

OATHS ACT 1867
STATUTORY DECLARATION
SUPPLEMENTARY STATEMENT

QUEENSLAND
TO WIT

I, **Mara Kochardy**, 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 13 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 1 October 2015 previously issued to me.

Response to Further Questions

3 Month Contract

1. Further to question 2:

(a) Did being on a 3 month contract impact on you in any way? Did you have reasonable notice of whether or not your contract would be renewed?

- i. Being on a 3 month contract created uncertainty about my continued employment at the BAC. This uncertainty caused me stress.
- ii. I was not always given reasonable notice as to whether my contract was to be renewed or not. In my view, four weeks' notice would have been reasonable.
- iii. On occasions my contract expired and I kept working and kept being paid. Then

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it would be renewed.

iv. On other occasions my contract would be renewed one week before it expired.

(b) To your knowledge, what was the reason for your being employed on a 3 month contract? To your knowledge, were other nurses on a 3 month contract?

i. I am not aware of the reason for why I was employed on a three month contract.

ii. I believe there were other nurses on a three month contract both at the BAC and on other wards at The Park.

Registered Nurse & Clinical Nurse

2. Further to questions 2 and 5:

(a) In response to question 2, you state that you acted as Clinical Nurse (CN) for 5 months from 5 August 2013 to 5 January 2014. In response to question 5, you list "to act as CN" as a duty and responsibility of being a Registered Nurse (RN). Please clarify the relationship and distinction between the positions of RN and CN. In particular, is the position, and are the duties and responsibilities, of acting CN, separate from or in addition to the position, duties and responsibilities of RN.

i. All Clinical Nurses hold the qualification of Registered Nurse.

ii. In Queensland Public Hospitals, nursing wage rates provide for different classification levels for nursing staff to determine their grade and rate of pay.

iii. A Registered Nurse Classification is graded as Nurse Grade 5 whereas a Clinical Nurse Classification is graded higher at Nurse Grade 6 which means that a Clinical Nurse is paid more than a Registered Nurse, is more experienced and undertakes additional duties, in particular, supervision of registered and enrolled nurses, team leader responsibilities associated with managing a shift including liaising with the consultant and After Hours Nurse Manager.

