

OATHS ACT 1867
STATUTORY DECLARATION

QUEENSLAND

TO WIT

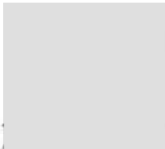
I, **Stephen John Alan Sault**, c/o Roberts & Kane Solicitors, level 4, 239 George St, Brisbane in the State of Queensland do solemnly and sincerely declare that:

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 hold registration to practise as a Registered Nurse with the Nursing and Midwifery Board of Australia since late 2005.
- (b) I hold the following tertiary qualifications:
 - i. Bachelor of Nursing (2005);
 - ii. Graduate Diploma in Mental Health Nursing (2007); and
 - iii. Master of Mental Health Nursing (2013).
- (c) Attached and marked [[QNU.001.008.0028]] is a copy of my curriculum vitae.

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Employment at the Barrett Adolescent Centre

2. The Commission understands that you held the role of Registered Nurse at the Barrett Adolescent Centre (BAC) until January 2014. If so, please outline and explain:

(a) the period you held this position;

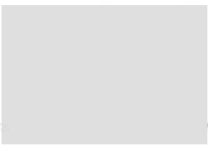
- i. I was employed as a Registered Nurse (RN) at the BAC from 14 July 2008 to 24 January 2014.

(b) the basis and by whom you were employed;

- i. I was employed as a RN on a permanent full time basis by Ms Pam Lane the then District Manager of the West Moreton South Burnett Health Service District.

(c) your key responsibilities in this position, including whether these responsibilities changed over the period of your employment;

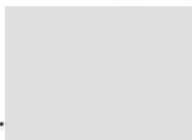
- i. As a RN my key responsibilities at the BAC involved providing care to the patients, undertaking routine visual observations, documenting the care provided, and coordinating the care with other members of the multidisciplinary team.
- ii. I performed higher duties as the team leader on shifts when no Clinical Nurse (CN) was rostered. On average I would perform higher duties 1-2 shifts every 6-8 weeks.
- iii. I understood the responsibilities of the team leader to include coordinating the tasks and staff for the shift; assisting with the management of any critical incident that may arise throughout the shift. The duties included:
 - (1) receiving/giving handover at change of shift;

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- (2) assigning tasks for the shift;
 - (3) supervising nursing staff on the shift;
 - (4) liaising with parents, the consultant, duty medical officer, CSO, auxiliary staff, and emergency services when necessary;
 - (5) attending case conference
 - (6) attending to *Mental Health Act* paperwork
 - (7) documenting in the handover book.
- iv. Apart from undertaking a three month stint as an acting CN in or about 2010/2011, my responsibilities as a RN did not change over the period of my employment at the BAC.
- (d) **the nature of your employment/appointment and provide copies of your job description and employment contract/appointment documentation.**
- i. I was a permanent full time employee working 76 hours per fortnight.
 - ii. Attached and marked [[QNU.001.008.0030]] is a copy of a letter dated 7 July 2008 from Pam Lane, District Manager, West Moreton South Burnett Health Service District, offering me employment at the BAC, commencing 14 July 2008.
 - iii. I cannot now recall if I was provided with a job description following my appointment.

3. How many shifts did you carry out per week?

- (a) The rosters for the BAC were prepared on a fortnightly basis. I worked 10 shifts per fortnight and on occasions worked overtime shifts.

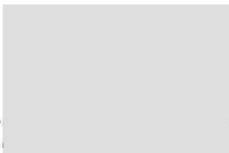
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4. What were the reporting systems in place at the BAC during your employment? To who did you report?

- (a) If I was not allocated as the team leader on a shift, I reported clinical matters to the CN in charge of the shift or to the Nurse Unit Manager (NUM). If I was allocated team leader for a shift, nursing staff rostered on the shift reported clinical matters to me. If required, I would then report the matter to the NUM during the day shift or if after hours to the After Hours Nurse Manager and/or consultant psychiatrist.
- (b) It was the CN or team leader's responsibility to update the shift log/handover book each shift so that the updated information on the patients was communicated to the treating team. As such I considered it important for the CN or team leader of a shift to be informed of any clinical patient concerns during the shift such as decreased mental state, absconding from the unit, self-harm, medication issues or the need for medical review.
- (c) It was my understanding that it was the responsibility of the care coordinator to report to the weekly Case Conference about their patient/s. I also contributed along with other disciplines to the Intensive Case Workup (ICW) of patients which was held every three months.
- (d) In my role as a RN, team leader or care coordinator I reported information to the members of the multidisciplinary team and to the patient's family or carers.
- (e) There was a mandatory requirement under the *Child Safety Act* to report concerns about child abuse. Towards the end of 2013 I received training in relation to mandatory reporting requirements. Prior to the training, I used to report child abuse concerns to my line manager, the CN, NUM or consultant but I learned through the training that I was able to report my concerns to the Department of Child Safety.

5. What record systems did you use to record the carrying out of your tasks?

- (a) Throughout each shift, I documented my involvement in the care of patients in their

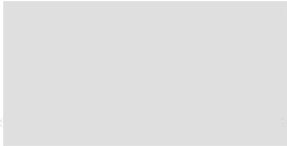
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clinical records, on visual observation forms, fluid balance charts and medication charts.

- (b) If there was a clinical incident or a near miss concerning a patient, I completed an online PRIME Incident.
- (c) If there was a workplace incident, I completed a workplace incident form.
- (d) I recorded care planning, risk assessments and weekly summaries on the electronic data base CIMHA. CIMHA was initially used very little but its use increased over the year preceding the closure of the BAC.
- (e) I completed various *Mental Health Act* forms for patients who required them.
- (f) I also completed mandatory reporting documentation of child abuse.
- (g) When I was team leader of a shift I would update the shift log/handover book for the shift.

6. What on average was the number of patients for whom you provided care?

- (a) The number of patients for whom I provided care varied widely from shift to shift. When I commenced in 2008, the BAC used a team nursing approach whereby all nurses worked collaboratively throughout the shift to provide care to the patients. There was no allocation of nurse to patients.
- (b) By 2013, the BAC adopted a contact nurse approach whereby each nurse was allocated to care for two to three patients. Even though each nurse had a specific patient allocation, the nursing staff still tended to provide care collaboratively to each patient. For example, the nurse assigned as Clinic Nurse for the shift was responsible for administering both routine and PRN medication for all patients on the ward.
- (c) The number of patients on the ward fluctuated from shift to shift. The day shift

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usually had the most number of patients with both inpatients and day patients attending the school and ward during school hours. After school finished which coincided with the start of the afternoon shift, there were usually just the inpatients to care for on the ward as the day patients returned to their homes.

- (d) On weekends and school holidays, some inpatients would return home leaving as little as four patients or less on the ward at times. At these times excess nursing staff were deployed to other wards within The Park facility.

