

NOTICE

This statement contains information the publication of which is prohibited by an order made by the Commissioner of the Barrett Adolescent Centre Commission of Inquiry on 15 October 2015.

| Document | Paragraph containing information the publication of which is prohibited |
|---------------------------------------|--|
| QNU.001.006.0001 Peta-Louise Yorke | 5(b); 23(a); 24(a)-(d); 28(b); 30(b), (c); 31(a)-(f); 36(a); 37(b). |

OATHS ACT 1867
STATUTORY DECLARATION

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:

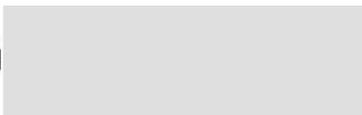
The following statement is provided in response to a notice I received from the Barrett Adolescent Centre Commission of Inquiry requiring me to give information in a written statement in regard to my knowledge of matters set out in the Schedule annexed to the notice.

Response to Schedule of Questions

1. Outline your professional qualifications and provide a copy of your current or most recent curriculum vitae.

- (a) I am a Registered Nurse (RN) and hold registration with the Nursing and Midwifery Board of Australia. I have been a registered nurse since 17 January 2011.
- (b) I hold a Bachelor of Nursing (2010) from the Australian Catholic University.
- (c) I was first employed as a Registered Nurse at The Park in early 2011 when I commenced a 12 month Transition to Mental Health Nursing Program (the transition program) which I completed in early 2012. During the transition program I undertook two, three month rotations at the BAC.
- (d) When I completed the transition program I remained employed at The Park in a medium unit from January to December 2012.
- (e) In December 2012 I commenced as a RN at the BAC where I remained for 13 months until it closed.

Signed



- (f) Attached and marked [[QNU.001.006.0017]] is a copy of my resume.
- 2. We understand that you were a nurse involved in some way with providing care at the Barrett Adolescent Centre (BAC). What was your position or job title? On what basis and by whom were you employed? Was this employment on a permanent, full time, part time, casual or some other basis?**
- (a) I was employed to work full time as a RN at the BAC under a contract of employment with the West Moreton Hospital and Health Service (WMHHS).
- 3. How many shifts did you carry out per week?**
- (a) During my employment at the BAC I worked 10 shifts per fortnight.
- 4. How long were you employed at the BAC? Did you occupy the same position for the entire period or did your job description or duties and responsibilities change over time? If so, explain the changes.**
- (a) I was employed at the BAC for approximately 13 months commencing in December 2012.
- (b) I was initially employed as a RN and in April 2013 I undertook higher duties as an acting Clinical Nurse (CN). I remained as an acting CN until the BAC closed.
- (c) The duties and responsibilities of a CN are different to that of a RN. As a CN I was often rostered as the nurse in charge of the shift which required me to supervise and manage the nursing staff, update the handover book, receive and give handover as well as taking a patient load.
- 5. What were your duties and responsibilities during your employment at the BAC?**
- (a) The duties and responsibilities of a CN at the BAC were:
- i. shift planning;
 - ii. attending team meetings;

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- iii. updating patient information on the electronic data base CIMHA;
 - iv. preparing Individual Management Plans in consultation with the patient and multi-disciplinary team;
 - v. engaging with patients in relation to behaviour modification;
 - vi. preparing crisis intervention plans for patients;
 - vii. undertaking risk assessments and informal mental health assessments for patients
 - viii. managing complex patient care;
 - ix. allocating nursing staff to undertake continuous observations of patients;
 - x. caring for patients on Limited Community Treatment Orders, Involuntary treatment orders and Forensic Orders; and
 - xi. assisting patients with community rehabilitation access.
- (b) In addition to my role as acting CN, I was also a Care Coordinator in association with acting CN Beswick for [REDACTED] and [REDACTED] in association with Vanessa Clayworth. As Care Coordinator my duties and responsibilities were:
- i. preparing and implementing behaviour management plans in consultation with the patient and multi-disciplinary team;
 - ii. undertaking informal mental health assessments;
 - iii. preparing weekly summary reports on the patient's weekly progress;
 - iv. attending the weekly multi-disciplinary team meeting when possible;
 - v. performing continuous observations of the patient;
 - vi. administering medications; and

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[REDACTED]

