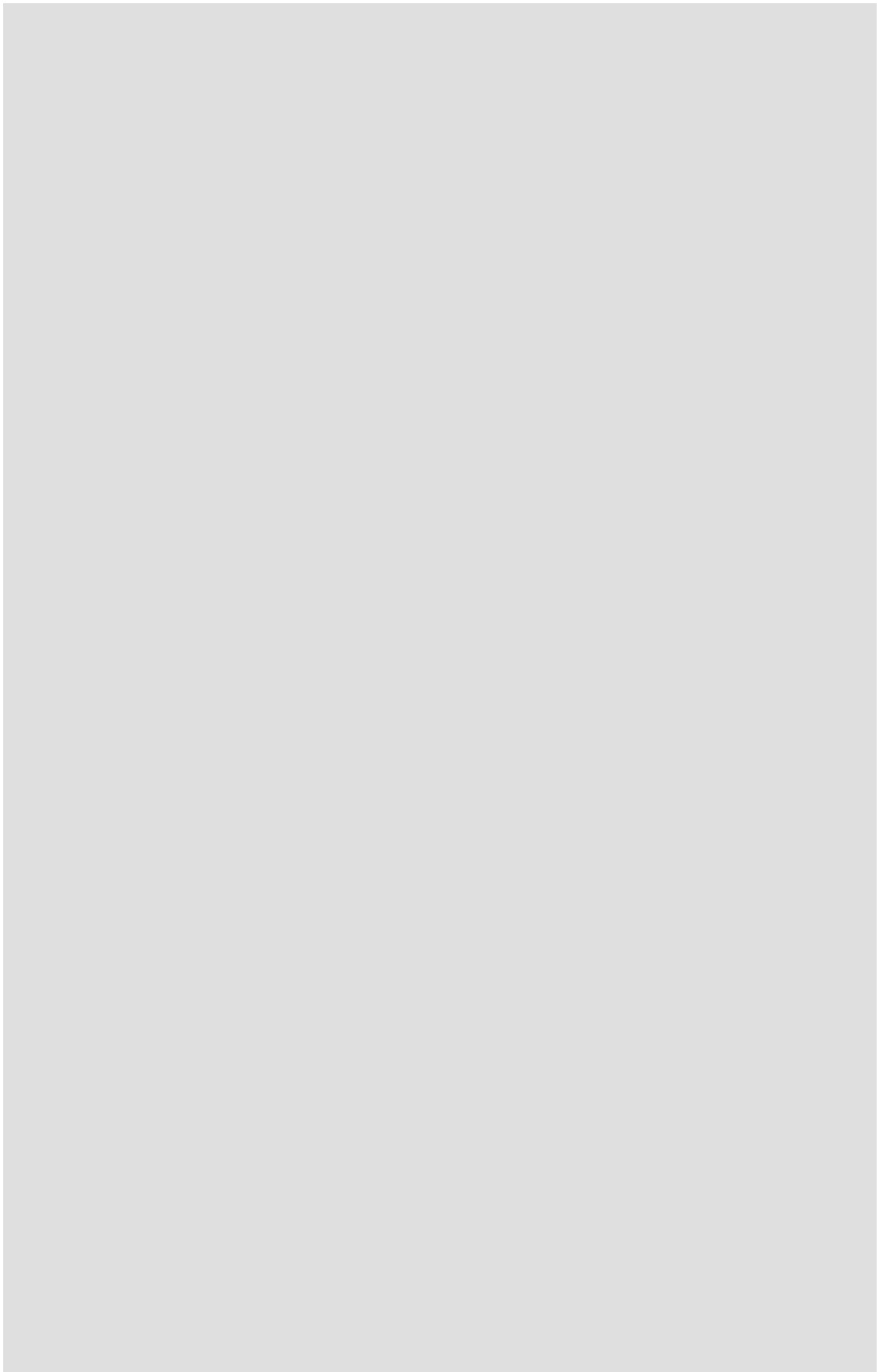
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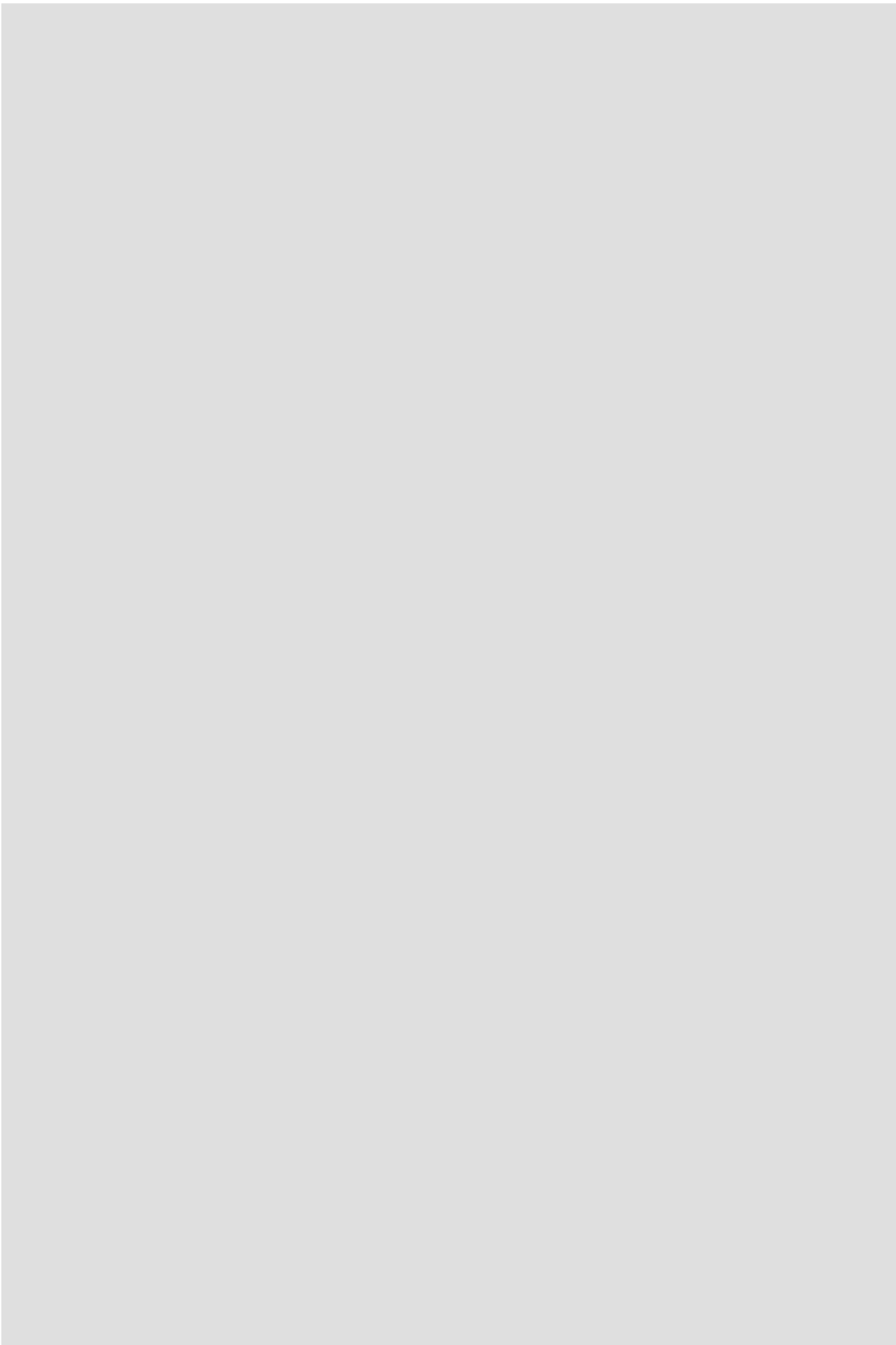
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