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

- (a) I planned my day to day care based upon instructions received from the CN or team leader on duty who was responsible for running the shift.
- (b) The CN or team leader would assign routine duties to each registered nurse on duty such as the routine visual observations which were usually allocated as a two hourly block to each nurse, meal supervision, clinic nurse duties, duress nurses, evening phone calls, constant observations (Cat Red) and escorts into the community, to appointments or to hospital when emergencies arose.
- (c) After receiving handover, instructions from the CN or team leader and reviewing any relevant patient charts, I would head onto the ward.
- (d) I found that by walking around the ward early in the shift, greeting and talking with the patients and answering any questions where possible, it helped me identify issues that may not have been raised in handover which better prepared me for the shift. I also found that this was an effective way to build and maintain rapport with the patients.
- (e) When not attending to the routine duties or other assigned tasks, I sat in on classes at the BAC school during the day shift and in the evenings I facilitated and/or participated in ward based activities with the patients in the evenings.
- (f) I was often assigned as one of two Category Red nurses to provide constant

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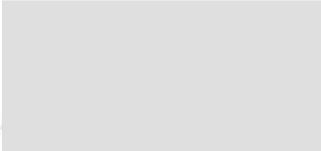
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observation to any patient nursed in the high acuity area. On these occasions, I was required to constantly observe the patient for one hour intervals alternating with another nurse throughout the shift. In the hour when not undertaking constant observations, I would document my involvement in the patient's clinical record and liaise with the CN or doctor by providing updates on the patient's condition.

- (g) It was my practice, where possible, to contemporaneously document in the clinical record throughout the shift. It was also my practice to review my documentation for the shift in the last half hour of the shift if I was not engaged in any other tasks.
- (h) I found that at the BAC it was important to be flexible. It was not uncommon at the beginning of the shift to be assigned as Clinic Nurse or on Category Red duties and then hours into the shift being reassigned to assist other staff with an emergency situation and having to hand your duties over to another colleague. Often the flexibility involved loss of meal breaks or long hours in emergency without relief leading to unplanned overtime.
- (i) As care coordinator, I often liaised with clients and/or their parents throughout the week gathering information to prepare the weekly summary. I usually prepared the weekly summary on the weekend prior to the upcoming weekly multidisciplinary team meeting.
- (j) My overall aim whilst going about my care on a day to day basis was to help facilitate an environment which was low stimulus and settled in nature. Therefore, when not attending to specific tasks, I would sit in the day area chatting with patients or watching television with them. It was my experience that the ward was more settled when nursing staff spent time with the patients on the ward rather than in the office.

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

- (a) The BAC facilities were old and felt old with brown shabby curtains and dark carpet

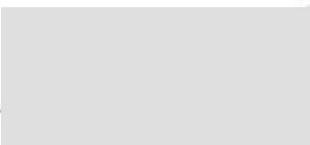
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in the hallways. The building was in need of a paint and was painted shortly before closure.

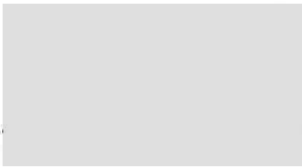
- (b) The front doors were accessible by key rather than by proximity card access. The unique ZO1 key meant that duress staff responding from other units found it difficult to enter the BAC when required.
- (c) The BAC facilities were kept clean by residential support officers and nursing staff.
- (d) The patient rooms were a mixture of dormitory style and single rooms. The patient bathrooms were communal (separate male and female) rather than ensuite in each room.
- (e) The staff hub was not sound proof which meant that on occasions patients could hear sensitive staff communications.
- (f) The BAC facility looked considerably older than many of the other inhabited wards currently operating with The Park.
- (g) It was not ideal that the BAC was located within The Park facility which also housed adult forensic psychiatric inpatients who were receiving extended care in High or Medium Secure Units and Extended Treatment or Rehabilitation Units. Many of these patients had unescorted LCT leave on the grounds at The Park.

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

- (a) When I commenced in the BAC in 2008, I felt supported and accepted by the BAC management and team. The clinical consultant who was also the director of the unit was approachable and available to nursing and medical staff by telephone 24 hours per day seven days per week.
- (b) Decisions concerning the management and treatment of the patients were made by the multidisciplinary team.

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- (c) Throughout the time that I was employed at the BAC, there were occasions when it seemed to me to be used as a 'dumping ground' for nurses from other areas who may have been experiencing performance or conduct issues.
- (d) The operation and management of the BAC was stable until after the decision was made that the BAC would not be relocated to Redlands. I cannot now recall when the relocation plans were first discussed. I recall being asked if I wanted to stay with the BAC when it moved. I was happy to stay. I believe that two to three nurses took voluntary redundancies around that time but I have no documentary evidence to support my belief.
- (e) It was my impression that as the permanent nursing staff were leaving the BAC their positions were filled by nurses acting in the role rather than being formerly appointed. For example, when the NUM resigned there was no formal appointment made and there was a series of nurses acting in the position until its closure in January 2014. There were a number of nurses acting in the CN positions. Many of the shifts were staffed by casual and agency nurses.
- (f) Members of the multidisciplinary team changed during the BAC's last year of operation. I cannot now recall all the changes but the following come to mind:
 - i. the consultant Dr Sadler who was replaced by Dr Brennan;
 - ii. four different nurses acted successively in the position of NUM;
 - iii. Georgia, the psychologist left;
 - iv. a number of nursing staff left; and
 - v. an occupational therapist and social worker left.
- (g) Two of the nurses who acted in the role of NUM in the BAC during 2013 were After Hours Nurse Managers (AHNM) from The Park. By placing them as acting NUM during this time gave me the impression that senior management external to the

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BAC had taken hold of the operations of the BAC. For example, when Alex Bryce (who had previously been an AHNM) commenced as acting NUM in the BAC it was announced in BAC Staff Communique 1, which suggested to me that he was senior management.

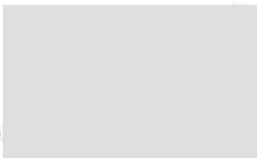
Closure of the BAC

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

- (a) The possible relocation of the BAC was mentioned to me in my job interview in 2008. To the best of my knowledge there were no firm plans afoot at that time for the relocation and there was no mention of a possible closure of the unit.
- (b) I recall discussions occurring with the BAC staff and management about the BAC closing and being relocated to Redlands. On reflection I recall going to Redlands hospital with CN Kim McManus on one occasion to attend a redevelopment meeting. I do not now recall when this occurred, the content of the discussions or who was present at the meeting.
- (c) I remember receiving a text message from a colleague (now deceased) who was working an evening shift at the BAC. She texted that parents were calling throughout her shift asking whether or not the BAC was closing following an ABC TV broadcast earlier in the evening reporting that the BAC was to close. I believe this occurred on or about 29 November 2012.

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

- (a) The first discussions I can recall about the possible closure of the BAC was communicated to staff the day after I received the text message from my colleague. I attended a meeting in the conference room on the ward which was also attended by other health and education staff and senior management.
- (b) It is my recollection that senior management distributed to staff at that meeting the first in a series of Fast Facts newsletters to inform patients, families and staff about

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the BAC's future. Attached and marked [[QNU.001.008.0032]] is a copy of the Fast Facts 1 newsletter, dated 30 November 2012.

- (c) The newsletter clearly states that no final decision about the BAC had been made.
- (d) In Fast Facts 2, dated 11 December 2012 and Fast Facts 3, dated 1 February 2013, it is reported that no recommendations or decisions had been made regarding the BAC. A copy of the Fast Facts 2 newsletter is attached to my statement at [[QNU.001.008.0034]] and a copy of Fast Fact 3 newsletter is attached to my statement at [[QNU.001.008.0036]].
- (e) I am unsure when I first became aware of the decision to close the BAC or how the decision was communicated to staff but it was not later than 3 October 2013. In BAC Staff Communique 1 dated 3 October 2013 (attached and marked [[QNU.001.008.0037]]), the staff were advised that '*... we continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date...*' This gave me the impression that the BAC may have remained open past January 2014.

