Oaths Act 1867

Statutory Declaration

I, **Brenton Page** of Corrs Chambers Westgarth by email to [redacted] Level 42 One One One, 111 Eagle Street, Brisbane, in the State of Queensland do solemnly and sincerely declare that:

Background and experience

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

1.1 I am currently working as a Registered Nurse at The Park – Centre for Mental Health Treatment, Research and Education in the West Moreton Hospital and Health Service.

1.2 Attached and marked **BP-1** is a copy of my most recent curriculum vitae.

Employment at the Barrett Adolescent Centre (the BAC)

2 The Commission understand that you held the role of Registered Nurse at the BAC over several different periods of time. If so, please outline and explain:

(a) By whom were you employed?

2.1 I was employed by the West Moreton Hospital and Health Service and its predecessors.

(b) Was this employment on a permanent, full time, part time, casual or some other basis?

2.2 Other than for the periods of time outlined below when I was on contracts, I was worked at BAC on a casual basis.

(c) Detail the dates and length of your different period of employment at the BAC.

2.3 Attached and marked **BP-2** is a table which extracts the dates and length of my contracts at BAC and the Employee Movement Forms from which that information has been extracted.

2.4 Other than for the periods of time outlined in BP-2 and during periods of annual and other leave, I worked shifts at The Park including at BAC on a casual basis from around June or July 2009 until late January 2014.

(d) What were your duties and responsibilities during your employment at the BAC?

2.5 I performed the duties and responsibilities of a Registered Nurse. Those duties and responsibilities are set out in the Role Description attached and marked **BP-3**.

(e) Did your job description or duties and responsibilities change over time? If so, explain the changes.

2.6 When I worked on contract at BAC, I additionally performed the duties of a Care Coordinator and Associate Care Coordinator for the adolescents detailed below.

2.7 I do not otherwise recall any changes to my job description, duties and responsibilities during the time that I worked at BAC.

3 How many shifts did you carry out per week?

3.1 When I employed at BAC on contract, I worked four shifts per week from 07:00 hours to 15:00 hours (i.e. day shift) on Mondays, Tuesdays, Wednesdays and Thursdays.

3.2 When I was worked at BAC on a casual basis, the number of shifts I worked each week varied but I always worked on the day shift.

4 What were the reporting systems in place at the BAC during your employment? Who did you report to?

4.1 I reported to the Clinical Nurse in charge of the shift. If asked by the Clinical Nurse in charge of the shift , I also reported to the Nurse Unit Manager or to the Psychiatrist.

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

5.1 I recorded relevant clinical information in the clinical chart and/or on CIMHA. I do not otherwise know what is meant by recording the carrying out of my tasks.

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

6.1 As far as I can now recall, there were usually around 15 inpatients and day patients at BAC at any given time.

6.2 When I worked on contract at BAC, I was the Care Coordinator or Associate Care Coordinator for the adolescents set out below.

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

7.1 I worked at BAC on the day shift.

7.2 Each day shift at BAC started with a verbal handover from the Clinical Nurse in charge of the previous shift. The handover is also written up by that Clinical Nurse in the Handover Book.

7.3 After handover:

(a) A Registered Nurse would be allocated Clinic Nurse. The Clinic Nurse would dispense the adolescents' medications for the shift.

(b) Another Registered Nurse would be allocated *'Blues Nurse'*. The Blues Nurse performs visual observations, usually every 15 minutes but more often if required.

7.4 The adolescents' wake-up time was 07:30 hours. Once the adolescents were awake, showered and dressed, they would eat breakfast and take morning medications.

7.5 The adolescents who attended school (either at the Barrett School or external schools) were then taken to school.

7.6 The adolescents who attended the Barrett School would go for a morning walk with the Barrett School teachers and the Blues Nurse before school commenced.

7.7 A school day at the Barrett School was not like an ordinary school day. There were a lot more breaks to cater for adolescents' attention spans and particular needs.

7.8 For the remainder of the school day at the Barrett School, the Blues Nurse transferred the adolescents between the Barrett School and the ward for breaks and meals.

7.9 The remaining nursing staff on shift stayed on the ward to care for the adolescents who

did not attend school and/or performed Care Coordinator duties.

7.10 All of the adolescents' medical appointments and individual therapy sessions were done at the Barrett School where the individual therapy rooms were based.

