

OATHS ACT 1867
STATUTORY DECLARATION

QUEENSLAND
TO WIT

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

The following supplementary statement is provided in response to correspondence from the Barrett Adolescent Centre Commission of Inquiry to Roberts & Kane Solicitors dated 20 January 2016 requiring me to provide a supplementary statement responding to additional questions.

The references to “questions” are to those in the Notice to Provide a Written Statement dated 2 October 2015 previously issued to me.

Response to Schedule of Further Questions

Allocation of Patients

1. Further to questions 5 and 8:

(a) **In response to question 5 you state “In addition to my role as RN ... when rostered on, I would be allocated the day to day care for the patient/s for whom I was care coordinator”. In response to question 8 you state “The nursing staff worked as a team by providing care to all of the patients at the BAC”. Please clarify how patients were allocated amongst staff during shifts.**

i. The staff rostered on for a shift were responsible for providing care to all the patients during the shift. At the beginning of the shift, the CN in charge allocated specific duties to nursing staff members, such as:

(1) clinic nurse;

Signed: ...

- (2) blue board observations (which was the 15 minute visual observations);
 - (3) meal supervision;
 - (4) activity supervision; and
 - (5) category red constant observations on patients at risk.
- ii. All nursing staff were required to respond to emergencies as they arose and a specific nurse was allocated to code black situations (a code black situation was a life threatening incident).
 - iii. When rostered on duty it was usual for the care coordinator to be involved in the care and planning of those patients for whom they had been allocated as care coordinator.

Staffing

2. Further to question 11:

(a) You state “I noted there were more RNs acting in the CN role as experienced permanent staff were leaving. It seemed management were making do with staff available to them regardless of whether the staff were experienced enough to undertake the role of CN. I acted in the CN role from time to time and on one occasion felt overwhelmed by the responsibility.”

i. What are the duties and responsibilities of the CN?

(1) The responsibilities of the CN included:

- (a) coordinating the shift;
- (b) allocating specific duties to the nursing staff;
- (c) attending the weekly Case Conference each Monday;
- (d) supervising the nursing staff; and

(e) providing clinical guidance.

ii. **What level of experience and training would you usually expect a nurse in the role of CN to have?**

(1) I would expect a CN or a RN acting in the role of CN to have at least a couple of years of experience working at the BAC providing care to adolescents with complex mental health needs.

iii. **What level of experience and training did the nurses acting in the role of CN have?**

(1) I worked at the BAC for about five years before I undertook the role of acting as a CN.

(2) I am unable to say what level of experience and training other nurses had who acted in the role of CN.

iv. **What effect (if any) did inexperienced RNs acting in the CN role have on the care of patients and/or work environment for nurses?**

(1) I did not say the RNs were ‘inexperienced’. I questioned whether the staff were ‘experienced enough to undertake the role of CN’.

(2) I can say for myself that it was stressful acting in the CN role. I cannot recall any incident impacting on the care of patients and/or work environment as a result of RNs acting in the role of CN.

v. **Please outline and explain the one occasion when you felt overwhelmed by the responsibility of the CN role. Did you express how you felt? If so, how, when and to whom?**

(1) I felt overwhelmed on the occasion when a [redacted]
[redacted]

(2) I don’t recall expressing the fact that I felt overwhelmed to anyone.

Signed: [redacted].....

vi. To your knowledge, why was management “making do” with inexperienced staff?

- (1) I did not say management were ‘making do with inexperienced staff’. I said that it seemed that management were making do with staff available to them regardless of whether the staff were experienced enough to undertake the role of CN.
- (2) To my knowledge management had stopped recruiting staff for BAC as the unit was reported to be closing.
- (3) The nursing staff provided to the BAC may have been experienced mental health nurses but had little or no experience in caring for adolescent patients with complex mental health problems such as the patients in the BAC.
- (4) Management had no choice towards the end of the BAC days as shifts had to be filled and the patients had to be looked after.

vii. To your knowledge, did any of the nurses, including yourself, express concern about the use of inexperienced staff? If so, to whom and how?

- (1) I did not say the staff were ‘inexperienced’.
- (2) I did not express a concern about the replacement staff as I understood that management had no alternative but to send the staff available to them.

Closure Decision

3. Further to question 12:

(a) Who and how were you made aware of the plan to relocate the BAC to Redlands?

- i. I do not now recall who and how I was made aware of the plan to relocate the BAC to Redlands.