12. 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 believe that the staff of the BAC were offered the same explanation and reasons for the decision to close as those outlined in the Fast Facts 1 newsletter dated 30 November 2012 when concerns were first raised about the possible closure of the BAC. The bases of the closure decision were:
 - i. to ensure adolescents receive the best possible care that is evidence-based and where possible, closer to their home;

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- ii. the BAC buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation;
- iii. the Park – Centre for Mental Health will continue to expand its capacity as a high secure forensic adult mental health facility and there are concerns that the Park is not a suitable environment for adolescents.

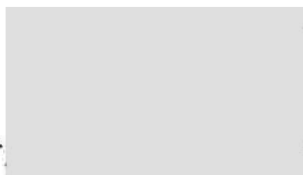
13. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure? If so, did you voice those concerns, and if so, how, when and to whom?

- (a) I do not recall being consulted personally about the intention to close the BAC.
- (b) In the Fast Facts newsletters distributed to patients, families, staff and other child and youth mental health services an email address was provided [REDACTED] for those who wished to make comment about the future of the BAC and final model of care.
- (c) I did not offer any concerned opinion because:
 - i. the decision to close had not been made;
 - ii. the Fast Facts newsletters made it clear that investigations of alternative models of care were being undertaken to determine if there were better treatment options for young people;
 - iii. staff were assured that adolescents would continue to receive the best possible care;
 - iv. an expert clinical reference group (ECRG) had been established to recommend a statewide model of care for adolescents requiring longer term mental health care; and

Signed: .. [REDACTED]

- v. the final model of care would be evidence-based and based on the state and national mental health frameworks.
 - (d) I believed that the ECRG was well qualified to review the statewide model of care and make recommendations to hopefully improve the care already provided.
 - (e) I did not have a need to express my concerns about the suitability of the BAC buildings as I agreed that they were becoming run down.
 - (f) I also agreed with the view expressed that there was a potential risk to adolescents if the BAC remained on site with The Park facility given its expansion as a high secure forensic adult mental health facility.
 - (g) In the BAC Staff Communique 1 dated 3 October 2013 (at [[QNU.001.008.0037]]), the staff were informed that Clinical Care Transition Panels had been planned for each individual young person at the BAC to review individual care needs and support transition to alternative service options when available. I was aware that Dr Brennan and RN Clayworth were involved on the panels and was satisfied that they would do their best to find all transitioning clients a safe and suitable outcome.
 - (h) The staff were also informed in this communique that "*WMHHS will ensure that all young people have alternative options in place before the closure of the BAC building*".
 - (i) After the decision to close the BAC was announced I do not recall receiving any further Fast Facts newsletters and my views or opinions were not openly sought.
14. **Did you have any concerns regarding the closure of the BAC? If so, did you voice those concerns, and if so, when and to whom?**
- (a) I did not have concerns for the wellbeing of the patients regarding the closure of the BAC as I was satisfied from the information provided in both the Fast Facts newsletters and the BAC Staff Communiques that an appropriate process was being undertaken by well qualified clinicians to ensure that the best possible model of care

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would be adopted to provide care for the patients of the BAC after it closed.

- (b) I was very concerned about my future employment prospects once the BAC was closed. In early January 2014, after returning home from holidays, I received a letter dated 16 December 2013 from the Executive Direction Mental Health and Specialised Services, WMHHS which advised that each staff member who currently occupied a substantive position in the BAC was now declared an employee requiring placement. I found this letter extremely distressing as it created great uncertainty for me about how I would be able to provide for my family as I was the sole breadwinner.
- (c) I discussed my concerns about my future employment with acting NUM Alex Bryce and human resources personnel on several occasions. I cannot now recall when the discussions occurred.

Closure Date

15. When did you first become aware of the January 2014 closure date?

- (a) I do not recall when I first became aware of the January 2014 closure date but it was probably around early October 2013 when the BAC Staff Communique 1 was distributed. In the BAC Staff Communique 1 dated 3 October 2013 (at [[QNU.001.008.0037]]), the staff were advised that '*... we continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date...*'.

16. How was the closure date communicated to staff of the BAC?

- (a) The actual closure date was never communicated to staff in advance of the closure.
- (b) I was aware through the BAC Staff Communique of the plan to cease services from the BAC by the end of January 2014.
- (c) The letter I received in early January 2014 from the Executive Director Mental

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Health and Specialised Services, WMHHS dated 16 December 2013 provided a more definite end date ‘... *all positions in the Barrett Adolescent Unit organization structure will be abolished at the time the service closes (2 February 2014)*’. A copy of that letter is attached at [[QNU.001.008.0040]].

- (d) On 24 January 2014, I arrived early for a rostered afternoon shift. As I walked into the office, I was met by acting NUM Alex Bryce who informed me that the BAC is now closed. I surrendered my key upon request. There was a locksmith already on the ward changing the locks.

17. Were you consulted about the closure date? If so, what was the nature and extent of your input?

- (a) I was not consulted about the closure date.

18. Did you have any concerns regarding the January 2014 closure date? If so, did you voice those concerns, and if so, how, when and to whom?

- (a) I was not concerned about the January 2014 closure date as I was under the impression the BAC would remain open until the last patient was transitioned.
- (b) I was assured that a proper process was being undertaken to transition the patients as previously stated at paragraph 13 (c) (ii)-(v) and (d) of this statement.

Transition Arrangements

19. The Commission understands that you were the case coordinator for [REDACTED]. If so, please outline and explain:

- (a) **The circumstances in which you were appointed as [REDACTED]'s case coordinator;**

[REDACTED]

- ii. I believe I was approached by Community Liaison Clinical Nurse (CLCN)

Signed: [REDACTED]

Susan Daniel who asked if I would be [redacted]'s care coordinator.

- iii. [redacted] was a [redacted] accessing BAC [redacted] [redacted] was initially referred to the BAC by [redacted] [redacted] was transitioned [redacted] [redacted] prior to BAC closure.

(b) Your duties and responsibilities in this capacity;

- i. As a care coordinator I was central to facilitating interactions with the patient, their family/carers and members of the multidisciplinary team. [redacted] also had an associate care coordinator, [redacted] who would assist in the care coordinator role when I was not rostered to work.
- ii. I was the first point of contact for [redacted] I had regular contact with both of [redacted]'s [redacted]; contact with [redacted] was by telephone and face to face; and with [redacted] mostly face to face.
- iii. I prepared weekly summaries regarding [redacted] which I presented at the weekly Case Conference when rostered to work at that time.
- iv. The care coordinator would assist in care planning.
- v. After the decision was made to close, it was my understanding that the members of the clinical care transitional panels assumed much of the care planning role of the care coordinator and multidisciplinary team. This meant that the role of the care coordinator in the closing months of the BAC was limited to assisting in the day to day care of the client and to maintain the lines of communication with the patient, family/carers and clinicians.

(c) The period for which you acted as [redacted]'s case coordinator; and

- i. I was the care coordinator for [redacted] from the date of [redacted] admission as a [redacted] until [redacted] care was handed over to [redacted] [redacted] as part of the transitional arrangements. I do not now recall the

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dates.

