Oaths Act 1867

Statutory Declaration

I, **Dr Terry Jon Stedman** of c/- The Park Centre for Mental Health, Ellerton Drive, Wacol in the state of Queensland, do solemnly and sincerely declare that:

1 Provide a copy of Dr Stedman's current/most recent Curriculum Vitae.

1.1 Annexed and marked **TJS-1** is a copy of my current curriculum vitae.

2 Outline all positions and appointments (permanent, temporary or acting) held by Dr Stedman in Queensland Health for the calendar years 2012-2014.

2.1 For the calendar years 2012 to 2014:

(a) Up to June 2013, I held the position of Director of Clinical Services, The Park Centre for Mental Health (**The Park**).

(b) From June 2013, my title changed to Clinical Director, Division of Mental Health and Specialised Services, WMHHS.

2.2 I continue to hold that position to the present day, although since 2015, my position title is now Director of Clinical Services, Strategy and Performance, The Park Centre for Mental Health.

3 Outline Dr Stedman's formal qualifications (to the extent these qualifications are not outlined in the Curriculum Vitae to be provided in response to question 1 above).

3.1 My formal qualifications are outlined in my curriculum vitae.

4 For what period did Dr Stedman hold the position of Clinical Director at the Barrett Adolescent Centre (BAC)?

4.1 I have never held the position of Clinical Director at the Barrett Adolescent Centre (**BAC**).

5 Explain Dr Stedman's role and responsibilities in the position of Clinical Director, including, but not limited to, his reporting relationships (and provide a copy of Dr Stedman's Position Description)?

5.1 I have never held the position of Clinical Director of the Barrett Adolescent Centre.

5.2 I have been the Director of Clinical Services for The Park (previously the Wolston Park Hospital) since June 1997. My role and responsibilities in that position are as described in the role description for the position of Clinical Director of The Park Centre for Mental Health. In that regard:

(a) The role description for that position for the period 2007 to 2013 is attached and marked **TJS-2**.

(b) The role description for the period 2013 to the present is attached and marked **TJS-3**.

5.3 Since a minor restructure in 2015, my position title is now Director of Clinical Services, Strategy and Performance, The Park Centre for Mental Health.

6 Provide a copy of Dr Stedman's contract of employment (as relevant for position(s) held at BAC).

6.1 I have never held a position of employment at BAC.

7 Provide details of Dr Stedman's current employment.

7.1 My current employment is as Director of Clinical Services, Strategy and Performance, The Park Centre for Mental Health, WMHHS.

Closure decision

8 Provide details as to any internal or external reviews/reports as to the operation and management of the BAC during the period 2012 to mid-20 14 (and provide copies)?

8.1 I am not aware of any internal or external reviews or reports as to the operation and management of BAC during the period 2012 to mid 2014 save that I am aware there was an external review in relation to complaints in 2013 raised by parents of a patient about staff failure to manage bullying and inappropriate conduct by other patients toward their son. I have not seen a copy of that report.

9 On what date, how, and from whom, did Dr Stedman first become aware of the prospect of the BAC being closed?

9.1 I cannot recall the date on which I first became aware of the prospect of BAC being closed or from whom.

9.2 Historically:

(a) In the late 1990s, there had been an intention to close BAC once a Child and Youth Acute Inpatient Service was established at Logan Hospital, however successful lobbying by families and staff meant that BAC remained open.

(b) In 2003, Dr Brett McDermott undertook a review which recommended changes to the clinical and operational processes at BAC. Attached and marked **TJS-4** is a copy of that report. That report recommended a process be undertaken to establish whether BAC could be improved by significant modifications or whether a new type of facility was required.

(c) In 2004, an Options Study for Barrett Adolescent Centre at The Park Centre for Mental Health commissioned by the Mental Health Unit (now Mental Health Alcohol and Other Drugs Branch (**MHAODB**)) reported on three options: major refurbishment of the existing BAC building, major refurbishment of the existing building plus extensive alterations and extensions, and a new building on a new site. Attached and marked **TJS-5** is a copy of that Options Study.

(d) In 2006, the Queensland Health Child and Youth Mental Health Plan 2006 – 2011 (**CYMHP**) noted that 'redevelopment of the 20 year old centre has been recognised as a priority, partly due to safety issues with the current aging buildings, and the constraints imposed on service improvement by the existing

buildings and staffing profile'. Attached and marked **TJS-6** is a copy of the CYMHP.