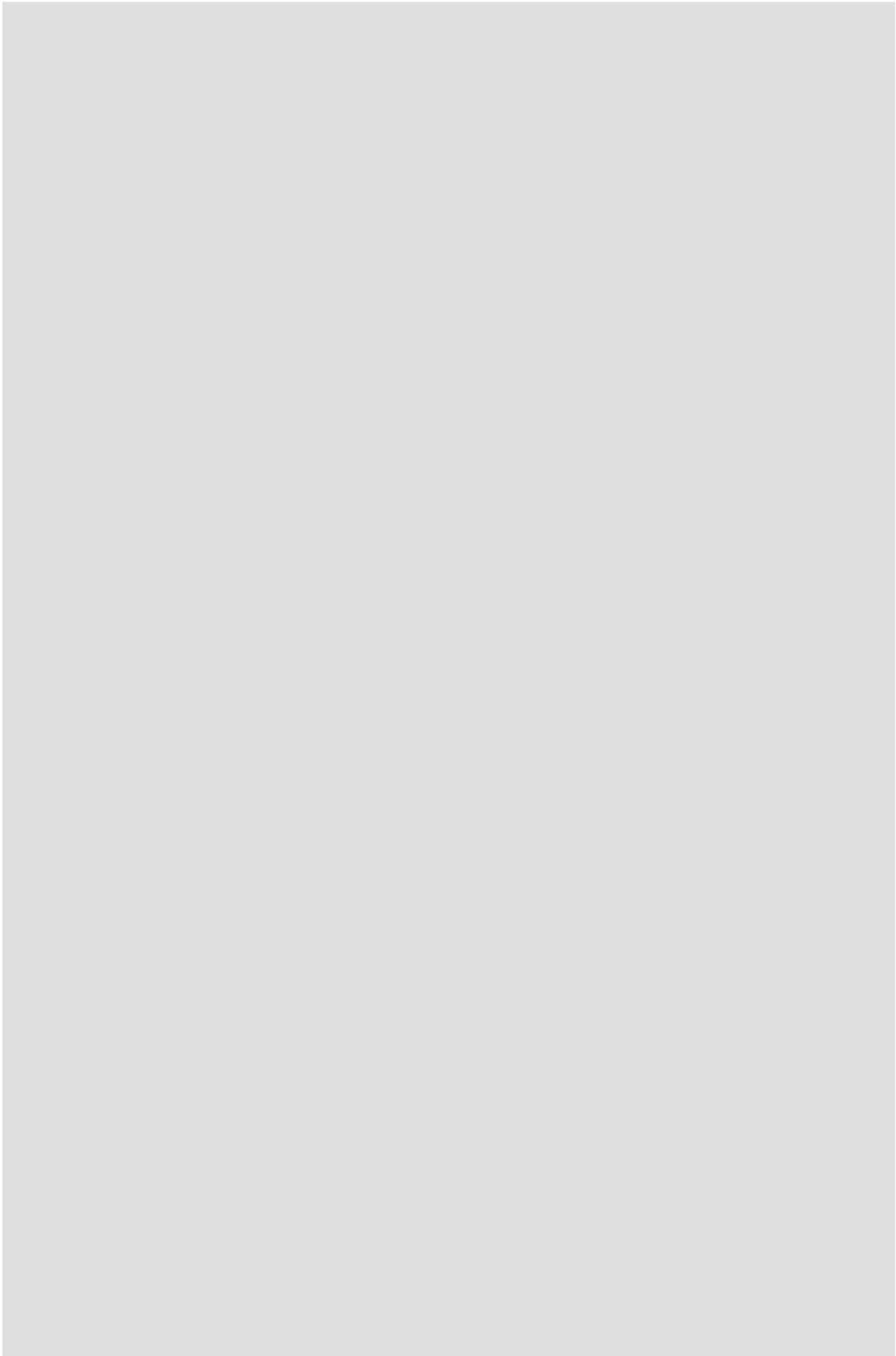
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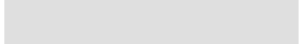
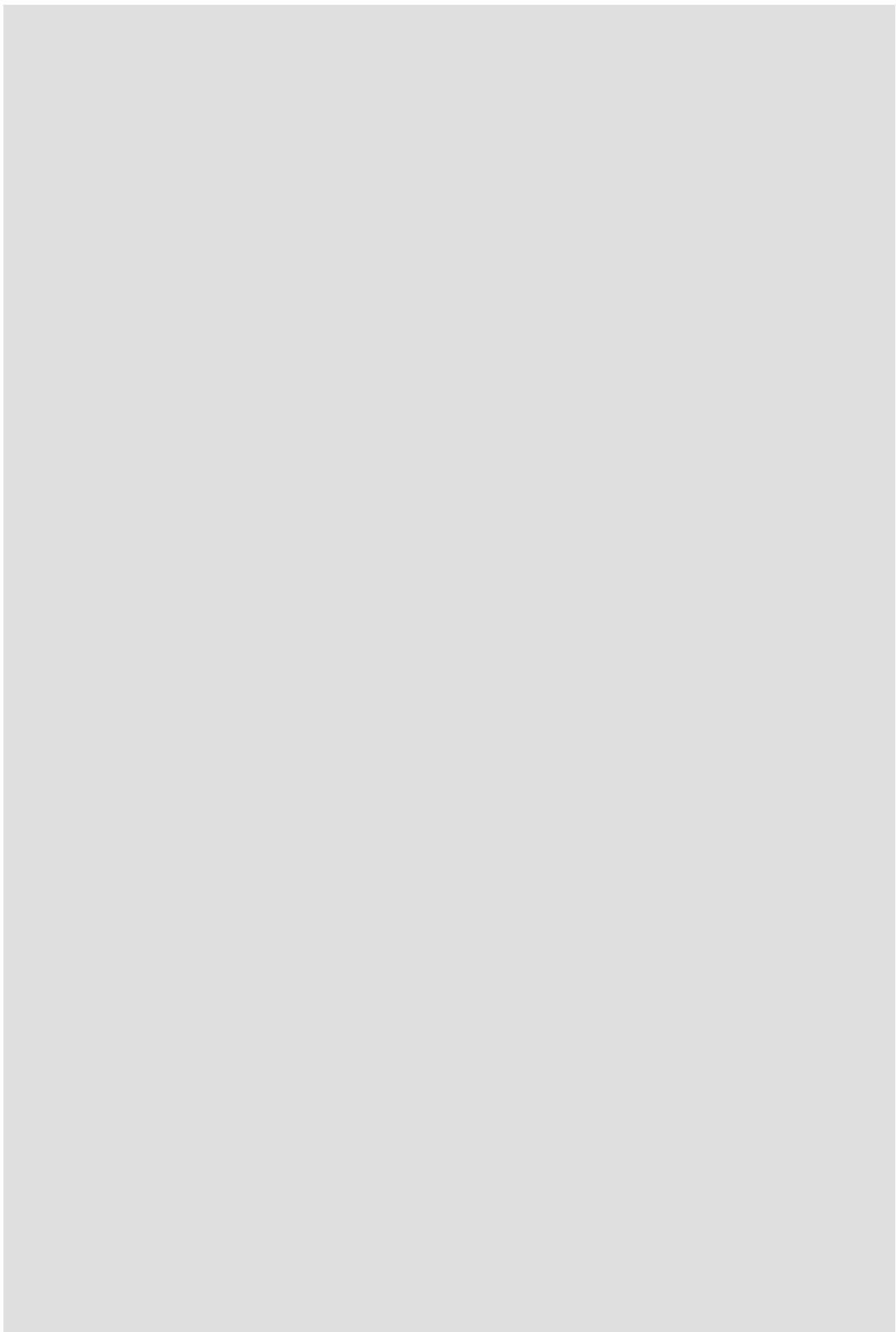
