

Statement of Professor David Crompton

I, David Robert Crompton, Executive Director of Addiction and Mental Health Services, Metro South Hospital and Health Service, of Level 1, 50 - 56 Sanders Street, Upper Mount Gravatt, in the State of Queensland, state as follows:

A. I am currently the Executive Director of Addiction and Mental Health Services, Metro South Hospital and Health Service (**Metro South**). I have held that position since June 2012. I also currently have the following roles:

- a. Chair of the Centre for Neuroscience Recovery and Mental Health;
- b. Chair of the Southern Queensland Mental Health Clinical Cluster;
- c. Surveyor for the Australian Council on Health Standards;
- d. Executive Member of Metro South Hospital and Health Services; and
- e. Professor at Griffith University, School of Health Services and Social Work.

B. Prior to my role as Executive Director of Addiction and Mental Health Service I held the following positions:

- a. Executive Director, Clinical Services at the Princess Alexander Hospital from December 2007;
- b. Executive Director, Mental Health for the Hunter New England Area Health Service from October 2005 to September 2007;
- c. Director of Mental Health from January 2005 to May 2005; and
- d. Director Acute and Community Mental Health, Toowoomba & District Mental Health Service from September 2002 to November 2005.

C. I have also been awarded a Medal of the Order of Australia for development of community based mental health services for veterans, development of community post-traumatic stress disorder and anxiety and substance abuse treatment services.



David Crompton

Witness

Response to Requirement to Give Information

- D. Attached as [[MSS.005.003.0100]] is a copy of a Requirement to Give Information in a Written Statement dated 28 September 2015 (**Notice**) directed to me from the Barrett Adolescent Centre Commission of Inquiry (**Commission**), received under cover of letter from the Commission of the same date. This Statement is provided in response to the Notice.
- E. For the purpose of preparing this Statement I have, in my position as Executive Director of Addiction and Mental Health Services, had access to the records of Metro South to obtain information to provide a response to the Notice. Unless otherwise stated, the matters set out in this Statement are based on my knowledge and the information derived from the above sources and collected for the purpose of preparing this Statement.

Preliminary Issues

- F. I am not a child psychiatrist. The Notice seeks responses which, in part, import some aspects of opinion. Any opinions expressed in this Statement, particularly in response to the questions that ask me to outline my concerns, are made based on my training and experience, but with the qualification and reservation that I do not profess specialist expertise in child psychiatry.
- G. The Notice also seeks information relevant to the "transition" of patients. The period of any transition of care of a patient will differ depending on that person's needs. In this Statement, I have focused on the time period up immediately proximate to the Barrett Adolescent Centre (**BAC**) closure.

1. Provide a copy of Professor Crompton's current / most recent Curriculum Vitae

1. A copy of my curriculum vitae is attached to this statement and marked [[MSS.005.003.0001]]

2. Outline all positions and appointments (permanent, temporary or acting) held by Professor Crompton in Queensland Health for the calendar years 2012-2014.

2. In the calendar years 2012 to 2014 I held the position of Executive Director of the Metro South Addiction and Mental Health Service.

3. Outline Professor Crompton's formal qualifications (to the extent these qualifications are not outlined in the Curriculum Vitae to be provided in response to question 1 above).



David Crompton



Witness

3. My formal qualifications are set out in my curriculum vitae, which is attached and marked [[MSS.005.003.0001]].

4. On what date was Professor Crompton appointed to the position of Executive Director Metro South Addiction and Mental Health Services (and provide a copy of Professor Crompton's Position Description)?

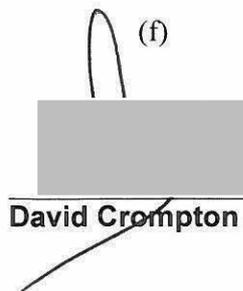
4. I was appointed as Executive Director Metro South Addiction and Mental Health Services in June 2012. A copy of my position description as it existed upon my appointment as Executive Director, Mental Health Service is attached and marked [[MSS.005.004.0013]].

5. A copy of my current position description is attached and marked [[MSS.005.002.0276]].

5. Explain Professor Crompton's role and responsibilities in the position of Metro South Addiction and Mental Health Services Executive Director, including but not limited to, his reporting relationships.

6. In my current role as Executive Director of Metro South Addiction and Mental Health Services I am responsible for:

- (a) leading and supporting the staff of the Metro South Addiction and Mental Health Service and ensuring that the Service provides high quality service as part of an integrated mental health service;
- (b) the budget allocation of the addiction and mental health services within Metro South;
- (c) actively promoting and participating in the development of addiction and mental health services within Metro South;
- (d) maintaining and evaluating safety and quality practices within the Metro South Addiction and Mental Health Service;
- (e) implementing a spectrum of evidence based clinical programs in addiction and mental health services, which are commensurate with the levels of addiction and mental health needs across the Metro South region;
- (f) enhance the provision of high quality mental health promotion, prevention, intervention, treatment and rehabilitation services within Metro South; and



 David Crompton



 Witness

- (g) promote the integration of services within the addiction and mental health services
7. I report to Dr Richard Ashby as Chief Executive of Metro South.
8. The organisational structure of Metro South Addiction and Mental Health Services (including a description of the roles that report directly to me) appear at page 7 of my position description attached and marked [[MSS.005.002.0276]].
9. I have some weekend and after hours clinical responsibilities but generally I am not responsible for the ongoing clinical care of consumers. I also consult with patients when requested. When this occurs, it is usually at the request of the treating clinician or someone in the treating team. It does not ordinarily involve any ongoing supervision and treatment of these patients in the role of the primary treating clinician.

6. As the Executive Director of the Metro South Addiction and Mental Health Services, what were Professor Crompton's role and responsibilities with respect to the Barrett Adolescent Centre (BAC)?

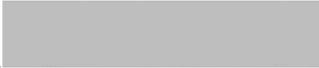
10. The BAC was not a facility managed or maintained by Metro South. On that basis I did not have any specific role or responsibilities with respect to the day-to-day operation of the BAC.
11. However, I did have involvement with respect to the BAC as part of a user group, within the Department relevant to the development of a proposed alternative extended treatment adolescent mental health unit at Redlands. My involvement in that group is discussed further at paragraphs 27 to 38 of this Statement.
12. Further, I note that there may have been referrals to BAC from services of Metro South or from BAC to services within Metro South but the consideration of those referrals ordinarily was not something that required or came to my attention. Rather, that was ordinarily dealt with by others within Metro South.

7. Explain the policy frameworks Professor Crompton was operating under between 2012 and mid-2014, including but not limited to the Queensland Government's Blueprint for Better Healthcare in Queensland.

13. The aim of the Metro South Addiction and Mental Health Service is to provide good clinical care and engage with the community. That service is provided within the framework of the *Hospital and Health Boards Act 2011* (Qld).



David Crompton

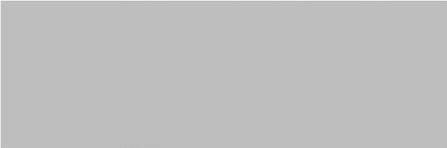


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14. The Queensland Plan for Mental Health was developed in consultation with various groups and was to apply for the period 2007 to 2017 (**Plan**). A copy of the Plan is attached and marked [[MSS.005.003.0014]].
15. The Plan was developed at a time prior to the current Hospital and Health Board system implemented by the *Hospital and Health Board Act 2011* (Qld). I understand that a process is currently underway to develop a new mental health plan for Queensland.
16. The Blueprint for Better Healthcare in Queensland came into operation in February 2013 (**Blueprint**). A copy of the Blueprint is attached and marked [[MSS.005.003.0054]]. The principles and policies outlined in the Blueprint were used to guide the operation and management of the mental health services including the Metro South Addiction and Mental Health Service from February 2013 and throughout 2014.

8. *Provide details of any internal or external reviews/reports produced by, or received by, or which came to Professor Crompton's notice between January 2012 and June 2014, concerning the operation and management of the BAC during that period (and provide copies).*

17. To the best of my recollection, I was not directly involved in any internal or external reviews or reports concerning the operation and management of the BAC in the period January 2012 to the decision to close the BAC announced by the Minister for Health on 6 August 2013. I may have heard (either through my involvement on various committees or in informal discussion) about reviews or reports concerning the BAC.
18. As stated in paragraphs 33 to 38 below, I was aware of a plan to redevelop a site adjacent to the Redland Hospital for an alternative extended treatment unit. I may have received reports in relation to that alternative facility between January 2012 and August 2012.
19. I received a copy of the recommendations of the Expert Clinical Reference Group (**ECRG**) by email on 7 August 2013. A copy of that email is attached and marked [[MSS.001.002.0134]].
20. I did not have any input in relation to the recommendations of the ECRG. While I do not specifically recall, I may have heard (either through my involvement on various committees or in informal discussions) that a Barrett Adolescent Strategy was being developed. I do not recall receiving a copy of that Strategy or having any input in its creation prior to its release.



David Crompton



Witness

21. As to the point following the announcement of the Minister on 6 August 2013 until June 2014, I do not recall receiving any reports or reviews regarding the operation and management of the BAC. To the best of my recollection, any reports that I may have received were likely to be limited to issues relating to the transition of consumers from BAC to alternative care.
22. At no time did I commission a report relating to the operation and management of the BAC.

Closure decision

9. Explain the extent of Professor Crompton's involvement and/or input into the decision to close the BAC.

23. I understand that the reference to the decision to close the BAC in this question is a reference to the decision to close the BAC announced by the Minister for Health on 6 August 2013 (herein after referred to as the **Closure Decision**).
24. From my recollection, I had no involvement in and had no input in relation to the Closure Decision.

10. In the event that Professor Crompton was not involved in the decision to close the BAC, on what date, how, and from whom, did Professor Crompton first become aware of the prospect of the BAC being closed, and explain the circumstances.