(e) In February 2006, the Australian Council of Healthcare Standards in an accreditation survey identified poor physical environment, risk to consumers and inadequate staffing, and recommended a review of the suitability of the building.

(f) In December 2006, a Community Visitor report from the Commissioner for Children and Young People and Child Guardian reported that BAC 'is unable to make full provision for the safety and security of all residents' and noted that the building would need to undergo extensive changes to bring it up to a standard in line with other facilities.

(g) In 2009, the operations of BAC were reviewed by Garry Walter, Martin Baker and Michelle George, who produced a report entitled 2009 Review of Barrett Adolescent Centre. Attached and marked **TJS-7** is a copy of that report.

9.3 The Queensland Plan for Mental Health 2007 – 2017 (QPMH) provided $121.55m to expand the range of acute and extended treatment beds by providing 140 new beds and to upgrade existing services to meet contemporary standards. Attached and marked **TJS-8** is a copy of the QPMH.

9.4 Funding was provided for a comprehensive redevelopment of the service model and facilities at The Park as a facility for high and medium security adult patients only, which meant:

(a) The High Secure In Patient Service (HSIS) and Secure Mental Health Rehabilitation Unit (SMHU) would continue at The Park and would be complemented by a new service, the Extended Forensic Treatment and Rehabilitation Unit (EFTRU) to be commenced.

(b) The non-secure adult services (the Extended Treatment and Dual Diagnosis adult services) would be relocated to Community Care Units to be built at Coorparoo, Logan, Bayside and Gailes.

(c) The adolescent service at The Park would be relocated as The Park would be an adults service only.

9.5 Aligning with this, the QPMH also provided funding for the construction of a new facility at Redlands (**the Redlands project**) to which the services previously provided at BAC would be transferred. Construction at the site, which was adjacent to the Redlands Hospital was chosen as the preferred option in a study which had included review of other potential sites including building a new facility at The Park campus. The site was purchased and a project team progressed plans for the design of the facility.

9.6 I was not involved in the Redlands project but I understand the project ran into difficulties with respect to environment and planning conditions and cost issues.

9.7 Some time in the first half of 2012, the capital allocation to fund the Redlands facility was withdrawn. Attached and marked **TJS-9** is a copy of an email from Sharon Kelly to me dated 29 August 2012 attaching a memorandum from the Health Infrastructure Office advising of the withdrawal of capital funding.

9.8 On 31 August 2012 I replied to that email and including Lesley Dwyer in the reply, advising that I had spoken to Dr Kingswell. I noted 'I have no information about the government's thinking about this' and that 'I understand that there is no certainty that this will lead to a proposal for a continuing inpatient program including the current one'. Attached and marked **TJS-10** is a copy of that email and Lesley Dwyer's reply.

9.9 Although I do not recall exactly when I spoke to Dr Kingswell, I recall on a number of occasions around mid 2012, I was asked questions such as "If BAC was to close, what would be a practical time for that to happen?" and "If we closed BAC, could the kids be moved by Christmas?". I do not recall specific dates or occasions on which these questions were asked. I cannot recall specifically who asked, but I recall it was people from MHAODB and it may have been Dr Bill Kingswell, the Executive Director MHAODB. I took this to indicate that the option of closing BAC was under consideration.

9.10 I recall Sharon Kelly had just been appointed to the role of Executive Director Mental

Health and Specialised Services at around this time. She was on leave for a short period and some time after her return, Sharon requested a meeting with Dr Trevor Sadler and myself at which closing BAC was discussed. I cannot recall the date of that meeting, however I have been informed that it occurred on 2 November 2012. I recall Sharon Kelly making comments to the effect that "town" may want to progress the closure of BAC even though relocation of its services to Redlands would no longer occur. By "town" I understood her to mean MHAODB or the Department or the government generally. Under the governance structure at that time, MHAODB effectively had the power through the service agreements with HHSs to fund or not fund any particular program for mental health in HHSs. Sharon was seeking information from Dr Sadler and myself as to what closure of BAC would involve and the logistics of closure.

9.11 Dr Sadler said he thought it would be very difficult and not appropriate to close BAC. I thought closure of BAC was feasible but could not be done quickly because it would be necessary to ensure there was an appropriate transition process for existing patients and appropriate replacement services for adolescents going forward.