7.11 School finished at around 15:00 hours and the adolescents returned to the ward with the Blues Nurse. The adolescents' return to the ward coincided with change of shift.

7.12 Nursing staff from the day shift stayed on the ward with the adolescents until the Clinical Nurse in charge of the day shift had finished handover to the staff on the next shift.

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

8.1 The BAC facilities had been around for a long time and so they were old, run down and in need of aesthetic renovations but as far as I was aware, the facilities were not hazardous and did not impact on the care provided to the adolescents admitted to BAC.

9 Describe briefly you experience and observations of the operations and management of the BAC during the different periods of your involvement or employment.

9.1 I worked at BAC as a casual employee or on contracts. I came to work and did my job as a Registered Nurse when I was rostered to work. I was not involved in the operation and management of BAC and I did not have a particular view about it.

10 The Commission understands that you were the care coordinator and associate care coordinator for a number of patients at the BAC including [redacted]

(a) Did you act as care coordinator or associate care coordinator for any other patients?

10.1 [redacted]

(b) When and under what circumstances were you appointed as care coordinator or associate care coordinator for these patients?

10.2 Care Coordinators and Associated Care Coordinators were appointed when an

adolescent was admitted to BAC. Appointed Care Coordinators and Associate Care Coordinators would continue in those roles until the adolescent was discharged unless:

(a) Rapport could not be established with the adolescent.

(b) The Care Coordinator or Associate Care Coordinator was not able to fulfil that role (for example, he or she went on extended leave or left BAC).

[redacted]

10.3 [redacted]

10.4 [redacted]

[redacted]

10.5 [redacted]

10.6 [redacted]

[redacted]

10.7 [redacted]

10.8 [redacted]

[redacted]

10.9 [redacted]

[redacted]

10.10 [redacted]

[redacted]

10.11 [redacted]

10.12 [redacted]

[redacted]

10.13 [redacted]

10.14 [redacted]

(c) What were your duties and responsibilities in your capacity as care coordinator for these patients?

10.15 The duties and responsibilities of a Care Coordinator for those are set out in the document entitled *'Case Coordinator's Role (Barrett Adolescent Centre)'*, a copy of which is attached and marked **BP-4**.

The BAC closure decision

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

11.1 From around the time that I started working at BAC in 2010, there was talk about a possible relocation of BAC to Redlands but it did not proceed because of environmental concerns to do with the presence of a large koala population on the proposed site.

11.2 I recall hearing on the news that the BAC was going to close in early November 2012 but staff were advised that that was not an inevitability. I first became aware that BAC was going to close around the time that it was announced by the Minister for Health on

around 6 August 2013.

12 How was the closure decision communicated to the staff of the BAC?

12.1 The decision to close BAC was communicated to staff by Sharon Kelly and Leanne Geppert during an all staff meeting on the ward on 6 August 2013. I cannot recall if I attended that meeting. I believe that I stayed on the ward with the adolescents.

13 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?

13.1 As far as I can now recall, staff were advised that the ongoing redevelopment of The Park made it an unsuitable place for adolescents, the BAC model of care was outdated and that more contemporary options were being developed for adolescents requiring extended mental health treatment and rehabilitation.

14 What were your views and opinions regarding the likely impact of the closure? Were you consulted about the closure and if you were, who did you voice your views or opinions to, and when and how?

14.1 Whilst I was not opposed to progress and to the development of alternative service options for adolescents requiring extended mental health treatment and rehabilitation, I did not understand why the services that BAC offered had to cease before the alternative service options were available for those adolescents.

14.2 I was also unconvinced that some of the adolescents at BAC could be successfully transitioned into in the community before they were clinically ready because:

(a) Attempts to treatment them in the community had already been made and had failed, hence the referral to BAC in the first place. BAC was *'a last resort'*.

(b) Not all of the BAC adolescents had a *'community'* to go to because their families were unwilling or unable to resume their care.

14.3 For these reasons, I thought that that the closure of BAC and the consequential need to transition the adolescents to alternative service options would have a significant

day-to-day impact on them (and their families, carers and friends).

14.4 For the staff who worked at BAC, I considered that the closure of BAC and the consequential need to transition adolescents to alternative service options would also have a significant impact because:

(a) My impression was that the staff were genuinely concerned for the adolescents who were affected by the closure (which led to symptoms of stress etc).

