

OATHS ACT 1867
STATUTORY DECLARATION
SUPPLEMENTARY STATEMENT

QUEENSLAND

TO WIT

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

The following supplementary statement is provided in response to correspondence from the Barrett Adolescent Centre Commission of Inquiry to Roberts & Kane Solicitors dated 13 January 2016 requiring me to provide a supplementary statement responding to additional questions.

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

Response to Schedule of Further Questions

Duties and responsibilities

1. Further to question 5:

- (a) **Please outline and explain the relationship between the position of RN and Care Coordinator. In particular, is the position, and are the duties and responsibilities, of Care Coordinator separate from or an aspect of the position, and the duties and responsibilities, of RN?**

- i. The care coordinator role fell within the position of RN. It was primarily a role undertaken by nurses but could also be done by allied health staff.

Signed: ..  ..

(b) What were your duties and responsibilities as a Care Coordinator?

- i. The care coordinator was responsible for managing the patient's care under the direction of the treating team.
- ii. The care coordinator coordinated arrangements for the patient's leave, attending appointments, and attending school.
- iii. When rostered on duty, I reported to the treating team at the weekly case conference about the patients allocated to me as care coordinator.
- iv. As the care coordinator I was the contact person for other care providers such as hospitals, schools, CYMHS, and other health practitioners.
- v. When rostered on duty I attended the Intensive Case Workups which were held every six to eight weeks for the individual patient.
- vi. The care coordinator established and maintained a therapeutic relationship with the patient and their carers.
- vii. The care coordinator was often the point of contact for families when a problem arose and provided support to family members.

Allocation of Patients

2. Further to question 8:

- (a) Did the change from providing care to all patients to providing care to allocated patients affect how the duties and responsibilities of RN were carried out? If so, how?**
- i. The change from providing care to all patients to that of patient allocation did not affect how the duties and responsibilities of the RN were carried out.
- (b) Which patients were you allocated as RN? Were you allocated the same patients**

Signed: 

every shift?

- i. The CN, acting CN or RN in charge of the shift allocated patients to nursing staff.
I was not allocated the same patients every shift.

(c) To your knowledge, why was the decision made to allocate patients to nurses?

- i. I do not know why the decision was made to allocate patients to nurses.

Dr Sadler & Dr Brennan

3. Further to questions 11, 17 and 18:

(a) In response to question 11 you state (at paragraph 11 (g)) “After the decision to close, Dr Sadler was removed from his position ... The loss of Dr Sadler, our most experienced psychiatrist and Director of the unit, further impacted on the running of the BAC”.

i. In what way did Dr Sadler’s removal impact on the running of the BAC?

- (1) There was secrecy around Dr Sadler being removed from the unit. I did not know why he was removed and the patients knew he was gone. The patients relied on him and they didn’t know what was to happen.
- (2) There was uncertainty for both staff and patients.

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

- (1) I do not know if his removal impacted on the ability to transition patients out of the BAC given the impending closure as I was not involved in the transition process.

**iii. Did you have any concerns about Dr Sadler’s removal at this point in time?
If you had such concerns, did you voice them to anyone and, if so, to whom**

Signed:

and how?

(1) It was my impression that once Dr Sadler was out of the way, it was easy for senior management of WMHHS to get rid of the staff and patients.

(2) I did not know who to voice my concern to apart from my colleagues.

(b) In response to questions 11, 17 and 18 you identify that Dr Sadler was replaced by Dr Anne Brennan.

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

(1) I do not know how the change of Clinical Director impacted on the transition process as I was not part of the process.

(2) I was on holidays when Dr Sadler left and was not involved in any handover.

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

(1) I don't know Dr Hoehn.

Redeployment & redundancy

4. Further to question 32:

(a) In your response, you refer to permanent nursing staff and yourself being "told" things. In relation to each such instance, what was said and to whom and by what means?

i. In relation to 32(a) of my original statement, I believe we were told this by the NUM.

Signed: 

- ii. In relation to 32(b) of my original statement, I believe I was told that there were no other jobs outside of WMHHS during the last interview I attended. I cannot now recall the date of this interview but it was close to when the BAC was closed.
- iii. In relation to 32(c) of my original statement, I was told it was not really an interview by one of the interview panel. The only person's name I recall being part of the panel was Peter Howard. There were other representatives on the panel: one from the prison and two others whose names I cannot recall.
- iv. In relation to 32(f) of my original statement, I cannot now recall who told me there were no redundancies. I attended several meetings with representatives from the pay department.

(b) Who were the 12-13 permanent nursing staff?

- i. I can recall that Moira Macleod, Peta-Louise Yorke, Vanessa Clayworth, Susan Daniel, Matthew Beswick, Stephen Sault, Maree Sheraton, Lourdes Wong, Kimberly Saddler, Liam Huxter and I were vying for the positions.

(c) What were the five available positions?

- i. There were two positions at The Park, two positions at Ipswich Hospital Mental Health Unit, and one position in the prison service.

Support

5. Further to questions 30, 32 and 33:

(a) Were you stressed/worried about the patients and/or your future? If so, did you require support? If so, what support do you think should have been provided, and who do you think should have provided it?

- i. I was worried about the patients and my own future employment.
- ii. Given the circumstances of the BAC closing, I would have appreciated some supervision consisting of psychological support, counselling and preparing me

Signed: 

for the closure as this would have strengthened my ability to deal with the closure and its consequences including concerns about the patients wellbeing and my own future.

Operations and management

6. Further to questions 34 and 35:

(a) Your statement demonstrates that you have further experience and observations about the operations and management of the BAC following the closure decision (question 34) and at the time of the transition arrangement (question 35). Please respond more fully and directly to question 34 and 35.

- i. I do not have any further information to add in relation to question 34.
- ii. In relation to question 35, it is difficult to know when transitional arrangements started as it would have been different for each patient. I believe my response to question 11 and 34 of my original statement covers this period of time.

Confidential Investigation Report

7.



(a)



(b)

Signed: 

(c)




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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Rosangela Richardson

Taken and declared before me at Brisbane this 18th day of February 2016



Judith Simpson, Solicitor