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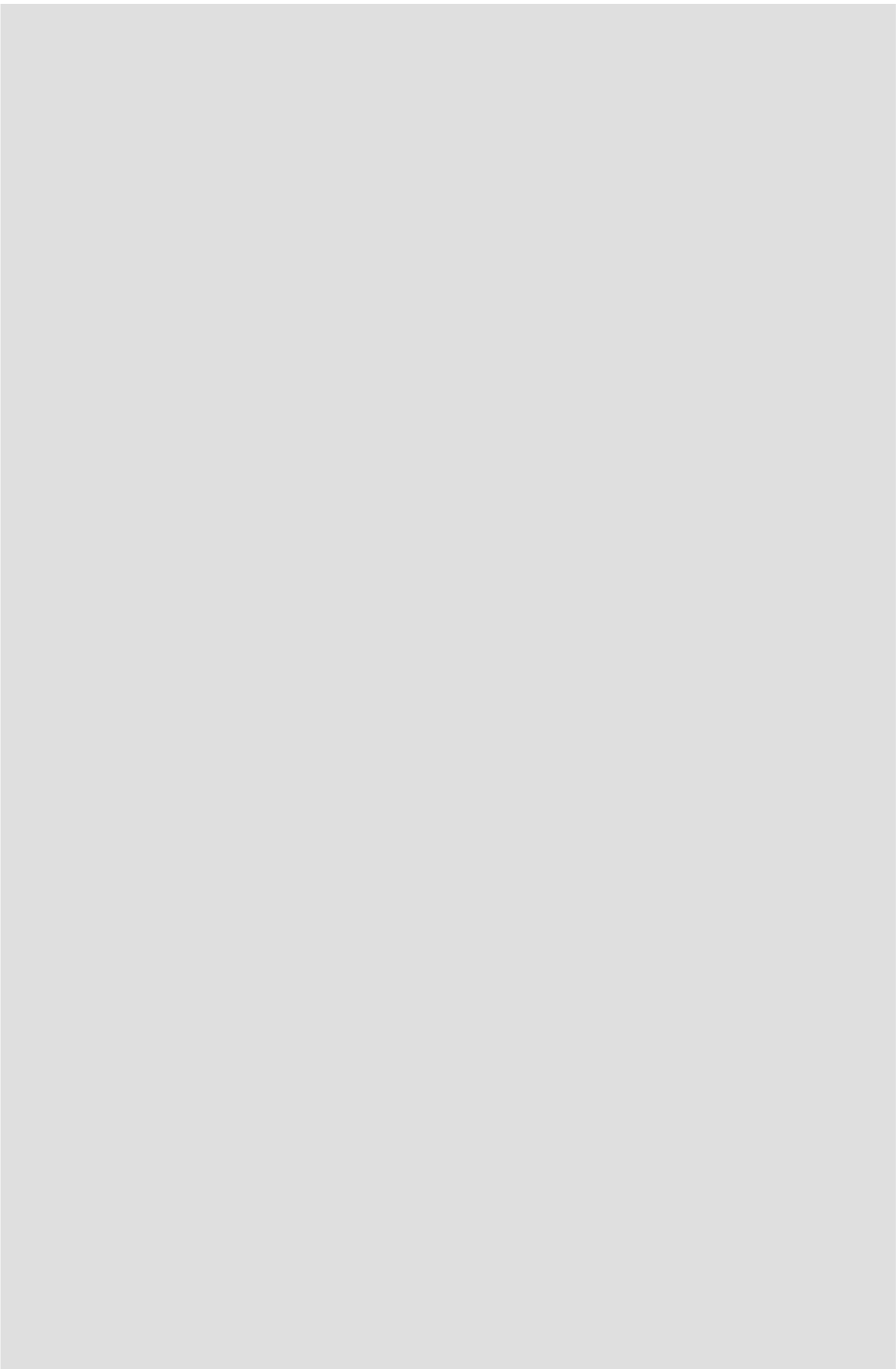
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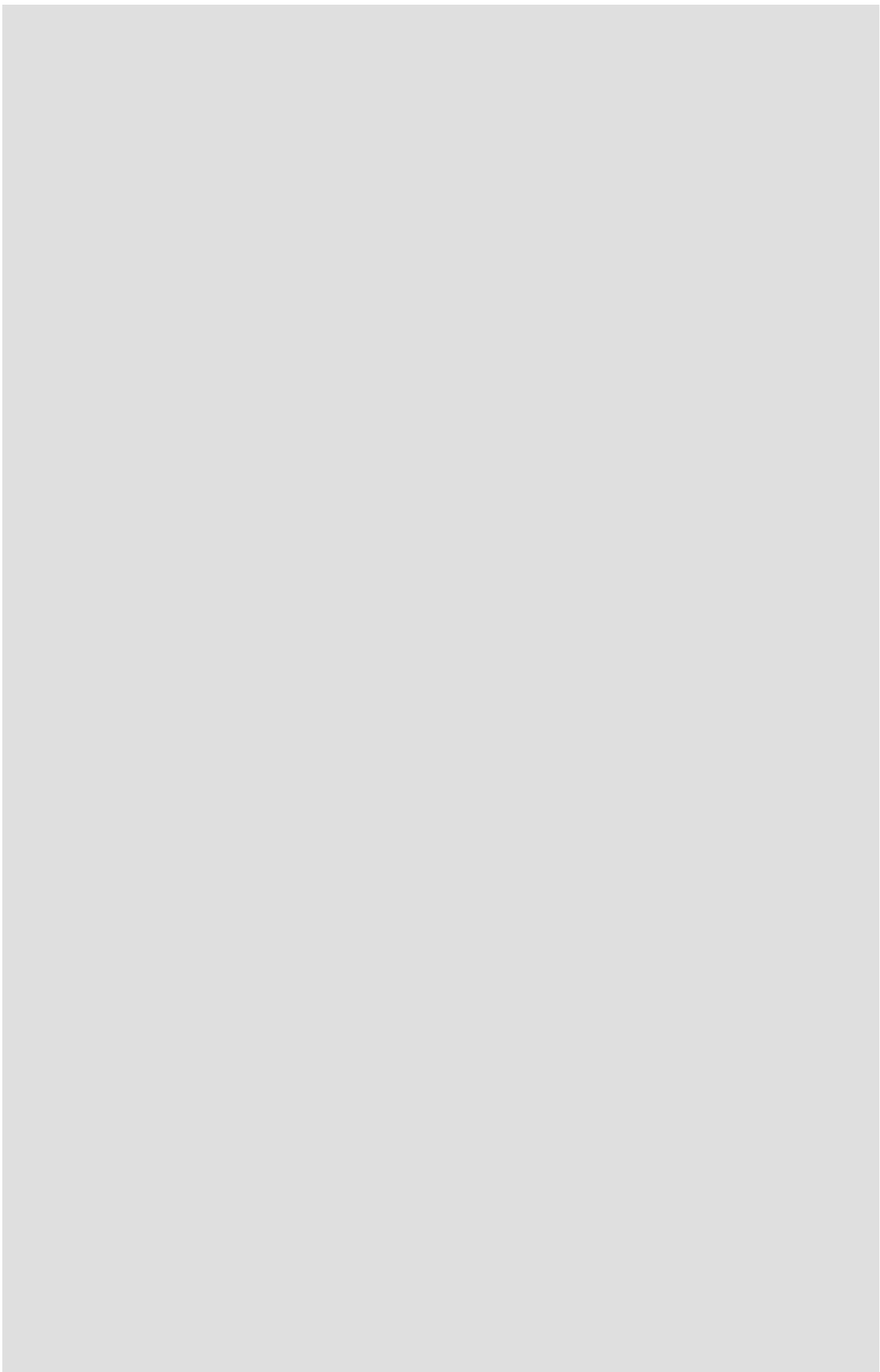
