

Oaths Act 1867

Statutory Declaration

I, **Carol Hughes** of care of Corrs Chambers Westgarth, Level 42 One One One, 111 Creek Street, Brisbane, Queensland, in the state of Queensland, do solemnly and sincerely declare that:

Background and experience

1 What are your current professional role/s, experience, qualifications and memberships? Provide a copy of your most recent curriculum vitae.

1.1 Attached and marked **CH-1** is a copy of my most recent and current curriculum vitae.

1.2 My roles, qualifications and memberships are outlined in my curriculum vitae.

2 What positions (or acting positions) did you have at the Barrett Adolescent Centre ('BAC'). Specify the period in which you held those positions. Outline the nature of the duties you performed in each position.

2.1 On 3 June 2013, I commenced in the role of Social Worker at HP5 level in a temporary full time capacity

2.2 The nature of the duties I performed in this position are set out in my position description a copy of which is attached and marked **CH-2**.

3 Were you aware of the circumstances surrounding Dr Sadler's departure, removal or suspension from the BAC in or about September 2013? If so, when did you first become aware and by what means? Give details of your understanding of those circumstances including the reasons for his departure, removal or suspension.

3.1 To the best of my recollection, I believe that I was made aware of the circumstances surrounding Dr Sadler's departure, removal or suspension from BAC during a

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conversation with BAC Administration Officer, Elaine Ramsay. I also recall seeing a media report on the internet.

3.2 I do not recall the dates on which I spoke to Elaine or saw the media report.

3.3 My understanding of the circumstances surrounding Dr Sadler's departure, removal or suspension from BAC was as follows:

(a) [Redacted]

(b) [Redacted]

(c) [Redacted]

Redlands

4 Were you involved in the Extended Mental Health Treatment Unit Redlands User Group? If you were involved:

4.1 I was not involved in the Extended Mental Health Treatment Unit Redlands User Group.

(a) In the planning of the proposed 15-Bed Adolescent Extended Mental Health Treatment Unit at Redlands Hospital, were you aware of any delays in the planning process? If there were delays, what were these and what caused them?

4.2 Not applicable.

(b) Explain the reasons why this alternative was not adopted?

4.3 Not applicable

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Closure of the BAC

5 On what date did you first become aware of the decision to close the BAC and by what means?

- 5.1 I first became aware that consideration was being given to closing BAC at the time that I was interviewed for the role in or about May 2013. The people who interviewed me were Dr Sadler, Team Leader for Non-Secure Services, Lorraine Dowell and my professional supervisor while I was at BAC, Paul Clare. I do not recall being told specifically that BAC was going to close but that there was uncertainty around its future.
- 5.2 On 6 June 2013, I emailed my nephew Des Hughes on that date to let him know that I commenced in a new role with BAC. I stated in my email that BAC was supposed to be closing but that it had a "reprieve" at the time. I indicated that I thought that more would be known by the end of June as to whether it was closing. Attached and marked **CH-3** is a copy of that email.
- 5.3 On 4 July 2013, I emailed Gwen Baker, Senior Social Worker from the Transition Care Program at Ipswich. I stated in my email that we were still waiting to hear whether BAC would be closing. I also indicated that an Advisory Committee had made a decision but were required to consult with the Minister. I speculated to Ms Baker that I thought BAC would probably close. Attached and marked **CH-4** is a copy of that email.
- 5.4 At some point, Dr Sadler went to visit an adolescent centre in Victoria which had a community based mental health service for adolescents though I do not recall when this was. I also recall that Dr Sadler and Vanessa Clayworth may have gone to visit a vacant ward in the Logan Hospital but again I do not recall when that was.
- 5.5 I was made aware of the formal decision to close on the afternoon of 6 August 2013 when I attended an 'all staff '(including those from the Department of Education) meeting This was attended by former WMHHS Chief Executive, Lesley Dwyer and Sharon Kelly.