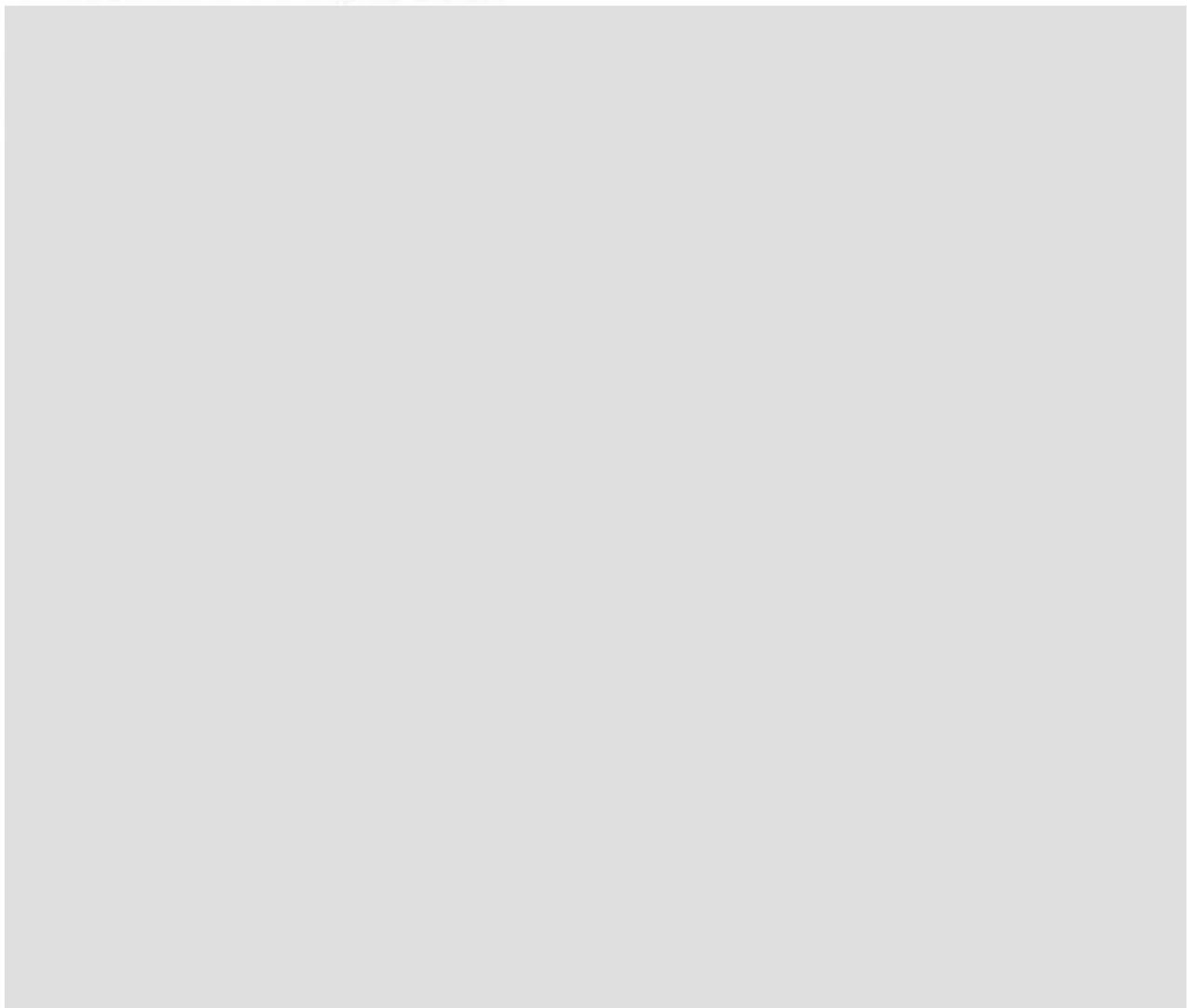
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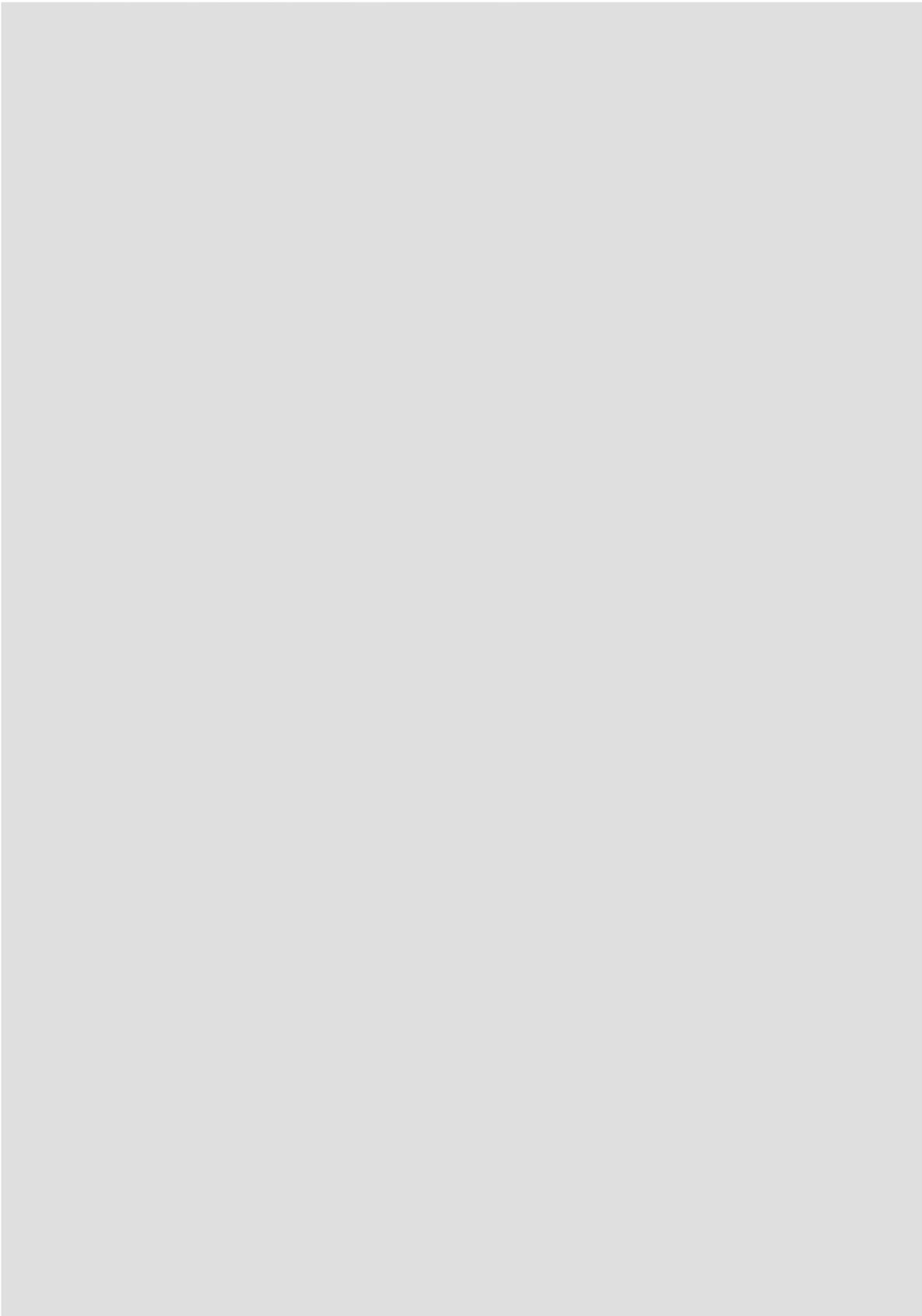
- iv. I was employed under contract to work as a Registered Nurse, Nurse Grade 5 at the BAC. There were a number of substantive Clinical Nurse positions at the BAC but I do not know how many. When a substantive Clinical Nurse position was not filled then a registered nurse was allocated to act in the position until it was filled. I was allocated to act in the position of Clinical Nurse.
- v. The Clinical Nurse was usually the team leader of a shift. If no Clinical Nurse or Acting Clinical Nurse was rostered on a shift then one of the registered nurses rostered on the shift would be allocated as team leader to undertake higher duties for that shift.