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- vii. using techniques to de-escalate the patient.
- (c) I was also a preceptor for student nurses, graduate nurses and masters student nurses.
- (d) I was involved in conducting sensory intervention sessions and supportive meal therapy.
- 6. What were the reporting systems in place at the BAC during your employment? Who did you report to?**
- (a) As a RN I reported issues concerning the care and treatment of the patients to the CN and/or the Nurse Unit Manager (NUM).
- (b) On an afternoon shift I (both as a RN or CN) would report a change in patient's mental state directly to the Director of the BAC. He was often the first point of contact if the nursing staff held concerns about a patient.
- (c) I would report to a patient's family incidences of self-harm and updates on their child's progress. As Care Coordinator I would provide a weekly update either by email or telephone to the patient's parents.
- (d) I was required to report allegations of child abuse to the Department of Child Safety. I personally had not made any reports as it was usually dealt with by the treating team.
- (e) As Care Coordinator, I reported to the weekly multi-disciplinary Case Conference about the patient's weekly progress.
- 7. What record systems did you use to record the carrying out of your tasks?**
- (a) Whenever I was involved in the care a patient during a shift I made an entry in the patient's clinical record in the progress notes. There was a requirement for nursing staff to document at least one entry in the patient's progress notes every shift.
- (b) As Care Coordinator, I uploaded once a week the weekly summary report of the patients for whom I was Care Coordinator onto CIMHA. The weekly summary report

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was also filed in the patient's clinical record.

- (c) Visual observations of patients were recorded on visual observation sheets.
- (d) I would record updated patient information through the shift into the handover book for the purpose of handing over to the next shift.
- (e) There was also a team meeting report book in which meeting notes were recorded by a CN or a senior nurse in attendance at the meeting. The notes recorded such things as changes to patient care and those patients who were going on leave.
- (f) If there were any clinical incidents concerning patients, e.g., self-harming, the incident would be logged on the PRIME Clinical Incidents Reporting System.

8. What on average was the number of patients that you provided care for?

- (a) As an acting CN, on average I provided care to two to four patients depending on the acuity of the patients. I also had responsibilities with supervising and managing the shift which included helping out other nurses with the care of their patients.

9. Describe how you went about your care of BAC patients on a day to day basis.

- (a) On a day shift (7:00 am to 3:00 pm) I arrived at the BAC and received handover from the night duty senior nurse. If I was in charge of the shift, I allocated tasks to the nursing staff such as visual observations, constant observations, meal supervision, escorts and medication administration. I then allocated the nurses to patients.
- (b) While the rest of the staff attended the patients to get them ready for their daily activities, as CN I gave the morning handover to the NUM, the teachers and allied health staff (the team). It was usual to discuss with the team the events for the day including appointments for the patients and birthdays. At the end of the meeting it was opened up for the patients to contribute, if they wished.
- (c) After the handover meeting finished, the patients were welcome to join in on a morning walk around the grounds with the teachers and one nursing staff which

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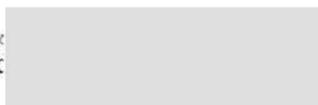


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finished at about 8:45 am.

- (d) The patients attended the BAC school from about 9:15 am to 3:00 pm with morning tea, lunch and afternoon tea breaks when the patients would return to the BAC.
- (e) While the patients were at school I attended meetings such as the weekly Case Conference, undertook visual observations of patients, escorted patients to and from school and/or scheduled appointments, documented their care in the progress notes and wrote up the handover book.
- (f) The CN then handed over to the afternoon shift CN.
- (g) On the afternoon shift (2:00 pm to 10:00 pm), the CN arrived 60 minutes before the other staff were scheduled to start at 3:00 pm. As the CN in charge of the shift, I attended handover given by the morning shift CN and then conducted a handover to the rest of the afternoon staff when they arrived.
- (h) I attended to the same allocations as on the morning shift.
- (i) The patients had free time until dinner time at 5:00 pm. The patients went on outings and engaged in activities during this time.
- (j) The ward was locked at 5:00 pm.
- (k) From 6:15 pm to 7:00 pm the patients had quiet time when they would do their homework or individual work set by the psychologist.
- (l) During the evening there was time to do sensory sessions and individual work with the patients.
- (m) The parents mostly phoned their children during the evening to talk to them. I would sometimes talk to the parents before transferring the call to the child.
- (n) The patients went to bed at 9:30 pm.
- (o) I would write up the progress notes and the handover report book.