(d) **Any communication you had with [REDACTED] or any other stakeholder regarding the closure of the BAC and/or the transition arrangements.**

- i. I cannot now recall any communication I had with [REDACTED] regarding the closure of the BAC or the transition arrangements. I may have had some informal discussions with [REDACTED] about these matters but I cannot recall.
- ii. I have some recollection of communications with [REDACTED] about the closure of the BAC and transition arrangements. In communications about the closure it was my usual practice to refer to the Fast Facts newsletters and if a family member required more information I referred them to Dr Brennan.
- iii. In relation to transition arrangements, I recall [REDACTED] were happy that [REDACTED] allocated to [REDACTED] was a [REDACTED] I cannot now recall [REDACTED] name.
- iv. I recall attending transition meetings with acting Clinical Nurse Consultant (CNC) Vanessa Clayworth in her office and also at the [REDACTED] office with a representative from [REDACTED] From memory, these meetings were organised by members of the clinical care transition panel. I believe one meeting involved a discussion as to whether [REDACTED] would remain in [REDACTED] or be sent to [REDACTED]
- v. I cannot now recall the details of these meetings but believe acting CNC Clayworth entered a record of the meetings into CIMHA.
- vi. I also recall that CNC Clayworth and I met with [REDACTED] I do not recall when these meetings occurred. I believe the purpose of the meetings was to discuss [REDACTED]

Signed: [REDACTED]

20. Were you involved in the care of any other BAC patients who were part of the transition arrangements? If so, explain the nature and extent of your involvement.

- (a) As outlined in my response to question 6 of this statement, I was involved in providing nursing care to all patients in the BAC on a day to day basis and as such, provided care to all BAC patients who were part of the transition arrangements.
- (b) I was care coordinator for two patients [REDACTED] As care coordinator I was involved in clinical care planning, communicating with [REDACTED] and liaising with the members of the multidisciplinary team and clinical care transitional panel.
- (c) Patient [REDACTED] was an [REDACTED] [REDACTED] was actively supported by [REDACTED] [REDACTED] stayed in constant contact by telephone and emails with various BAC staff including me. [REDACTED]
- (d) As [REDACTED] care coordinator I coordinated [REDACTED] day to day care and ensured that [REDACTED] weekly summary reflected the care [REDACTED] had received along with any concerns [REDACTED] [REDACTED] had voiced throughout the preceding week. I do not recall being involved in any transition planning for this patient. From memory, [REDACTED] suggested [REDACTED] would be attending [REDACTED]

21. Were you involved in the development or implementation of the transition arrangements for any BAC patients, including [REDACTED], associated with the closure of the BAC? If so, please outline and explain:

- (a) **the nature and extent of your involvement, including the period for which you were involved;**
 - i. Apart from my limited involvement in the transitional meeting concerning [REDACTED] (detailed at paragraph 20) and [REDACTED] I

Signed: [REDACTED]

was not involved in the development of transition arrangements for any BAC patients associated with the closure.

- ii. I had limited involvement in implementing part of the transition arrangements for [REDACTED] on [REDACTED]

(b) the transition arrangements in which you were involved and for whom those arrangements were made;

i.

ii.

iii.

iv.

v.

vi.

Signed: [REDACTED]

vii.

viii.

(c) whether there was an administrative or other deadline imposed for the transition arrangements;

- i. Apart from the letter I received from the Executive Director Mental Health and Specialised Services, WMHHS dated 16 December 2013 (at [[QNU.001.008.0040]]), which provided that *'all positions in the Barrett Adolescent Unit organization structure will be abolished at the time the service closes (2 February 2014)'*, I don't recall being advised of any other administrative or other deadline for the transition arrangement.

(d) whether you consulted with patients, their families or carers about the transition arrangements and, if so, the details of the consultation;

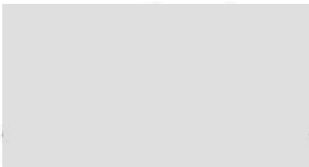
- i. As care coordinator for two patients, I no doubt consulted with patients and their families about the transitioning process. I can no longer recall the details of these conversations but any information I provided to patients or their families generally came from input and direction I received from acting CNC Clayworth and Dr Brennan who were part of the clinical care transition panel.

(e) whether the transition arrangements were tailored to the individual needs of and care requirements of individual patients;

- i. The WMHHS in its Fast Facts newsletters and Staff Communiques informed staff that the transitioning arrangements were being tailor-made to the individual needs of each patient.

Signed:

- ii. As I was not involved in the development of the transition arrangements I am unable to say if they were tailored to the individual needs of and care requirement of individual patients.
- (f) **how the transition arrangements took 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;**
- i. I am unable to respond to this question as I was not a member of the clinical care transitional panel. I had no knowledge of how arrangements were made or how each consideration was determined or addressed.
- (g) **the challenges (if any) associated with developing and implementing transition arrangements.**
- i. The main challenge I heard about through discussions with staff and patients was that some patients said they would prefer to stay at the BAC rather than being transitioned elsewhere.
22. **Did you maintain contact or do you continue to have any involvement with any of your former patients or their families, carers or friends following the closure of the BAC? If so, please outline and explain the nature and extent of this contact and/or involvement.**
- (a) I did not maintain contact or have any involvement with any of my former patients or their families, carers or friends following the closure of the BAC.
23. **What were your observations of the effect of the closure on the patients of the BAC, their families, carers, friends and staff of the BAC?**
- (a) The decision to close the BAC caused some patients to be more unsettled which in turn unsettled the ward generally. In order for me to verify this I would need to access the PRIME reports during this time which detail clinical incidents concerning

Signed: .. 

patients.

- (b) I did not personally hear patients voice their concern about the closure apart from [REDACTED] who I heard voice [REDACTED] concern to other staff about where [REDACTED] would go once the BAC was closed.
- (c) During the final year of operation, many parents campaigned to keep the BAC open. They were assisted by members of the community and online petitions were set up to support the continued operation of BAC.
- (d) I recall [REDACTED] asking me why the BAC had to close.
- (e) The staff were concerned about their future employment prospects. I actually took my children out of private school and home schooled them for a while as I was so concerned that I would not get a job.

24. What provision (if any) was made for the re-deployment or redundancy of staff of the BAC as a result of the closure decision?

- (a) In BAC Staff Communique 1 the staff were advised that discussions had commenced with HR regarding processes, options and issues for us and that they would soon commence work with each of us individually to identify our individual employment options.
- (b) In the letter I received from the Executive Director Mental Health & Specialised Services WMHHS dated 16 December 2013 I was advised of a process for staff who occupied permanent substantive positions which was in line with the Public Service Commission 06/13: Employees Requiring Placement. In summary if a suitable alternative substantive position was not identified by close of business 10 January 2014 then I would have the opportunity to decide between accepting a voluntary redundancy or pursue transfer opportunities.
- (c) I received a letter from the Director of Nursing of The Park dated 13 January 2014, advising me that a process was underway to identify suitable alternative substantive

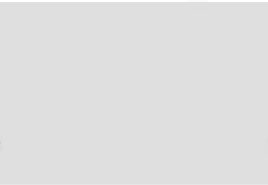
Signed: ... [REDACTED]

positions for permanent staff and of an interview scheduled for 16 January 2014. A copy of that letter is attached to this statement at [[QNU.001.008.0042]].