(b) Who showed you the building plans and asked for your input into the layout, and by what means of communication was your input sought and received?

- i. I believe a working group was created for this process. The plans and models of the proposed new adolescent unit were on display and staff were asked for relevant input into the planning phase. I cannot now recall who showed me the building plans and asked for my input.

(c) To your knowledge, who made the decision not to relocate the BAC to Redlands? To your knowledge, what was the reason for the decision?

- i. I do not know who made the decision not to relocate the BAC to Redlands or the reason for the decision.

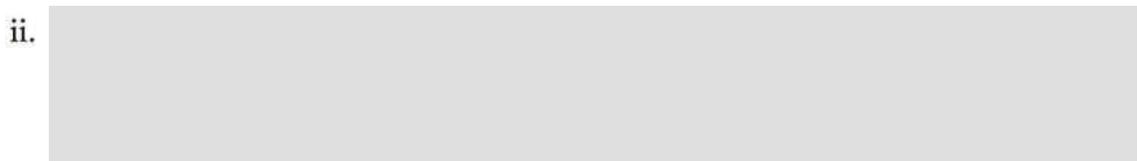
(d) Who and how was the decision not to relocate the BAC to Redlands communicated to you?

- i. I do not know by whom and how the decision not to relocate the BAC to Redlands was communicated to me.

(e) On what basis did you think that the BAC service would not cease?

- i. I never believed that the BAC service would close as it was valued by the adolescents, parents and the staff.

ii.



- iii. As there was no other service similar to the BAC, I could not see that the service would no longer be available.

4. Further to question 14:

(a) Who and how were you told that the BAC was closing because it used an outdated model of care, and that The Park was an inappropriate location?

- i. I do not recall from whom or where the information originated.
- (b) **Who and how was it communicated to you that the “plan” was that the BAC “would stay open until appropriate alternatives were put in place for patients”?**
- i. I received a communique from WMHHS which indicated that the BAC would stay open until appropriate alternatives were put in place for the patients. I no longer have a copy of the communique.

Dr Sadler & Dr Brennan

5. Further to questions 11 and 17:

- (a) **In response to question 11 you state, “Dr Sadler, the long-term Director of the BAC, left at a time when he was really needed. He had always been available to provide guidance to all the BAC staff. He left shortly after the decision to close the BAC was made while the patients were being transitioned.” In response to question 17 you state, “I thought the decision was badly timed as it occurred when the patients and staff needed him most”.**
- i. **Why was Dr Sadler “really needed” at this point in time?**
 - (1) Dr Sadler was the heart of the BAC service. He cared deeply for the young people in our care and had a wonderful rapport with all of them. His patience made them all feel that they mattered. Because of this and the uncertainty created by the closure announcement, his presence and involvement in the transitioning of the young adults would have been reassuring for them at a vulnerable time.
 - ii. **Did Dr Sadler's leaving impact in any way on the ability to transition patients out of the BAC given the impending closure? If so, how and why?**
 - (1) I was not part of the transition panel set up to transition the patients and cannot say whether Dr Sadler’s leaving impacted on the ability to transition patients.

iii. **Did you voice your concerns about Dr Sadler leaving at this point in time to anyone? If so, to whom and by what means of communication?**

(1) Other than voicing my disappointment and surprise at Dr Sadler's absence from the unit with my colleagues there was no one to talk to about this as we did not know the circumstances or if he would be back.

(b) **In response to question 18 you state Dr Anne Brennan "had a difficult, if not impossible, task to do in relocating the patients".**

i. **Why was the task of relocating patients "difficult, if not impossible"?**

(1) Dr Anne Brennan was part of the transition team and it was their task to transition the patients out of the BAC to a suitable service. I believed it was a difficult task because there was no other service of a similar nature to the BAC and to find suitable services and care for some of the patients would have been very difficult.

ii. **Do you think that Dr Sadler would have been in a better position to undertake this task? If so, why?**

(1) I believe that Dr Sadler would have been in the same position as Dr Brennan because it was about finding alternative placements suitable for the patients.

Transitional arrangements

6. Further to question 19:

(a) **You state "I felt miffed about not being involved, especially in relation to Patient [REDACTED] as I was [REDACTED]"**

i. **Do you believe that you should have been involved in planning Patient [REDACTED] transitional arrangements? If so, why?**

(1) I believe I should have had input into the planning process for Patient [REDACTED] transitional arrangements. As [REDACTED] for approximately [REDACTED]

[REDACTED] I was one of [REDACTED] main supports.

ii. **If you were involved in Patient [REDACTED] transition arrangements what input would you have provided?**

(1) I would have recommended [REDACTED]
[REDACTED]

(b) **You state “I had very little involvement into the decision about where an individual patient would be placed.” What involvement did you have?**

i. I had no involvement in the placement of the individuals.