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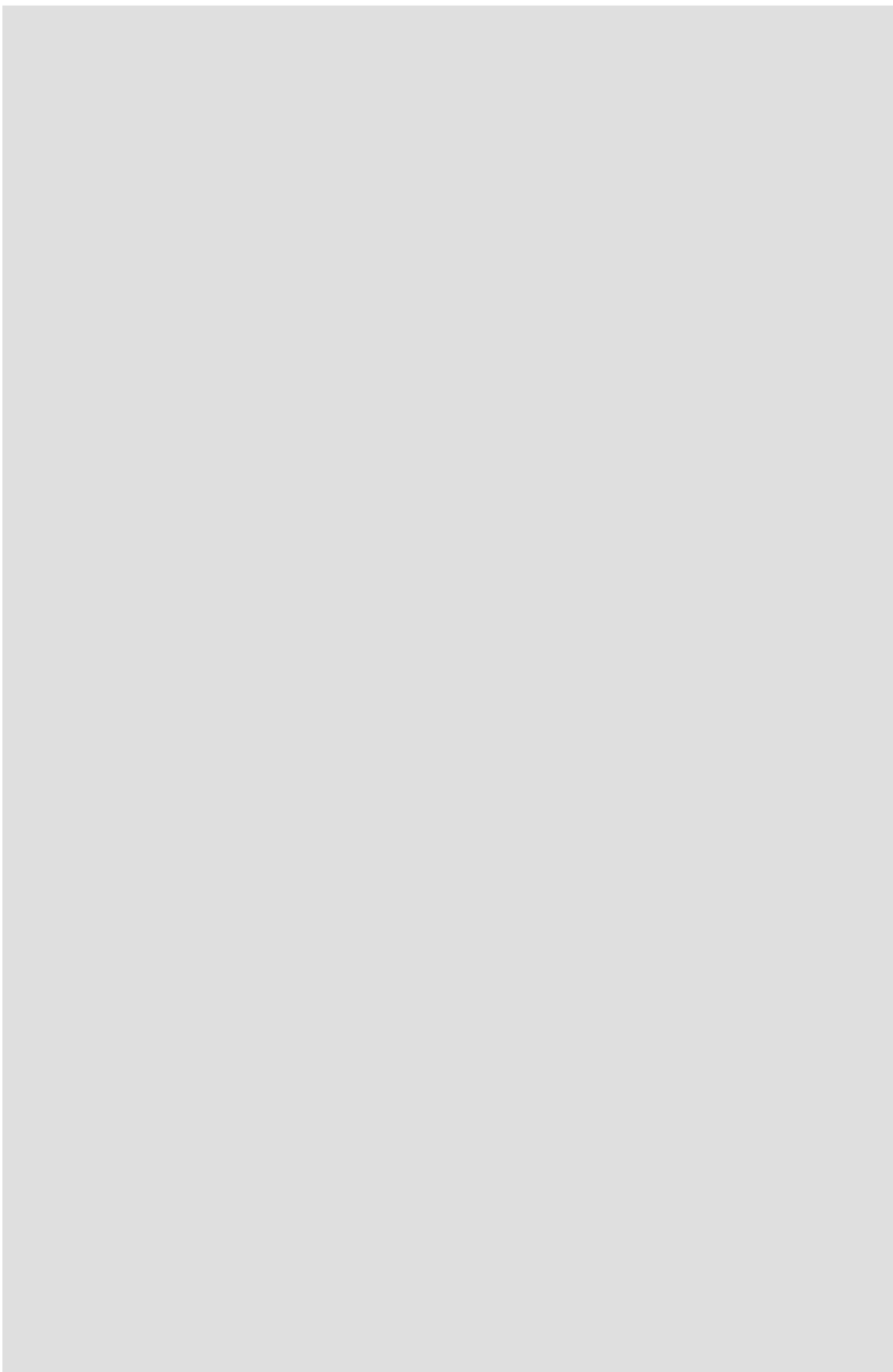
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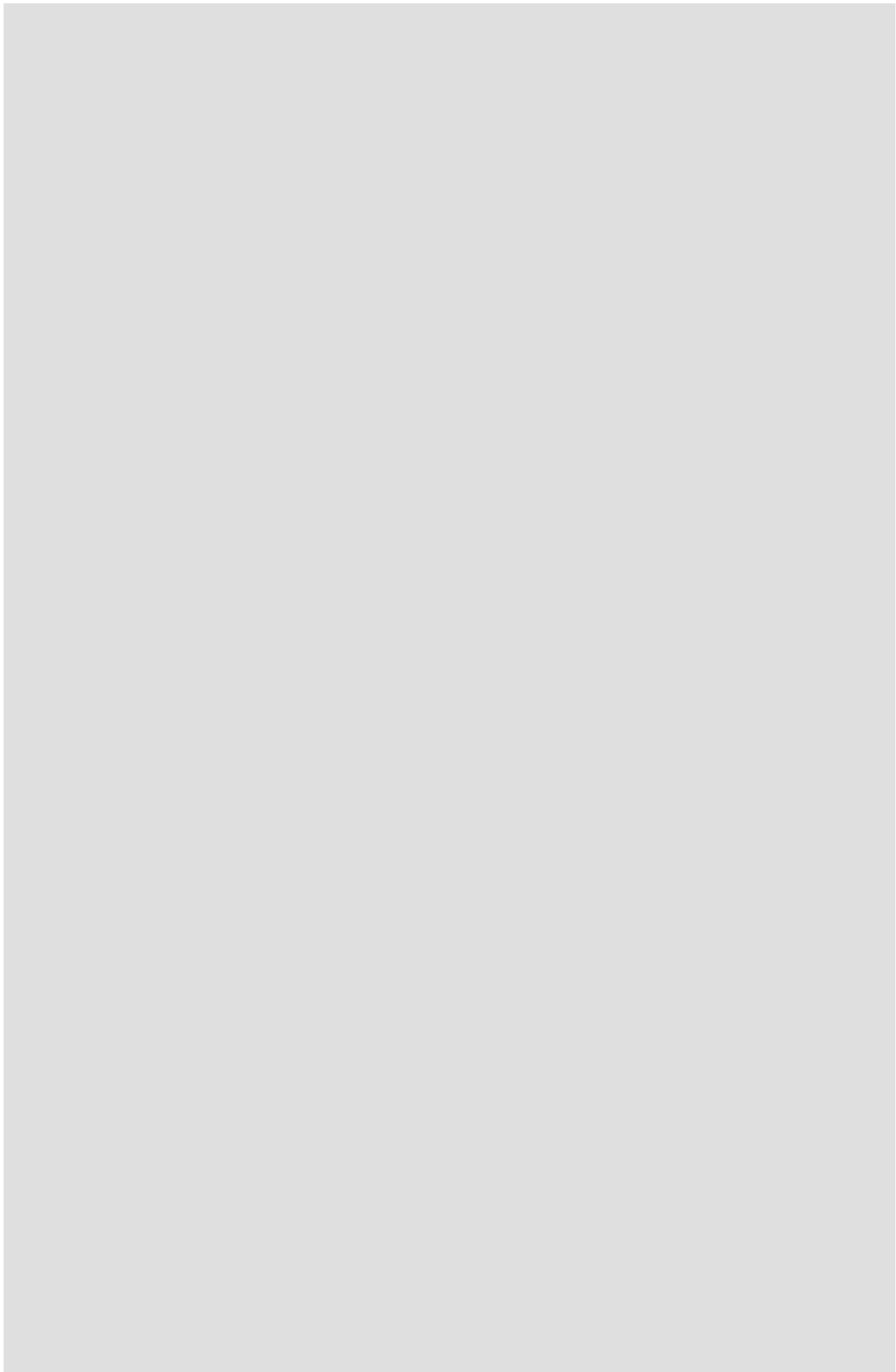