Care Coordination and transition arrangements for Patient ■

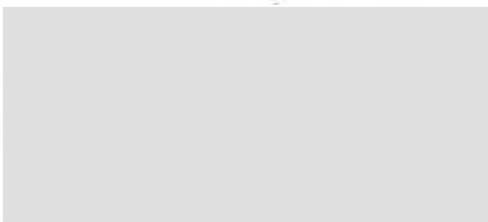


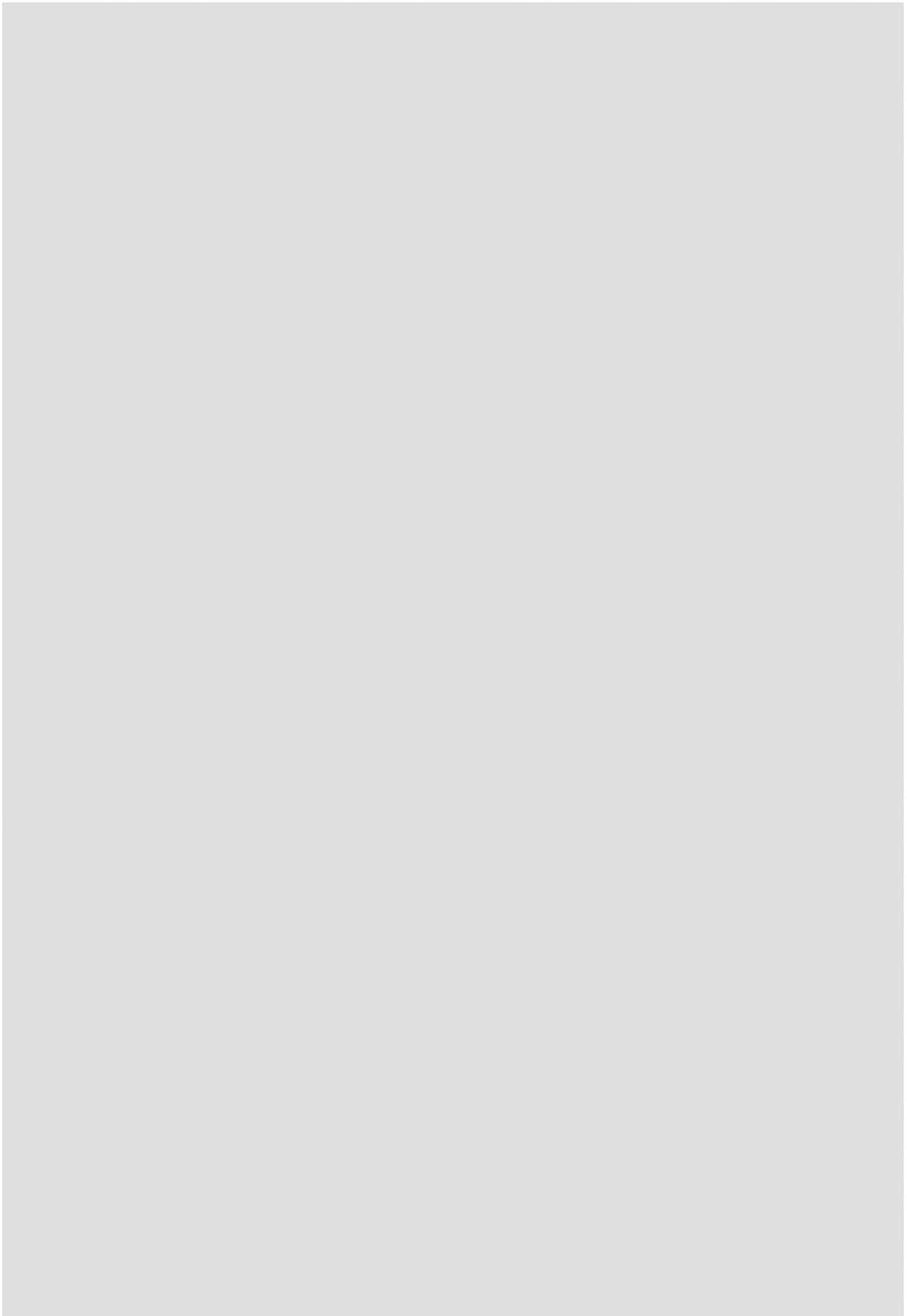
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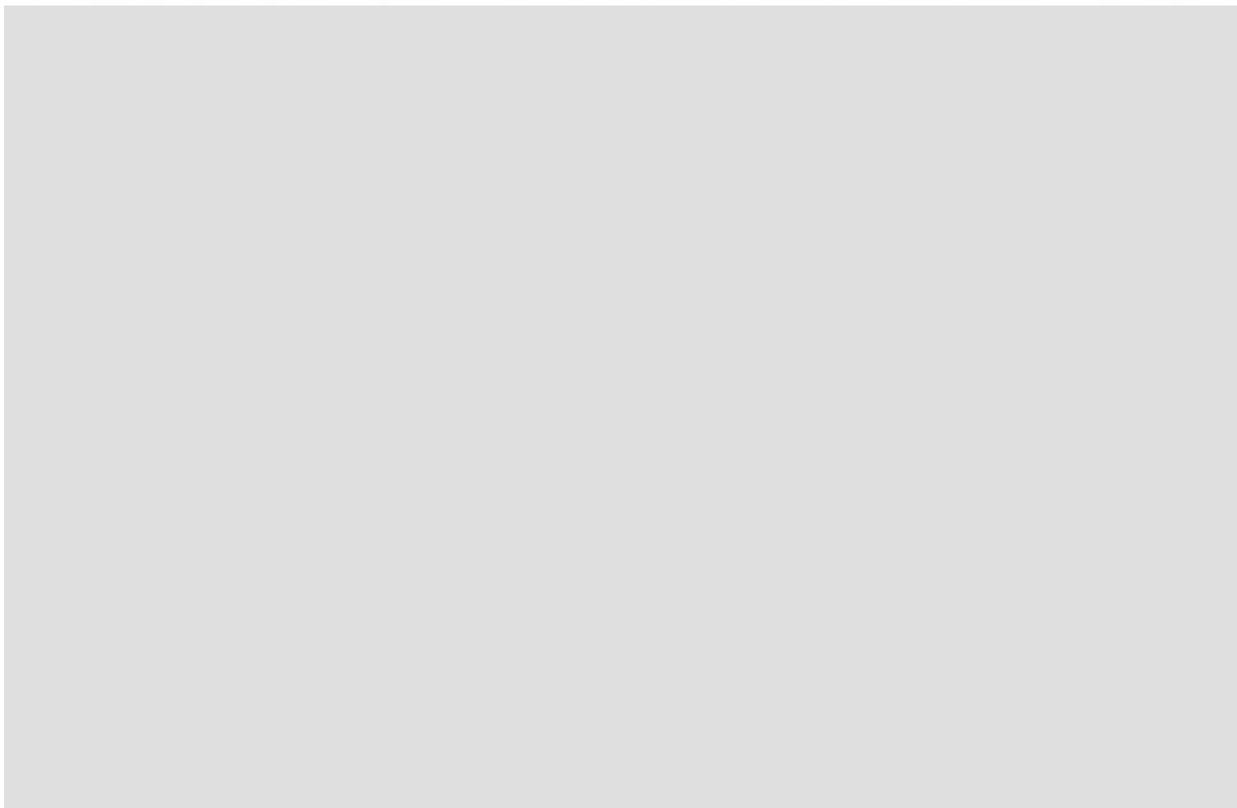




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Dr Sadler & Dr Brennan

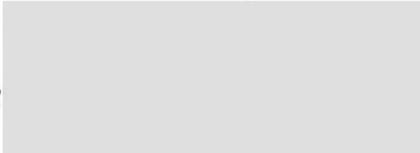
4. Further to questions 11, 17 and 18:

(a) In response to question 11 you state (at paragraph 11(d)) “Dr Sadler left the BAC in the transition period after the closure decision was made. The loss of Dr Sadler at this time created even more instability in the team and placed more pressure on the staff who remained.”

i. Did Dr Sadler’s leaving impact in any way on the ability to transition patients out of the BAC given impending closure? If so, how and why?