25. I cannot recall whether I was aware that the Closure Decision had been made prior to the announcement by the Minister for Health on 6 August 2013. That is, I may have had some awareness from general informal discussions, and at this point in time, I can't rule that out. However, as to the actual decision, and timing of it, the first formal notice of that was by my means of the Ministerial announcement on 6 August 2013.
26. As will be explained below, I had a general awareness that there was the prospect of the BAC being closed as early as 2009 due to my involvement in the consideration of the development of an alternative extended treatment adolescent mental health unit at Redlands. However, following the decision not to proceed with the development of a unit at that site on or about 28 August 2012, I did not have involvement in or input into relation to the Closure Decision. I did have a general awareness that work was being conducted on behalf of the Department to look at models to provide an alternative to the BAC for appropriate care of complex need

 adolescent consumers

David Crompton

Witness

27. On 4 November 2008 I received a memorandum from Dr Aaron Groves, Senior Director of the Mental Health Branch. A copy of that memorandum is attached and marked [[MSS.002.006.0307]]. That memo stated that:
- (a) the replacement of BAC was one of 17 capital works projects identified in the 2007-2008 State Budget;
 - (b) an initial work group was formed to consider the redevelopment of the unit;
 - (c) a Site Evaluation Sub Group had been convened; and
 - (d) the Site Evaluation Sub Group considered that a vacant site adjacent to Redland Hospital constituted the most appropriate option of the redevelopment of the unit.
28. The report of the Site Evaluation Sub Group dated October 2008 is attached and marked [[MSS.001.002.0229]].
29. As a result of the recommendation of the Site Evaluation Sub Group, approval was sought from the Minister to acquire the land known as Lot 30 Weippin Street, Cleveland (**Redland Site**) for the relocation of the BAC. . That approval was obtained and the Redland Site was ultimately acquired.
30. A Summary of Consultation on Site Selection for the relocation of BAC to the Redland Site prepared in March 2009 is attached and marked [[MSS.001.002.0216]].
31. The Summary was provided to me along with a memorandum from Dr Aaron Groves by email on 3 April 2009. The memorandum stated that it was recommended that the district CEOs provide endorsement of an approval to proceed with the redevelopment of BAC at the Redland Site. A copy of the email and enclosed memorandum is attached and marked [[MSS.003.004.5699]].
32. On 8 May 2009 I was informed by email that Dr Theile, District Chief Executive of Metro South provided his endorsement for the redevelopment of BAC at the Redland Site to proceed. A copy of that email is attached and marked [[MSS.003.004.5646]].
33. On 19 May 2009 I was sent a memorandum which indicated that the Mental Health Capital Works Working Group accepted Dr Theile's endorsement and stated that a user group needed

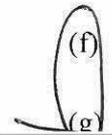


David Crompton



Witness

- to be established to progress the project. A copy of that memorandum is attached and marked [[MSS.003.009.0007]].
34. I established the user group, which was tasked with guiding the design and development of the new unit on the Redland Site. While I was the chairperson of that user group due to other competing demands I was not always able to attend the meetings. The purpose of the user group was to ensure that a facility would be developed that met the model of service (which was also to be developed). A copy of the draft Model of Service Development was emailed to me on 5 March 2010. A copy of that email and its enclosures is attached and marked [[MSS.003.004.5258]], [[MSS.003.004.5260]], [[MSS.003.004.5272]] and [[MSS.003.004.5275]].
35. There was a diverse range of people that sat on the user group and it included people who would be likely to work in the unit once it was completed. By way of example a member from Redlands Hospital was included on the user group so that the site was able to adequately cater for all consumers. Similarly, there were nursing representatives and representatives from Education Queensland.
36. A number of meetings were conducted of the user groups. The following minutes of meetings of the user groups are attached:
- (a) minutes of meeting conducted on 15 October 2009, [[MSS.001.002.0297]] and [[MSS.001.002.0298]];
 - (b) minutes of meeting conducted on 12 November 2009, [[MSS.004.003.0278]] at [0291];
 - (c) minutes of meeting conducted on 10 December 2009, [[MSS.004.003.0278]] at [0286];
 - (d) minutes of meeting conducted on 4 February 2010, [[MSS.004.003. 0278]] at [0282];
 - (e) minutes of meeting conducted on 4 March 2010, [[MSS.004.003.0278]] at [0278];
 - (f) minutes of meeting conducted on 1 April 2010, [[MSS.004.003.0213]] at [0229];
 - (g) minutes of meeting conducted on 29 April 2010, [[MSS.004.003.0260]] at [0274];



 David Crompton

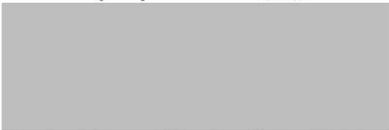


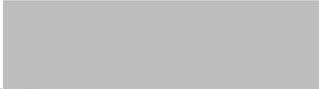
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- (h) minutes of meeting conducted on 27 May 2010, [[MSS.004.003.0260]] at [0270];
- (i) minutes of meeting conducted on 22 July 2010, [[MSS.004.003.0242]] at [0253];
- (j) minutes of meeting conducted on 24 June 2010, [[MSS.004.003.0260]] at [0265];
- (k) minutes of meeting conducted on 19 August 2010, [[MSS.004.003.0242]] at [0247];
- (l) minutes of meeting conducted on 16 September 2010, [[MSS.004.003.0242]] at [0242];
- (m) minutes of meeting conducted on 24 February 2011, [[MSS.004.003.0174]] at [0182];
- (n) minutes of meeting conducted on 24 March 2011, [[MSS.004.003.0174]] at [0174];
- (o) minutes of meeting conducted on 26 May 2011, [[MSS.004.003.0162]] at [0170];
- (p) minutes of meeting conducted on 24 November 2011, [[MSS.004.003.0162]] at [0166];
- (q) minutes of meeting conducted on 15 March 2012, [[MSS.004.003.0138]] at [0138].

37. The redevelopment of the unit at the Redland Site was significantly advanced from the establishment of the user group. That included work relating to:

- (a) the design of the proposed new facility;
- (b) the establishment of a team to review the model of service delivery, see [[MSS.001.002.0301]] and [[MSS.001.002.0302]] and their report at [[MSS.003.004.5258]], [[MSS.003.004.5260]], [[MSS.003.004.5272]] and [[MSS.003.004.5275]].
- (c) the preparation of a change communication plan, see [[MSS.003.004.4735]] and [[MSS.003.004.4735]];
- (d) the development of a community engagement strategy, see [[MSS.003.004.4782]]; and


David Crompton


Witness

(e) liaising with the Department of Education and Training in relation to an education program at the Redland Site and for the provision of funding.

38. On or about 28 August 2012 I was informed that a decision of government had been made to cancel or defer a number of capital delivery projects, including the proposed extended treatment adolescent mental health unit at the Redland Site. Attached and marked [[MSS.001.002.0005]] is a copy of a memorandum from Glenn Rashleigh of Chief Health Infrastructure Office to Dr Richard Ashby, Chief Executive of Metro Health, advising of that decision.
39. I was not involved in any decision making process in relation to the cancellation of the project and cannot recall being informed prior to 28 August 2012 that the proposed redevelopment may not proceed.
40. On 7 August 2013 I received an email from Sharon Kelly which indicated that the Closure Decision was made in accordance with the recommendations of the ECRG and that young people receiving care from BAC would be supported to transition to other contemporary care options that provided mental health appropriate to their individual needs. A copy of that email is attached and marked [[MSS.001.002.0131]].

11. In the event that Professor Crompton had direct involvement and/or input into the decision to close the BAC, provide details as to:

- a. the extent and/or nature of Professor Crompton's involvement and/or input into the decision;*
- b. the name and position of those other persons involved in the decision;*
- c. the reasons for the decision to close the BAC;*
- d. on what date the decision to close the BAC was made;*
- e. any consultation by Professor Crompton, or others involved in the decision, with experts and/or stakeholders (and when), and the nature of the consultation;*
- f. what advice/views were given by those experts and stakeholders prior to the decision, and how influential each of the perspectives was to the decision-making and/or Professor Crompton's involvement and/or input into the decision to close the BAC;*
- g. all alternative options and/or service models considered in making and/or having input into the decision to close the BAC;*

David Crompton

Witness

h. whether an alternative Tier 3 service ever formed part of the decision-making process with respect to the closure of the BAC (and if so, when), and the reason why an alternative Tier 3 service was not established.

41. From my recollection, I had no involvement in and had no input in relation to the Closure Decision.

12. In the event that Professor Crompton did not have any direct involvement and/or input into the decision to close the BAC:

a. who made the decision to close the BAC;

b. on what date, how and from whom, Professor Crompton became aware of the decision to close the BAC;

c. Professor Crompton's understanding as to the reason(s) for the decision to close the BAC, and the basis for this understanding;

d. identify any circumstances of concern regarding the appropriateness of the decision to close the BAC; and

e. how, when and to whom, Professor Crompton communicated the decision as to the closure of the BAC, and for what purpose.

42. From my recollection, I had no involvement in and had no input in relation to the Closure Decision.

43. It is my understanding the Minister for Health made the decision to close the BAC on the recommendation of the ECRG.

44. Prior to the Closure Decision being made, I did not have any "formal understanding" of the reasons for the Closure. I have gained some understanding of the reasons for the Closure Decision since that time. In that regard, a copy of the recommendations of the ECRG are attached and marked [[MSS.001.001.0042]]. It is my understanding, based on my review of this memo, that the current service model being offered by the BAC was not considered to be a contemporary service and it did not meet the National Mental Health Service Planning Framework. However, the recommendations acknowledged that, in circumstances where BAC was to close, a Tier 3 extended treatment and rehabilitation facility should be made available in a timely manner.


David Crompton


Witness

45. As outlined in paragraphs 25 to 26, I cannot recall whether I was advised of the Closure Decision prior to the announcement of the Minister on 6 August 2013.
46. Also, given my role in relation to the development of the Redland Site for an alternative extended treatment unit, I was privy to the fact that at that stage there were a number of reasons identified as giving rise to the proposition that the BAC would be closed.
47. From my knowledge of the BAC facility, and given my experience as a Director of Mental Health, I was aware that:
- (a) the BAC was an old facility that was not purpose built as an adolescent mental health unit;
 - (b) the BAC was in an area being redeveloped for high risk mental health consumers (including sexual offenders) and the continuation of BAC in its location could potentially place adolescent consumers at risk;
 - (c) there had been some reviews conducted of the BAC facility in the past which from my recollection had suggested there was a need to consider more contemporary practices and that the facility needed to be updated;
 - (d) there were length of stay issues at the BAC.
48. I did have some concerns in relation to the Closure Decision, but those concerns mirror the type of concerns that I would have had upon the closure of any mental health facility. The Closure Decision having been made, my focus needed to be on seeking to ensure that there were appropriate services that would be available to replace the clinical care provided to the consumers that had previously been treated at BAC. In addition, any transition of care creates risks. Thus, I considered it appropriate to facilitate a meeting, discussed further below, that would bring people together so that the transition of consumers to Metro South could be done as smoothly as possible.

13. Explain the extent of Professor Crompton's involvement and/or input into the decision that the closure date for the BAC was to be early (January) 2014.

49. From the best of my recollection, I had no input in relation to the closure date of the BAC.



David Crompton



Witness

14. *In the event Professor Crompton had direct involvement and/or input into the decision that the closure date for the BAC was to be early (January) 2014:*

- a. the extent and/or nature of Professor Crompton's involvement and/or input into the decision and the name and position of those other persons involved in making that decision;*
- b. the reasons as to why early 2014 or January 2014 was considered to be the best deadline for the closure of BAC;*
- c. on what date the decision as to the closure date was made;*
- d. any consultation with experts and/or stakeholders (and when), and the nature of the consultation;*
- e. what advice/views were given by those experts and stakeholders prior to the decision, and how influential each of the perspectives was to Professor Crompton's decision-making and/or input into the decision;*
- f. the existence of any flexibility with respect to the early or January 2014 closure date, once set, or any review mechanisms;*
- g. any requests received from stakeholders for an extension to the closure date and any decisions made by Professor Crompton with respect to any such requests (and the reasons for those decisions); and*
- h. how, when and to whom, Professor Crompton communicated the decision as to the closure date and any meetings with stakeholders concerning the date.*

50. As indicated above, from the best of my recollection, I had no input in relation to the date for the closure of the BAC.

15. *In the event that Professor Crompton did not have any direct involvement and/or input into the decision that the BAC's closure date was to be early or January 2014:*

- a. on what date, how and from whom, did Professor Crompton become aware of the decision that the closure date would be early or January 2014;*
- b. any reasons communicated to Professor Crompton as to the reason for the closure date and from whom, by what means, and on what date those reasons were communicated;*
- c. the extent to which Professor Crompton was aware of the existence of any flexibility with respect to the closure date for the BAC, or any review mechanisms.*



David Crompton


Witness

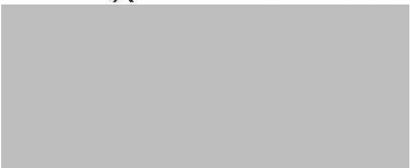
51. The media statement released on 6 August 2013 indicated that treatment would be provided *"through a new range of contemporary service options from early 2014"*. A copy of the media statement is attached and marked [[MSS.001.001.0051]].
52. To the best of my recollection, I was not informed of any reason as to the January 2014 closure date.
53. I was provided with a copy of an email from Sharon Kelly, Executive Director of Mental Health and Specialised Services at West Moreton on or about 7 August 2013. That email again advised that adolescents requiring extended treatment would receive services *"through a new range of contemporary services from early 2014"*. A copy of the email from Sharon Kelly is attached and marked [[MSS.001.002.0131]].
54. In a Memorandum addressed to Executive Directors and Clinical Directors, Mental Health Services dated 22 October 2013, I was informed that West Moreton was working towards closing BAC by the end of January 2014. A copy of that memorandum is attached and marked [[MSS.003.004.3958]].
55. While I was aware that the closure date of BAC would be in January 2014, it was my understanding that there was some flexibility as to when consumers would be moved from the BAC to alternative care. In that regard, I refer to the Memorandum dated 22 October 2013 in which it was stated that the closing of the BAC by the end of January 2014 was *"a flexible date that will be responsive to the needs of our consumer group and will be dependent on the availability of ongoing care options for each young person currently at BAC"*.

16. *Identify any circumstances of concern regarding the early or January 2014 closure date.*

56. As stated above, I was not part of the decision to close the BAC in January 2014. As such, I was not privy to discussions between decision-makers for this particular decision, and thus not privy to discussion of any circumstances of concern regarding closure at that time, that is in the decision-making phase which lead to the Ministerial announcement on 6 August 2013.

However:

- (a) I was involved at an earlier point in time in respect of the proposal to open the centre at Redlands. I set out that involvement in response to Question 10 above.


David Crompton


Witness

- (b) I cannot recall how or when I became aware, but there was a suggestion that the Logan Hospital adolescent unit could be used as an interim measure for an alternative extended stay unit . I raised this with Dr Sean Hatherill, consultant psychiatrist in Child and Youth Mental Health, and he confirmed that he did not support that approach (which was consistent with my views). In my view, the Logan Hospital adolescent unit was not appropriate as it was designed for short-term acute support for adolescents, not extended stays. A copy of my email to Dr Ashby relating to this matter is attached and marked [[MSS.001.002.0106]]. In respect of that email:
- (i) the "senior child psychiatrist" referred to in the first paragraph of the email is Dr Sean Hatherill;
 - (ii) my reference to involvement of non-government organisation (NGO) services and a concern regarding the procurement of those services was born out of my previous experience with a separate procurement process (related to Community Care Unit) and the length of time taken for that process to be completed. This was a general concern that if the model of care to be developed included the involvement of NGO services it could take a significant period of time. I considered this to be a relevant consideration particularly given the Christmas/New Year period would fall within that timeframe;
 - (iii) my reference to "some promises made to the minister on time frames which cannot be met" was a reference to my concern that if the model included NGO services and a procurement process had to be undertaken there was a risk that there would not be sufficient time for this process to be completed before January 2014;
 - (iv) I was not directly involved in the development of the model of care, nor was I aware whether that model would include NGO services. My comments made to Dr Ashby reflected a concern I held at the time but, as stated above was not privy to nor involved in the discussions between those who were responsible for making decisions at the time;



David Crompton



Witness

- (v) ultimately (as set out at 57 below), I was confident Metro South had the capacity and resources to accept the consumers within the proposed timeframe that was set.
- (c) Also there were discussions of an alternative model of care at the meeting of the Chief Executive and Department of Health Oversight Committee that I attended in place of Dr Ashby on 15 November 2013. The events of that meeting are described further below at paragraphs 62 and 63.
57. Once the decision was made, and it was communicated to me that we would be receiving some patients from BAC, my focus was on putting in place the best transition for the patients achievable. Generally, I was comfortable that Metro South would be able to manage the consumers discharged to it and provide them with appropriate care. Metro South had clinicians with expertise in the treatment of the conditions suffered by the former BAC consumers and I was confident Metro South had the capacity and resources to accept the consumers within the proposed timeframe. What was crucial was that each patient was treated as an individual and the transition plans for that patient involved a consideration of the particular circumstances which applied to that patient, and care and treatment structured according to the individual requirements of that patient.
58. One concern that I had at the time was to ensure that the BAC consumers transitioning to Metro South had appropriate accommodation. I considered that it was necessary to engage early with the Transition Housing Team to arrange accommodation, where necessary, to meet the needs of consumers.
59. While I can not say with actual recollection that I was concerned about the timing occurring during school holidays, I think I would have been somewhat concerned that was at a time when staff were more likely to be on holidays and absent from work. This had the potential to create a situation where consumers are transitioned to new clinicians who were on leave or may take leave around that time. This was something that we would have had to factor into our planning.

17. Did Professor Crompton facilitate or attend any meetings regarding the closure of the BAC and, if so, with whom and on what date(s), and for what purpose?

David Crompton

Witness

60. As outlined above in paragraph 24, from my recollection, I had no involvement in and had no input in relation to the Closure Decision.
61. Once the decision was made to close the BAC I facilitated and/or attended meetings concerning the transition of the consumers of BAC to alternative care. Details of those meetings are discussed further below at paragraphs 68 to 73.
62. I also attended the Chief Executive and Department of Health Oversight Committee meeting in place of Dr Ashby, Chief Executive of Metro South, on 15 November 2013. Minutes of that meeting are attached and marked [[MSS.001.001.0113]]
63. Following that meeting I sent an email reporting on the outcomes of the meeting. That meeting focused on issues concerning the service models and potential programs required to meet the mental health needs of young people. For example, the possibility of a "step up, step down" service was discussed which would provide flexibility for consumers to be moved into inpatient treatment when the need arose. I expressed a view that there may be difficulties finding appropriately skilled persons to staff such a facility as the training required to provide care in a non-hospital environment can be quite different. It was my view that establishing the models of service discussed would take longer than anticipated and that it would not occur prior to the closure of the BAC. The meeting also considered the funding available to meet the proposed programs. A copy of my email is attached and marked [[MSS.001.002.0072]]

18. Identify any circumstances of concern regarding the decision to close the BAC without putting a replacement Tier 3 service in place

64. The decision having been made to close BAC, at that time, by others, I was not privy to any discussions at that time specifically discussing circumstances of concern to close the BAC without putting a replacement Tier 3 service in place. In essence, my immediate concern was with respect to the transitioning of some patients to the care of MSHHS. That included seeking to manage as best as possible the risks associated with transition of care. I wanted to ensure that those risks were managed and dealt with within the resources available to Metro South. Treatment plans were developed in order to match the clinical needs required with each consumer.
65. The patient cohort we were receiving consequent on the closure of BAC is one which were in a high risk category for self-harm, including suicide. I observe that even if there was a Tier 3

David Crompton

Witness

replacement facility, these risks would have been evident, and needed to be managed. That is, it is not possible to completely remove the risks associated with a transition of care. Risks can be mitigated by the development of individual care plans created within the resources available at the time, and that is what we sought to do at the time. Individualised care could involve in-patient admission if appropriate.

Transition arrangements

19. Explain the nature and extent of Professor Crompton's involvement in the transition arrangements for the transition of consumers from the BAC (and the dates when this occurred and by what means), including:

- a. consultation(s) with experts and stakeholders (and when), and the nature of those consultation(s);
- b. consultation(s) with alternative services/care providers for consumers of the BAC (and when), and the nature of those consultation(s);
- c. consultation(s) with parents of consumers of the BAC (and when), and the nature of those consultation(s);
- d. consultation(s) with staff working at the BAC (and when), and the nature of those consultation(s).

66. I understand that, prior to my involvement in the transition process, some steps had been taken to refer some consumers to the services of Metro South. I became involved with the transition process once I was informed that a group of former BAC consumers would be discharged to the care of Metro South.

67. I have been shown a meeting invite for a meeting on 24 October 2013 with the subject "Barrett Adolescent Centre transition planning". I have no recollection of that meeting taking place. A copy of that meeting invite is attached and marked [[MSS.001.002.0077]].

68. I met with Leanne Geppert at Royal on the Park following a meeting on another issue on 29 October 2013. At that time, I presume that I was informed that West Moreton proposed to discharge consumers with complex cases to Metro South. While now I don't have a clear recollection of that meeting, it is likely that we discussed the best way to manage the referral process. It was following that meeting that a meeting was held on 6 November 2013 to discuss the transition of care of consumers to Metro South ('the transition of care meeting'). A


David Crompton


Witness

meeting invite for the meeting with Leanne Geppert on 29 October 2013 is attached and marked [[MSS.001.002.0081]].

69. It would not normally be a part of my role to assist in the facilitation of consumer transitions from the BAC to Metro South. However, in this case, given Metro South was to receive a number of BAC consumers into its service, I wanted to ensure that the transition of those consumers was managed as smoothly as possible and that the care to be provided to those consumers was appropriate to their needs.
70. The transition of care meeting was facilitated in order to identify the consumers to be discharged to Metro South, their care needs and the team that would be responsible for the care of those consumers. It also created an opportunity to open a dialogue with West Moreton for the transition of care of the identified consumers to Metro South.
71. The transition of care meeting was held at my office in Sanders Street, Mount Gravatt. A copy of the Outlook meeting invite for that meeting is attached and marked [[MSS.001.002.0075]]. While I do not have a clear recollection of the meeting or who attended the meeting, I recall there were representatives from West Moreton and Metro South present. I recall I may have left the meeting when it had been established which consumers from BAC were being discharged to Metro South.
72. Following the meeting, it was my expectation that:
- (a) the services from Metro South to which the consumers were to be transitioned would have been identified;
 - (b) steps would be taken by the leaders of those services to facilitate the transfer and develop appropriate care plans;
 - (c) if any difficulties arose in relation to the facilitation of the transition of care, that I would have been contacted.
73. The meeting was designed to be a proactive approach to the transition to ensure that all the right teams were in one place and could liaise with each other concerning the consumers to be discharged to Metro South.



David Crompton



Witness

- 74. My role in relation to the transition of consumers was at a high level and, as indicated above, I took on more of a role of a facilitator or coordinator. The practical day-to-day work of making the necessary transitional arrangements was done by the relevant teams within Metro South to which the consumers were referred.
- 75. From my recollection I did not take part in any consultation with consumers, their parents or the staff at BAC (outside of the meeting conducted on 6 November 2013).
- 76. Details of the transition plans and work conducted to ensure that consumers were transitioned to appropriate care can be found by reviewing the medical records of the BAC consumers discharged to the care of Metro South.

20. *Is Professor Crompton aware of any circumstances of concern with respect to the transition of consumers from the BAC? If yes, how, on what date and by what means did Professor Crompton become aware of these circumstances, and what did they involve?*

- 77. I have previously identified that there were concerns in relation to risks associated with the transition of care.
- 78. I was also concerned to ensure that appropriate accommodation arrangement were in place for the transitioning consumers and that there was funding to support that accommodation (if necessary). Confidential
- 79. Confidential
- 80. I received commendations in relation to the manner in which the staff of Metro South dealt with the transition of care of former BAC consumers. On 3 February 2014 I receive an email from Leanne Geppert, which stated that "*your HHS was a standout in the BAC transition process*". A copy of that email is attached and marked [[MSS.001.002.0154]].

21. *Explain the nature and extent of Professor Crompton's involvement in decisions made concerning the transition of particular consumers from the BAC into services provided by the Metro South Hospital and Health Service (MSHHS).*

David Crompton

Witness

81. As outlined in paragraph 72, following the meeting on 6 November 2013, it was my expectation that the team leader of the treating team would coordinate the transition of care to Metro South. To the extent issues arose in relation to that transition, I expected to have been notified of those issues.

22. Provide details as to the arrangements made for the transition of any consumer from the BAC to a service provided by MSHHS. In particular:

a. on what date, from whom and by what means, the possibility of a transition to MSHHS arose;

b. the position of MSHHS with respect to a transition identified in (a) above;

c. the date on which any consumer(s) were transferred from the BAC to a service provided by MSHHS, and what that service involved; and

d. details concerning the funding arrangements associated with any transition identified in (a) above.

82. As stated in paragraph 70, as I understand it I did not learn until 6 November 2013, which consumers were to be discharged to Metro South. [REDACTED]

[REDACTED]

[REDACTED] I refer to this further below.