9.12 In summary, since at least 2008 I had been aware of the intention to close BAC, the intention at that time being that adolescent extended treatment services would be relocated to a new facility at Redlands. In about mid 2012, and specifically at the meeting with Sharon Kelly on 2 November 2012, I became aware of the possibility of BAC being closed notwithstanding the Redlands service would not now be developed.

10 Explain the nature and extent of Dr Stedman's involvement and/or input into the decision to close the BAC (and on what date and the nature of this involvement/input)?

10.1 I had no direct involvement in the decision to close BAC.

10.2 I did not provide any formal advice, nor was any sought from me.

11 On what date, how, and from whom, did Dr Stedman become aware that the closure date for the BAC was early (January) 2014?

11.1 There was never a specified closure date of early (January) 2014, or any other date.

11.2 The principle underlying the planned closure was that BAC would remain open until satisfactory arrangements had been made for all of the patients. WMHHS worked toward closing BAC by the end of January 2014 however it was expressly stated that "this is a flexible date that will be responsive to the needs of our consumer group and will be dependent on the availability of ongoing care options for each young person currently at BAC". This was stated for example in a memorandum from Sharon Kelly to the Executive Directors and Clinical Directors within Mental Health Services dated 22 October 2013, a copy of which is attached and marked **TJS-11**.

12 Did Dr Stedman consider the early or January 2014 closure date to be appropriate, and the reasons why/why not?

12.1 As stated, a closure date of early January 2014 was never specified.

12.2 In my opinion, aiming to transfer patients during the December 2013/January 2014 period was appropriate because:

(a) BAC usually reduced to very low numbers over the Christmas period. This made it an optimal time to target for the transition of patients, as it was least disruptive to the fewest number of patients.

(b) It coincided with the completion of a school year, so it had the advantage that patients could transition to new schooling arrangements at the commencement of the following school year, rather than experiencing the disruption of transferring to a new school part way through a semester.

(c) From the date of 6 August 2013 when the Minister for Health announced the closure of BAC to a target of the December 2013/January 2014 period for the transition of patients allowed a period of four to five months for transition of patients which, from a clinical perspective, I considered a sufficient time to assess, arrange and implement safe and appropriate transition of patients on an individual basis.

(d) In my opinion that time frame appropriately balanced the time required to ensure effective transition plans were in place and patients did not feel they were being rushed, with the need to establish certainty for patients as to their future.

(e) In any event, the overarching principle was that BAC would remain open until satisfactory arrangements had been made for all of the patients. There was a desired closure date/timeframe but never a requirement. I therefore was comfortable at this target for closure being set because I knew that if it became apparent that satisfactory arrangements could not be achieved in that time, BAC would continue to operate.

13 Did Dr Stedman facilitate or attend any meetings regarding the closure of the BAC and, if so, with whom and on what date(s) and for what purpose?

13.1 I did not facilitate any meetings regarding the closure of BAC.

13.2 I was on leave from 20 August 2013 to 15 November 2013.

13.3 Following my return from leave I attended BAC Weekly Update Meetings at which progress with respect to the transition of individual patients was discussed. Closure of BAC was discussed at those meetings in the context that BAC would be closed once all patients had been effectively and appropriately transitioned.

13.4 Those meetings were attended by myself, Sharon Kelly, Dr Leanne Geppert, Dr Elizabeth Hoehn, Dr Anne Brennan and possibly others from time to time in relation to particular issues.

14 Did Dr Stedman understand the early or January 2014 closure date to be flexible or fixed?

14.1 There was never a fixed date, whether early January 2014 or otherwise, for closure of BAC.

14.2 The 2013/2014 school vacation period was a target date only. It was a logical target

date for the reasons described above and in my clinical opinion it was reasonable to expect that safe and effective transition of patients would be achieved within that timeframe. However, the timeframe was entirely flexible. Had safe and effective transition of all patients not occurred by that time, BAC would have remained open until that was achieved.

Transition arrangements

15 What processes were put into place, and by whom and when, to implement and communicate the closure of the BAC to parents of BAC patients and BAC staff? In particular:

(a) who was responsible for the arrangements for the transition of patients of the BAC once the decision to close the BAC had been made? What was the extent of Dr Stedman's involvement/responsibilities?