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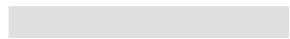
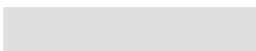
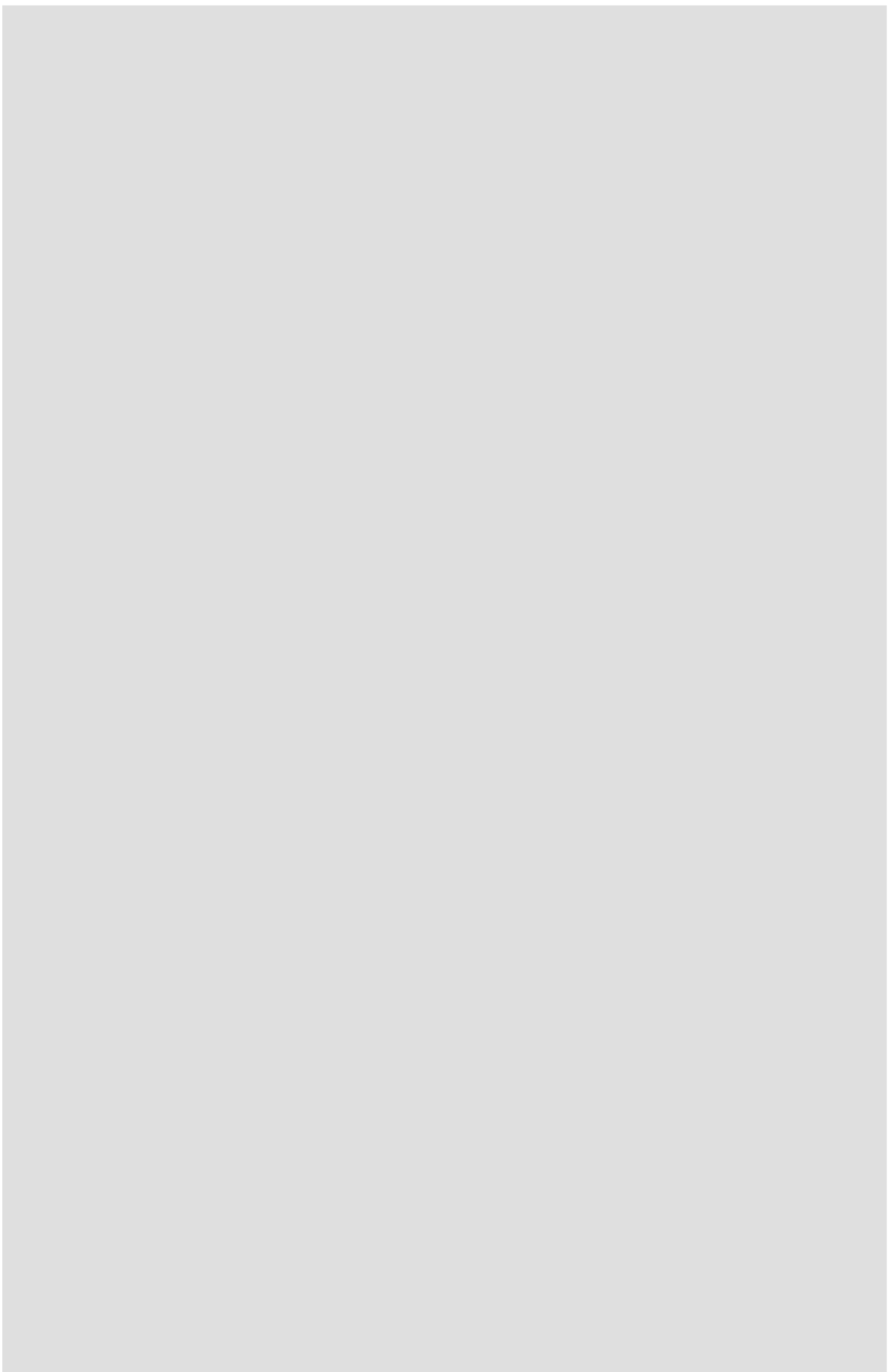