(c) **You state “I was told that we (the BAC staff) would have some ongoing supporting role for some patients after the BAC closed”. Who told you this, and how was this information communicated to you?**

i. It may have been Dr Anne Brennan who told me this or it may have been something I had hoped would happen for our patients.

7. Further to question 21:

(a) **You state “I had hoped for a gradual, supported transition but this did not occur”. Why had you hoped for such a transition? What time period do you mean by “gradual”?**

i. I expected that we would continue to support these young people in some capacity after the closure.

ii. By gradual I meant whatever time it took.

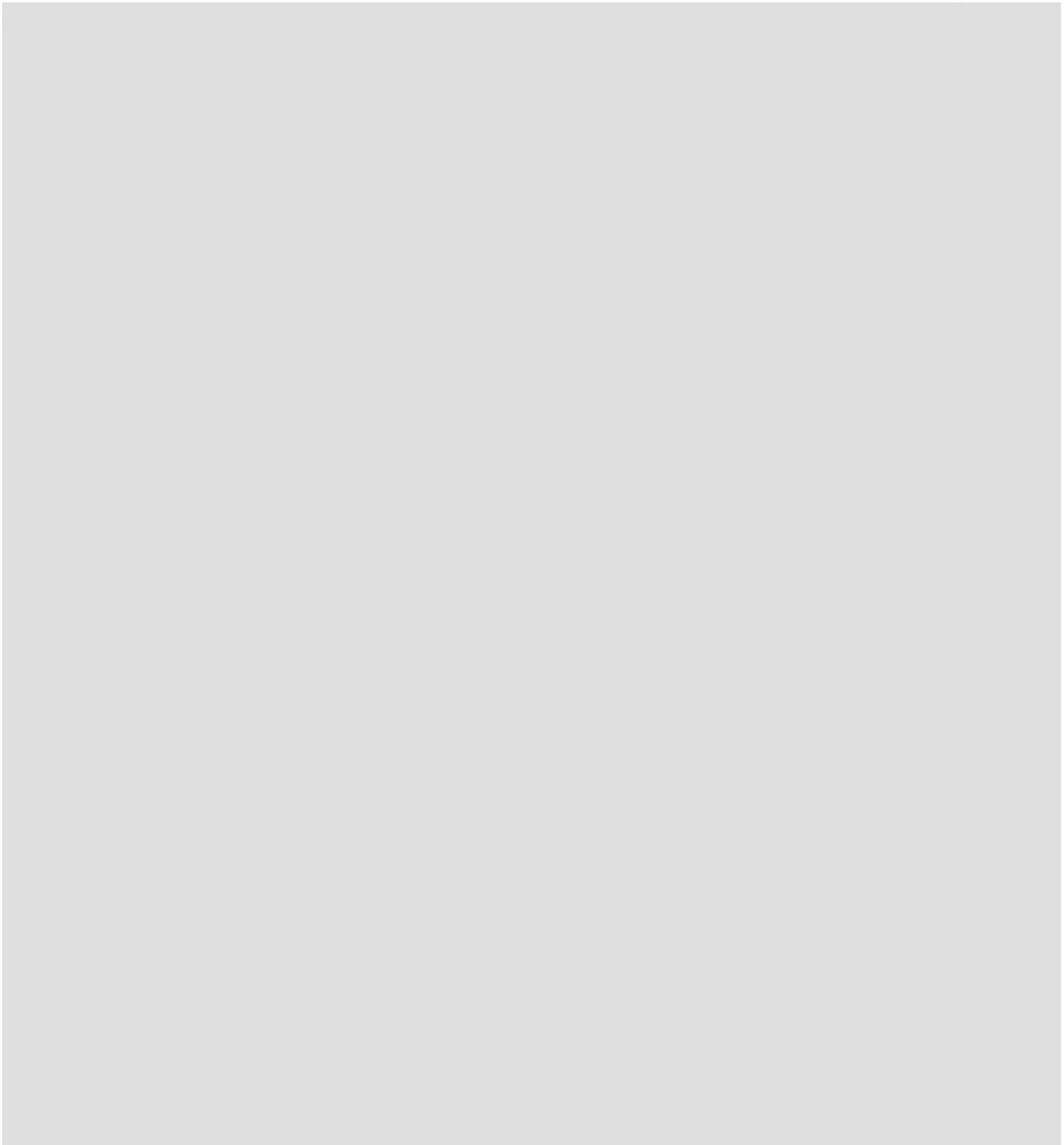
8. Further to question 22:

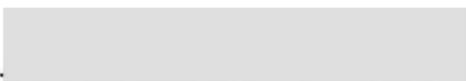
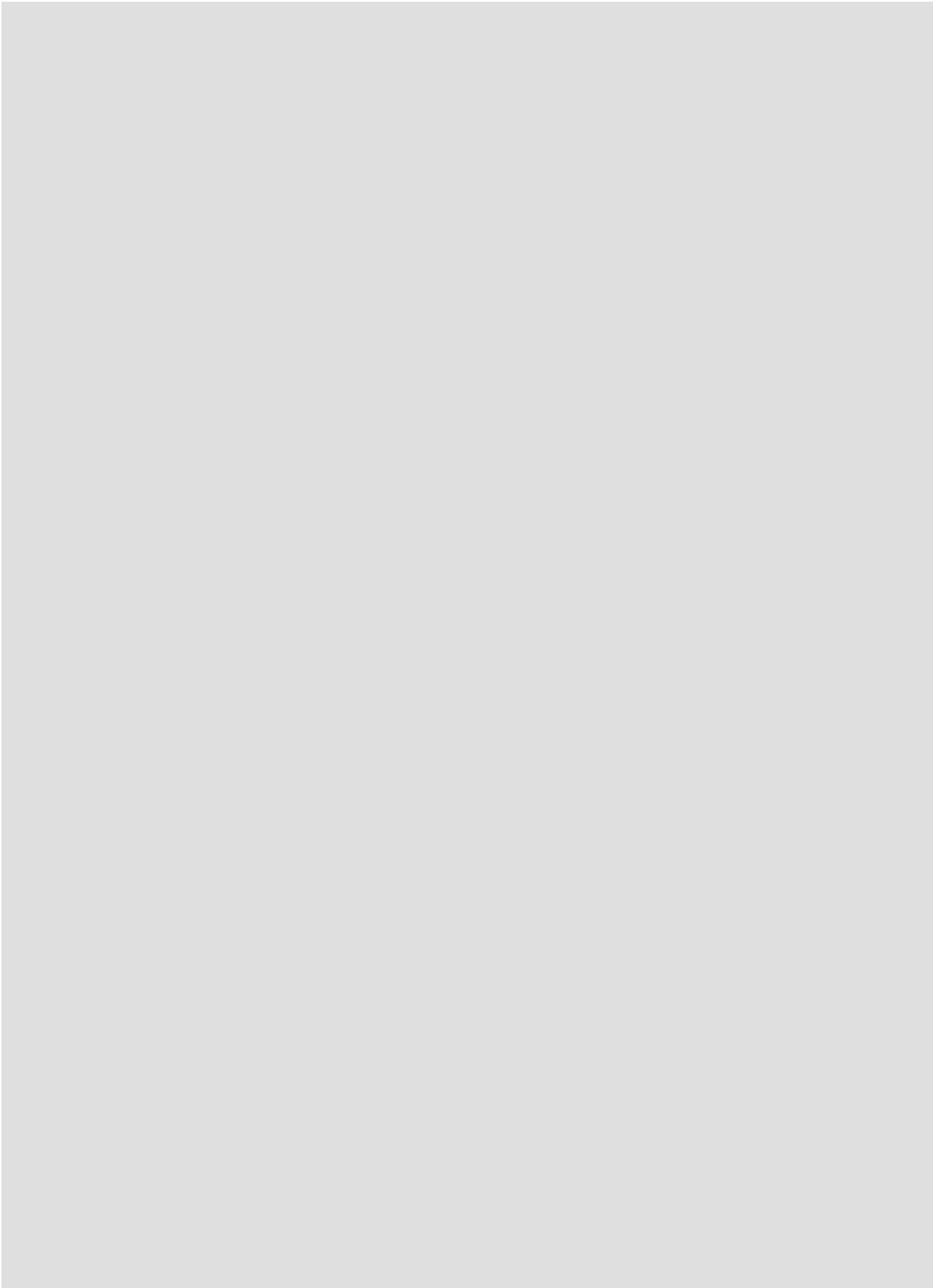
(a) **You state “we were told that no patient would be transitioned until suitable alternate arrangements were established.” Who told you this, and how was this**