15.1 On 6 August 2013 the Minister announced the closure of BAC. Earlier that day, to ensure parents and carers of BAC patients were individually advised before the public announcement, Dr Trevor Sadler, Sharon Kelly and myself jointly telephoned the parent/carer contact for each of the then current BAC patients to inform them of the formal decision to close BAC and that the Minister would be announcing the decision that evening. Dr Sadler provided reassurance to each parent/carer contact that appropriate alternative care arrangements would be made for their adolescent.

15.2 Responsibility for the arrangement for the transition of patients of BAC once the decision to close BAC had been made was with the role of the Clinical Director BAC. At the time the closure decision was announced, that was Dr Trevor Sadler. After he was stood down in September 2013, Dr Anne Brennan was appointed as Acting Clinical Director BAC.

15.3 Support to that role was provided by:

(a) A transition team which worked with Dr Brennan in arranging transitions.

(b) Dr Elizabeth Hoehn, Consultant Child Psychiatrist from Children's Health

Queensland HHS, who was appointed to provide clinical mentorship and support to Dr Brennan.

15.4 I had no direct responsibility for the arrangements for transition of BAC patients. In that regard:

(a) I was on leave from 20 August 2013 until 15 November 2013. A number of patients were transitioned during that period. I had no involvement or responsibility for the arrangements for transition of those patients.

(b) I returned from leave on 15 November 2013. I had no direct responsibility for the arrangements for transition of BAC patients from that date, although I had an oversight role and my involvement in arrangements for the transition of BAC patients was that:

(i) I attended the BAC Weekly Update Meetings at which the progress of transition of individual patients was discussed. Patients were discussed individually and the discussion included the patient's clinical needs as well as other aspects such as accommodation and other supports.

(ii) The meetings included reviewing transition plans which were being developed over that period. Options were discussed and transition plans progressively developed.

(iii) In some instances where Dr Brennan reported difficulties agreeing a particular transition arrangement with a receiving HHS, it was agreed that I would contact the HHS to advance the discussions. Details are discussed later in this declaration.

(iv) I would also be cc'd into emails between Dr Geppert, Dr Brennan and others regarding developments with transition arrangements.

(v) I attended a BAC Clinical Oversight Meeting on 12 December 2013 at which detailed discussions were held regarding transition

arrangements for four BAC patients. Attached and marked **TJS-12** is a copy of a file/meeting note of that meeting.

(b) did there exist a transition plan (or plans) and/or transition taskforce for the transitioning of patients at BAC and, if so, what did it (or they) involve?

15.5 My understanding is that transition plans were developed for each patient. The plans evolved as options for the patient were considered, explored and refined.

15.6 I was not a member of the transition team. My involvement was that progress of transitions was discussed at the BAC Weekly Update Meeting for follow up if necessary. The focus in those meetings was on addressing blockages to particular transitions. In relation to four more complex cases, I was involved in a BAC Clinical Oversight Meeting on 12 December 2013 which progressed transition plans in relation to four patients.

(c) what was the extent of Dr Stedman's involvement/responsibilities with respect to the provision of information and support to staff of the BAC, including decisions made with respect to their future employment (or otherwise);

15.7 I did not have any formal involvement or responsibilities with respect to the provision of information and support to staff at BAC, including decisions made with respect to their future employment.

15.8 The staff in respect of whom I had line responsibility were the Clinical Director BAC and the Psychiatric Registrar at BAC. In that regard:

(a) I was on leave when Dr Sadler was stood down. I had no involvement or responsibility to provide him with information or support from the time he was stood down.

(b) I had no involvement in the appointment of Dr Brennan as Acting Clinical Director BAC. She was contracted during the period I was on leave. She was employed on a short term contract and there was no necessity for me to have a

discussion with her regarding future employment.

(c) The role of Psychiatric Registrar was a rotation in the Psychiatric Registrars' training program. The Child and Youth group within the College training program arranged for the Registrar's duties to include both BAC and another child and youth community setting to ensure that the necessary training and supervision requirements of the Registrar's training program were met. Accordingly, there was no need for any particular discussion regarding the Registrar's future employment.

15.9 I had no line responsibility in relation to nursing, allied health or other staff at BAC.

15.10 I played no role in decisions regarding the future employment of any BAC staff member save that some time after closure of BAC, Sharon Kelly asked me to have an informal conversation with Dr Sadler as to whether he would be interested in being offered a voluntary early redundancy (VER). I spoke to Dr Sadler and he advised me that he would be interested. I passed that information on to Sharon Kelly. I understand that Dr Sadler was offered a VER package and accepted it. I had no involvement in deciding his eligibility for a VER, whether he would be offered one or the calculation of the amount of the offer, and I am unaware of any of those details.