6 In relation to the circumstances surrounding the decision to close the BAC:

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(a) Were you made aware of the reasons for the closure decision? If so, explain how you were made aware of the closure decision and any reasons for that decision;

6.1 As far as I now recall, during the staff meeting that I attended on 6 August 2013, I was made aware of a number of reasons for the closure decision. Those were as follows:

- (a) BAC was located at the The Park Centre for Mental Health (**The Park**) which is an adult mental health service. We were advised that with the planned opening of the Extended Forensic Treatment and Rehabilitation Unit, it was considered to be an unacceptable safety risk to continue have the adolescent consumers of BAC co-located with an adult forensic service.
- (b) The model of service (with consumers leaving their home districts to reside at BAC) was inconsistent with a new model being adopted, which advocated for community-based treatment models, with services provided as close as possible to the consumers' home.

6.2 Because my background includes Bachelor of Business Public Administration, I also privately assumed that BAC was very expensive to operate that that there were no funds available in the next financial year for BAC to continue to operate.

6.3 No date was given for the closure at that time.

(b) What information, material, advice, processes, considerations and recommendations related to or informed the closure decision; and

6.4 Following the closure decision, I do recall receiving various emails and information. For example:

- (a) On 7 August 2013, I received an email from Acting Director of Strategy for Mental Health and Specialised Services, Dr Leanne Geppert. In that email, Dr Geppert offered to meet individually with allied health staff to provide additional support/and or information about the closure. Attached and marked **CH-5** is a

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copy of that email.

- (b) On 28 August 2013, I received an email from Clinical Psychologist, Danielle Corbett confirming that the proposal was for BAC to come under the Children's Health Queensland. She proposed a number of questions that we might consider posing at the next Child and Youth Mental Health Service (**CYMHS**) forum via the Together Union. Specifically in relation to future job arrangements for the allied health staff at BAC. Attached and marked **CH-6** is a copy of that email.

- 6.5 Ms Lorraine Dowell Team established a regular catch up meeting. She met with the team quite a few times to discuss the progress of closure and transition as well as staffing issues. At some point, I recall that she arranged for the Acting Director Workplace Relations, Kathryn White, to come and speak with the team about future job options. I recall that Director for Allied and Community Mental, Michelle Giles, also attended a number of those meetings.

(c) What was the decision making process related to the closure decision?

- 6.6 I cannot answer this question because I did not make the decision to close BAC nor was I involved in the process of decision making related to the closure decision.

Transition arrangements

- 7 From October 2012 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 these transition clients (including, but not limited to identifying, assessing and planning for care, support, service quality and safety risks)? If so:**

- 7.1 On 30 September 2013, I was invited by Acting Clinical Director of BAC, Dr Anne Brennan, to be a member of the multidisciplinary Clinical Care Transition Panel (**Panel**). Attached and marked **CH-7** is a copy of Dr Brennan's email and my email in response where I accept invitation I accepted this invitation.

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7.2 The Panel also included Acting Clinical Nurse Consultant, Vanessa Clayworth, Clinical Nurse Consultant - Clinical Liaison, Sue Daniel, a BAC school teacher and BAC project officer Laura Johnson.

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

7.3 By virtue of my involvement on the Panel, I was involved with the following adolescents who were transitioned from BAC:

(a) Inpatients [redacted].

(b) Day patients [redacted];

(c) Outpatients [redacted].

7.4 [redacted]

7.5 During my time at BAC, I co-facilitated group sessions aimed at assisting all patients with relapse prevention and resourcing them with some techniques for increasing their awareness of changes in their emotional state. This group was called the "Awareness Group" with Speech Pathologist Angela Clarke and a BAC School Teacher who was studying social work.

(b) Explain the transition arrangements in place for those transition clients and how those transition arrangements were developed in the period from October 2012 to January 2014.

7.6 I am unable to comment on the transition arrangements and their development between October 2012 and September 2013.

7.7 The Panel was first convened in early October 2013. The focus of the Panel was to utilise a holistic approach to addressing each adolescent's needs for transition. These

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needs included for example:

- (a) Psychiatric, psychological and medical needs including community mental health service support.
- (b) Accommodation including family homes; supported accommodation; youth and community housing; community care units.
- (c) Vocational.
- (d) Educational including school or TAFE studies.
- (e) Living skills/self-care including healthy eating habits, dieting, cooking, household chores and budgeting.
- (f) Leisure/recreational including social clubs.
- (g) Financial support including Centrelink benefit entitlements.
- (h) Community linkage including Open Minds, Headspace and specific youth services.
- (i) Family support including family inclusion and support including transition arrangements.
- (j) Service hand over documents such as discharge summaries (including those for GPs) as well as discipline specific discharge summaries such as for psychology, occupational therapy, speech pathology and dietetics.