(b) Of the imminent cessation of their employment at BAC and the need to find new sources of income to support themselves and their families.

14.5 I was not consulted about the closure of BAC. I do not recall voicing my views or opinions about the likely impact of the closure to anyone.

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

15.1 The decision to close BAC impacted on the adolescents who were being treated there to different degrees and seemed to depend on things like:

(a) The nature and extent of the adolescent's mental health condition and the stage that they were at in terms of progress made whilst at BAC.

(b) The adolescent's age (i.e. if they were approaching 18 years of age a transition into adult mental health services also needed to be contemplated).

(c) Whether the adolescent could return home to live with his or her family (i.e. if they were not able to return home, a place to live also had to be sourced).

15.2 In my opinion, the closure decision probably had less of an impact on the outpatients, their families, carers and friends than it did on inpatients because:

(a) The outpatients had already been assessed as clinically ready to start transitioning from BAC and the transition process was progressing.

(b) Therefore, the outpatients were already integrating back into their communities

and were establishing clinical and other support networks away from BAC.

15.3 By comparison, most of inpatients had not been assessed as clinically ready to transition from BAC, were not being reintegrated into their communities and did not have clinical and other support networks in place. Additionally and because community-based treatment had not been successful in the past, some of the inpatients (and their families, carers and friends) were:

(a) Very anxious about the prospect of a return to community-based care before the adolescent was clinically ready.

(b) Resistant to the alternative service options which were being put to them.

15.4 There were added stressors which particularly affected some of the inpatients because they:

(a) Were 18 years of age or about to turn 18 years of age. This was a significant added stressor because it meant that a transition to adult mental health services (i.e. a different model of service) was also imminent or immediately required.

(b) Did not have anywhere to live after BAC closed so alternative accommodation arrangements also needed to be sourced and they needed to transition into the new accommodation at the same time as they were transitioning to a different model of health care.

15.5 As noted above, staff at BAC and the BAC School were generally concerned for all of the BAC adolescents who were to be affected by the closure but reacted in different ways which caused a segregation which had not previously existed. I say this because:

(a) After the planning for transition commenced, BAC staff focused on facilitating the transition of the adolescents to the most appropriate alternative service options.

(b) Some of the teachers at the BAC School felt that more should be being done by the BAC staff to keep BAC open and were angry and upset that it was not.

15.6 Staff were additionally impacted by the imminent cessation of their employment at BAC and the need to find new sources of income to support themselves and their families.

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

16.1 I worked at BAC in a casual capacity and on short-term contracts. I came to work and did my job as a Registered Nurse.

16.2 I was not involved in the operation and management of BAC following the closure decision and I did not have a particular view about it.

Dr Trevor Sadler and Dr Anne Brennan

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

17.1 I did not know that Dr Sadler's employment at BAC had been terminated.

17.2 I believe that I attended an all staff meeting where Sharon Kelly told us that Dr Sadler was on leave and that another psychiatrist, Dr Anne Brennan was to cover his leave.

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

18.1 I believe that I attended an all staff meeting where Sharon Kelly told us that Dr Sadler was on leave and that another psychiatrist, Dr Anne Brennan was to cover his leave.

The transitional arrangements

19 Were you consulted about, or involved in, the planning or carrying out of any transitional arrangements for BAC patients following the closure decision?

19.1 The planning and implementation of the transition arrangements for BAC patients following the closure decision was undertaken by a Clinical Care Transition Panel (**Panel**). I was not a member of that Panel.

19.2 My role at BAC following the closure decision was to perform the duties of a Registered Nurse (including the duties of Care Coordinator for the adolescents outlined above). In my capacity as a Care Coordinator:

(a) Transition related tasks were sometimes delegated to me by members of the

Panel. Those tasks included things like:

(i) Escorting an adolescent to meet a new service provider in the community and discussing those outings with the adolescent.

(ii) Discussing the transition arrangements more generally with an adolescent and sometimes taking calls from family or carers.

(b) I attended the weekly Case Conferences (which were also called Consumer Care Reviews) for the adolescents whose care I coordinated and in that capacity, I was involved in discussions about how the transition arrangements were progressing.

19.3 As far as I now recall, I was not otherwise consulted or involved in the planning or carrying out of the transition arrangements for the adolescents at BAC following the closure decision.