(d) were there any processes in place for responding to/addressing any concerns raised during the transition process, including communicating with patients, parents of patients, staff and stakeholders;

15.11 There was a communication plan in respect of responding to/addressing any concerns raised during the transition process. I was not formally involved in those processes.

(e) were any arrangements made for adolescents on the BAC waiting list who would otherwise have been admitted to the BAC, and the date(s) on which those arrangements were made, and what they involved.

15.12 I was not involved in any arrangements made in respect of adolescents on the BAC waiting list who would otherwise have been admitted to BAC.

16 Was there an administrative or other deadline imposed for the transitions?

16.1 There was no administrative or other deadline imposed for the transitions.

17 Identify and explain any circumstances of concern regarding the timeframe specified for the transitions?

17.1 There was no timeframe specified for the transitions.

17.2 For each patient, transition proceeded when appropriate and safe clinical and other required supports and arrangements were in place.

17.3 For the reasons I have already stated, I supported working towards completion of transitions by around January 2014 and I considered this was a reasonable time period within which transition arrangements ought to be able to be made for all patients. Areas of concern were:

(a) Once closure of BAC was formally announced, some staff sought and obtained employment elsewhere and departed ahead of the closure of BAC. Replacement with temporary or contract staff enabled appropriate care to continue, but the loss of experience and continuity of staff was an area of concern and a factor which favoured completing the transition of patients in a timely manner.

(b) For patients, both change and uncertainty can present clinical challenges. This was an area of concern that was recognised and discussed by all those involved in transition and at the BAC Weekly Update Meeting.

18 Were the transitional care arrangements tailored to the individual needs and care requirements of individual patients? In particular:

(a) did the transition plans developed for individual patients adequately take into consideration patient care?

(b) did the transition plans developed for individual patients adequately take into consideration patient support?

(c) did the transition plans developed for individual patients adequately take into consideration patient safety?

(d) did the transition plans developed adequately take into consideration the health of each patient?

(e) did the transition plans developed adequately take into consideration the education/vocational needs of each patient?

(f) did the transition plans adequately take into consideration the housing/accommodation needs of each patient?

(g) did the transition plans developed for individual patients adequately take into consideration service quality?

(h) did the transition plans for individual patients adequately take into account the needs of the families of each patient?

18.1 Dr Brennan and her team developed the transition plans for individual patients. I am confident that the plans adequately took into account each of the matters listed in questions 18(a) to 18(h) because:

(a) They are the matters that would be taken into account in any care plan for a mental health patient being transitioned from an in-patient facility.

(b) The types of issues which Dr Brennan brought to the BAC Weekly Update Meeting for consideration indicated that careful consideration was being given to these matters by the transition team.

(c) A Transition Care Planning Meeting was conducted at which these aspects of transition for individual patients were discussed. Attached and marked **TJS-13** is a copy of the minutes of the Transition Care Planning meeting for 11 December 2013.

(d) I attended a BAC Clinical Oversight Meeting on 12 December 2013 at which transition arrangements of four patients were discussed in detail. The

discussions regarding those patients were focussed on the matters in questions 18(a) to 18(h), and in particular safety, clinical and accommodation needs, a copy of which is exhibit TJS-12.

(e) If any of the transition arrangements were not adequate then other arrangements would have been made before a patient was transitioned.

18.2 An Issues Register was maintained which identified risks including patient risks. The Issues Register was regularly updated and was considered at the BAC Weekly Update Meetings. Attached and marked **TJS-14** is a copy of the Issues Register attached to the agenda for the BAC Weekly Update Meeting held on 29 January 2014.

19 In the transition planning, was there adequate consultation with the patients and their families? If so, explain the consultation and, in particular:

(a) what, if any, communication occurred between Dr Stedman and staff of BAC and the patient and their family/carers during this period?

19.1 I had no role in communicating with patients and their families or carers during the transition period.

19.2 Dr Brennan and her team communicated with patients and their families and carers regarding clinical matters. Dr Geppert and Sharon Kelly were responsible for communicating with parents and carers regarding general messaging about the closure of BAC.

(b) what, if any, negotiation occurred between Dr Stedman and his team and the patient and their family/carers during this period?

19.3 I did not have a team and I did not personally have any negotiations with patients or their families or carers during this period.

