

OATHS ACT 1867
STATUTORY DECLARATION
SUPPLEMENTARY STATEMENT

QUEENSLAND
TO WIT

I, **Stephen 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 supplementary statement is provided in response to correspondence from the Barrett Adolescent Centre Commission of Inquiry to Roberts & Kane Solicitors dated 12 and 15 January 2016 requiring me to provide a supplementary statement responding to additional questions.

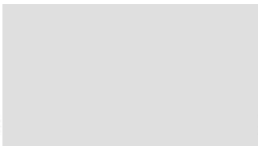
The references to “questions” are to those in the Notice to Provide a Written Statement dated 26 November 2015 previously issued to me.

Response to Schedule of Further Questions

Employment at the BAC

1. Further to question 4, the Commission understands, from paragraph 4(e) of Mr Sault’s statement, that in 2013 Mr Sault received training in relation to the mandatory reporting of concerns about child abuse. The Commission also understands from paragraph 4(e) of Mr Sault’s statement that *“prior to the training (Mr Sault) used to report child abuse to (his) line manager, the CN, NUM or consultant but (he) learned through training that (he) was able to report (his) concerns to the Department of Child Safety”*. Please explain:

- (a) Had Mr Sault received any training in relation to the reporting of child abuse concerns prior to 2013?

Signed: 

- i. I recall when I first started at the BAC in July 2008 I viewed a DVD as part of the orientation program which talked about child safety and which I believe came from the Children's Commission. It's my recollection that there was an attached worksheet to complete.
- ii. I cannot say with any certainty whether the DVD covered mandatory reporting of child abuse.

(b) Were there any policies or procedures BAC staff were required to follow when reporting child abuse concerns? If so, please provide copies where possible.

- i. I do not know whether or not the BAC had a specific policy or written procedure in place regarding mandatory reporting of suspected child abuse.
- ii. Prior to my training in late 2013, I believed that the Clinical Consultant was responsible for making the report to higher authorities, and if I became aware of or suspected any abuse in a patient's home, I would report my concerns to the NUM and the Clinical Consultant.

iii.



(c) How did training in 2013 come about? Were there any events which caused or triggered the organisation of the training? If so, please provide details.

- i. I recall that I was on duty and the nursing staff was asked to attend a session being conducted by a child safety officer from WMHHS. The presenter did not give a specific reason for why the further training was required except to say that it had been identified that the BAC staff required further training on mandatory reporting.

Signed:



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ii. I thought the further training may have come about following [REDACTED]
[REDACTED]

(d) **Did the policies or procedures referred to in paragraph 1(b) above change following the training in 2013? If so, please explain how the policies and procedures changed and provide copies of any updated policies or procedures where possible.**

i. I cannot say as I do not recall whether there were any policies or procedures at the BAC concerning the reporting of child abuse before the training.

ii. I note that child protection policy refresher is now part of the yearly mandatory training regime at WMHHS.

2. Further to question 5, the Commission understands from paragraph 5(d) of Mr Sault's statement that the electronic database CIMHA was used "very little" at the BAC but that its use "increased over the year preceding the closure of the BAC". Please explain:

(a) **Why was the electronic database CIMHA used very little at the BAC prior to the year preceding its closure?**

i. I do not know why CIMHA was used very little prior to 2013. In retrospect, it may have been used more than I realised.

ii. It is my understanding that prior to 2013 CIMHA was used for capturing outcomes (HONOSCA) and allied health reports. I do not recall entering provisions of service (POS) prior to 2013.

(b) **Why did the use of the electronic database CIMHA increase over the year preceding the closure of the BAC?**

i. I recall that both CNCL Susan Daniel and RN Vanessa Clayworth actively encouraged the staff to use CIMHA during the year before the BAC closed.

Signed:

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(c) How was care planning, risk assessment and weekly summaries for patients recorded when CIMHA was not being used regularly?

- i. The weekly case summaries were handwritten and placed in the patient's clinical record.
- ii. Risk assessments were completed on The Park's risk management forms and placed in the risk management folder at the CN's desk.
- iii. It is my understanding that three monthly reviews and associated outcomes were completed on CIMHA for the duration of time I was employed at BAC.

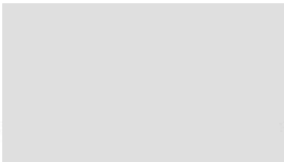
3. Further to question 6, the Commission understands from paragraph 6(a) and (b) of Mr Sault's statement that the nursing approach at the BAC changed between 2008, when Mr Sault commenced work as a Registered Nurse at the BAC, and 2013. To Mr Sault's knowledge, what caused this change? Were there any event/s which caused or triggered this change?

- (a) I don't know what led to the change and am unaware of any event/s which may have caused or triggered the change.

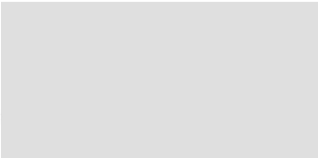
4. Further to question 8, the Commission understands from paragraph 8(b) of Mr Sault's statement that at the BAC, *"the front doors were accessible by key rather than by proximity card access. The unique ZOI key meant that duress staff responding from other units found it difficult to enter BAC when required"*. Please answer the following questions:

(a) To Mr Sault's knowledge, was this issue ever raised with West Moreton Hospital and Health Service ("WMHHS")? If so, what was the response? If not, why?

- i. I believe management became aware of the problem and dealt with it by:
 - (1) issuing security with a Z01 Key (security required to attend duress);
 - (2) providing other wards with copies of a Z01 key;

Signed: 

- (3) having a staff member at the BAC on standby to assist with letting the duress responders into the BAC.
- (b) **Can Mr Sault provide an example of an incident involving duress staff finding it difficult to enter the BAC when responding from other units? What happened and did the delay in duress staff being able to access the BAC result in negative outcomes for patients or other BAC staff?**
- i. I cannot recall an example where the inability for duress responders to enter BAC resulted in an adverse outcome.
5. **Further to question 8, the Commission understands from paragraph 8(e) of Mr Sault's statement that the BAC "*staff hub was not sound proof which meant that on occasions the patients could hear sensitive staff communications*". Please answer the following questions:**
- (a) **To Mr Sault's knowledge, was the issue ever raised with WMHHS? If so, what was the response? If not, why?**
- i. I am not sure whether the soundproofing issues in the office were raised with senior management.
- ii. I do recall being reminded by CNs and possibly NUMs that our conversations could be heard on the ward at times. Because of this the nursing staff tended to discuss patient related issues in the lunchroom at the back of the nurses station.
- (b) **Can Mr Sault provide an example of a sensitive staff communication that was overheard by a patient?**
- i. Most sensitive staff communications, including shift handover, occurred in the lunchroom at the back of the nurses' station. This room had a door on it.
- ii. I cannot recall an example of sensitive communication being overheard by a patient.

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6. Further to question 8, the Commission understands from paragraph 8(g) of Mr Sault's statement that it was *"not ideal"* that many of the adult forensic psychiatric inpatients who were receiving care at the Park had unescorted leave on the grounds at the Park. Why was this *"not ideal"* and to Mr Sault's knowledge, were there ever any incidents involving BAC patients and adult forensic psychiatric inpatients who were on leave?

- (a) It was not ideal as there existed a potential for harm to adolescents from adult forensic patients receiving care at The Park. Some of the patients receiving care in various units at The Park are predatory in nature and not all forensic patients are housed in the high secure precinct.
- (b) The BAC provided care to many vulnerable patients. Whilst I cannot recall any incidents at The Park involving BAC patients and adult forensic psychiatric inpatients, it seemed to me, there was still a foreseeable risk of harm should an unescorted or absconding BAC patient encounter a predatory or unwell psychiatric inpatient.

7. Further to question 9, please identify the *"clinical consultant"* who is referred to in paragraph 9 (a) of Mr Sault's statement.

- (a) The Clinical Consultant referred to in paragraph 9(a) of my statement was Dr Trevor Sadler.

8. Further to question 9, the Commission understands from paragraph 9(c) of Mr Sault's statement that in his opinion, BAC was *"used as a 'dumping ground' for nurses from other areas who may have been experiencing performance or misconduct issues"*. Please explain the basis for this opinion and provide examples, where possible.

- i. During my employment at the BAC there were two separate occasions when a nurse was placed at the BAC after having been removed from another area.
- ii. I recall one nurse being placed there on reduced hours on morning shifts while allegedly being investigated for misconduct. I believe the nurse's employment was terminated.

Signed:

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- iii. The other nurse was transferred from High Secure to the BAC following an incident in the High Secure.
9. Further to question 9, the Commission understands from paragraph 9 (d) of Mr Sault's statement that:
- (a) Mr Sault recalls *"being asked if (he) wanted to stay with the BAC when it moved" to Redlands and that Mr Sault was "happy to stay"*. Please provide copies of any documents or correspondence in relation to Mr Sault being asked whether he wanted to stay with the BAC when it moved.
- i. I don't believe there was any documentation about this.
- ii. I recall members of The Park redevelopment team came to the BAC in 2011 or 2012 to find out which staff wanted to remain at The Park and those who would consider transferring with the BAC should it relocate to Redlands.
- iii. They asked us to raise our hand if we wished to transfer with the BAC to Redlands and I raised my hand.
- (b) *"The operation and management of the BAC was stable until the decision was made that the BAC would not be relocated to Redlands"*. Please outline the basis for this statement and what, in Mr Sault's opinion, was the cause of the destabilisation of the operation and management of the BAC following the decision not to relocate to Redlands.
- i. I did not intend to suggest that the decision not to relocate the BAC caused it to no longer be stable. I meant that from about that time until the BAC closed, I observed a number of changes in the management and operation of the BAC which suggested to me that the BAC was not as stable as it had previously been. I detailed those changes at 9(e) to 9(g) of my original statement.
10. Further to question 9, the Commission understands that in Mr Sault's opinion, senior management external to BAC, appeared to have taken hold of the operation of the BAC during 2013. Please elaborate on the basis for this opinion, including whether it

was usual practice at the BAC to announce the appointment of acting NUMs in staff communiques.

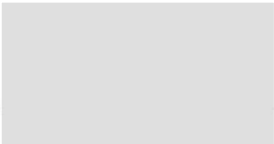
- (a) From May 2013 until closure, two of the acting NUMs (Dyer and Bryce) came from senior management positions within The Park. The NUM position was the most senior nursing position within the BAC. By appointing senior managers from The Park to act as the NUM gave me the impression that the management and control of the unit was external to the BAC.
- (b) I do not recall ever receiving a staff communique prior to Communique 1 being issued in November 2013.
- (c) I do not recall being notified of staff appointments prior to Communique 1 being issued.

11. What, if any, knowledge does Mr Sault have in relation to the standing down of Dr Trevor Sadler? To Mr Sault's knowledge and observation what, if any, impact did Dr Sadler's standing down have on the transition of transition clients?

- (a) I had no knowledge about the standing down of Dr Trevor Sadler.
- (b) I was not on shift when he was stood down. I was told by other nurses that he had been stood down and escorted off site.
- (c) At the time I was under the impression that he'd return to the BAC.
- (d) I did not know anything about the transitioning of patients in anticipation of the BAC closing prior to Dr Sadler leaving so am unable to say whether his leaving had an impact on the transitioning of patients.

12. What, if any, knowledge does Mr Sault have about the employment of Dr Anne Brennan?

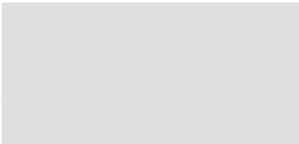
- (a) I have no knowledge on the employment of Dr Anne Brennan only that she said that she was appointed to carry on from Dr Sadler.

Signed: 

Closure of the BAC

13. Further to question 10, the Commission understands from paragraph 10(b) of Mr Sault's statement that Mr Sault attended a BAC redevelopment meeting at Redlands Hospital with Kim McManus, Clinical Nurse but that Mr Sault does not recall when the meeting occurred, who attended or what was discussed. The Commission has made minutes from the User Group for the Proposed Mental Health Extended Treatment Unit for Adolescents at Redland Hospital ("the User Group Meeting") available in data room upon review of these documents. Please answer the following questions:

- (a) Does Mr Sault recall why he and Kim McManus were asked to attend the User Group Meeting?**
- i. I don't recall why we were asked to attend the meeting. I can see from the minutes we attended as representatives of the BAC.
- (b) The Commission understands from the minutes that Mr Sault attended User Group Meetings on 19 August 2010 and 3 September 2010. Does Mr Sault recall attending any other BAC redevelopment meetings? If so, please provide details to the best of Mr Sault's recollection.**
- i. I do not recall attending any other meetings.
- (c) Does Mr Sault have any other documents, notes or correspondence in relation to the User Group Meetings on 19 August 2010 and 3 September 2010 and others that he may have attended? If so, please provide copies.**
- i. I have no documents, notes or correspondence in relation to the User Group Meetings on 19 August 2010 and 2 September 2010.
- (d) Does Mr Sault recall providing input into the "*Feedback about the residential wing sketch*" described at item 1.5.4 of the minutes of the User Group Meeting on 19 August 2010? If so, please elaborate on his input.**

Signed: 

- i. No I don't recall providing input about the residential wing sketch.
 - (e) **Does Mr Sault recall providing input into the “Feedback on the draft brief” described at item 2.2.2 of the minutes of the User Group Meeting on 3 September 2010? If so, please elaborate on his input.**
 - i. No I don't recall providing input on the draft brief.
 - (f) **Does Mr Sault recall providing input into “THE DESIGN CONCEPT” described at item 2.4 of the minutes of the User Group Meeting on 3 September 2010? If so, please elaborate on his input.**
 - i. No, I don't recall providing input into the design concept.
- 14. Further to question 10, please confirm that Mr Sault was first made aware of the intention to close the BAC when he received a text message from one of his colleagues on or about 29 November 2012. Please identify the colleague from whom Mr Sault received the text message and provide a copy of the text message, if it is still within Mr Sault's possession or control.**
- (a) I confirm from the best of my recollection that I first became aware of the intention close the BAC after receiving a text message from my colleague on or about 29 November 2012.
 - (b) I received the text from Kerry Armstrong (now deceased).
 - (c) I no longer have that text message.
- 15. Further to question 12, for each of the bases of the closure decision outlined in paragraph 12(a)(i) – (iii), please state whether Mr Sault agreed with the basis of the closure decision and explain why or why not. In particular, the Commission understands from paragraph 13(f) of Mr Sault's statement that he agreed with the basis of the closure decision outlined in paragraph 12 (a)(iii) of his statement. Why did Mr Sault agree that “there was a potential risk to adolescents if the BAC remained on site with The Park facility given its expansion as a high forensic adult mental health**

facility”?

- (a) In respect of my response at 12(a)(i) and (iii) of my original statement, I agreed with the basis of the closure decision.
- (b) I agreed that patients should receive the best possible evidence based care close to their home. The BAC provided care to patients from across the state which meant for those patients whose families did not reside in Brisbane, they were unable to regularly see their families and friends due to the geographic distance. It is difficult to provide recovery based care and community reintegration for patients when they are not located close to their own community.
- (c) In relation to my response at 12(a)(ii) of my original statement, I considered the BAC buildings were becoming run down. I did not necessarily agree that the BAC buildings could no longer support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation as I was not familiar with the contemporary model of care.
- (d) In my responses at 6(a) and (b) of my supplementary statement I provided an explanation as to why I agreed with this basis of the closure decision and why I considered there was a potential risk to adolescents by remaining at The Park complex.

16. Further to question 13, the Commission understands from paragraph 13(c)(v) of Mr Sault’s statement that he did not offer any concerned opinion about the closure of the BAC because “the final model of care would be evidence-based and based on the state and national mental health frameworks”. Please explain:

- (a) **The extent to which Mr Sault is familiar with the “state and national mental health frameworks” and his knowledge and understanding of those documents.**
 - i. I understand the national mental health framework was informed by experts in the area of mental health with input from both state and federal Health Ministers. The framework outlines the policy for a move to recovery focused mental health approaches based on relevant research.

Signed:



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(b) The basis for Mr Sault's opinion that *"the final model of care would be evidence-based"*.

- i. I had no reason to think otherwise.

Closure Date

17. Further to question 16, the Commission understands from paragraph 16 of Mr Sault's statement that *"the actual closure date was never communicated to the staff in advance of the closure"* but that a letter which Mr Sault received from WMHHS dated 16 December 2013 refers to a closure date of 2 February 2014. The Commission also understands that on 24 January 2014, [REDACTED] when Mr Sault arrived for his rostered shift, he was advised by Alex Bryce, NUM that *"the BAC is now closed"*. Please answer the following questions:

(a) Prior to arriving for his shift on 24 January 2014, was Mr Sault still under the impression that the BAC would close on 2 February 2014, as outlined in the letter Mr Sault received from WMHHS on 16 "December 2013?"

- i. By 24 January 2014, I was still not sure of the actual closing date.
- ii. I [REDACTED] but believed a skeleton staff would stay on at the BAC for the following week to provide any follow up, if necessary.

(b) Given that Mr Sault had previously been told that the BAC would close on 2 February 2014, [REDACTED] did it seem abrupt to Mr Sault that the BAC had closed that day and the locks were already being changed?

- i. I was surprised the locks were being changed on 24 January 2014 when I arrived at work.
- ii. It did seem abrupt to me that the BAC closed that day.

Signed: [REDACTED]

(c) After 24 January 2014, was Mr Sault still under *“the impression that the BAC would remain open until the last patient was transitioned”* and did Mr Sault still feel *“assured that a proper process was being undertaken to transition the patients”* as suggested in paragraph 18(a) and (b), respectively, of Mr Sault’s statement?

- i. When I was told that the BAC was closed [REDACTED] on 24 January 2014, I was still under the impression that RN Page would continue to [REDACTED]
- ii. I did not return to the BAC [REDACTED] so for me it was closed.
- iii. I was surprised by the sudden closure, [REDACTED]
[REDACTED] because the closure date had not been communicated to me before 24 January 2014. I did not doubt that the process for transitioning patients was proper.

Transition Arrangements

18. Further to question 19, the Commission understands from paragraph 19(b)(v) of Mr Sault’s statement, that *“after the decision was made to close, it was (his) 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.”* The Commission also understands from paragraphs 19(d)(i) – (vi) and 21(a)(i) of Mr Sault’s statement that [REDACTED]

[REDACTED] and apart from this, Mr Sault was *“not involved in the development of transition arrangements for any BAC patients associated with the closure”*. In relation to Mr Sault’s involvement [REDACTED] please answer the following questions:

Signed: .. [REDACTED]

(a)



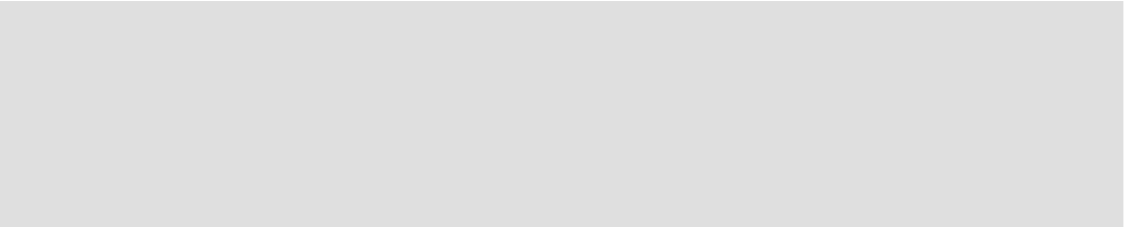
i.

ii.

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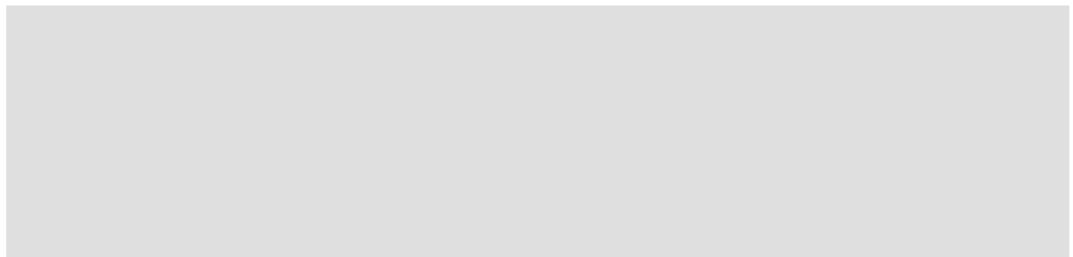


(b)



i.

ii.



iii.

(c)

i.

ii.

19. Further to question 21, the Commission understands from paragraph 21(a) and (b) of Mr Sault's statement that he had

In relation to this, please answer the following questions:

- (a) On 23 January 2014, when Dr Anne Brennan instructed Mr Sault to spend his shift on 24 January 2014**
did she mention that the BAC was scheduled to close the following day?

Signed:

- i. I do not recall Dr Brennan mentioning that the BAC was scheduled to close the following day.
- ii. I do recall receiving a telephone call from Dr Brennan later in the evening of 23 January 2014 when she asked me to tell my colleagues that they may need to clean out their lockers. With hindsight, Dr Brennan may have been trying to let us know how close the closure really was. She was always very supportive of the staff.

(b)

[REDACTED]

i.

[REDACTED]

ii.

(c)

[REDACTED]

i.

[REDACTED]

(d) **Please provide the full name of “EN Anita”, who is referred to in paragraphs 21(b)(ii), (iv) and (vi) of Mr Sault’s statement.**

- i. Her full name is Anita McDermott.

(e)

[REDACTED]

Signed: .. [REDACTED]

i.

ii.

20. Further to question 21, the Commission understands from paragraph 21(e) and (f) of Mr Sault’s statement that Mr Sault was not involved in the development of the transitional arrangements so is unable to say whether they were tailored to the individual needs and care requirements of individual patients, or how the transition arrangements took into account the matters outlined in question 21(f).

[REDACTED]

[REDACTED] *(Mr Sault)*
no doubt consulted with patients and their families about the transitioning process” and that Mr Sault “maintain(ed) the lines of communication with the patient, family/carers and clinicians”. Please answer the following questions:

(a)

[REDACTED]

i.

[REDACTED]

Signed: . [REDACTED]

ii.

iii.

iv.

v.

(b)

i.

ii.

(c)

i.

21. Further to question 21, the Commission understands from paragraph 21(g) of Mr

Signed: ..

Sault's statement that the main challenge associated with developing and implementing transition arrangements that Mr Sault heard about was that *"some patients said they would prefer to stay at the BAC rather than being transitioned elsewhere"*. Please answer the following questions:

(a) How, when and from whom did Mr Sault hear that some patients would prefer to stay at the BAC?

- i. Patients tended to converse amongst themselves and with BAC staff whilst sitting in the day areas. On occasions different patients would talk about life after the BAC (both before and after the closure decision was made). I overheard some of these conversations when patients talked about preferring to stay at the BAC rather than going elsewhere. I also heard many of the same patients express their dislike for BAC on other occasions.

(b) Identify the patients who said that they would prefer to stay at the BAC.

- i. I can recall [REDACTED] expressing a preference to stay at the BAC.

(c) Does Mr Sault know whether the patients who said they would prefer to stay at the BAC gave any reason for this preference? If so, please provide details.

- i.
- ii.
- iii.

[REDACTED]

(d) Were any of the patients who said that they would prefer to stay at the BAC concerned about transitioning back to community-based treatment because they had already tried this form of treatment in the past?

i. I have no knowledge of failed transitions for any of those patients.

(e) In Mr Sault's opinion, how did the transitional arrangements following the closure decision compare with the "business as usual" transitional arrangements for BAC patients prior to the closure decision in August 2013? Were the "business as usual" transitional arrangements for BAC patients prior to the closure decision in August 2013 documented in any formal procedures, policies or practices? If so, please provide copies.

i. I am unable to say how the transitional arrangements after the closure decision compared with the 'business as usual' prior to the closure decision in August 2013 because I do not know the details of the transitional arrangements made for the patients following the closure decision.

ii. Prior to the closure decision, when a patient was being transitioned out of the BAC it was discussed by the multi-disciplinary team who had input into the transition planning and guided the transition process. The allocated care coordinator would usually have a greater role in the transition process. This did not occur after the closure decision was made.

22. Further to question 23, the Commission understands from paragraph 23(a) of Mr Sault's statement that *"the decision to close the BAC caused some patients to be more unsettled which in turn unsettled the ward generally"* but that Mr Sault would need to access the PRIME reports in order to verify this. The Commission has made the PRIME reports available in the data room. In relation to this, please answer the following questions:

(a) Does Mr Sault recall which patients were *"more unsettled"* during this period?

In particular, were patients [REDACTED]

[REDACTED] *"more unsettled"*?

i. [REDACTED] were not any more unsettled during this period but I felt some of the [REDACTED] patients and [REDACTED] may have been more unsettled.

Signed: ... [REDACTED]

(b) Please confirm the extent to which Mr Sault's statement that *"the decision to close the BAC caused some patients to be more unsettled which in turn unsettled the ward generally"* is verified by the enclosed PRIME reports.

- i. The PRIME reports cannot confirm but may provide a trend.
- ii. It may be possible to compare critical incident rates for each patient before the closure decision was made and after. There is a possibility that either the PRIME reports or corresponding entries in the patients' clinical charts may identify a cause or precursor to the incident.

23. Further to question 23, the Commission understand from paragraph 23(b) of Mr Sault's statement that Mr Sault *"did not personally hear patients voice their concern about the closure, apart from [redacted]"* who was concerned about *"where [redacted] would go once the BAC was closed"*. When and in what circumstances did Mr Sault hear [redacted] voice [redacted] concern about the closure of the BAC? Please provide as many details as possible. Please confirm that through Mr Sault's involvement in [redacted] [redacted] facilitating referrals, communicating with patients, carers and families, and [redacted] that he never *"personally heard"* [redacted] express an opinion, view or concern about the closure of the BAC.

(a)

- (b) I acknowledge there is a possibility that in my day to day care of the patients I may have overheard conversations or been directly involved in conversations whereby these concerns were voiced but I cannot now recall.

24. Further to question 23, the Commission understands from paragraph 23(e) of Mr Sault's statement that BAC *"staff were concerned about their future employment prospects"*. When and in what circumstances did BAC staff express concerns about their future employment prospects to Mr Sault? Please identify the BAC staff

Signed:

[redacted]

.....

involved and provide as many details as possible.

- (a) I do not recall the specific conversations. However, concern for future employment prospects amongst staff was a common lunchroom theme. No one seemed to be sure about their future after the BAC.

Support for staff of the BAC

25. Further to question 24 and with reference to paragraph 24(c) and (d) of Mr Sault's statement, what happened at the interview Mr Sault attended on 16 January 2014?

- (a) The interview was essentially a job interview. I recall Peter Howard was on the Panel but do not recall the identity of the other panel members, though one introduced herself as being from prison health services.

26. Further to question 24 and with reference to paragraph 24(f) of Mr Sault's statement, what was Mr Sault's reaction when he was offered a direct transfer from his role at the BAC to a Registered Nurse role at The Park (Daintree)?

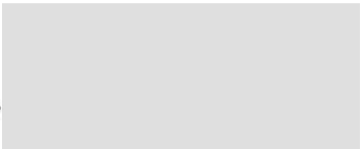
- (a) I was relieved that I had been offered a position and accepted it. I was apprehensive about returning to high secure. I later transferred from that position in July 2014 to Tamborine Ward at The Park where I am currently employed.

27. Further to question 25 and with reference to paragraph 25 of Mr Sault's statement, please confirm whether Mr Sault accessed or sought out any of the following support which was offered to him and provide details as appropriate:

- (a) **The Employee Assistance Service.**

i. I did not access the Employee Assistance Service.

- (b) **Approaching his supervisor or senior manager with questions or concerns.**

Signed: 

- i. I can recall contacting and talking to NUM Alex Bryce on two occasions whilst I was on holidays in December 2013 though I do not now recall the content of those conversations.

(c) Approaching Kerrie Parking, Director of Human Resources, WMHHS with questions or concerns.

- i. I do not recall approaching Kerrie Parking but had a brief interview with Kathryn White (I think that was her name) about job interests.
- ii. I don't recall the date but a brief meeting took place in the BAC conference room to discuss questions or concerns.
- iii. I contacted Des Suttle (HR) by phone to ask about redeployment options and processes if employment wasn't available within the WMHHS. I believe this conversation took place whilst I was on leave in December 2013.

(d) Approaching William Brennan to discuss any aspect of organisational change or with questions or concerns in relation to his individual circumstances.

- i. I did not have any discussions with William Brennan about organisational change.

28. Further to question 26, please provide further details in relation to the “*increased unrest voiced in the staffroom in the context of concerns for future employment*” as referred to in paragraph 26(c) of Mr Sault’s statement.

- (a) Please refer to my response at 24 of my supplementary statement.

29. Further to question 26 and with reference to paragraph 26(d) of Mr Sault’s statement, how often and in what circumstances was Mr Sault “*moved to other wards on a shift by shift basis*” following the closure announcement in August 2013?

- (a) I do not know how many times I was moved to other wards on a shift by shift basis following the announcement to close.
- (b) It is still the practice at the Park for spare nurses on duty to be deployed from their units to other units on a shift by shift basis (spare refers to more than required nursing staff being rostered on duty for any given shift).

30. Further to question 26 and with reference to paragraph 26(e) of Mr Sault's statement, how often and in what circumstances did Mr Sault have to serve meals? Was Mr Sault required to perform any other tasks that were normally performed by auxiliary services staff or residential support officers? If so, please explain how often and in what circumstances Mr Sault was required to perform these tasks.

- (a) I recall that serving meals was the only extra task I performed. It involved assisting with the serving of lunch at the weekends.

31. Further to question 26, the Commission understands from paragraph 26(f) of Mr Sault's statement that BAC staff were not given any acknowledgement or debrief once the BAC closed. Mr Sault has also stated in paragraph 26(f) of his statement that "*the doors closed and that was the end of the BAC*". In Mr Sault's view, did the closure of the BAC seem abrupt?

- (a) Please refer to my response at 17(b) of my supplementary statement.

32. Was Mr Sault dissatisfied with the way in which staff were treated following the closure announcement and after the BAC closed its doors in January 2014? If so, please provide further details and explain how staff debriefing may have assisted Mr Sault.

- (a) In my view, a final debrief may have provided the BAC staff with a certain sense of closure and provide an opportunity to say goodbyes to their colleagues.

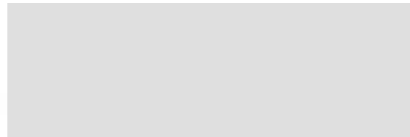
Signed: ... 

33. The Commission would also like clarification in relation to paragraph 8(a) of Mr Sault's statement. Mr Sault recalls the BAC building was painted shortly before closure. Could Mr Sault clarify to the best of his knowledge and recollection, what part of the building he is referring to, the date/s on which painting was done and why to his understanding this painting was done shortly before the BAC was closed?

(a) I recall parts of the day area outside the nurses' station and dining room were painted within the last two years of its operation.

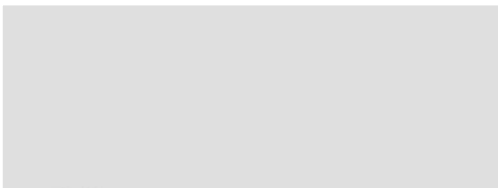
(b) I don't know why the painting took place.

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 25th day of February 2016



Judith Simpson, Solicitor