(1) Given I was not part of the transition planning team, I do not know whether Dr Sadler’s leaving impacted on the ability to transition patients out of the BAC given impending closure.

(2) As far as I am aware, transition arrangements for the two patients for whom I was Care Coordinator had not yet begun when Dr Sadler left. I am unable

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to say if his leaving caused any delay or not.

- ii. **Did you have any concerns about Dr Sadler's leaving at this point in time? If you had such concerns, did you voice them to anyone and, if so, to whom and how?**

(1) I did have concerns about Dr. Sadler leaving at this point.

(2) I voiced them to Acting CNCL Vanessa Clayworth verbally.

- (b) **In response to questions 17 and 18 you identify that Dr Sadler was replaced by Dr Anne Brennan in early September 2013.**

- i. **How did this change of Clinical Director impact on the transition arrangement process? Were there difficulties in the handover? If so please identify any difficulties.**

(1) I am not aware of any difficulties in the handover.

- ii. **The Commission understands that Dr Elizabeth Hoehn was engaged to assist and support Dr Brennan upon Dr Sadler being stood down. Please outline what involvement (if any) you had with Dr Hoehn in relation to the transitioning of patients.**

(1) To the best of my knowledge I did not have any contact with Dr Elizabeth Hoehn.

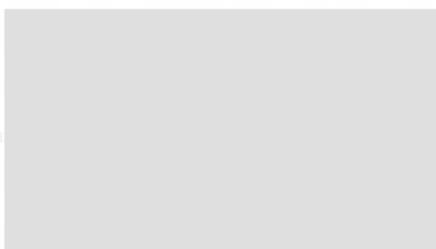
Support

5. In relation to question 30:

- (a) **To your knowledge, what (if anything) was done to address patient distress, parent demands and staff distress? If something was done, who was involved in it?**

- i. The treatment team was informed of parent demands.

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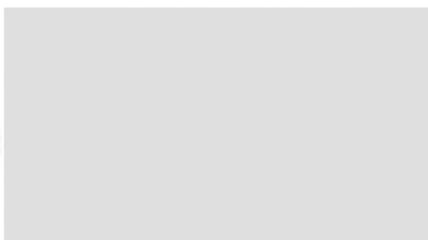


- ii. Patient distress was managed by the treatment team which included the nursing staff.
 - iii. To the best of my recollection, staff supported each other if stressed.
 - iv. Dr Anne Brennan was a support for me when I was stressed.
- (b) **You state that the staff were stressed, and worried about their future employment and the future well-being of the patients. Were you stressed and concerned about these matters? Were you provided any support to assist you to deal with these matters? If so, what support were you provided, and who by? If no, what support do you think you should have been provided, and who by?**
- i. I was stressed and concerned about my future employment and the future well-being of the patients.
 - ii. I was not provided with any support to assist me to deal with my future employment concerns because I was not a permanent staff member.
 - iii. Because I was employed on a three month contract, it would have helped me deal with the uncertainty if I had been told well in advance that my contract would be continued or not.
 - iv. Dr Brennan and Acting CNCL Vanessa Clayworth supported me to deal with concerns about the future well-being of the patients.
 - v. A debriefing each week providing an update on how the transition was progressing for the patients and an opportunity ascertain how the staff were coping would have helped me deal with the stress. Group supervision may also have been helpful.

Operation and Management

6. Further to questions 11, 34 and 35:

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(a) **Your response to question 11 does not specifically provide information you have in relation to your experience with the operation and management of the BAC following the closure decision (question 34) or at the time of the transition arrangements (question 35). However your statement demonstrates you have experience and observations in this regard. Please respond directly to questions 34 and 35.**

i. There were a number of changes in regards to management following the closure decision: -

(1) The position of NUM remained unfilled. I believe Graham Dyer was acting in the NUM position when the closure announcement was made in early August 2013. He left and yet another person Alex Bryce temporarily acted in the NUM position until the BAC closed. It was unknown to me whether Graham or Alex had any experience in the field of adolescent mental health.

(2) I believe Dr Sadler left the BAC after the closure decision was made and he was replaced by Dr Anne Brennan.