7.8 On 2 October 2013, I was copied into a preliminary email from Vanessa Clayworth to Laura Johnson about the Panel. That email:

- (a) Outlines a proposed schedule for the Panel meetings.
- (b) Attaches a transition team form or 'Transition Guides' which outlines broadly all the interventions that the Panel would need to consider for each patient including

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those areas identified above.

- (c) Attaches a list of the current inpatients, current day and outpatients, current waitlist patients as well as those awaiting assessment as at 2 October 2013. Attached and marked **CH-8** is a copy of that email.

7.9 On 8 October 2013, I received an email from Laura Johnson. The email attaches three documents which I understand were aimed at informing and assisting the development of the transitional arrangements. Those documents included:

- (a) A formalised version of the Panel's schedule of meetings.
- (b) Clinical Care Transition Panel Guide to be used for when the Panel convenes.
- (c) Clinical Care Transition Panel Checklist developed to ensure that the Panel keep track of what needed to be completed.

7.10 The email also reattached a copy of the Transition Guide and states that the first Panel meeting would be held on 15 October 2015. Attached and marked **CH-9** is a copy of that email.

7.11 During the Panel meetings we discussed each patient and their associated transition needs having regard to the Transition Guide and the Checklist.

7.12 During the Panel meetings, Laura Johnson would make some notes into the Transition Guides as a way to capture the areas discussed and who would do what.

7.13 This process is reiterated in the email I (and other panel members) received from Occupational Megan Hayes on 15 October 2013. That emails says that:

- (a) Transition Guides would be sent out after each meeting so that the Panel members could "see who was doing what".
- (b) Discipline specific discharge summaries would be uploaded to the Consumer Integrated Mental Health Application and provided to each service provider once

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completed.

- (c) Laura Johnson would collate all the information before sending it out to services such as GPs.
- (d) We were asked to keep checking emails that came through for specific patients we had been allocated to assist with in terms of their interventions.
- (e) Megan did concede that it would be difficult to capture what had been discussed during the Panel meetings in each Transition Guide but that as time went on, it was hoped that information could be gathered prior to each Panel meeting. Attached and marked **CH-10** is a copy of that email.

7.14 It was certainly my experience that the Transition Guides or Checklists were intended only to guide the transition process not to reflect the entirety of the plan put together for each patient.

7.15 In addition to the Panel meetings that were held in accordance with the Panel Schedule, there were morning meetings attended by BAC School teachers, allied health and nursing staff. Sometimes Dr Brennan would also attend. The meetings were conducted between 08:00-08:30 on the ward and would provide an opportunity to review the patient records and also discuss what had happened on the ward overnight in the ward. The patients would then join the meeting about half way through and provide any input that they had. I believe that the information discussed during these meetings subsequently fed into the Panel meetings.

7.16 Further, there were more intensive meetings to discuss each patient held every week. These meetings would involve the care coordinator for each patient as well as the multidisciplinary team (including psychiatrist, psychologist, allied health and teaching staff). The meetings usually lasted all morning. The adolescents were invited to attend for part of the session after the team had information to convey to them. The information from these meetings flowed into the Panel discussions.

8 Explain any information, material, advice, processes, considerations and

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recommendations that related to or informed the transition arrangements.

8.1 One of the key things that informed the transition arrangements was the multidisciplinary expertise and knowledge of the staff at BAC.

8.2 The second key aspect which informed the transition arrangements was an assessment of the patient's needs (i.e. psychiatric, medical, psychological, etc). This assessment was ongoing and occurred during the Panel meetings.

8.3 Other considerations which informed the transitional arrangements included:

- (a) Age.
- (b) Whether the adolescent could return home to live with their family.
- (c) Needs and preferences of the patients in terms of where they wished to be located.