20 Describe in detail each of the transitional arrangements that you were involved in or consulted about, including:

20.1 My involvement in the transition arrangements generally is outlined above. A summary of transition tasks that I performed and consultations that I had with the adolescents and their families in relation to transition arrangements is outlined in my response to question 20(g) below. As far as I now recall, I was not otherwise consulted or involved in the transition arrangements.

(a) The name of the patient for which the transitional arrangement was planned and/or carried out?

20.2 The adolescents for whom I recall performing transition tasks were the adolescents whose care I coordinated [redacted]

(b) When did your involvement in the transitional arrangement begin?

20.3 The transition of [redacted] had commenced prior to the closure decision. My involvement in those adolescents' transition was began as follows:

(a) [redacted] – from around [redacted]

(b) [redacted] – from around [redacted]

(c) [redacted] – from around [redacted]

20.4 I do not recall being actively involved in the transition of [redacted] because I was [redacted] Associate Care Coordinator and [redacted] Care Coordinator attended to required matters.

20.5 The transition of [redacted] commenced around the time that the Panel meeting started. My involvement in those adolescents' transition was as follows:

(a) [redacted] – from around [redacted]

(b) [redacted] – from around [redacted] (i.e. the date of his Panel meeting).

20.6 The task that I performed in respect of [redacted] was a one-off task that I performed at the request of a Panel member after the Panel meetings had started.

(c) What timeframes were you given (and by whom) for the planning and 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?

20.7 Staff were advised by Sharon Kelly at the all-staff meeting on 6 August 2013 that there was no fixed closure date and that services at BAC would not cease until alternative services were in place for all of the adolescents.

20.8 At around the time that Panel meetings commenced, there was some discussion about the likely closure date being the end of January 2014. That likely closure date became more and more fixed until it became a deadline in around early January 2014.

20.9 In the usual course of an adolescent's care at BAC, planning for his/her discharge from BAC started when the adolescent was considered clinically ready to reintegrate into the community. The reintegration of an adolescent was a gradual process which included:

(a) Discussion with the adolescent and his/her family about progress and transition/discharge.

(b) The identification of the adolescent's ongoing needs and skills required for

community reintegration.

(c) Referral to alternative service and accommodation providers (if accommodation was required).

(d) Transition of the adolescent from BAC to those alterative service and accommodation providers.

20.10 The timeframes for transition were flexible and allowed time for:

(a) The adolescent to build rapport with alternative service providers and become comfortable living in their new accommodation or at home.

(b) BAC involvement in the adolescent's care to decrease over a period of time (the length of which depended on the adolescent's clinical response to the transition).

(c) Discharge from BAC when it was considered clinically appropriate for the adolescent to do so.

20.11 It is difficult to generalise about the timeframes within which adolescents were usually transitioned from BAC because some adolescents transitioned from BAC with ease and were discharged quickly and others did not. My impression was, however, that the timeframes within which adolescents were transitioned after the closure decision were significantly shorter and were probably a bit more rushed than usual.

(d) Did you consult with the patient, their families or carers about the transitional arrangement? If so, provide details of these consultations.

20.12 In the ordinary course of my duties as a Care Coordinator, I worked with the adolescents whose care I coordinated on recovery plans, strengths and difficulties questionnaires and development tasks questionnaires. Annexed and marked:

(a) **BP-5** is a bundle of those plans and questionnaires that I completed with [redacted] in the lead-up to [redacted] transition from BAC.

(b) **BP-6** is a bundle of those plans and questionnaires that I completed with [redacted] in the lead-up to [redacted] transition from BAC.

(c) **BP-7** is a bundle of those plans and questionnaires that I completed with [redacted] in the lead-up to [redacted] transition from BAC.

20.13 Additionally and also in the ordinary course of my duties as a Care Coordinator or Associate Care Coordinator, I regularly checked in with the adolescents, families and carers for whom I was the appointed Care Coordinator or Associate Care Coordinator and those discussions sometimes including the transition arrangements. Where significant matters arose from those discussions, I made a note in the adolescent's clinical record or on CIMHA. Those are set out below.

[redacted]

20.14 [redacted]

20.15 [redacted]

20.16 [redacted]

20.17 [redacted]

20.18 [redacted]

20.19 [redacted]

20.20 [redacted]

[redacted]

20.21 [redacted]

20.22 [redacted]

20.23 [redacted]

[redacted]

20.24 [redacted]

20.25 [redacted]

20.26 [redacted]

[redacted] [redacted]

Brenton Page Witness

[redacted]

20.27 [redacted]

20.28 [redacted]

20.29 [redacted]

20.30 [redacted]

[redacted]

20.31 [redacted]

20.32 [redacted]

20.33 [redacted]

[redacted] .....