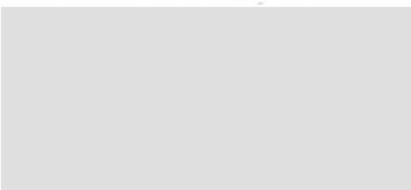
(3) It is my impression that when the closure date was announced a number of experienced nursing staff left the BAC for alternative employment and some allied health staff left due to contracts not being reviewed.

(4) Some of the nursing positions were filled by casual staff which created difficulties in providing continuity of care for the patients.

ii. The information I have about my experience with the operation and management of the BAC at the time of the transitional arrangements is not different to the information I provided about my experiences at around the time of the closure decision.

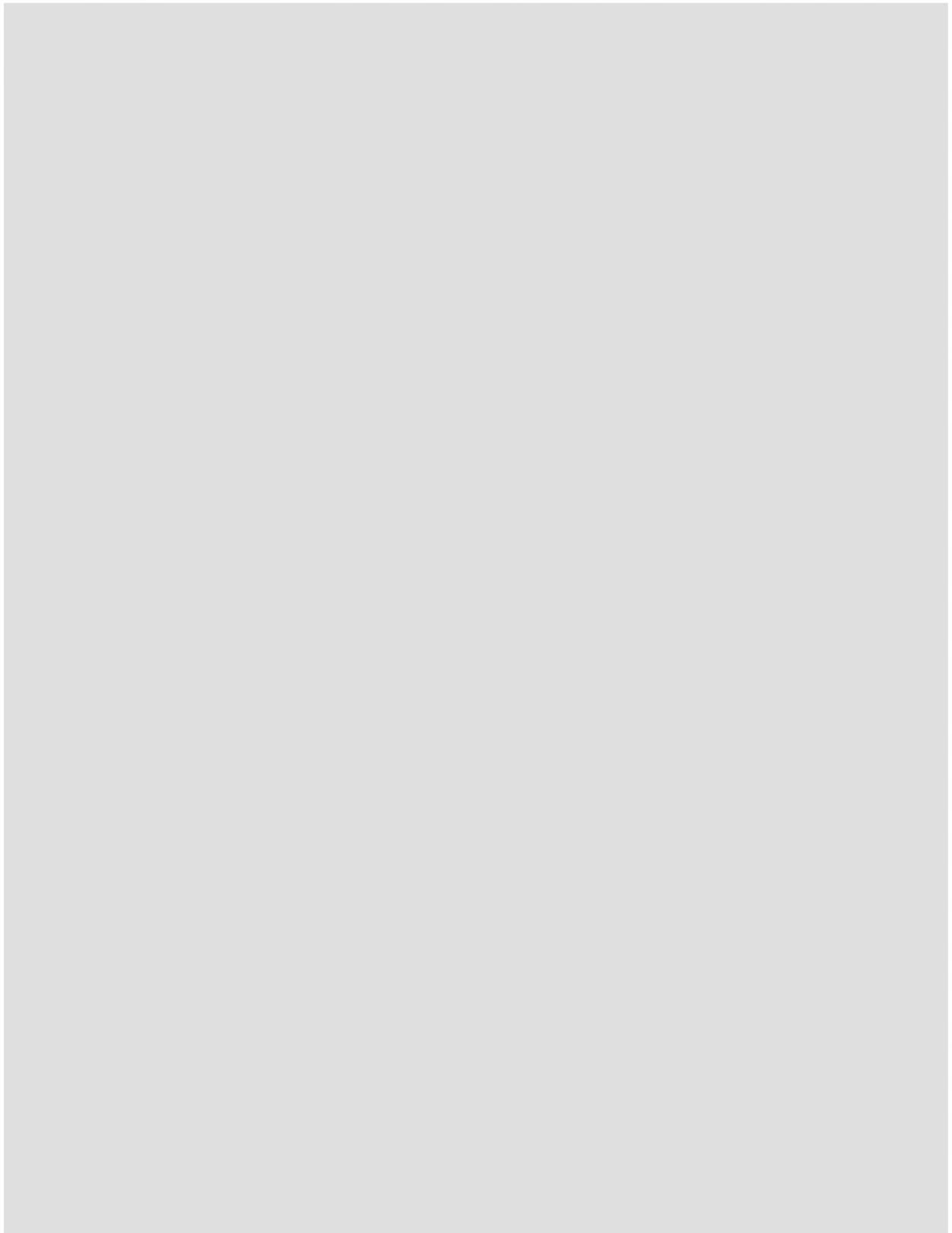
iii. The After Hour Nurse Manager operated after 1500 hours and during the week end.