20 Were there any concerns or challenges associated with organising transitional care for the patients of BAC? If yes, what were those concerns or challenges and how were they responded to?

20.1 A number of patients were transitioned during the period I was on leave between 20 August 2013 and 15 November 2013. I had no involvement in those transitional arrangements and I am unaware of any concerns or challenges associated with those.

20.2 In relation to the patients who were transitioned following my return from leave on 15 November 2013, I am aware that there were concerns and challenges with some transitions. Specifically, I am aware that:

(a) In one case, Dr Brennan's preferred transition arrangement was that the patient

(b)

20.3 My involvement in resolving issues which presented a barrier to transition were:

(a)

. Attached and marked **TJS-15** is a copy of an email dated 5 December 2013 which I sent to Sharon Kelly regarding those discussions.

(b) . This was done, and the issue was resolved. Attached and marked **TJS-16** is a copy of the consumer overviews prepared

21 If these challenges were overcome, how were they overcome and by what means and when?

21.1 I refer to my response to Question 20.

22 Were there funding impediments associated with organising transitional care for the patients of BAC? If yes, what were those impediments, what did they involve and how were they managed?

22.1 I had no involvement in the preparation of funding submissions or the negotiation of funding packages.

22.2 MHAODB made funds available, on a case-by-case basis, for the transitioning of BAC patients. The progress of funding proposals was discussed at the BAC Weekly Update Meetings which I attended. I am not aware of any funding impediments with organising transitional care.

22.3 The process with respect to funding transitional care for BAC patients was:

(a) An appropriate transition plan would be developed for the patient.

(b) If funding was required for particular elements, costings would be obtained and a submission made to MHAODB for approval. To the best of my knowledge, Dr Leanne Geppert was principally involved in the preparation of those submissions.

(c) MHAODB would consider the funding request and decide whether to accept it. The principle which was applied was simply that the funding request had to be reasonable and justifiable in terms of the clinical or other needs of the patient.

22.4 To the best of my knowledge, the financial aspects of any proposed care arrangement received very sympathetic consideration by MHAODB. I am not aware of any funding request being rejected, although in some cases I understand MHAODB asked questions to test the reasonableness of the request. From what was being reported at the BAC Weekly Update Meetings, my observation would be that any funding request which was reasonable was accepted.

22.5 [redacted]

23 Were there circumstances of urgency and/or pressure within which Dr Stedman and staff of BAC operated in relation to the transition arrangements? If yes, did these circumstances of urgency and/or pressure, detrimentally affect the process of transitional care planning?

23.1 There were no circumstances of urgency or pressure within which I operated in relation to the transition arrangements.

23.2 I am not aware of any circumstances of urgency or pressure within which staff of BAC operated in relation to the transition arrangements.

24 In respect of the transitional arrangements of all BAC patients with whom Dr

Stedman was involved:

(a) what information, material, advice, processes, considerations and recommendations informed the transition arrangement?

24.1 The information, material, advice, processes, considerations and recommendations which informed the transition arrangement were that all of the matters which would ordinarily be taken into account in assessing appropriate arrangements for a patient being transferred from BAC were taken into account, including both clinical information and status, and the patient's broader requirements such as accommodation and education.

(b) what consultations, meetings, dealings did Dr Stedman have with any of the Department of Health, staff of BAC, any Health Service or Board, the Department of the Premier and Cabinet and any relevant Human Services Agency or relevant stakeholder regarding the transition arrangements and the adequacy of the care, support and services that were to be provided to the transition patient?

24.2 I had no consultations, meetings or dealings with the Department of Health, the Department of Premier and Cabinet or any Hospital and Health Board.

24.3 In relation to staff of BAC, I was involved in the BAC Weekly Update Meeting as described above.

24.4 In relation to other Hospital and Health Services, I had:

(a)

(b)

(c)

(c) how were care, support, service quality and safety risks identified, assessed, planned for, managed and implemented during the transition?

24.5 Care, support, service quality and safety risks were identified, assessed, planned for, managed and implemented by Dr Brennan and her team. I was not a member of that team.

24.6 Where such issues were elevated to the BAC Weekly Update Meeting, a discussion would take place regarding the particular issue for transition of the particular patient and a proposed resolution or next step would be identified and the appropriate person to take the matter forward would be tasked with doing so. The minutes of the BAC Weekly Update Meetings illustrate this.