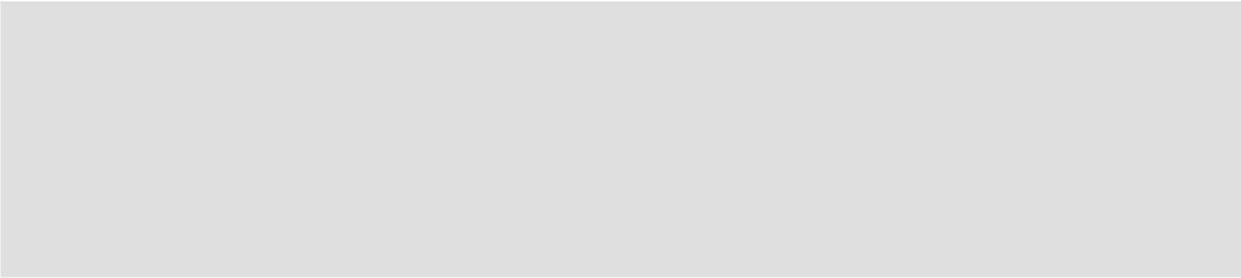
information communicated to you? What did you understand “suitable” to mean?

- i. Please refer to my response at 4(b) of this my supplementary statement.
- ii. I understood ‘suitable’ to mean a safe and supported environment.

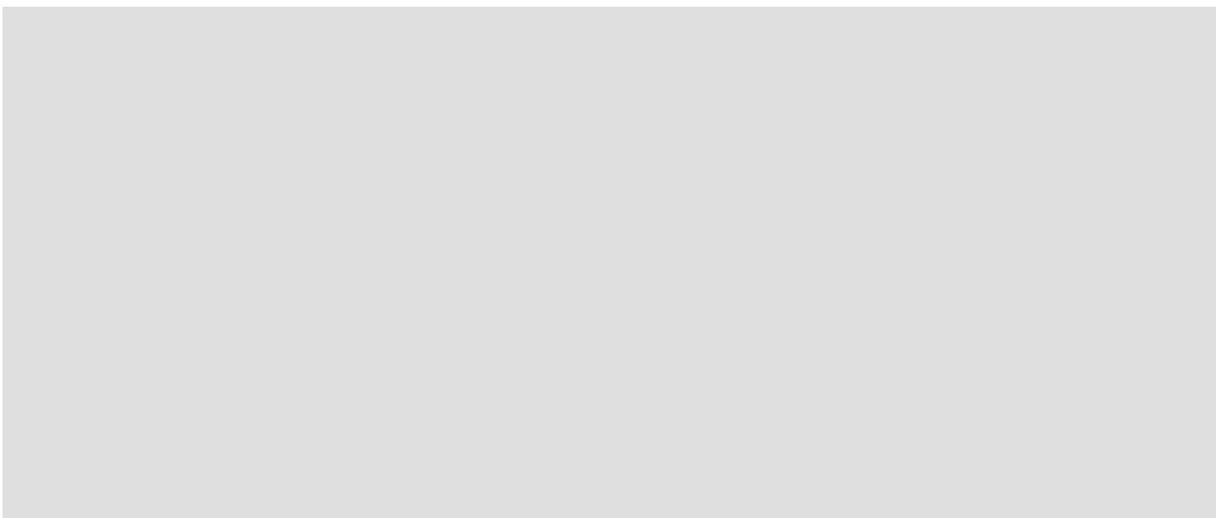
9. Further to question 24:







10. Further to question 25:



(b) You state that transitions usually occurred over “a longer period” and it was not uncommon for inpatients to become day patients. Please elaborate on the specific timeframes and stages involved in transitioning a patient out of the BAC.

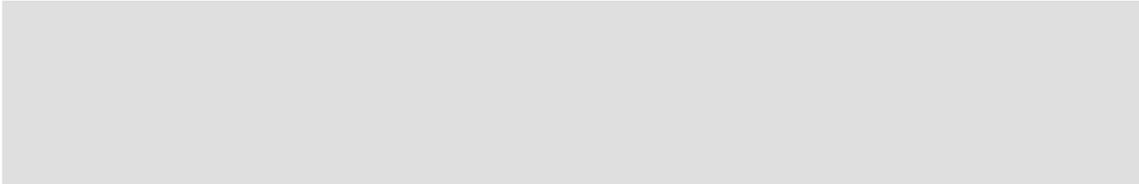
- i. There were no specific timeframes or stages for transitioning a patient out of the BAC because each patient was different. On most occasions the transitioning of patients occurred gradually.