- (d) I attended the interview.
- (e) I recall meeting with a HR officer on one occasion. I cannot recall when that was or with whom.
- (f) I received a further letter the Executive Director Mental Health & Specialised Services WMHHS dated 20 January 2014 advising me of an opportunity for a direct transfer at level from my existing role to Registered Nurse, The Park (Daintree). A copy of that letter is attached to this statement at [[QNU.001.008.0043]].
- (g) I received confirmation of my position at The Park commencing 3 February 2014 by letter dated 10 March 2014, sent on behalf of the Health Service Chief Executive WMHHS. A copy of that letter is attached to this statement at [[QNU.001.008.0044]].

25. What (if any) support was offered or provided to you and any other staff of the BAC (to your knowledge) between the announcement of the closure decision on 6 August 2013 and the closure of the BAC in January 2014? Did you feel supported?

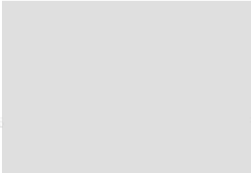
- (a) We, the nursing staff were directed to contact the Employee Assistance Service (EAS) if we required any support (see BAC Staff Communique 1). We were also reminded that we could approach our supervisor or a more senior manager if we had any questions or concerns about the changes or how they may affect us. (see letter from Executive Director Mental Health and Specialised Services, WMHHS dated 16 December 2013).
- (b) We were also directed to Kerrie Parkin Director HR, WMHHS for “Issues associated with the change process of BAC” (see BAC Staff Communique 3, copied and attached at [[QNU.001.008.0039]]).

Signed: 

- (c) In a letter from the Executive Director Mental Health and Specialised Services, WMHHS dated 20 January 2014, to me I was advised to contact William Brennan if I would “like to discuss any aspect of the organisational change or if [I had] questions or concerns in relation to [my] individual circumstances”.

26. Describe your experience with the operation and management of the BAC following the announcement of the closure decision, including, but not limited to, the implementation of the transition arrangements.

- (a) It was business as usual. The nursing staff continued to focus on providing day to day care to all patients while the clinical care transitional panels looked after the transition process for the patients.
- (b) I do not recall being involved in any of the transitional decision making processes following the announcement to close.
- (c) There was increased unrest voiced in the staffroom in the context of concerns for future employment.
- (d) As patient numbers on the ward decreased, excess permanent staff were moved to other wards on a shift by shift basis. In many cases we would arrive at work at the BAC not knowing which ward we would be allocated to for that shift.
- (e) Auxiliary services such as Residential Support Officers had their hours at the BAC reduced which resulted in the nursing staff having to serve meals on some occasions.
- (f) Once the BAC closed, there was no acknowledgement given to the staff of the BAC of the efforts they made to care for the patients of the BAC. There was no debrief. The doors closed and that was the end of the BAC.

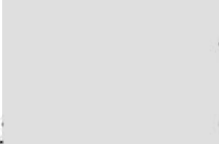
Signed: 

General**27. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.**

- (a) At this stage I have no other information to provide relevant to the Commission's Terms of Reference.

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

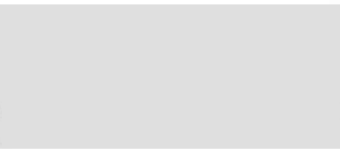
- (a) The following documents are those documents in my custody and control that are referred to in, and exhibited to, my statement:
- i. curriculum vitae at [[QNU.001.008.0028]];
 - ii. letter from Pam Lane, District Manager West Moreton South Burnett Health Service District, 7 July 2008, offering employment at BAC at [[QNU.001.008.0030]];
 - iii. WMHHS Fast Facts 1 – Barrett Adolescent Centre, 30 November 2012 at [[QNU.001.008.0032]];
 - iv. WMHHS Fast Facts 2 – Barrett Adolescent Centre, 11 December 2012 at [[QNU.001.008.0034]];
 - v. WMHHS Fast Facts 3 – Barrett Adolescent Centre, 1 February 2013 at [[QNU.001.008.0036]];
 - vi. WMHHS BAC Staff Communique 1 – Barrett Adolescent Centre, 3 October 2013 at [[QNU.001.008.0037]];
 - vii. WMHHS BAC Staff Communique 3 – Barrett Adolescent Centre, 5 December 2013 at [[QNU.001.008.0039]];

Signed: ... 

- viii. letter from Sharon Kelly, Executive Director Mental Health and Specialised Services, 16 December 2013, “To All Staff of the Barrett Adolescent Unit” at [[QNU.001.008.0040]];
- ix. letter from William Brennan, Director of Nursing, The Park – Centre for Mental Health, 13 January 2014, regarding an interview at [[QNU.001.008.0042]];
- x. letter from Sharon Kelly, Executive Director Mental Health and Specialised Services, 20 January 2014, regarding a transfer at level to The Park at [[QNU.001.008.0043]]; and
- xi. letter “on behalf of Lesley Dwyer”, Health Service Chief Executive West Moreton Hospital and Health Service, 10 March 2014, regarding approval of transfer at level to The Park at [[QNU.001.008.0044]].

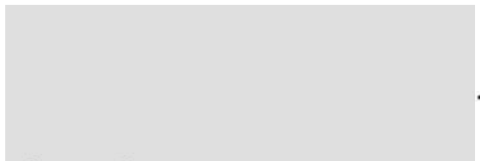
Signed: ...

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

..  ..

Stephen John Alan Sault

Taken and declared before me at Brisbane this 15th day of December 2015

 .

Judith Simpson, Solicitor

Stephen Sault

Personal Qualities.

Team Player

Enjoys a Challenge

Enjoys Learning

Sense of humor

Non Judgmental

Good Work Ethic

Work History with Queensland Health.

Current Substantive Role:

Classification: Registered Nurse - NRG5AP (07)

July 2014 - Current

Tamborine Ward - HSIS, *The Park Centre for Mental Health.*

Key responsibilities:

- Accountability to Queensland Health's core values.
- Ensuring continuity of patient care by reviewing case load, planning shift and completing handover.
- Complete all relevant patient assessments.
- Act as a care coordinator for allocated consumers.
- Work collaboratively with nursing multidisciplinary team.
- Liaise with other professionals and agencies to effectively coordinate patient care.
- Initiate emergency responses when required and follow emergency procedures under instruction.
- Educate, inform counsel and support patients and their families / carers.
- Safe administration of prescribed medication.
- Prepare and maintain a safe work environment.
- Assist patients in their management of activities of daily living
- Comply with the requirements of workplace health and safety, equal opportunity, and anti-discrimination

Previous Roles at the Park Centre for Mental Health.

February 2014 - July 2014. Daintree ward (HSIS) - Registered Nurse.

July 2008 - January 24, 2014. Barrett Adolescent Centre. – Registered Nurse

February 2006 - July 2008 Registered Nurse, Graduate Diploma in Mental Health Nursing Program

Units worked:

- High Secure (Daintree, Franklin, Kondalilla, Tamborine).
- Medium Secure (Bandicoot)
- Extended Treatment and Rehabilitation.