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Witness ( )

[redacted]

20.34 [redacted]

[redacted]

20.35 [redacted]

20.36 [redacted]

[redacted]

20.37 [redacted]

[redacted]

20.38 [redacted]

20.39 [redacted]

[redacted] [redacted]

Brenton Page Witness

[redacted]

(e) Was the transitional arrangement tailored to the individual needs and care requirements of the patient?

20.40 The transition arrangements were formulated by Dr Anne Brennan, Clinical Psychiatrist with input from Panel members. Whilst I was not a member of that Panel, I am aware from briefings in staff meetings and at handover and discussions that I had with Panel members at the time that:

(a) The Panel members met over a number of weeks to discuss the needs and care requirements of each adolescent with input from other BAC staff when required.

(b) The Panel members made extensive enquiries to identify appropriate alternative service providers to meet the identified needs and care requirements.

(c) Options (where more than one option was available) were presented to the adolescent and their families/carers.

(d) Referrals were made to the most appropriate of those alternative service providers (where more than one option was available).

20.41 I am also aware from my participation in Case Conferences that I attended that the transition arrangements was reviewed case by case in that forum when the need arose.

(f) Did the transitional arrangements adequately take into consideration patient care, patient support, patient safety, the health of the patient, the education/vocational needs of the patient, the housing or accommodation needs of the patient, service quality and the needs of the family of the patient?

20.42 The absence of another facility like BAC meant that unless an adolescent required acute inpatient care, he or she had to be transitioned back into the community when BAC closed. The transition arrangements formulated by Dr Brennan with input from the other

members of the Panel were formulated in that context.

20.43 As I was not a member of the Panel and had only limited task specific involvement in the implementation of those transition arrangements, I was not privy to the specific arrangements which were implemented for each of adolescents and I do not know whether those arrangements adequately took into account the matters outlined above.

20.44 My impression from discussions that I had with Panel members at the time, briefings at staff meetings and in handover and my participation in the case conferences to which I have previously referred was that:

(a) Each adolescents' needs and care requirements were individually considered by the Clinical Care Transition Panel with input from other BAC staff when required.

(b) A one size fits all approach was never applied to the identification of alternative appropriate service options (i.e. service options were considered case by case).

(c) Dr Brennan and Vanessa Clayworth were absolutely dedicated to developing and implementing the most appropriate transition arrangements that they could for each adolescent.

(g) What challenges if any were associated with organising transitional care for the patient? What were those challenges?

20.45 I have made reference to a number of the challenges that were associated with the transition of adolescents from BAC above. In summary, the challenges were:

(a) The absence of another facility like BAC meant that unless an adolescent required acute inpatient care, he or she had to transition back into the community.

(b) The transition to community care was a transition to a different service model and, in some cases, also transition to adult mental health services.

(c) Some of the adolescents had no where to live after BAC closed and appropriate supported accommodation needed to be sourced.

(d) Some of the adolescents and their families and friends were anxious about a return to a model of care which had not been successful in the past and were

resistant to alternative service options which were proposed.

(e) The timeframes within which adolescents were transitioned were shorter and probably a bit more rushed than would otherwise have been the case. For some adolescents this was of no consequence but other adolescents were affected.

20.46 I am additionally aware that in some cases were issues related to funding alternative service options and where supported accommodation was required, there were additional challenges associated with:

(a) Adolescents not meeting eligibility criteria (i.e. because of their age or dual diagnoses or a combination of both) and/or a lack of beds.

(b) Alternative service options for care and support not being able to be identified until accommodation was confirmed delaying the transition of care.

(h) When did your involvement in the transitional arrangement cease?

20.47 My involvement in the transition arrangements for each of the adolescents ceased on their discharge from BAC save in the case of [redacted] who I visited in [redacted] new [redacted] as outlined above.

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

21.1 I was not consulted about an appropriate timeframe for the transitioning of adolescents of BAC.

22 Was there an administrative or other deadline imposed for the transitions?

22.1 As noted above and far as I now recall, staff were advised by Sharon Kelly at the all-staff meeting on 6 August 2013 that there was no fixed closure date and that services at BAC would not cease until alternative services were in place for all of the adolescents at BAC.