24.7 Complex cases were discussed at a Clinical Oversight Meeting which I attended as described above.

(d) what support was Dr Stedman given by any entity identified at (b) above to implement the transition arrangements?

24.8 I did not receive individual support in relation to transition arrangements, as I had no front-line responsibility for those arrangements.

24.9 To the extent that I was involved in attempting to resolve some of the more complex issues, I found that my counterparts at other HHSs were generally helpful throughout the process and supported the process of transition. I had dealings in that respect with:

(a)

(b)

[redacted]

(e) did Dr Stedman make any recommendations with respect to the transitional arrangements?

24.10 I did not make any formal written recommendations with respect to the transitional arrangements. I contributed to general recommendations as part of the BAC Weekly Update Meeting group, whose discussions proceeded on a consensus basis, and where required I assisted with discussing the complex transition arrangements with colleagues at receiving Hospital and Health Services.

(f) if the answer to (e) is yes, what were these recommendations and were they accepted/rejected, and why?

24.11 Not applicable.

(g) did Dr Stedman provide any advice to any entity identified at (b) above prior to a decision regarding a transition arrangement being taken?

24.12 I did not provide any advice to any entity identified at question 24(b) prior to a decision regarding a transition arrangement being taken.

(h) if Dr Stedman was consulted by any entity identified at (b) above, how often was Dr Stedman consulted prior to a decision regarding a transition arrangement being made?

24.13 I was not consulted by any of the entities identified at question 24(b) save for my involvement in the BAC Weekly Update Meetings which is described above.

(i) how many transition arrangements were carried out?

24.14 I am unaware of the total number of transition arrangements carried out, in particular because I was on leave between 20 August 2013 and 15 November 2013 during which period a number of the patient transitions were completed.

24.15 [redacted]

(j) were any transition arrangements refused and, if so, by whom and on what basis?

24.16 Transition planning was undertaken as a negotiated and, in general a cooperative, process whereby the transition team would liaise with the relevant receiving Hospital and Health Service and agencies providing non-clinical services to arrive at a complete transition arrangement. Many options were explored in the process of reaching the best outcome for each patient. In no case was there reached a point where transition could not be effected.

24.17 In a number of cases, an option for a particular patient was identified but upon investigation was either found not to be suitable or was not available, or in one case the receiving Hospital and Health Service did not agree with the proposal. In such cases, further investigations were undertaken to identify alternatives or to overcome the particular barrier to the identified option being implemented.

24.18 To the best of my knowledge, all transitions were completed on a basis which reflected consensus as between the transition team and relevant receiving agencies that the transition plan was appropriate to the patient's clinical and other needs and was safe.

(k) did and/or has Dr Stedman or BAC staff maintain any contact with any patient of BAC, post-transition?

24.19 I have not maintained any contact with any patient of BAC post-transition.

24.20 I am not aware if any BAC staff member has maintained any contact with any patient of BAC post-transition.

25 Were there any arrangements in place to monitor the adequacy of the transition process for patients of BAC (and their families) and staff of the BAC?

25.1 I was not responsible for putting in place any arrangements to monitor the adequacy of

the transition process for patients of BAC, their families or staff.

25.2 As is the case with any patient transfer, once a patient is transferred it is not appropriate for the transferring clinician to maintain contact with the patient or to seek feedback from the patient regarding their subsequent care.

25.3 I am aware that had some further involvement in relation to the patient who was

Dr Sadler

26

26.1

26.2

26.3

27

27.1 [redacted]

27.2 [redacted]

Groups

28 Did Dr Stedman have any involvement or input into the formation of the 'Expert Clinical Reference Group' (ECRG) with respect to BAC and, if yes, who were the members of the ECRG and what was the ECRG's function?

28.1 I did not have any involvement in the formation of the Expert Clinical Reference Group (ECRG).

28.2 I may have been informally asked by Sharon Kelly regarding who would be appropriate clinicians to invite to be members of the ECRG, but I have no specific recollection.

29 Did Dr Stedman receive a copy of the ECRG report and, if yes, on what date, by what means and for what purpose?

29.1 I recall seeing a copy of the ECRG report at around the time it was issued.

29.2 I received a copy of the ECRG report by email dated 7 August 2013 from Sharon Kelly. Attached and marked **TJS-18** is a copy of that email and its attachments including the ECRG report.