8.4 Before and after the Panel meetings, I recall information gathering and carrying out research on the internet with a view to informing decision making regarding appropriate placement and referral sources. I also made contact with a number of housing and support agencies. Much of my role also involved contact with the families.

9 For each of those transition plans:

(a) state who was responsible for preparing and overseeing the transition plans; and

9.1 Each member of the Panel contributed to the transitional planning for each patient. Administration and coordination was provided by Laura Johnson. As is usual mental health practice, Dr Brennan led the discussions and Panel meetings and signed off on the discharge summaries.

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

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9.2 I left BAC in December 2013 so I am not aware that specific arrangements were put in place to review, follow up and monitor the outcome of the transition arrangements.

9.3 The focus of the Panel was to develop a discharge plan for each patient and to ensure a well-informed handover to each service. My understanding is that this was in keeping with how discharges occurred at BAC (and other mental health services) prior the transition period.

9.4 Discharge planning is normal practice in all acute mental health settings as well as community mental health settings.

10 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.

10.1 Attached and marked **CH-11** is a table which summarises the communications I had with medical and other staff at receiving alternative services.

10.2 The purpose of the communications was to identify possible alternative service providers and to facilitate the referral of adolescents to those providers as appropriate.

11 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 and detail of such consultation(s).

11.1 Attached and marked **CH-12** is a table which summarises the communications I had with patients.

11.2 Attached and marked **CH-13** is a table which summarises the communications that I had with parents.

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12 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.

12.1 I was aware of concerns about a number of the transition clients and in particular from my perspective:

(a) Patient ■

(i)

(ii)

(iii)

(iv)

(v)

(vi)

(vii)



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(viii)

(ix)



(b) Patient ■

(i)

(ii)

(iii)

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(c) Patient █

(i)

(ii)

(iii)

(iv)



(d) Patient █

(i)



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(e) Patient ■

(i)

(ii)

(iii)



(f) Patient ■

(i)

(ii)



(b) If there were concerns, who were these concerns expressed by and to whom?

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12.2 These concerns were discussed during the Panel meetings and were generally the subject of ongoing discussion amongst BAC staff.

(c) On what date and by what means did you become aware of these concerns?

12.3 I cannot recall specific dates that these concerns were expressed to me though believe it would have been after the Panel meetings commenced.

(d) What steps, if any, did you cause to be undertaken as a result of any such concerns?

12.4 Where there were concerns about the patients, I raised these with Dr Brennan and the Panel and a plan to resolve those concerns would be developed. I would also document any concerns in the patient's chart including the interventions discussed in my statement.

13 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?