22.2 At around the time that the Panel meetings commenced, there was some discussion about the likely closure date being the end of January 2014. The likely closure date became more and more fixed until it became a deadline in around early January 2014.

23 How did the transitional arrangements following the closure decision compare with the *'business as usual'* transitional arrangements when a patient was being transitioned out of the BAC?

23.1 The transition arrangements following the closure decision differed from the *'business as usual'* transition arrangements when an adolescent was being transitioned out of BAC in two ways. In a business as usual transition from BAC:

(a) The adolescent had been assessed as clinically ready for transition into community care.

(b) There was time for the adolescent to build rapport with alternative service providers and be comfortable living at home or in supported accommodation.

(c) BAC involvement in his/her care decreased over a period of time (the length of which depended on the adolescent's clinical response to the transition).

23.2 This was not the case for the all adolescents who were transitioned from BAC following the closure decision. The Panel needed, therefore, to identify and arrange additional community supports to try to provide the support that BAC had provided.

24 In the transition planning, was there adequate consultation with the patients and their families?

24.1 I do not know whether there was *'adequate'* consultation with the adolescents and their families in the transition planning. My understanding from discussions with other staff and the briefings that I attended was that:

(a) Staff at BAC regularly checked in with the adolescents (in the ordinary course of care) and discussed transition planning and arrangements when required.

(b) Dr Brennan and the Panel members liaised with the adolescents about the transition arrangements when there were specific options to discuss.

(c) Dr Brennan and the West Moreton Executive also liaised with the families of the adolescents about transition arrangements:

(i) informally when there were specific developments to discuss; and

(ii) more formally through family meetings.

24.2 There may have been other means of communication with the adolescents and their families about which I was not aware or cannot now recall.

24.3 The consultations that I had with the adolescents and their families are outlined in my response to question 20(d) above.

25 Did you maintain any 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?

25.1 I have not maintained contact with any of the former BAC patients, their families, carers or friends since BAC closed. [redacted]

(a) [redacted]

(b)

26 If yes, what was the nature of the contract? Are you still in contact with them to the present day? In your professional opinion, are the needs of your former patients and their families or carers being adequately addressed by their new care arrangements?

26.1 The nature of my contact with [redacted] and [redacted] is set out above. I am not in currently in contact with either.

26.2 I do not know whether the needs of the adolescents and their families or carers is being adequately addressed by their new care arrangements.

27 What impact if any did staff turnover and movements have on the planning and carrying out of transitional arrangements for BAC patients in the period between the announcement of the closure decision on 6 August 2013 and the closure of

the BAC in early 2014?

27.1 Following the announcement of the closure decision on 6 August 2013 and the closure of BAC in early 2014, some nursing staff left and were replaced with other nursing staff. I do not consider that that staff turnover had any impact on the planning and implementation of the transition arrangements because:

(a) The planning and implementation of the transition arrangements was undertaken the Panel.

(b) Other BAC staff assisted with the implementation of the transition arrangements when tasks were delegated to them by Panel members.

28 Provide any information you have in relation to your experience with the operation and management of the BAC at the time the transitional arrangements were being planned and carried out.

28.1 I worked at BAC in a casual capacity and on short-term contracts. I came to work and did my job as a Registered Nurse. I was not involved in the operation and management at BAC when transition arrangements were being planned and carried out and I did not have a particular view about it.

Adequacy of support to staff

29 What provision, if any, was made for the redeployment or redundancy of the staff at the BAC after the closure decision? And after the transition arrangements had been finalised?

29.1 I was working at BAC on a contract after the closure decision and after the transition arrangements had been finalised.

29.2 I assumed that I would revert to being a casual employee when the contract ended or BAC closed. In late 2013 or early 2014, Director of Nursing, Will Brennan asked me about my future plans and confirmed to me that I could revert back to being a casual employee at The Park after BAC closed.

29.3 I do not know what provision was made for the redeployment or redundancy of staff after

the closure decision or after the transition arrangements had been finalised because that information was not relevant to my circumstances and so I did not seek it out.

30 What support, if any, was offered or provided to you and to your knowledge any other staff at the BAC between the announcement of the closure decision on 6 August 2013 and the closure of the BAC in early 2014? Did you feel supported? What if any issues did you encounter with other staff and patients?

30.1 I do not know what support was offered or provided to staff between the announcement of the closure decision on 6 August 2013 and the closure of BAC in early 2014 because I did not require any support and so I did not seek it out. Other than the matters outlined above, I did not encounter any issues with other staff or with the adolescents.

31 What support was provided to you if any, after the transitional arrangements had been finalised?

31.1 I do not know what support was available after the transition arrangements had been finalised because I did not ask for or need any support and so I did not seek it out.

Other relevant information

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

32.1 Nil.

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

33.1 All documents referred to in my witness statement are exhibited.

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

Taken and declared before me by)
Brenton Page at Brisbane in the State of)
Queensland this 16th day)
of December 2015)
Before me:)

[redacted] .....

Signature of authorised witness

[redacted]

Signature of declarant

~~A Justice of the Peace/~~
~~Commissioner for Declarations~~

Claire Louise Barratt
Solicitor

STATUTORY DECLARATION OF BRENTON PAGE

INDEX OF EXHIBITS

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BP-1	Curriculum Vitae	WMS.5000.0037.00001	1-4
BP-2	Bundle of Employee Movement Forms responding to Question 2 of the Schedule to the Requirement to Give Information in a Written Statement dated 23 November 2015	Document references are listed in the table	5-99
BP-3	West Moreton Hospital and Health Service/The Park Centre for Mental Health – Role Description for Registered Nurse – Barrett Adolescent Centre – Park Centre for Mental Health	WMS.5000.0037.00005	100-103
BP-4	Document entitled 'Case Coordinator's Role (Barrett Adolescent Centre)' , undated	WMS.0016.0001.04279	104-105
BP-5	Queensland Health – Outcomes: SDQ age 11-17: Review and end of episode (young person report) completed by [redacted] dated 2 April 2013 Queensland Health – Strengths and Difficulties Questionnaire completed by [redacted] dated 31 March 2013	WMS.2002.0008.04558 at .04785 WMS.2002.0008.04558 at .04788	106-109
BP-6	Document entitled 'BAC Adolescent Developmental Tasks Questionnaire' completed by [redacted] dated 18 October 2013 Queensland Government – My Recovery Plan completed by [redacted] undated Queensland Health – Strengths and Difficulties Questionnaire completed by [redacted] dated 15 October 2013 Queensland Health – Strengths and Difficulties Questionnaire completed by [redacted] dated 8 January 2014	WMS.2002.0002.00001 at .00178 WMS.2002.0002.00001 at .00182 WMS.2002.0002.00001 at .00194 WMS.2002.0002.00001 at .00198	110-119
BP7	Queensland Health – Outcomes: Mental	WMS.2002.0001.03164	120-127

[redacted]

Brenton Page

[redacted]

Witness

	Health Inventory (MHI) completed by [redacted] undated Document entitled 'Recovery & Relapse Prevention Plan: How can I stay well & avoid crisis? What can I & others do to help when I am feeling stressed' completed by [redacted] undated Queensland Government – My Recovery Plan completed by [redacted] undated	at .03416 WMS.2002.0001.03164 at .03372 WMS.2002.0001.03164 at .03421	
BP-8	CIMHA entry in records of [redacted] entitled Progress Note' dated 27 August 2012	QHD.002.003.3306	128
BP-9	CIMHA entry in records of [redacted] entitled 'Progress Note dated 5 November 2012	QHD.002.003.3321	129
BP-10	Progress Note in the record of [redacted] written by Brenton Page dated 22 November 2012	WMS.2002.0008.04558 at .04690	130
BP-11	CIMHA entry in records of [redacted] entitled Progress Note' dated 19 December 2012	QHD.002.003.3330	131
BP-12	Progress Note in the record of [redacted] written by Brenton Page dated 31 January 2013	WMS.2002.0008.04558 at .04569	132
BP-13	CIMHA entry in records of [redacted] entitled Progress Note' dated 21 February 2013	WMS.2002.0008.04558 at .04577	133
BP-14	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 23 April 2013	QHD.002.003.3364	134
BP-15	Progress Note in the record of [redacted] written by Brenton Page dated 11 November 2013	WMS.2002.0001.06618 at .06669	135
BP-16	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 12 November 2013	To be provided by the Department of Health (**TBPDOH**)	136
BP-17	Progress Note in the record of [redacted] written by Brenton Page dated	WMS.2002.0001.06618 at .06695	137