Academic History

2012-2013 **Master of Mental Health Nursing**
University of Queensland

2006 -2007 **Graduate Diploma in Mental Health**
University of Queensland / James Cook University

2003 - 2005 **Bachelor of Nursing**
Griffith University (Logan Campus)

**Queensland
Government**

Queensland Health

Enquiries to: Bernice Holland
Department: Recruitment Services
Telephone: [REDACTED]
Facsimile: [REDACTED]

7 July 2008

Mr Stephen Sault
[REDACTED]

Dear Mr Sault

I welcome your continued contribution to Queensland Health and am pleased to inform you that approval has been given to offer you employment in the following position:

Position Details

Number: [REDACTED]
Title: Registered Nurse
Unit/Department/Division: Barrett Adolescent Unit, The Park - Centre for Mental Health, Treatment, Research and Education, West Moreton South Burnett Health Service District
Location: Wacol
Classification: Nurse Grade 5
Award: Nurses (Queensland Health) Certified Agreement 2006

Employment Details

Employment Status: Permanent Full Time
Hours Per Fortnight: 76
Gross Salary: \$48 493 - \$62 315 per annum

Period of Employment

Commencement Date: 14 July 2008

Nursing Officers at Nurse Grade 5 to Nurse Grade 7 (inclusive) are eligible for the Continuing Education Accelerated Advancement Entitlement in accordance with Clause 11 of *Nurses (Queensland Health) Interim Certified Agreement 2005*. Please refer to IRM 2.1-29.

Nursing Officers Nurse Grade 5 to Nurse Grade 7 (inclusive) who have been in receipt of a Qualifications Allowance prior to transfer/appointment to West Moreton South Burnett Health Service District are reminded that per IRM 2.1-29, Section 9 *Requirements when changing positions* a further application is to be made to the Nurse Executive of West Moreton South Burnett Health Service District for consideration.

This application **must** be accompanied by a certified copy of the qualification being sought for recognition and must meet the requirements as set out in Section 10 of IRM 2.1-29.

Please read the attached Queensland Health General Terms and Conditions of Employment and forward the following to Recruitment Services within fourteen (14) days of receipt of this letter.

- Acceptance of Employment Form

All new employees are required to attend the Orientation Program. Your supervisor will advise you of the arrangements for you to attend the Orientation Program. Welcome and Orientation information is available on-line at www.health.qld.gov.au/orientation/default.asp and can also be obtained in printed form from your workplace manager or supervisor.

If you have any questions regarding your appointment, please contact Mondalmi Lawrence on [REDACTED].

Congratulations on your appointment. I look forward to your contribution to the delivery of our health services and I hope you find your work enjoyable and rewarding.

Yours sincerely

[REDACTED]
PAM LANE
District Manager
West Moreton South Burnett Health Service District

Office
Queensland Health
Recruitment Services - QHSSP
West Moreton South Burnett Health
Service District

Postal
[REDACTED]

Phone
[REDACTED]

Fax
[REDACTED]

West Moreton Hospital and Health Service FAST FACTS 1

Barrett Adolescent Centre

This is the first in a series of Fast Facts newsletters that will be developed on a regular basis for consumers, families, staff and other child and youth mental health services in Queensland. If you have any questions you would like answered please email [\[redacted\]](#)

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Is Barrett Adolescent Centre closing?

No final decision about Barrett Adolescent Centre (BAC) has been made. Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

What is happening?

We are investigating alternative models of care to determine if there are better treatment options for young people in Queensland.

Why is this happening?

We want to ensure adolescents receive the best possible care that is evidence-based and where possible, closer to their home. The BAC buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

The Park – Centre for Mental Health will continue to expand its capacity as a high secure forensic adult mental health facility. There are concerns that the Park is not a suitable environment for adolescents.

What's happening to current Barrett Adolescent Centre consumers?

All patients currently receiving care will continue to receive care in accordance with their treatment needs. Consumers and their families will be kept up-to-date on this work.

Is this about budget cuts?

This is not about cost cutting. All funding for services provided by BAC will continue well into the future. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

Date: Friday, 30 November 2012

What is the expert clinical reference group?

The expert clinical reference group consists of a multidisciplinary group who are experts in the field of adolescent mental health. The members have expertise in psychiatry, nursing, allied health and education. An independent clinical expert from interstate will also be selected to join the group.

What's the role of the expert clinical reference group?

The expert clinical reference group's task is to recommend a statewide model of care for adolescents requiring longer term mental health care.

What will the model of care look like ?

The final model of care will be based on state and national mental health frameworks and will be evidence-based. Most importantly this model of care must be sustainable and align with statewide and national service planning frameworks and funding models.


When will a decision be made?

A decision about Barrett Adolescent Centre will only be made once all recommendations from the clinical expert reference group have been considered.

How will I be kept informed ?

You will receive updates, such as this one on a regular basis. We understand the importance of communicating with stakeholders.

Can I have input into this process?

Yes, you can forward your comments to 

West Moreton Hospital and Health Service FAST FACTS 2

Barrett Adolescent Centre

This is our second Fast Facts newsletter which is designed to keep you better informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Has the expert clinical reference group been formed?

Yes, there are 11 members of this group from across Queensland and interstate, all of whom are experts in adolescent mental health. The members of the group have expertise in psychiatry, nursing, allied health and education.

Has the clinical expert reference group met?

Yes, the expert clinical reference group held its first meeting on 7 December 2012.

Has the clinical expert reference group made any decisions about the future of Barrett Adolescent Centre?

No. This was only the first meeting, so no recommendations or decisions have yet been made regarding Barrett Adolescent Centre.

However, the expert clinical reference group has committed to investigating options for a statewide model of care for adolescents requiring longer term mental health care. The group will provide recommendations to the Barrett Adolescent Centre Planning Group and the final model will be based on state and national mental health frameworks. The group meets again in early January 2013.

Is a public private partnership being considered?

All options for a statewide model of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

Is it true that Barrett Adolescent Centre will close regardless of the recommendations by the clinical expert reference group?

No final decision on Barrett Adolescent Centre has been made. What we are doing is investigating whether there are other models of care that can better meet the needs of Queensland adolescents who require longer term mental health treatment.

Date: Tuesday, 11 December 2012

When will a decision be made?

A decision about Barrett Adolescent Centre will not be made until all recommendations from the clinical expert reference group have been considered.


What's happening with the current patients at Barrett Adolescent Centre?

The centre's current patients and adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

Is it true that Barrett Adolescent Centre will not reopen after Christmas?

No, all current patients will return to the centre for the treatment they require after their Christmas break.

How can I have my say?

Please forward your comments to 

West Moreton Hospital and Health Service FAST FACTS 3

Barrett Adolescent Centre

Welcome to our first update on the Barrett Adolescent Centre for 2013. I hope you all enjoyed a happy and safe festive season. We will continue to provide you with this newsletter to ensure you are kept informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

What has the expert clinical reference group been doing ?

The expert clinical reference group has now met three times and will continue to meet on a fortnightly basis, with a number of tasks being worked on outside of meeting times. The group is preparing an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future. This analysis will also identify gaps in current service delivery.

Has the expert clinical reference group made any recommendations about the future of Barrett Adolescent Centre?

No. Recommendations will not be made until after the group has considered the analysis of needs and requirements, as well as all possible options for a statewide model of care for adolescents requiring longer term mental health care.

How can I be sure that this decision will not be rushed?

We don't want to rush this. We want to get this right. That's why we will not make any decisions until after a thorough investigation of models of care. Before any decision is made, we want to determine if there is a better way we can meet the needs of Queensland adolescents who require longer term mental health care. All options for statewide models of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

There's been plenty of talk about budget cuts. Is this just another budget cut ?

No, this is not about cost cutting. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and in an environment that is as close as possible to their homes.

What's happening with the care for current consumers at Barrett Adolescent Centre?

The centre's current consumers will continue to receive the care that is most appropriate for them.

How can I have my say?