29.3 I was not provided with a copy for any particular purpose.

30 What were Dr Stedman's views in relation to the recommendations contained in the BCRG report?

30.1 I agree with Recommendation 1 of the ECRG report.

30.2 I disagree with Recommendation 2 of the ECRG report. Most jurisdictions in Australia have managed the care of adolescents in this cohort without a facility of the kind described as a Tier 3 facility in the ECRG report. Most Australian jurisdictions who have had facilities of this kind, closed them long ago. If facilities of this kind are "essential" for the care of this cohort of patients, I would expect to see them as an established model of care in all jurisdictions in Australia.

30.3 In any event, notwithstanding my view on Tier 3 facilities, as part of the restructuring of adolescent services from the time BAC closed and CHQHHS assumed governance of adolescent mental health, there have been two Tier 3 beds at the Children's Hospital at South Brisbane (firstly at the Mater Children's Hospital, and now the Lady Cilento Hospital) with an associated school.

30.4 I disagree with Recommendation 3 of the ECRG report. In my opinion, alternative service provision through what the report describes as Tier 2a and Tier 2b services will cover the needs of this cohort of patients on an ongoing and substantive basis. I do not believe that they are only appropriate on an interim basis pending the introduction of a Tier 3 service.

30.5 I agree with Recommendation 4 of the ECRG report. In my view it is reasonable to have a treatment target of 12 months for Tier 2 and Tier 3 type patients because:

(a) The majority of patients requiring inpatient service will improve to the point of being able to be cared for in the community within 12 months.

(b) If a patient's condition has not improved with 12 months inpatient care, it is not likely to improve with further inpatient care and it is appropriate to continue care in the community, with hospitalisation on an acute basis as needed.

30.6 I do not have an opinion in relation to Recommendation 5. I would accept that it is one reasonable model but it is probable that other models exist which would work equally as well.

30.7 I agree with Recommendation 6 of the ECRG report.

30.8 In relation to Recommendation 7 of the ECRG report, my view is that equitable access for patients is better served by having arrangements that allow a smaller number of patients at each of a larger number of sites, rather than through large centralised sites. Decentralisation provides much more equitable access, as it provides access for consumers in a diversity of regions rather than just in south-east Queensland and one major centre in the north of the State.

31 Did Dr Stedman have any involvement or input into the formation of the 'Planning Group' (PG) with respect to BAC and, if yes, who were the members of the PG and what was the PG's function?

31.1 I did not have any involvement or input into the formation of the Planning Group with respect to BAC.

32 Did Dr Stedman receive a copy of the PG's recommendations and, if yes, on what date, by what means and for what purpose?

32.1 I did not receive a copy of the Planning Group's recommendations.

33 What were Dr Stedman's views in relation to the recommendations contained in the PG report?

33.1 Not applicable.

34 Did Dr Stedman form part of, or have any involvement or input into the formation of the 'Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group' (SWAETRSSG) and/or the 'Statewide Adolescent Extended Treatment and Rehabilitation Service' (SWAETRS) (and say if these groups are the same or separate)?

34.1 I did not form part of, or have any involvement or input into the formation of, the State-Wide Adolescent Extended Treatment and Rehabilitation Strategy Group or the State-Wide Adolescent Extended Treatment and Rehabilitation Service.

35 **Is Dr Stedman aware who the members of the SWAETRS and/or SWAETRSSG are, and what was the function of the SWAETRS and SWAETRSSG?**

35.1 Not applicable.

36 **Did Dr Stedman form part of, or have any involvement or input into, the formation of the 'Steering Committee' with respect to the BAC? If yes, who were the members of the Steering Committee, what was their expertise, and what was their function?**

36.1 I am not aware of any group called the "Steering Committee" with respect to BAC.

Other

37 **Outline and elaborate upon any other information and knowledge (and the source of that knowledge) that Dr Stedman has relevant to the Commission's Terms of Reference.**

37.1 Nil.

38 **Identify and exhibit all documents in Dr Stedman's custody or control that are referred to in his witness statement.**

39 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)
Dr Terry Jon Stedman at Brisbane)
in the State of Queensland this)
day of)
)

Before me: GEORGINA RATAJCZYK

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Signature of authorised witness Signature of declarant

A Justice of the Peace/
Commissioner for Declarations

JUSTICE OF THE PEACE
ATTORNEY-GENERALS DEPARTMENT
Reg. No. 70290
QUALIFIED