[redacted]

Brenton Page

[redacted]

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Witness

	23 December 2013		
BP-18	Progress Note in the record of [redacted] written by Brenton Page dated 3 December 2013	WMS.2002.0002.03520 at .03606	138
BP-19	Progress Note in the record of [redacted] written by Brenton Page dated 8 December 2013	WMS.2002.0002.03036 at .03091	139
BP-20	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 5 August 2013	TBPDOH	140
BP-21	CIMHA entry in records of [redacted] entitled "Consumer Care Review Summary and Plan' dated 28 October 2013	TBPDOH	141 - 146
BP-22	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 21 November 2013	TBPDOH	147
BP-23	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 16 December 2013	TBPDOH	148
BP-24	Queensland Health West Moreton Health Service District The Park – Centre for Mental Health – Team Meeting Barrett Adolescent Unit weekly record in the record of [redacted] dated 20 May 2013	WMS.2002.0001.03450 at .03531	149
BP-25	Queensland Health West Moreton Health Service District The Park – Centre for Mental Health – Team Meeting Barrett Adolescent Unit weekly record in the record of [redacted] dated 27 May 2013	WMS.2002.0001.03450 at .03537	150
BP-26	Queensland Health West Moreton Health Service District The Park – Centre for Mental Health – Team Meeting Barrett Adolescent Unit weekly record in the record of [redacted] dated 3 June 2013	WMS.2002.0001.03450 at .03546	151
BP-27	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 9 September 2013	TBPDOH	152
BP-28	Progress Note in the record of [redacted]	WMS.2002.0001.04199	153

[redacted]

Brenton Page

[redacted]

Witness

	written by Brenton Page dated 14 November 2014	at .04241	
BP-29	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 12 December 2013	TBPDOH	154
BP-30	CIMHA entry in records of [redacted] entitled 'Progress Note' dated 10 September 2013	TBPDOH	155
BP-31	Progress Note in the record of [redacted] written by Brenton Page dated 30 December 2013	WMS.2002.0002.02428 at .02617	156
BP-32	CIMHA entry in records of [redacted] entitled 'POS Contact Summary' dated 31 December 2013	TBPDOH	157 - 158

[redacted]

Brenton Page

[redacted]

Witness

"BP-1"

Personal Background

Name: Brenton Noel Page

Address: [redacted]

Contact Numbers: [redacted]

Date of Birth [redacted]

Educational Background

Tertiary Education:
February 2006 – December 2008 **James Cook University.**
Degree in Nursing Sciences
Majoring in Mental Health

Tertiary Education:
February 2004 – July 2005 **James Cook University.**
Diploma in Indigenous Studies
Majoring in Media and Communications

Secondary Education:
Jan 1998 – Nov 2002 **Townsville State High School**
Subjects Studied in Year 11 and 12:

-English	-Chemistry
-Maths B	-Biology
-Accounting	-Legal Studies

Skills and Achievements:
-Leadership Qualities (School Captain, Sports Captain, Queensland Basketball Captain)
-Public Speaking Skills
-Organisational Skills
-Computer Literacy
-Cultural Experience (Toured Japan, China, Malaysia, New Zealand and Canada)
-Community Service (involvement on McHappy Day / ANZAC Day / Remembrance Day)
-Citizenship and Service to the School Community Award Recipient
-Sports person (State Basketball Representative, Q.A.S Member, School Cross Country Age Champion)

Work Experience

2010 - 2014	BARRETT ADOLESCENT UNIT (Casual and Contract) Duties – Registered Nurse, Care Coordinator for Patients, Coordinating within a multidisciplinary team,
2009 - Current	WOLSTON PARK HOSPITAL Duties – Registered Nurse
2009	THE TOWNSVILLE HOSPITAL Duties – Registered Nurse
2008 - 2009	ACCELERATION AUSTRALIA Duties – Performance Coach
2005 –2006	SEA FM/MIX 106.3 Duties – Promotions Worker
2003 – 2004	SANITY – Music and Entertainment Duties – Sales Assistant
2003 – 2005	THE TOWNSVILLE AREA STREET KIDS ASSOC. Duties – Youth Worker
2003	VOLUNTARY WORK at The Townsville Area Street Kids Association Inc. Duties – Maintenance and Ground Keeping Supervising Duties