Please forward your comments to

Date: Friday, 1 February 2013

West Moreton Hospital and Health Service BAC STAFF COMMUNIQUE 1

Barrett Adolescent Centre

Welcome to our first Barrett Adolescent Centre Staff Communiqué. I hope this communiqué helps keep you informed about what is happening and how it will impact on yourselves as staff at the BAC.

Barrett Adolescent Centre Building

To provide certainty to both our current consumers and our staff, we continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date that will be responsive to the needs of our consumer group and as previously stated, will depend on the availability of ongoing care options for each and every young person currently at BAC. The closure of the building is not the end of services for young people. WMHHS will ensure that all young people have alternative options in place before the closure of the BAC building.

Clinical Care Transition Panels

Clinical Care Transition Panels have been planned for each individual young person at BAC, to review individual care needs and support transition to alternative service options when they are available. The Panels will be chaired by Dr Anne Brennan, and will consist of a core group of BAC clinicians and a BAC school representative. Other key stakeholders (HHS's, government departments and NGOs) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

Admissions to BAC

WMHHS is committed to safe and smooth transitions of care for each young person currently attending BAC. These transitions will occur in a manner and time frame that is specifically tailored to the clinical care needs of each individual young person. In order to meet this goal, there will be no more admissions to BAC services from this date forward. For adolescents currently on the waiting list, we will work closely with their referring service to identify their options for care.

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

The statewide project for the Adolescent Extended Treatment and Rehabilitation (SW AETR) Implementation Strategy has commenced under the governance of Children's Health Queensland, and the Steering Committee has met three times since 26 August 2013. As part of the statewide project, two Working Groups have been defined to deliver on various aspects of this initiative. Working Group one is the SW AETR Service Options Implementation Working Group, which will build on the work surrounding service models completed by the Expert Clinical Reference Group earlier this year. Working Group two will focus on the financial and staffing requirements of any future service options that are developed.

SW AETR Service Options Implementation Working Group

The SW AETR Service Options Implementation Working Group met for the first time on 1 October 2013 for a half-day Forum. This Forum was attended by a range of multi-disciplinary clinicians and service leaders from Child and Youth Mental Health Services (CYMHS) across Queensland, a BAC staff member (Vanessa Clayworth), a carer representative, and non government organisation (NGO) representation. Feedback suggests that the Forum was a very successful and productive day. A second Forum will be held within the next month to further progress the work on service models. Families and carers have also been invited to provide written submissions on the development of the new service options moving forward for the consideration of this working group.

Date: Thursday, 3 October 2013

Acting Nurse Unit Manager (NUM)

Mr Alex Bryce will be commencing as the Acting NUM at BAC from Monday 14 October 2013. Alex is a senior nurse with extensive experience in nursing management. This will allow Vanessa Clayworth to move into the Acting CNC role, and directly support the clinical needs of the young people at BAC and the progress of the Clinical Care Transition Panels.

HR

Discussions have commenced with HR regarding processes, options and issues for yourselves. HR and Senior clinical staff will soon commence work with each of you individually to identify your individual employment options.

Support available

The Employee Assistance Service (EAS) is available for you to access at any time. This service is completely confidential and self referral. For more information on EAS please visit: <http://qheps.health.qld.gov.au/eap/html/WestMortHSD.htm>. Please also be reminded that your line managers are available to discuss any concerns or queries you may have.

Communication to Families and Carers

Fast Facts 8 will soon be going out to all BAC families, carers and staff to ensure they receive the most update information on what is happening with BAC.

Communication with Department of Education, Training and Employment (DETE)

WMHHS continues to liaise directly with DETE on a regular basis, keeping them up-to-date with changes and plans regarding BAC. DETE is committed to responding to the educational needs of each young person at BAC, and will work with us on the Clinical Care Transition Panels.

Kind regards

Sharon Kelly

Executive Director Mental Health & Specialised Services

West Moreton Hospital and Health Service

Work on Pads.
Be specific.

West Moreton Hospital and Health Service BAC STAFF COMMUNIQUE 3

Barrett Adolescent Centre

Welcome to our third Barrett Adolescent Centre (BAC) Staff Communiqué. I hope this newsletter helps keep you informed about what is happening and how it will impact on yourselves as staff of the BAC.

BAC Holiday Program

West Moreton Hospital and Health Service (HHS) will be providing a holiday program at BAC across December 2013 and January 2014 for current BAC inpatients and day patients. The activity-based program will be delivered through a partnership model between BAC staff and a local Non-Government Service Provider, and will be delivered four days a week. The program is planned to commence with a gradual roll-out on Monday 16 December 2013 and is scheduled to finish on Thursday 23 January 2014; however these dates are flexible and will be based on the needs of the adolescents.

The BAC facility will be the primary site of the holiday program, and as relevant and safe, off-site visits will be arranged for various activities. Whilst the holiday program is occurring, the comprehensive work that is being progressed at an individual level for each BAC consumer to transition to their local Hospital and Health Services will continue as a priority. Once final approvals have been received, we will provide you with more details and engage staff, consumers and parents/carers in the planning for the program. If you have any questions at this point in time, please contact Laura Johnson via [redacted] or on [redacted].

Visit by Dr Sandra Radovini, Leading Child and Youth Mental Health Expert

An information session for all West Moreton child and youth mental health staff will be held on Tuesday 10 December 2013 at The Park. This professional development session will be an opportunity to hear about mental health services for adolescents with complex needs in Victoria. Further details of the session will be sent to all BAC staff shortly.

As part of Dr Radovini's visit, the parents/carers of BAC consumers will be invited to attend a separate presentation on Victorian adolescent mental health service models and to hear a presentation by Children's Health Queensland (CHQ) HHS on elements of the proposed statewide service options. West Moreton HHS will also present the transitional service options that are being established to ensure that there are no service gaps for adolescents while the new statewide service options are being established. If you have any queries about the information sessions please contact Laura Johnson via [redacted] or on [redacted].

HR Update

Kerrie Parkin, Director HR, West Moreton HHS is your new contact for HR issues associated with the change process of BAC. You can contact Kerrie via [redacted] or on [redacted]. We are working with Kerrie now in order to provide more details around your individual employment options, and will arrange times for each of you to meet Kerrie personally.

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Date: Thursday, 5 December 2013



West Moreton Hospital and Health Service

Enquiries to:
 Telephone:
 Facsimile:
 Our Ref:

To all staff of the Barrett Adolescent Unit

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to commence the process of identifying new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. A multidisciplinary Expert Clinical Reference Group (ECRG) was convened, and in May 2013 seven recommendations were submitted by the ECRG to the WM HHS Board. This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, Children's Health Queensland HHS (CHQ HHS), Department of Education Training and Employment (DETE), and the Department of Health. The seven recommendations were accepted by the WM HHS Board.

On 6 August, 2013, the Minister for Health, the Honourable Lawrence Springborg MP made an announcement that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from the Barrett Adolescent Centre at that time will be supported through their transition to other contemporary care options that best meet their individual needs. CHQ HHS will hold governance of the new service options developed, and will lead the statewide project to finalise the implementation of the future service options.

To provide certainty, WM HHS announced a plan to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building.

At that time information that was available was provided to your union delegates as well as to yourselves through our staff communiqués and arranged meetings with members of the HR team.

I can now advise that following on from previous announcements, all positions in the Barrett Adolescent Unit organisation structure will be abolished at the time the service closes (2 February 2014).