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- (p) The CN's afternoon shift finished 60 minutes earlier than the rest of the afternoon shift staff so one of the other nurses would give the handover to the night shift staff.
- (q) I did not work night duty.

10. Describe the state of the BAC facilities during the period of your employment at the BAC.

- (a) The BAC facility was old but working. It was reasonably well maintained.
- (b) The air conditioner in the BAC broke a lot but was always fixed. It also leaked.
- (c) There was one shower in the BAC that did not work the whole time I worked there.

11. Describe briefly your experience and observations of the operations and management of the BAC during the time of your involvement or employment.

- (a) When I started in the BAC in December 2012 it is my recollection that senior nursing staff had already started to leave the BAC. There was an acting NUM. The NUM position was not permanently filled and there were four different acting NUMs during my time at the BAC.
- (b) I recall an occupational therapist left and was not replaced until close to the closure date. There was a period where there was no occupational therapist as the other occupational therapist was on extended leave.
- (c) I recall that one of the psychologists left also. The psychologist was replaced but this caused a break in therapy for the patients.
- (d) There was a registrar rotation into the BAC which ceased in or about September 2013.
- (e) 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.
- (f) The BAC facility went from being an open facility to a locked one. I am not sure of the reason for the change but I believe it was due to the BAC falling under adult

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services which meant it needed to be locked. The BAC used to be locked from 5 pm to 8 am due to the acuity of the patients and to keep them safe overnight. The change to it being a locked unit impacted on the patients because they were used to freely going outside for activities.

- (g) 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.

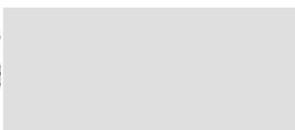
12. When did you first become aware of the intention to close the BAC?

- (a) I first heard about the intention to close the BAC when I worked in medium secure at The Park during 2012. I heard that the government was closing it.
- (b) I was aware that there were plans to relocate the BAC to Redlands which did not proceed due to development approval being denied. An environmental impact statement raised concerns about the proposed development impacting on koalas.
- (c) There was then a change in government which brought about redundancies in health sector jobs and cuts to health expenditure.
- (d) I then heard that the plans to relocate the BAC would not proceed at all as the money had been reallocated.

13. How was the closure decision communicated to staff of the BAC?

- (a) I don't believe I was working at the BAC when the closure decision was first communicated to the staff of the BAC.
- (b) When I was working in medium secure before starting my contract at the BAC in December 2012 I recall hearing something about the BAC closing before Christmas. I'm not sure if this meant Christmas 2012 or later. I recall that Sharon Kelly the Executive Director of Mental Health and Specialised Services (EDMHSS) informed

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the staff that the BAC would not close until each child had an appropriate place to go to.

- (c) 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.
- (d) I believe there was also an email bulletin sent to the staff to give additional information about the closure.

14. Were the staff of the BAC offered any explanation or reason for the decision to close the BAC? If so, what were the bases of the closure decision as communicated to staff of the BAC?

- (a) 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.
- (b) I recall that Mr Springborg made a statement about adolescents needing to be treated close to their home and families. I may have seen this reported in the news, or read it in the paper or in an email, I cannot now recall.
- (c) I also recall being told that one of the buildings had asbestos in it. I don't recall who told me this.

15. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure?

- (a) I was not consulted about the intention to close the BAC and my views or opinions were not sought about the likely impact of the closure.

16. If you were consulted – what were your views?

- (a) I was not consulted.

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17. What if any knowledge do you have in relation to the termination of Dr Sadler?

- (a) [Redacted]
- (b) [Redacted]
- (c) [Redacted]
- (d) I was not told why he left.

18. What, if any, knowledge do you have about the employment of Dr Anne Brennan?

- (a) I was told that Dr Brennan was coming to replace Dr Sadler and she had previously worked closely with him.
- (b) I know that she was a consultant psychiatrist with CYMHS at Ipswich.

19. Were you involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC? If so what was your involvement?

- (a) I was not involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC.

20. Were you involved in the care of any BAC patients who were part of the transitional arrangements? If so, what was your involvement?

- (a) I was involved in the care of all the BAC patients who were part of the transitional arrangements.
- (b) I continued my usual involvement with the patients as CN and Care Coordinator, supporting them on a daily basis.

Signed [Redacted]

21. Were you consulted about an appropriate timeframe for the transitioning of patients of the BAC? If so, elaborate on these consultations.

(a) I was not consulted about an appropriate timeframe for the transitioning of patients of the BAC.

22. Was there an administrative or other deadline imposed for the transitions? If so, what was the deadline date? Was the deadline date different for each patient?

(a) I was not aware of an administrative or other deadline being imposed for the transitions.

23. Were you involved in the carrying out of the transitional care arrangements for any of the BAC patients? Were you consulted in relation to the transitional arrangements for the patients?

(a) I was involved in carrying out transitional care arrangement for [redacted] and [redacted]

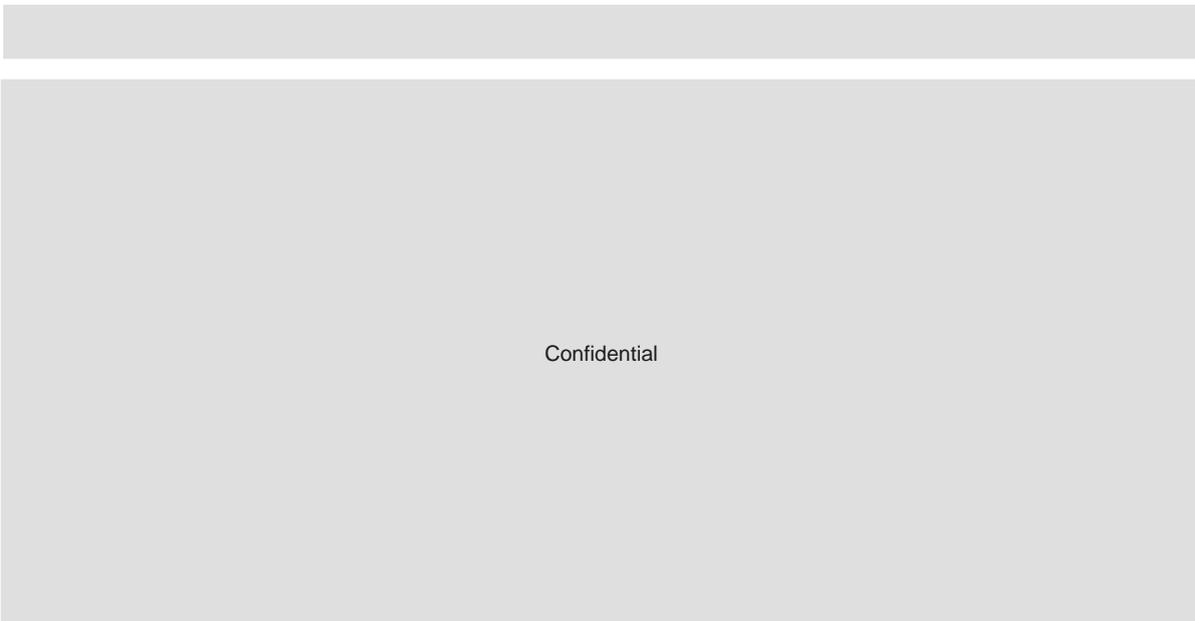
(b) I was not consulted about the transitional arrangements for these patients.

24. Describe the transitional arrangements that you were involved in and for whom those arrangements were made. Did you consult with patients, their families or carers about the transitional arrangements?

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Confidential

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Confidential

25. What timeframes were you given (and by whom) for the carrying out of the transitional arrangements? How did these timeframes compare with the usual timeframes within which you operated when a patient was being transitioned out of the BAC?

(a) I was not given any specific timeframes for carrying out the transitional arrangements.

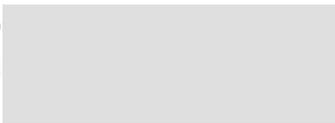
26. Were the transitional care arrangements tailored to the individual needs and care requirements of each patient?

(a) I was not involved in the planning of the transitional care arrangements.

(b) I understood that the transition panel assessed each patient's needs individually for the purpose of planning appropriate transition arrangements.

27. If so, did the transition plans developed for individual patients adequately take into consideration patient care, patient support, patient safety, the health of each patient, the education/ vocational needs of each patient, the housing or accommodation needs of each patient, service quality and the needs of the families of each patient?

(a) I am unable to respond to this question as I was not involved in developing the

Signed 

transition plans.

28. When did your involvement with the transitional arrangements of each patient in your care cease?

- (a) My involvement in the transitional arrangements of the patients ceased when each patient was transitioned to their new placement.
- (b) I was at the BAC until it closed. Confidential

29. Were there any challenges associated with organising transitional care for the patients at BAC? What were those challenges?

- (a) I was not involved in organising transitional care for the BAC patients.

30. What are your observations of the effect of the closure decision on the inpatients and outpatients of the BAC, their families, carers, friends and staff of the BAC?

- (a) The patients expressed feelings of abandonment. They were worried about their future and believed that the BAC was the only place to keep them safe.
- (b) I believe there was an increase in risk taking behaviour and self-harming behaviour. I believe the frequency and degree of self-harm increased.
- (c) I recall some of the patients in therapy stopped talking about their traumas as they saw no point to it if the BAC was closing. Confidential
- (d) The families were anxious as they did not know what would happen to their children. The BAC had been sold to them as the last step in keeping their children safe.
- (e) The teaching staff did not handle it well and were teary at times.
- (f) There was a lot of uncertainty around job security for the nursing staff.

Signed 

(g) I personally found it very stressful. It was a stressed environment and it felt different to how it was when I first worked there in 2011 when on rotation.

31. Explain what (if any) contact you have had with any former BAC patients or their families, carers or friend following the closure of the BAC.

(a) I had contact with two former BAC patients [redacted] and [redacted]

(b) [redacted]

(c) [redacted]

(d) Confidential

(e) [redacted]

(f) I attended both [redacted] and [redacted] funerals and there were some former BAC patients and their families in attendance.

Signed [redacted]

32. What provision, if any, was made for the re-deployment or redundancy of staff of the BAC after the closure decision? And after the transition arrangements had been finalised?

- (a) I did not seek a redundancy.
- (b) I was interested in a position at The Park.
- (c) I recall attending an interview for re-deployment. I also recall that a human relations person from WMHHS came out to the BAC to give general advice about seeking employment, for example, ensuring your curriculum vitae was up to date.
- (d) I was successful in securing employment at The Park in medium secure.

33. Explain what (if any) support was offered and or provided to you between the announcement of the closure decision on 6 August 2013 up to and including the final day of your involvement with the transitional arrangements.

- (a) I don't recall being offered any support apart from the general advice from human relations about getting us ready for job interviews.

34. Provide any information you have in relation to your experience with the operation and management of the BAC following the closure decision.

- (a) Please refer to my response at paragraph 11 of my statement.

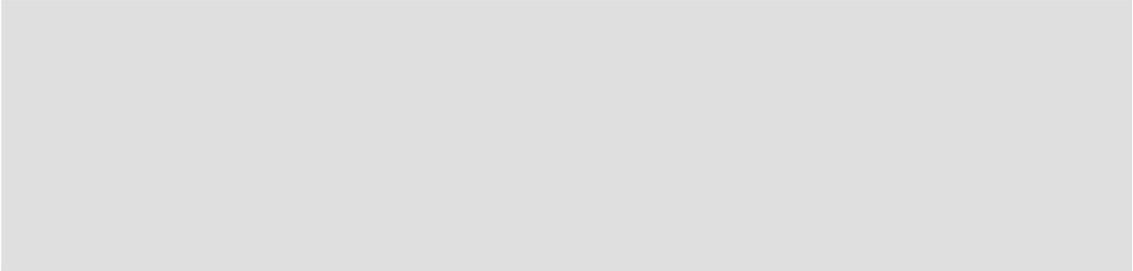
35. Provide any information you have in relation to your experience with the operation and management of the BAC at the time of the transitional arrangements.

- (a) Please refer to my response at paragraph 11 of my statement.

Signee 

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

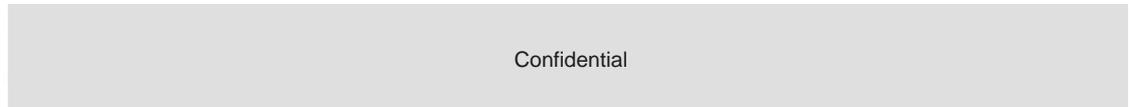
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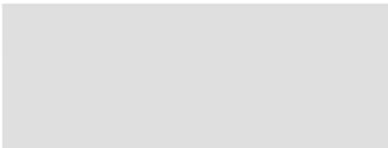
37. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

(a) A copy of my curriculum vitae is attached to my statement at [[QNU.001.006.0017]].