11. Further to question 28:

(a) Did you know in advance that the BAC would close on the day that it did? If so, how far in advance?

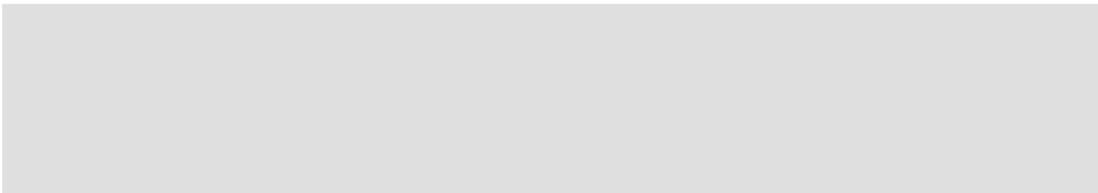
- i. No, I did not know in advance that the BAC would close on the date that it did.
- ii. I was not provided with a definite date for closing. 

Signed: 

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- iii. I telephoned the CSO at The Park later that night to find out where I would be working the next day.

Closure Decision Effect

12. Further to question 30:

- (a) **Was anything done to address the “turmoil” amongst patients and their families? If so, what was done and who by?**
 - i. I tried to maintain the normal day to day routine within the unit to support the patients.
 - ii. In the weeks leading up to the closure, I took the patients on a lot of outings to distract them from the uncertainty about the closure.
 - iii. I did not deal with the families and directed their concerns to Vanessa Clayworth.
 - (b) **You state “The relationship with the patients became more difficult as I found it difficult to reassure them of their future well-being and safety”.**
 - i. **Which patients are you referring to?**
 - (1) The patients who were still at the BAC in the last couple weeks leading up to the closure.
 - ii. **Did you have knowledge of where they would be transitioning to? If so, did you have knowledge about the service that place provided?**
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iii. **What concerns for the future well-being and safety of patients did you have?**

(1) I was concerned about patients self-harming, suiciding, and being taken advantage of.

iv. **Did you express these concerns to anyone, such as Dr Anne Brennan? If so, how and when?**

(1) The concerns I held were commonly held concerns by all the BAC staff including Dr Brennan.

13. Further to question 32:

(a) **Who arranged for you to work in other areas of The Park?**

- i. I cannot recall who arranged for me to work in other areas of The Park.
- ii. When the BAC closed, [REDACTED] I telephoned the CSO at The Park to find out where I would work the following day.

(b) **What positions did you hold in other areas of The Park?**

- i. I continued to hold a permanent full time position of registered nurse.

(c) **What other areas of The Park did you work in?**

- i. I was sent to work in a number of units within The Park.

(d) **Were you consulted about working in other areas of The Park?**

- i. I don't believe I was consulted about working in other areas of The Park. I had a permanent full time position as registered nurse at the WMHHS and the health service was obliged to find me full time employment.

(e) **Were you happy with such a transfer?**

- i. This was not a transfer.

14. Further to question 33:

(a) **Do you think that you should have been provided support?**

i. Yes I do.

(b) **If so, what support should you have been provided, and by whom?**

i. The support I would have liked to receive would have been support in upskilling me from working at the BAC to Offender Health which was a clinical role.

Questions 34 & 35

15. In response to questions 34 and 35, you refer to your answer to question 11. Question 11 asked for a general response about operations and management across your time at the BAC, whereas questions 34 and 35 asking specifically about operations and management following the closure decision and in relation to the transition arrangement. Other responses in your statement indicate you have further evidence to give here. Please consider again and respond in more detail to questions 34 and 35.

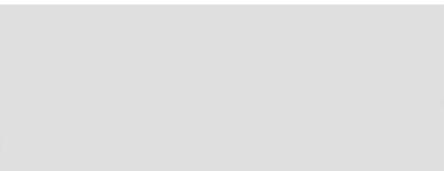
(a) I have no further evidence to give.

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

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Moira Macleod

Taken and declared before me at Brisbane this 2nd day of March 2016


Judith Simpson, Solicitor