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13.2

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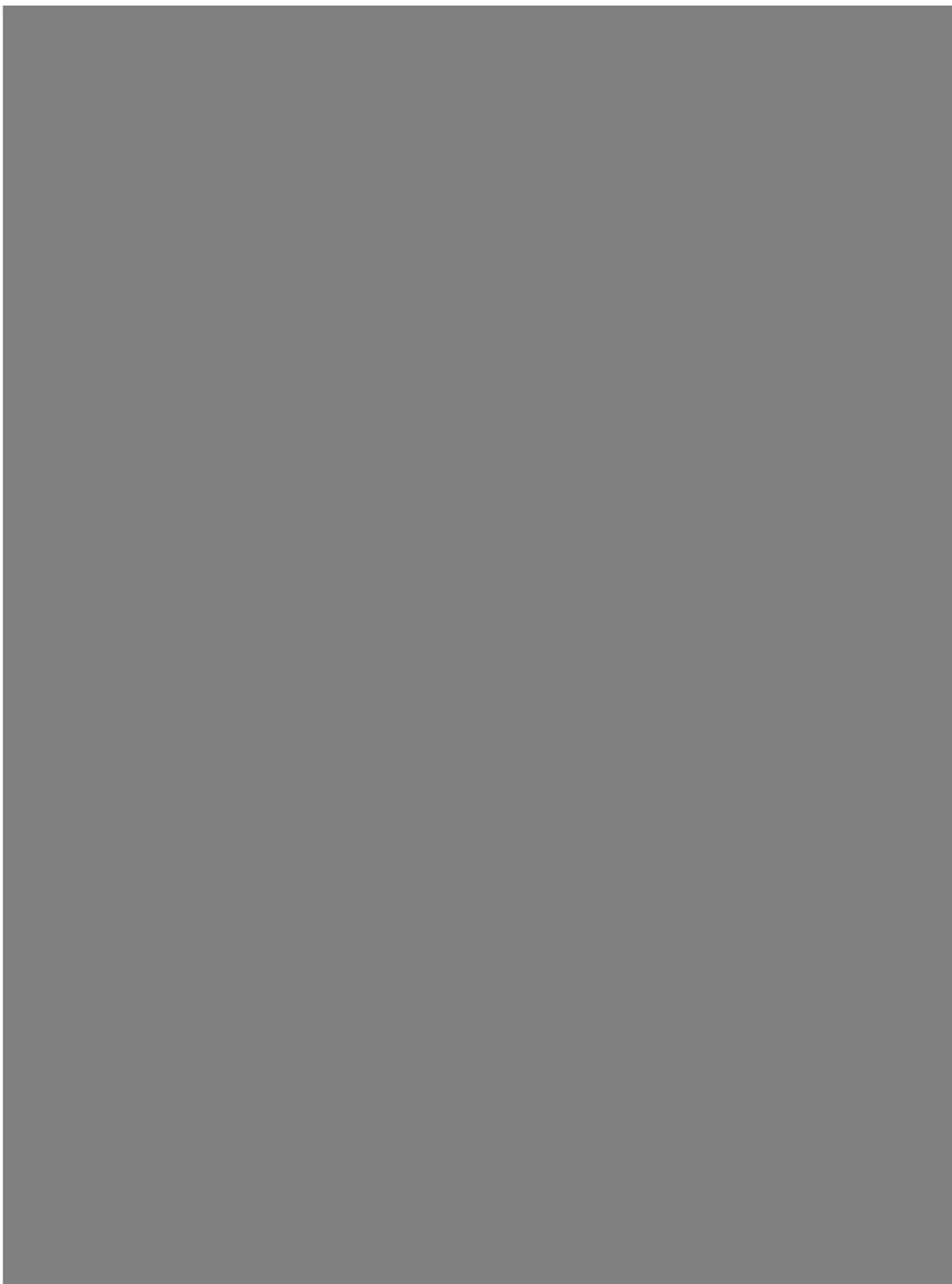
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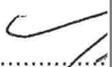
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13.8

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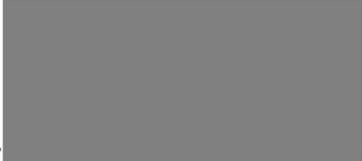
13.9

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13.10

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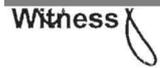


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13.15

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13.16

Client Name	Patient <input type="checkbox"/>
	

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14 Did you attend BAC consumer transition of care planning meetings? If so, in relation to these meetings:

14.1 As far as I can recall, I did not attend any BAC Consumer Transition of Care Meetings. I am not aware of the function or purpose of these meetings.

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

14.2 Not applicable.

(b) How often did the group meet?

14.3 Not applicable.

(c) Who attended?

14.4 Not applicable.

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

14.5 Not applicable.

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

15.1 As far as I recall, I was not involved in the Complex Care Review Panel. I am not aware of the function or purpose of the Complex Care Review Panel.

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

15.2 Not applicable.

(b) How often did the Panel meet?

15.3 Not applicable.

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(c) Who constituted the Panel?

15.4 Not applicable.

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

15.5 Not applicable.

16 If you were involved in the Complex Care Review Panel which convened to support the transition of care for patients, outline for each patient:

(a) Was a Consumer Care Review Summary (CCRS) developed for each patient? What did this involve? Please provide copies.

16.1 Not applicable.

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

16.2 Not applicable.

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

16.3 Not applicable.

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

17.1 Nil

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

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18.1 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)
Carol Hughes at Brisbane in the State of)
Queensland this 27th day)
of November 2015)
Before me:)



Signature of authorised witness



Signature of declarant

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

CLARE LOUISE BARRATT
LAWYER