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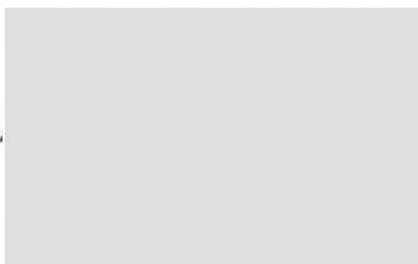


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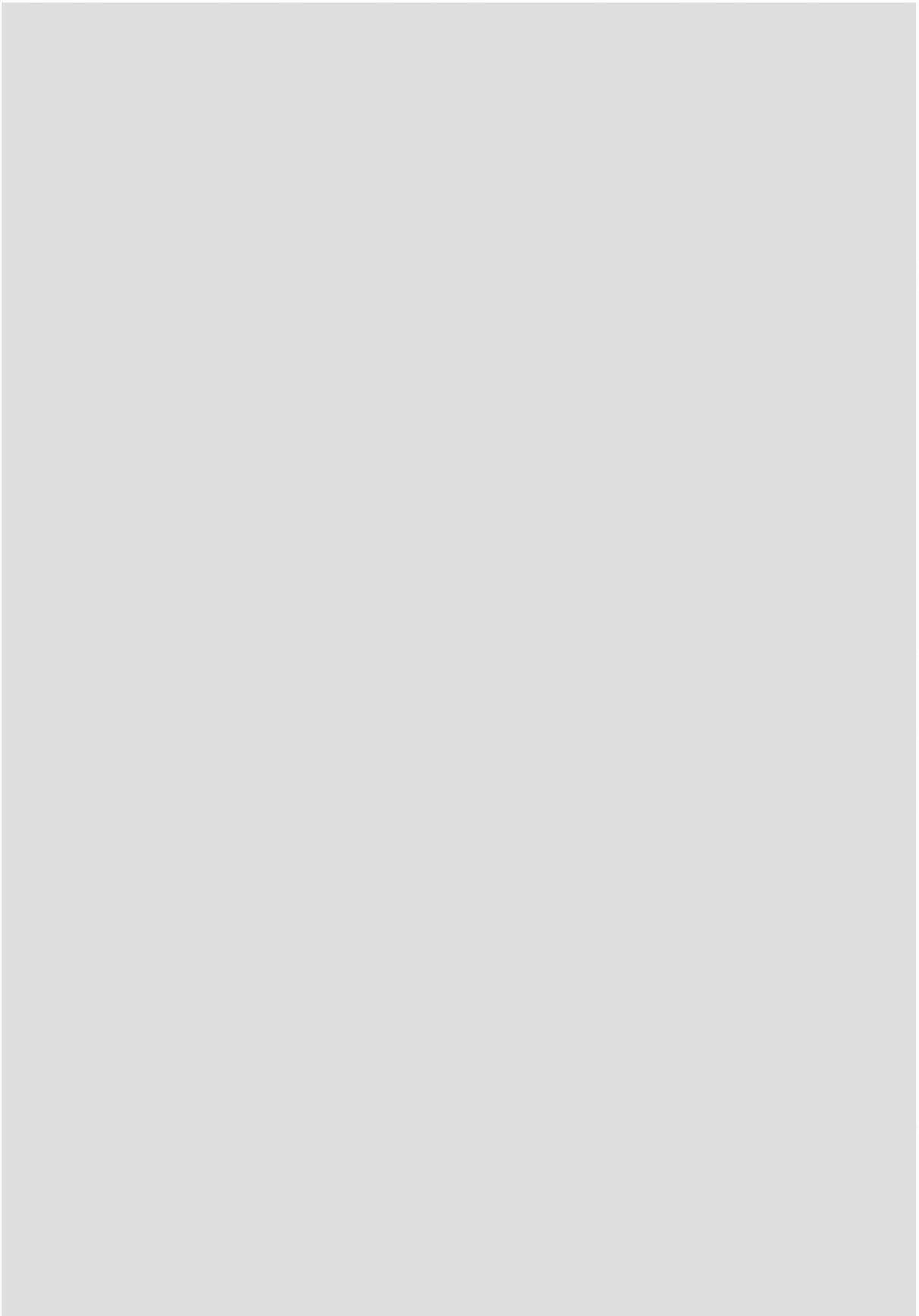
7. Confidential Investigation Report