(b)



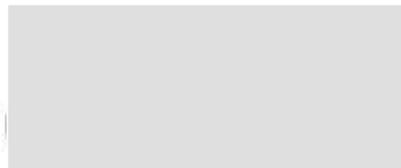
And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.



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Peta-Louise Yorke

Taken and declared before me at Brisbane this 3rd day of November 2015



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Judith Simpson, Solicitor

Peta-Lousie Yorke

Education

Australian Catholic University

Bachelor of Nursing

- 2007 - 2010

Southbank Institute of Tafe

Associate Diploma of Business

- 1996 – 1997

Work Experience

The Park- Centre for Mental Health

Treatment, Research and Education

February 2011 - May 2014

Transition to Practice Program

2011 - January 2012

- Aggressive Behaviour Management
- Adolescence Unit Feb - Jul and Oct 2011- Jan 2012

- Case coordinator
- ECT recovery
- Seclusion protocols
- Patient care
 - Assistance with ADLs
 - Vital signs
 - Mental health assessment
 - Medications
 - Sensory room
 - Rehabilitation activities
 - Support during school and crisis
- De-escalation
- Documentation recording

- **Medium Security – Cassowary Unit Jul 2011- Oct 2011 & Jan 2012 - Dec2012**

- Bandicoot Unit Jan 2014 - May 2014

- Acting Clinical Nurse
 - Shift planning
 - Seclusion orders
 - Mechanical restraint orders
 - Soft shield procedures
 - Team meetings
 - Workplace Improvement Group meetings
- PRIMEs
- Case coordinator
- Community meeting
- Development of structured day program
- Delivery of education information session

- Anger management
 - Independent living skills
 - Illicit substance effects on health status
 - Clozapine review process
 - Limited Community Treatment Orders
 - Chapter 7 part 2
 - Classified
 - SNFP
 - Forensic orders
 - Mental health review tribunal
 - Patient care
 - Development of ADL programs
 - Development of behaviour management plans
 - Assisting with ADLs
 - Mental health assessment
 - Vital sign
 - Continuous observations process
 - Medications
 - De-escalation
 - Documentation
 - Support during crisis and transition to community
 - Clinical hand over
- **Barrett Adolescent Centre Dec 2012 to 24 January 2014**
 - Acting clinical nurse (contacted April 2013 to 24 January 2014)
 - Shift planning
 - Team meetings
 - CIMHA
 - Individual Management Plans
 - Behaviour modification
 - Crisis intervention plans
 - Risk assessments
 - Complex care management
 - Child safety
 - Mental health assessments
 - Continuous observations process
 - Limited Community Treatment Orders
 - Involuntary treatment orders
 - Forensic orders
 - Patient community rehabilitation access
 - Care coordination
 - Behaviour management plans
 - Mental health assessment
 - Continuous observations process
 - Medications
 - De-escalation
 - School integration

- Preceptorship
 - Student nurses
 - Graduate nurses
 - Masters student nurses
- Sensory intervention sessions
- Supportive meal therapy
- **F Floor Adolescent Mental RBWH May 2014 to date**
 - Acting clinical nurse (regular monthly contract from September to date)
 - Shift planning
 - Behaviour management plans
 - Mental health assessment
 - Complex care management
 - Intake officer
 - Mental health assessment
 - Continuous observations process
 - Medications
 - De-escalation
 - ECT recovery
 - Group Program portfolio
 - Mental Act portfolio
 - Preceptor program
 - Sensory intervention sessions
 - Supportive meal therapy

Professional Development

- Mental Health Act 2000 Training completed December 2014
- RBWH Preceptor Program completed 2014
- Child safety
- Supportive meal therapy
- Sensory intervention
- CIMHA
- Aggressive behaviour management
- Fire safety
- Manual handling
- MHPOD - Documentation
 - CAMHS and Youth MH: Conditions and Assessments
 - CAMHS and Youth MH: Interventions (currently completing)
- EDOS - Treatment of Eating Disorders in the Inpatient Setting 2014
- AUSMED - Teenagers and Risky Behaviour Conference 2015

EXHIBIT 142

Page 21 redacted for the following reason:

The Commissioner has granted confidentiality to parts of this document under correspondence dated 10 November 2015.

EXHIBIT 142

Page 22 redacted for the following reason:

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