Staff who occupy permanent substantive positions

In line with Public Service Commission 06/13: *Employees Requiring Placement*, each staff member who currently occupies a substantive position in Barrett Adolescent Centre has now been declared an employee requiring placement. I have attached a copy of the Directive for your information.

A process is underway to identify suitable alternative substantive positions for permanent staff. If a suitable alternative substantive position is not identified for any permanent staff member before close of business 10 January 2014, on that date I will initiate action in line with Section 6.2(b) of the Directive. Staff not placed will then have the opportunity to decide between two courses of action:

- Accept a voluntary redundancy (in accordance with the Directive relating to early retirement, redundancy or retrenchment); or

Office
 Office of the Executive Director MH&SS
 The Park - Centre for Mental Health
 Administration Building, Cnr Ellerton Drive and
 Wolston Park Rd, Wacol, QLD 4076

Postal

Phone

Fax

- Pursue transfer (and/or redeployment) opportunities.

I have also enclosed a copy of Directive No. 11/12: *Early Retirement, Redundancy and Retrenchment* for your information and a copy of the Queensland Health Frequently Asked Questions related to the above Directives.

Where the outcome for individual staff is that they will separate through voluntary redundancy, and redundancy processes are not finalised before 2 February 2014, arrangements will be made for alternative work between that date and the final date of separation.

Staff on temporary engagements

I regret to advise that staff on temporary engagements continuing into January will cease their engagement effective close of business 2 February 2014 unless an earlier date has been agreed. I very much appreciate the contribution that all our temporary staff have made to the unit during your time here.

Staff currently on secondments or higher duties

Where staff are currently on secondment from other areas of the Health Service or elsewhere, these engagements will cease effective close of business 2 February 2014 unless an earlier date has been agreed. Unless other arrangements are made, these staff will return to their substantive positions.

Next Steps

I will be arranging follow up communication with staff to work through in more detail the impacts on individuals and any individual issues or concerns. Staff are welcome to bring a support person or union representative to any meetings.

A meeting has been organised to initiate consultation with appropriate unions as we move to finalise the closure of the service.

I am very keen to ensure that all staff feel well supported during the implementation of the change. It is important that you approach your supervisor or a more senior manager if you have any questions or concerns about the changes or how they may affect you. This is particularly important if you feel you need further detail about decisions taken or their impact. If your supervisor or manager does not know the answer to your question, they will escalate the issue and get back to you as quickly as possible.

I encourage all staff to access the support available through Employee Assistance Service if you need support at any time, including face to face or telephone counselling. Counselling is available 24 hours per day, 7 days per week by calling PPC Worldwide on [REDACTED]

If you have any questions or concerns at anytime, you are welcome to call Kerrie Parkin, HR Director on [REDACTED] or through Alex Bryce, Acting Nurse Unit Manager.

[REDACTED]
Ms Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
16/12/2013



West Moreton Hospital and Health Service

Enquiries to: Kerrie Parkin
Telephone: [REDACTED]

Our Ref:

Dear Steve

As advised in previous correspondence a process is underway to identify suitable alternative substantive positions for permanent staff. A number of positions have been identified that may be suitable. Interviews will now be conducted to determine suitability.

This part of the process must be undertaken prior to any action being taken in line with Section 6.2(b) of the Directive. Staff not placed will then have the opportunity to decide between two courses of action:

- Accept a voluntary redundancy (in accordance with the Directive relating to early retirement, redundancy or retrenchment); or
- Pursue transfer (and/or redeployment) opportunities.

Your interview has been scheduled for:-

Date: Thursday, 16 January 2014

Time: 2:00pm

Venue: Reception, Dawson House, Tutorial Room 2 - The Park

If you have not submitted a copy of your C.V. to HR could you please bring a copy to leave with the panel at interview.

The Interview Panel will consist of Julie Gotts Nursing Director Community Integration, Peter Howard Nurse Manager and Kerrie Parkin, Director Human Resources.

I encourage all staff to access the support available through Employee Assistance Service if you need support at any time, including face to face or telephone counselling. Counselling is available 24 hours per day, 7 days per week by calling PPC Worldwide on [REDACTED]

If you wish to discuss the interview timing or process please contact Kerrie Parkin on [REDACTED]

[REDACTED]

William Brennan
Director of Nursing
Mental Health and Specialised Services
The Park – Centre for Mental Health

13 January 2014



Enquiries to: William Brennan
Telephone: [REDACTED]
Facsimile: [REDACTED]
Our Ref: [REDACTED]

Mr Stephen Sault
C/- Barrett Adolescent Centre
West Moreton Hospital and Health Service

Dear Stephen

Further to the letter dated 16 December 2013 through which you were advised about the implementation of organisational change in Barrett Adolescent Centre. I am writing to you to provide you with further detail about the impact of the change on your role.

You are currently employed in the position of Registered Nurse, Barrett Adolescent Centre.

That position does not exist in the new organisational structure.

I have identified an opportunity for a direct transfer at level from your existing role to Registered Nurse, The Park (Daintree).

You will be advised of the start date once it has been determined.

Your manager will consult with you in relation to the specific requirements of the role and will arrange to discuss and finalise a Performance Appraisal and Development Plan with you within three months of you taking up duties in your new role.

If you would like to discuss any aspect of the organisational change or if you have questions or concerns in relation to your individual circumstances, please contact [REDACTED].

Yours sincerely

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

20 / 11 / 2014

Office
West Moreton Hospital and
Health Service

Postal
[REDACTED]

Phone
[REDACTED]

Fax
[REDACTED]

N

Enquiries to: Nicola Keeley
 Date Prepared: 10/03/2014
 Telephone:
 File Ref: AdL14WM03561



Mr Stephen Sault
 [Redacted Address]

Dear Mr Sault

I welcome your continued contribution to Queensland Health and am pleased to inform you that approval has been given to offer you employment in the following position:

Position Details

Position Number:	30469712
Position Title:	Registered Nurse
Unit/Department/Division:	High Secure - Daintree Unit Mental Health and Specialised Services The Park - Centre for Mental Health West Moreton Hospital and Health Service
Location:	Wacol
Classification:	Nurse Grade 5
Award:	Queensland Health Nurses and Midwives Award - State 2012 in conjunction with Queensland Health Framework Award - State 2012 and the Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012

Employment Details

Employment Status:	Permanent Full Time
Hours per fortnight:	76
Gross Salary:	\$2306.80 - \$2964.20 per fortnight

Period of Employment

Commencement Date:	03 February 2014
End Date:	Not applicable

Enclosed is the *Queensland Health General Terms and Conditions of Employment* which you must familiarise yourself with.

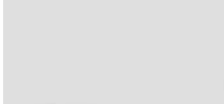
Please find the Equal Employment Opportunity (EEO) Employee Census Form attached to your Acceptance of Offer. The Queensland Government is committed to actively promoting and providing equal employment opportunities for people who identify with groups that have historically been disadvantaged in employment.

It would be appreciated if you would complete the EEO Employee Census Form and return it with your signed Acceptance of Offer.

If you have any questions regarding your appointment, please contact William Brennan on

Congratulations on your appointment. I look forward to your contribution to the delivery of our health services and I hope you find your work enjoyable and rewarding.

Yours sincerely,



On behalf of
Lesley Dwyer
Health Service Chief Executive
West Moreton Hospital and Health Service

10/3/2014