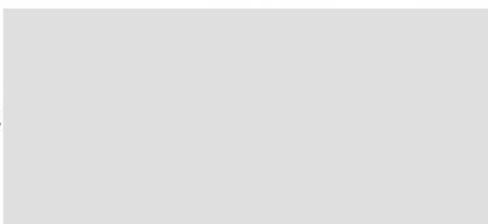
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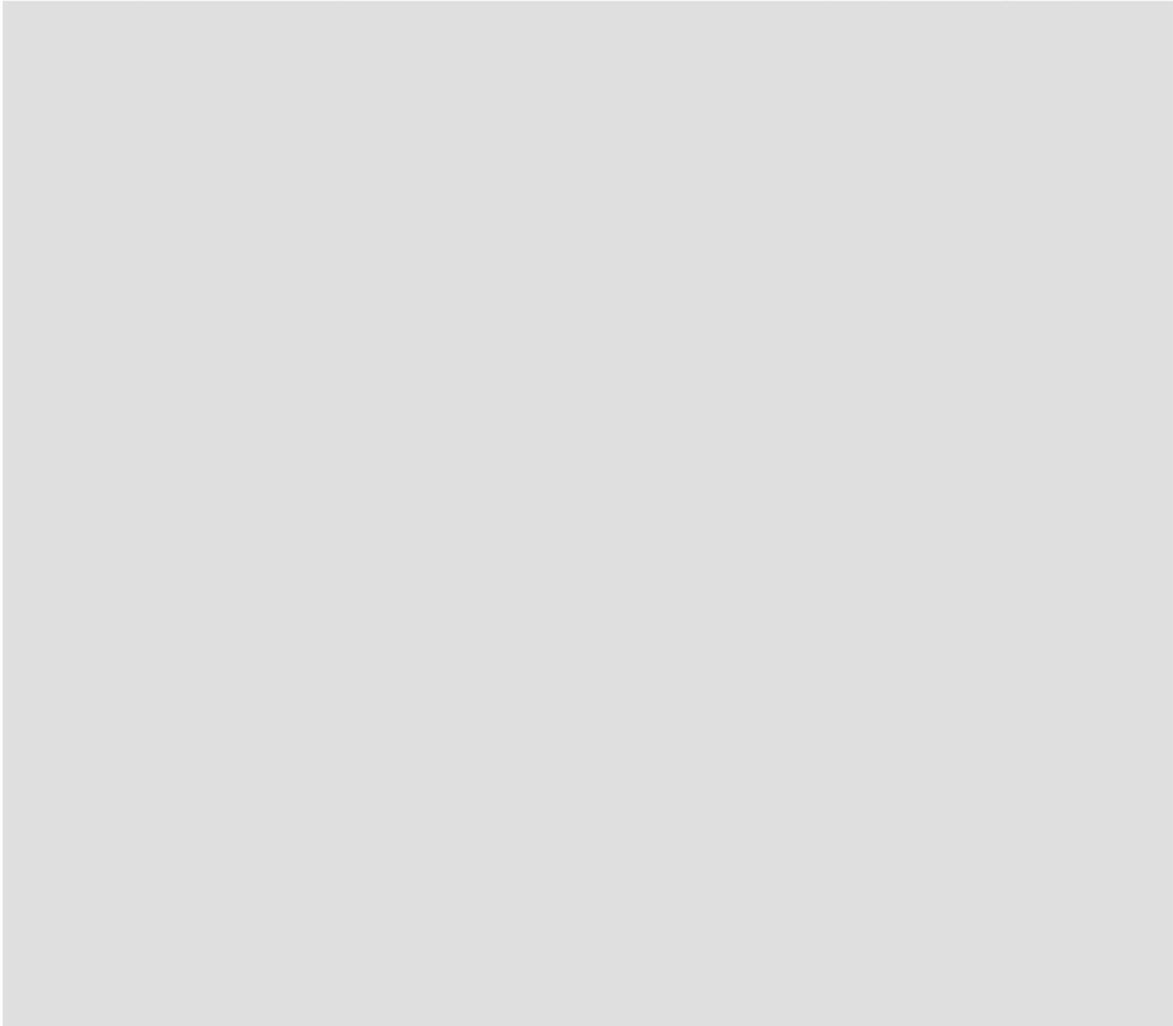


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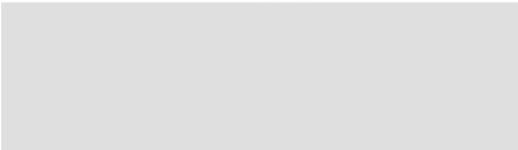


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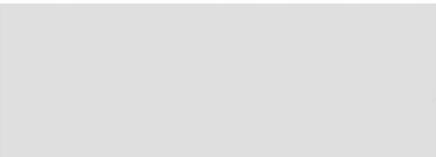
And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.



Mara Kochardy



Taken and declared before me at Brisbane this 8th day of February 2015



Judith Simpson, Solicitor

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EXHIBIT 70

Pages 13 through 46 redacted for the following reasons:
