

OATHS ACT 1867
STATUTORY DECLARATION
SUPPLEMENTARY STATEMENT

QUEENSLAND

TO WIT

I, **Peta-Louise Yorke**, 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 1 February 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 Schedule of Further Questions

Closure Decision (Further to questions 12, 13 and 14)

1. In response to question 12 you say, *"There was then a change in government which brought about redundancies in health sector jobs and cuts to health expenditure" and "I then heard that the plans to relocate the BAC would not proceed at all as the money had been reallocated"*.

(a) **Do you believe there was a connection between "cuts to health expenditure" and the closure decision? If so, on what basis do you believe this?**

- i. It was my impression that there was a connection given the timing of the decision not to relocate the BAC to Redlands. Other than this, I have no basis for believing there was a connection.

(b) Who told you that the BAC would not be relocated as the money had been reallocated, when and how?

- i. I cannot now recall who told me this. I believe I was told this after I recommenced my employment at BAC in 2013.

(c) To your knowledge, where was the money reallocated to?

- i. I don't know where the money was reallocated to.

2. In response to question 13 you say, "*I recall that Sharon Kelly ... (EDMHSS) informed the staff that the BAC would not close until each child had an appropriate place to go to*".

(a) When did Ms Kelly say this?

- i. I do not recall the date.

(b) How did Ms Kelly communicate this to staff?

- i. There were a number of meetings held at the BAC: to provide information on the closure; about Dr Sadler going on leave; and another meeting about the support HR would offer leading up to closure.
- ii. I believe that it was at one of these meetings that Ms Kelly responded to a question asked by a staff member (not myself). I don't recall who the staff member was, as the meeting was attended by both WMHHS and Education Qld staff.
- iii. This meeting was the first meeting I attended and it was not the meeting where the closure was announced as I was not present at that meeting.

(c) Did you personally hear/receive this communication?

- i. I personally heard Ms Kelly say this at the meeting I attended. I recall that the meeting was held at the BAC in the family room in the afternoon. I do not recall the date, however Will Brennan and Lesley Dwyer were also in attendance.

- ii. I also heard Mr Springborg say a similar thing in a television interview and read it in the newspaper.
3. In response to question 13 you say, *"I recall senior management, perhaps the Director of Nursing, the Chief Executive of the WMHHS and Sharon Kelly, coming to the BAC periodically to provide information to the staff. I cannot recall when this was. I also recall them attending at the BAC to tell us that Dr Sadler was going on leave"*.
- (a) What were the names of the Director of Nursing and Chief Executive?
 - i. The Director of Nursing was Will Brennan and the Chief Executive was Lesley Dwyer.
 - (b) By periodically, what do you mean? i.e. do you mean that they attended regularly, or only when they had something to tell the staff?
 - i. Only when they had something to tell staff.
4. In response to question 14 you say, *"I was told that the Park was turning into an entirely adult forensic facility which meant it would be inappropriate to operate the BAC there"*. Who told you this, when and how?
- (a) I do not recall who specifically told me. It was just common knowledge among staff at The Park.
 - (b) I believe I became aware of this sometime in 2012 when working the medium secure.

Dr Sadler and Dr Brennan (Further to questions 11, 17 and 18)

5. In response to question 11 you say, *"The Director of the BAC, Dr Sadler, left during the transition period which was not ideal. He was replaced by Dr Brennan and the staff were comfortable with her"*.
- (a) Why was it not ideal for Dr Sadler to leave during the transition period?
 - i. It was not ideal for Dr Sadler to leave at this point because it meant that the

adolescents and their families had to adjust to a new treating doctor who was unknown to them and likewise the new treating doctor Dr Brennan had to spend time to get to know the patients and families so that she could proceed with the transition planning of the patients.

(b) How did Dr Sadler's departure during the transition period affect patients and staff?

- i. There was an adjustment period at the start where both staff and patients needed to get used to Dr Brennan.
- ii. After Dr Sadler left there were changes made to the after-hours reporting of incidents on the ward. The staff used to report to Dr Sadler incidents concerning the patients such as self-harm or patient deterioration and once he left we were required to report to the on call consultant for CYMHS.

(c) How did Dr Sadler's departure affect the operation and management of the BAC?

- i. Apart from a change in the clinical consultant and the new reporting requirement to CYMHS, the operation and management of the BAC did not really change from my perspective.

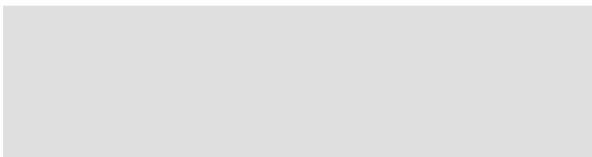
(d) How did you know staff were comfortable with Dr Brennan?

- i. The staff talked among themselves about how well she fitted in and how she acknowledged the difficult situation we were in. She was well received by both staff and patients.

(e) Why were staff comfortable with Dr Brennan?

- i. She was a very approachable person, who showed a lot of empathy towards both staff, and patients and their families.

6. In response to question 11 you say, "*There was a change to reporting of incidents*



concerning the patients. We used to report incidents to Dr Sadler then it changed to reporting to Child Youth Mental Health Services (CYMHS). I did not find it useful or at all helpful reporting concerns to CYMHS as they did not know the patients at all and did not know us".

(a) To your knowledge, who made the decision to change the reporting requirements, why was that decision made, and when was it made?

- i. I am unaware of who made the decision.
- ii. I was not given a reason for the change.
- iii. I don't know the precise date of when the decision was made but it was after Dr Sadler left.

(b) Why did you not find it useful or helpful to report to CYMHS? Provide examples.

(c) Why did you find it useful or helpful to report to Dr Sadler? Provide examples.

- i. In response to (b) and (c), It was useful and helpful to report to Dr Sadler as he was very familiar with and involved in the treatment plans for the BAC patients. When I reported to him he was able to immediately appreciate the situation for the patient and provide specific guidance with ongoing care.
- ii. By contrast, the CYMHS on call consultant did not have a depth of knowledge of the patient's history, therapy progress and external factors which impacted on the patient's presentation and did not provide practical assistance. There appeared to be no practical reason for reporting to the CYMHS as it appeared that we were reporting for the gathering of information only.

(d) How did you report to CYMHS?

- i. I reported to CYMHS by phone.

(e) Which position/s or person/s did you report to in CYMHS?

- i. I reported to the after-hours on-call consultant. The person undertaking this role changed daily.

7. In response to question 18 you say, "I was told that Dr Brennan was coming to replace Dr Sadler and she had previously worked closely with him".

(a) To your knowledge, where had Dr Brennan and Dr Sadler previously worked together?

- i. I do not know where Dr Brennan and Dr Sadler previously worked together.

(b) Who told you this, when and how?

- i. I do not recall who told me this. I believe that it was during an informal conversation between staff in the nursing station. I do not recall who was present.

Transition arrangements (Further to question 30)

8. In response to question 26 you say, "I understood that the transition panel assessed each patient's needs individually for the purpose of planning appropriate transition arrangement".

(a) On what basis did you understand this?

(b) If somebody told you this, who, when and how?

- i. At the weekly Case Conference, some actions relating the transition plan for some of the patients were reported by acting CNC Vanessa Clayworth or Dr Brennan. From this it was my impression that the transition panel met with the adolescents and their families and discussed the planning process and options which would suit each adolescent.

Effect of closure decision (Further to question 30)

9. In response to question 30 you say, "*patients expressed feelings of abandonment*" and "*were worried about their future*", there was an increase in "*risk taking*" and "*self-harming behaviour*", and "*some of the patients in therapy stopped talking about their traumas as they saw no point*".

(a) What (if anything) was done to address patient concerns, behaviour and engagement?

- i. Patients who displayed an increase in risk taking or self-harming behaviours were managed on an individual management plan to help contain risk and provide safety. The patient's therapy sessions continued as planned.
- ii. Because of the significant change occurring at the BAC it was important to maintain the daily routine of the adolescents to show consistency and predictability. That was our main job during the transition period.
- iii. Nursing staff continued to provide the daily care and 1:1 session when adolescents were distressed. The adolescents were continually encouraged to be involved in their care and the planning process.

(b) If something was done to address these issues, who was involved?

- i. The treating team, Dr Brennan, the registrar Dr Thomas Pettet, nursing staff, the allied health and the teaching staff

(c) Did you report these issues to anyone? If so, to whom, when and how?

- i. All issues on the ward were reported to Dr Brennan, the registrar Dr Thomas Pettet, Vanessa Clayworth and the CSO (after-hours nurse unit manager). This was communicated verbally and written in the charts. For incidents of self-harm and risk taking behaviours PRIME reports were completed on line.

10. In response to question 30 you say, "*families were anxious*".

- (a) **What (if anything) was done to address families' concerns about their children?**
- i. It is my understanding that Dr Brennan and Vanessa Clayworth were in regular contact by phone and/or email and in some cases personally to address parents' concerns.
- (b) **If something was done to address this issue, who was involved?**
- i. I was not involved so I can't say.
- (c) **Did you report this issue to anyone? If so, to whom, when and how?**
- i. I reported verbally to Dr Brennan of concerns raised by one parent of [REDACTED]. I am unsure of when I reported the concern but believe it was in late [REDACTED] [REDACTED] before the patient's transfer.

11. In response to question 30 you say, "*teaching staff did not handle it well and were tearing at times*".

- (a) **Do you recall which teaching staff specifically "*did not handle it well*"?**
- i. My expression of '*did not handle it well*' related to a couple of teachers and their emotional response to the closure and not their professional performance. It was a difficult and uncertain time for the teaching staff as well as the nursing staff.
- (b) **Did you report this issue to anyone? If so, to whom, when and how?**
- i. No, I didn't.
- (c) **To your knowledge, were teaching staff provided support?**
- (d) **If so, to your knowledge, what support were they provided, and by whom?**
- i. I do not know what support was offered to the teaching staff.

Personal and professional support (Further to questions 30, 32 and 33)

12. In response to question 30 you say, "I personally found it very stressful". In response to question 33 you say, "I don't recall being offered any support apart from the general advice from human relations about getting us ready for job interviews".

(a) What specifically did you find stressful?

- i. Please refer to my response at 30(a) to (f) of my original statement, which details my observations of the effect of the closure on patients, families and staff. All of this impacted on me personally and caused me stress.

(b) Did you report how you were feeling to anyone? If so, to whom, when and how?

- i. No I did not.

(c) What support would you have liked to have been provided? Why?

- i. I believe staff should have been given both individual and group clinical supervision.

(d) Who do you think should have provided you this support?

- i. An external person without links to WMHHS.

13. In response to question 32 you say, "I recall attending an interview for re-deployment".

(a) Who organised the interview for re-deployment?

- i. It was organised by someone within the WMHHS.

(b) What re-deployment opportunities were there?

- i. The only two operations being offered were either a voluntary redundancy or a placement into another unit within WMHHS.
- ii. I was offered a placement into Medium Secure at The Park.

14. In response to question 32 you say, "I also recall that a human relations person from WMHHS came out to the BAC to give general advice about seeking employment".

(a) Was this advice about applying for the re-deployment opportunities or about applying for employment outside of the re-deployment opportunities?

i. The advice was only about the options of voluntary redundancy or placement with the WMHHS.

(b) Who was the human relations person who came to the BAC?

i. I do not recall who it was. I only remember it was a female.

(c) When did this occur?

i. I am unsure but believe it was in December 2013 sometime.

Contact with former patients (Further to question 31)

15. In the copy of the Facebook messages between you and [REDACTED] [QNU.001.006.0020], under the heading [REDACTED], there is an entry [REDACTED] *Peta-Louise Yorke*".

(a) What does the presence of your name indicate here? For example, did you send a blank message?

i. No I did not send a blank message in response to [REDACTED] I sent a Facebook icon of a thumbs up.

16. Do you have a record of your Facebook messages [REDACTED] [REDACTED]?

(a) Yes I do.

17. Did the BAC have a policy with respect to social media contact between staff and patients during and after admission? If so, what was it? Did you consider yourself to

be in compliance with it?

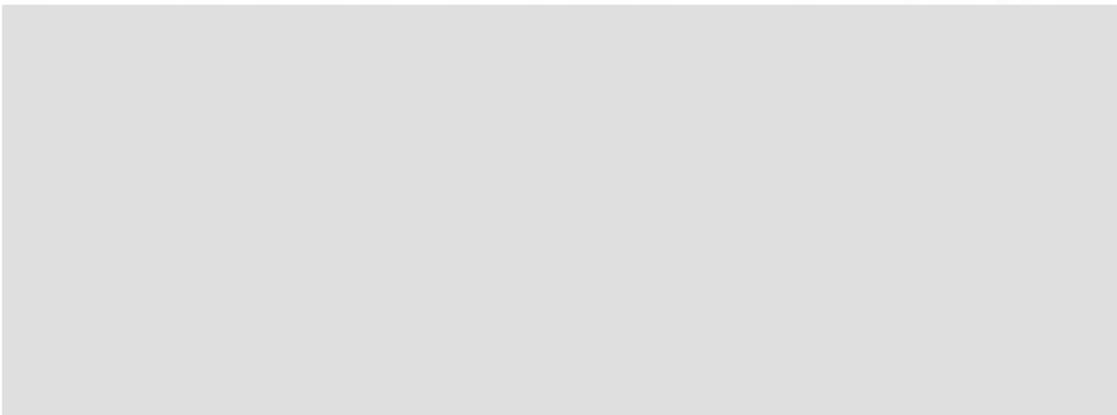
- (a) To the best of my knowledge there was no BAC policy dealing with social media contact between staff and patients during and after admission.

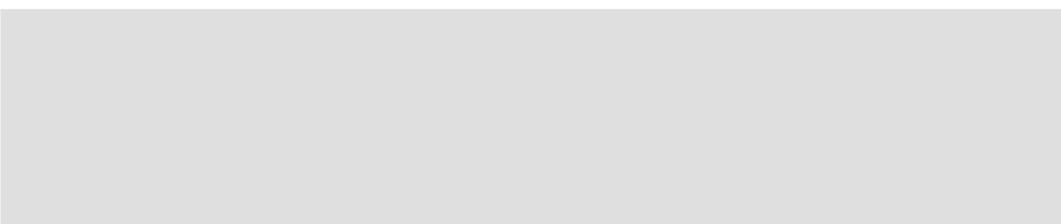
Questions 34 and 35

18. 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 asked 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) My response at 11(a) to (g) of my original statement details my observations and experience about operations and management following the decision to close the BAC, which includes the time when transitional arrangements were being carried out. I have nothing further to add.

19. Confidential Investigation Report

- (a) 

- i. 

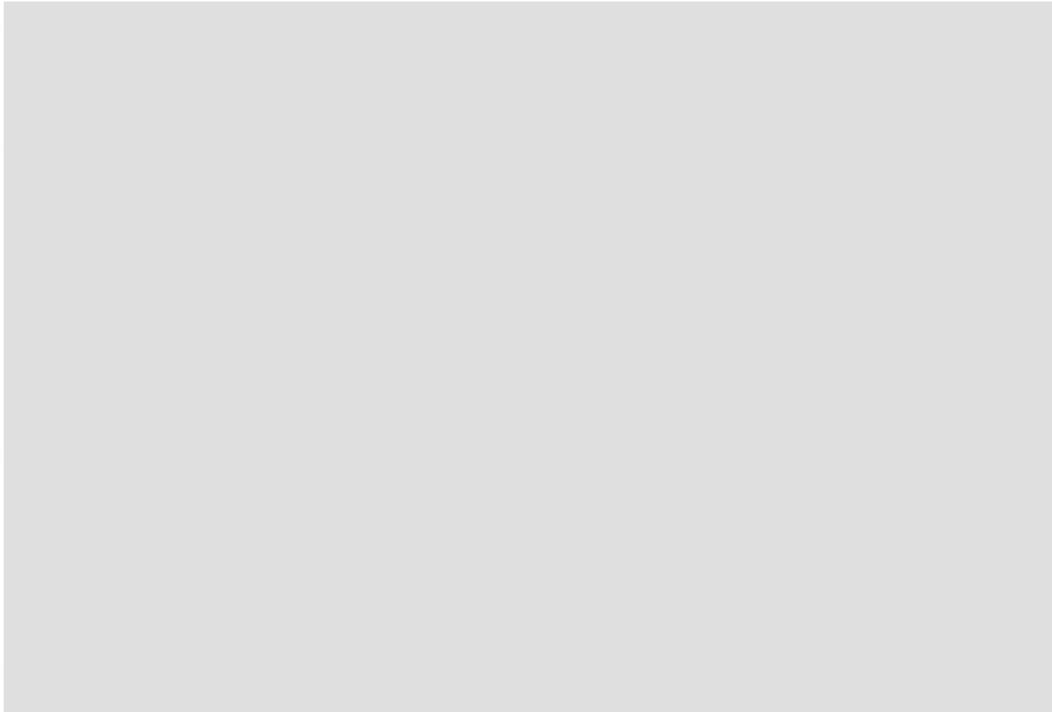


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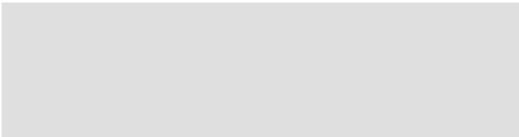
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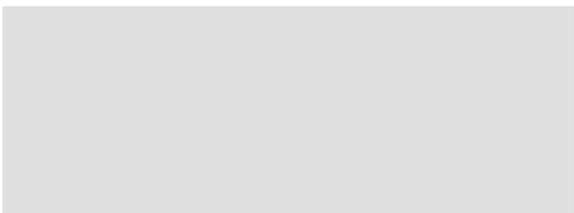


And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.



Peta-Louise Yorke

Taken and declared before me at Brisbane this 12th day of February 2016



Judith Simpson, Solicitor