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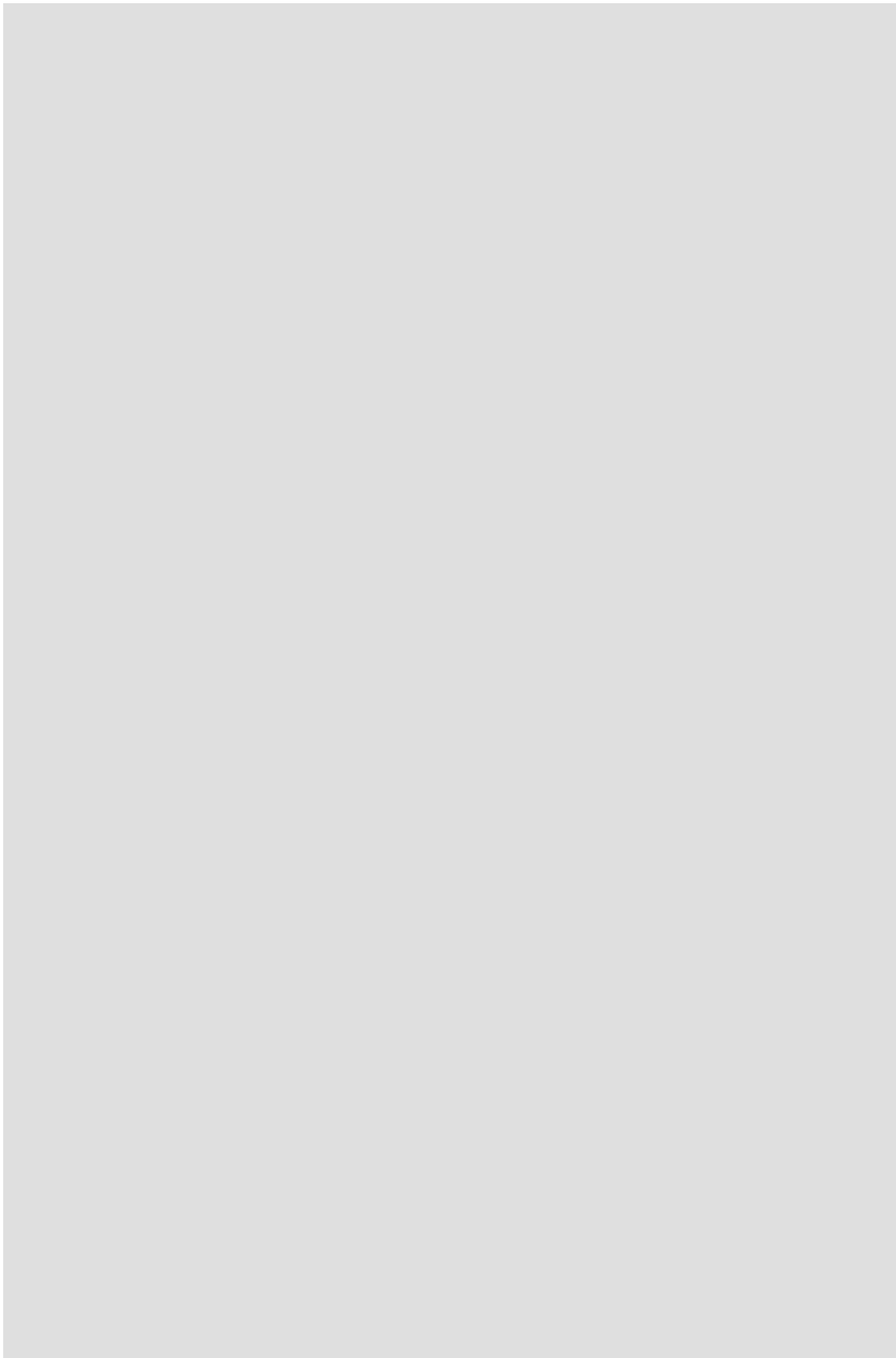
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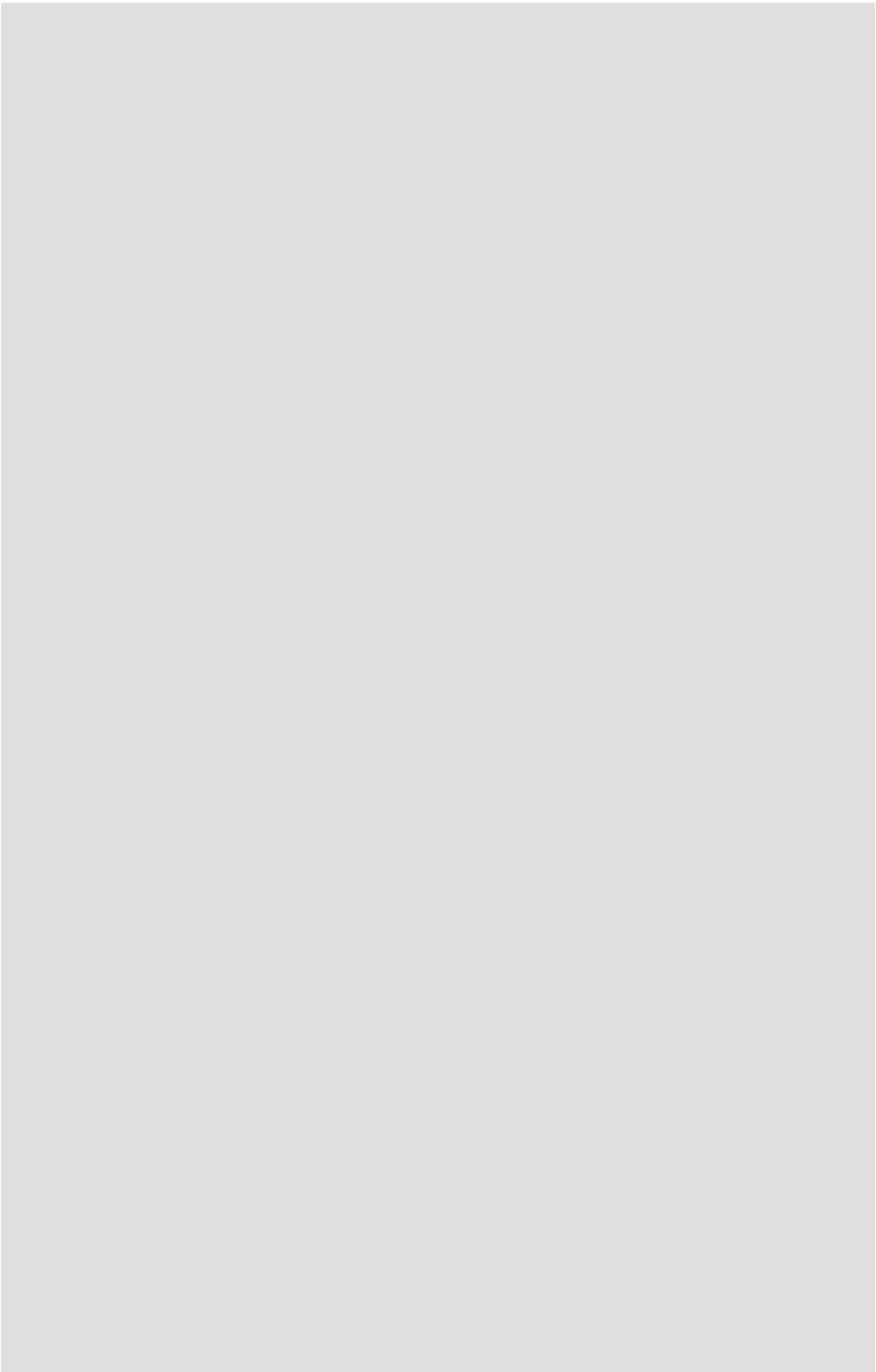
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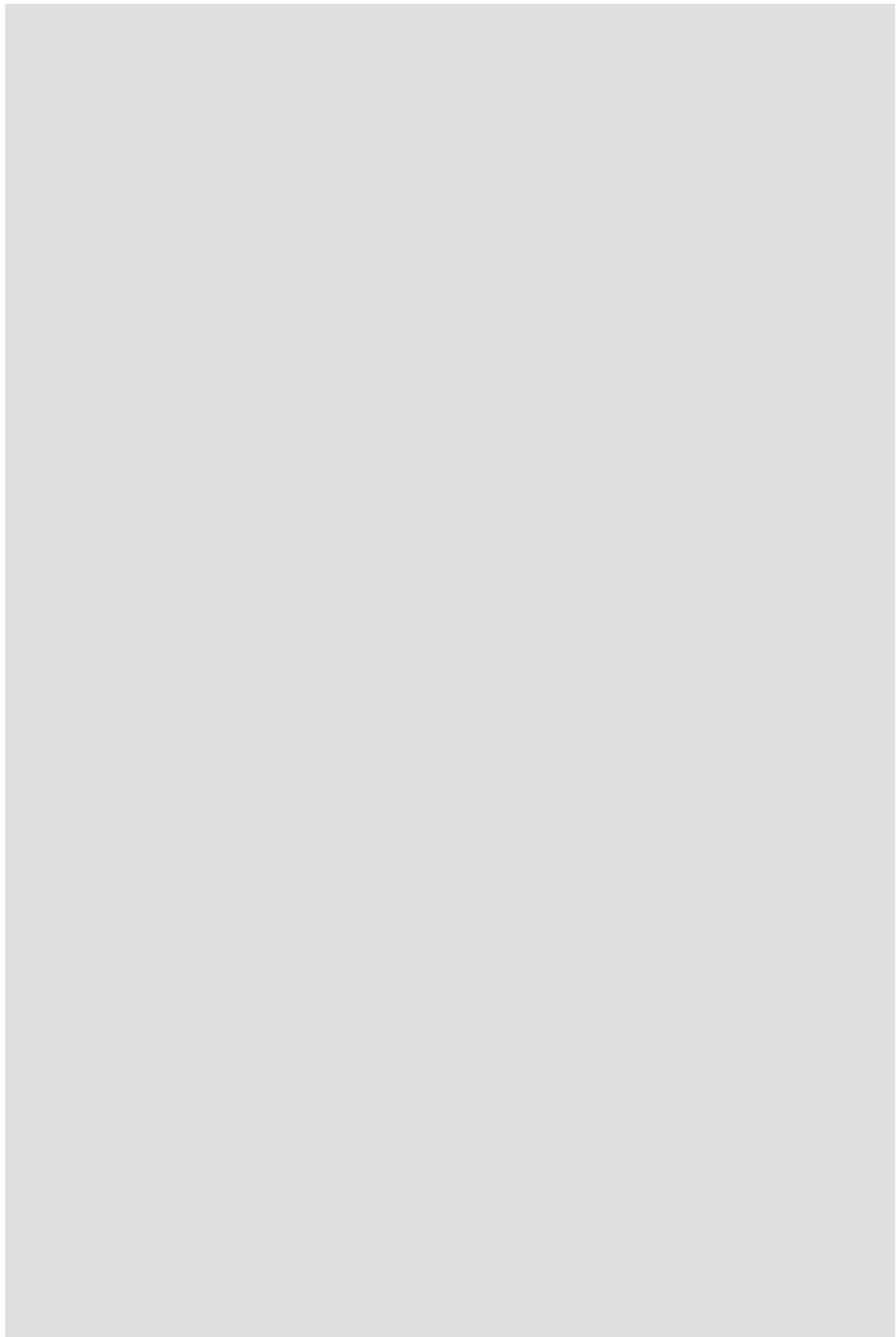
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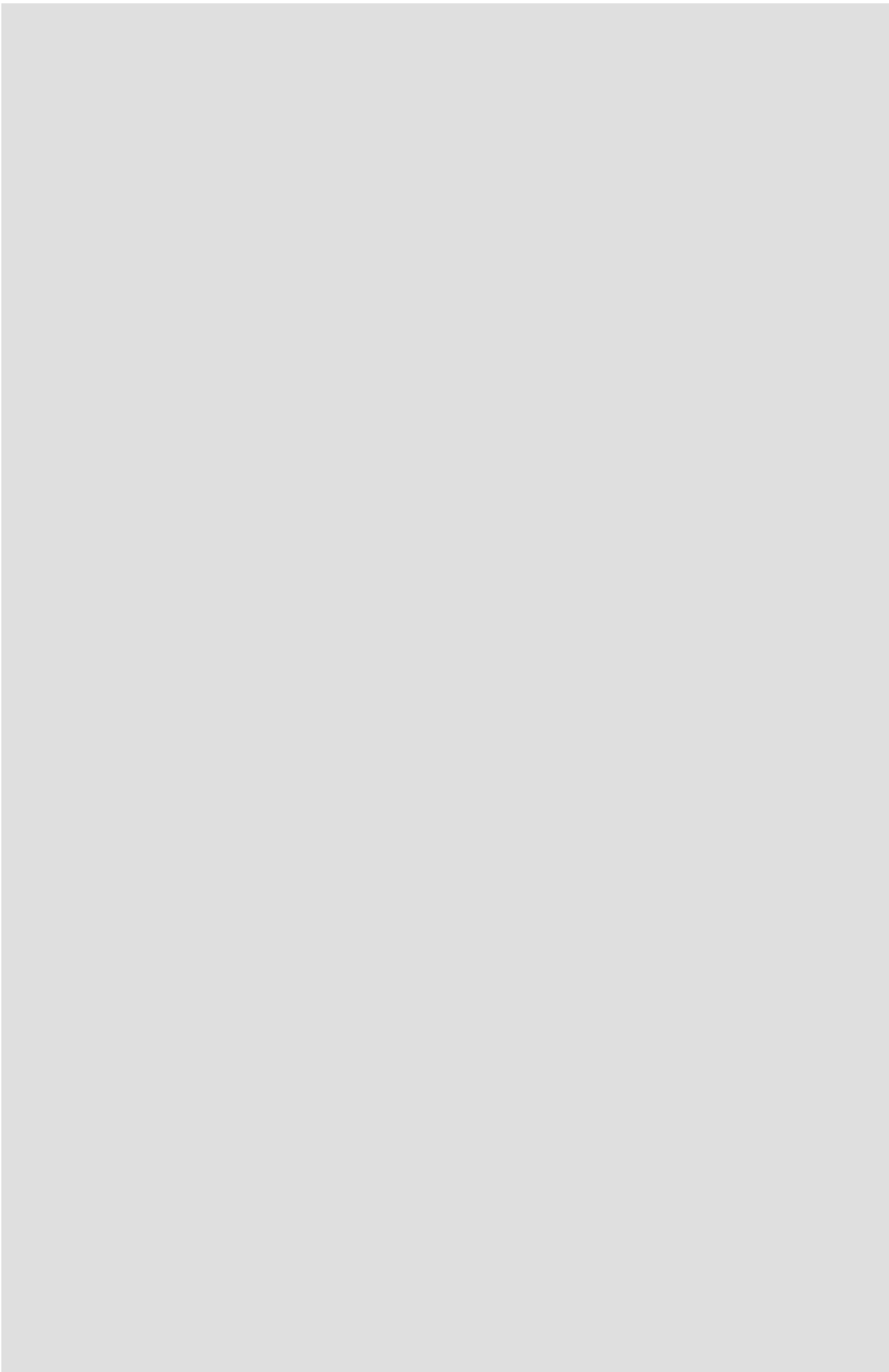
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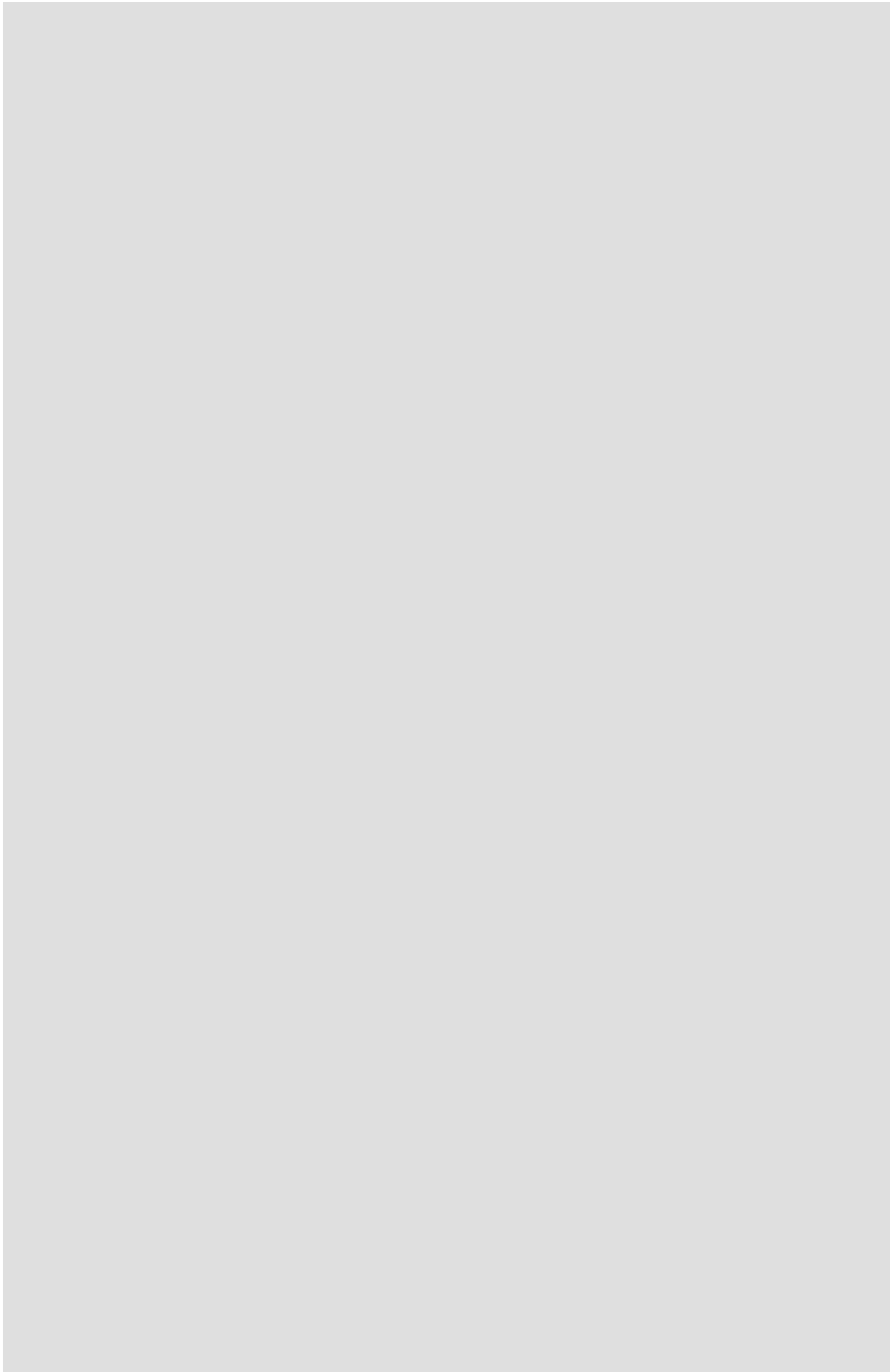
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