83.

[REDACTED]

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84.

[REDACTED]

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85.

[REDACTED]

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[REDACTED]

David Crompton

[REDACTED]

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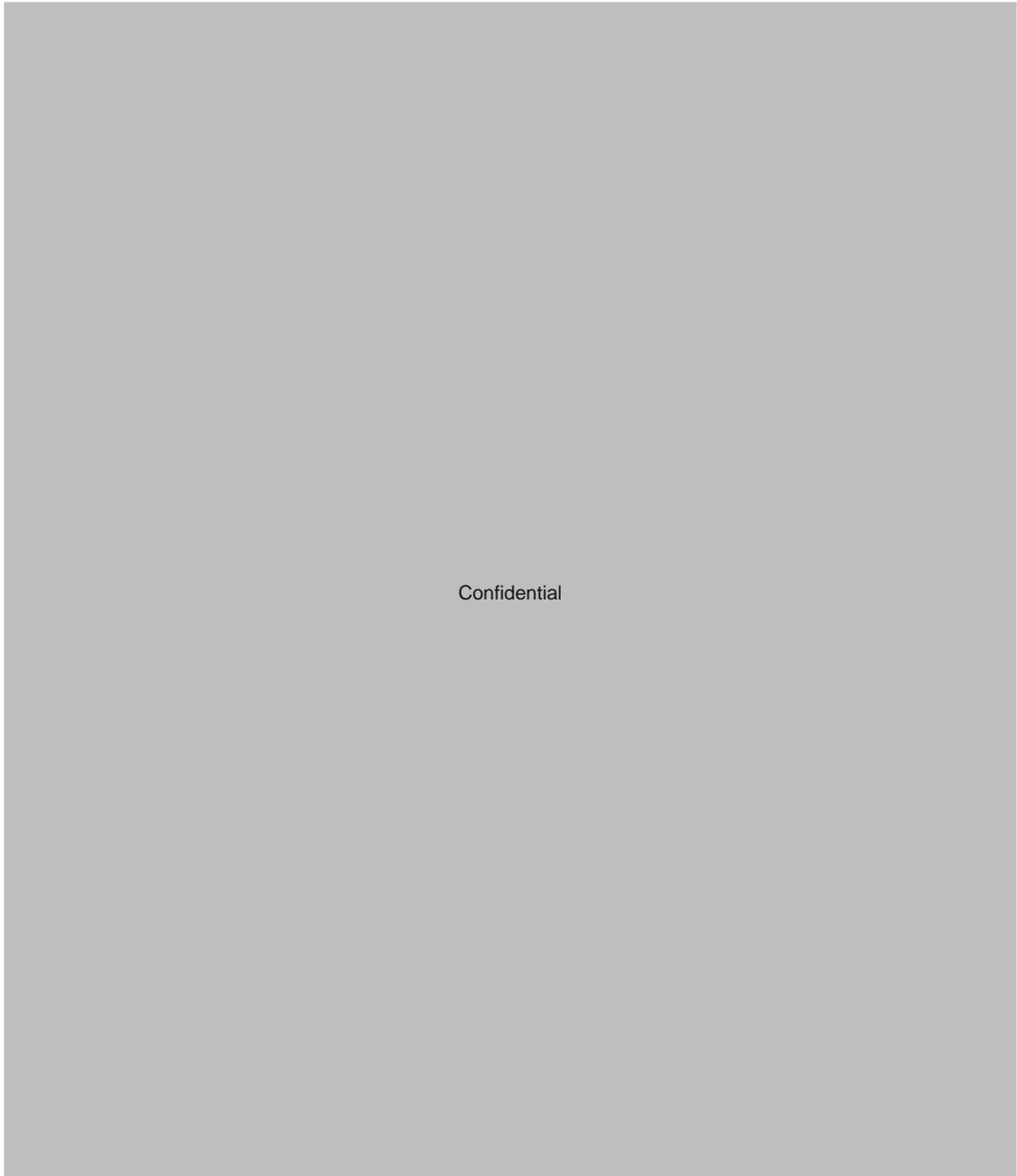


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David Crompton

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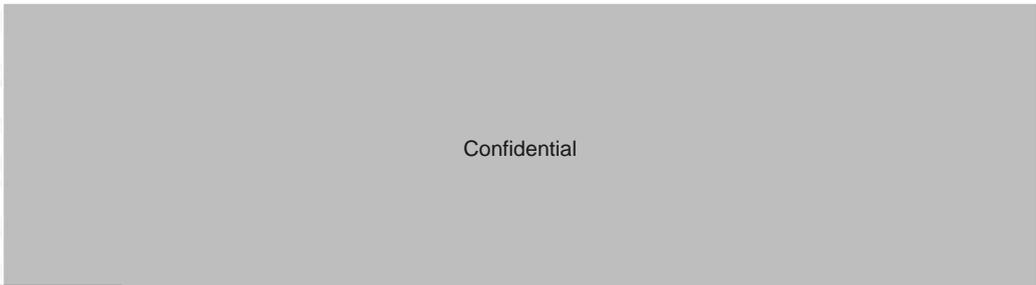


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David Crompton

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David Crompton

Witness

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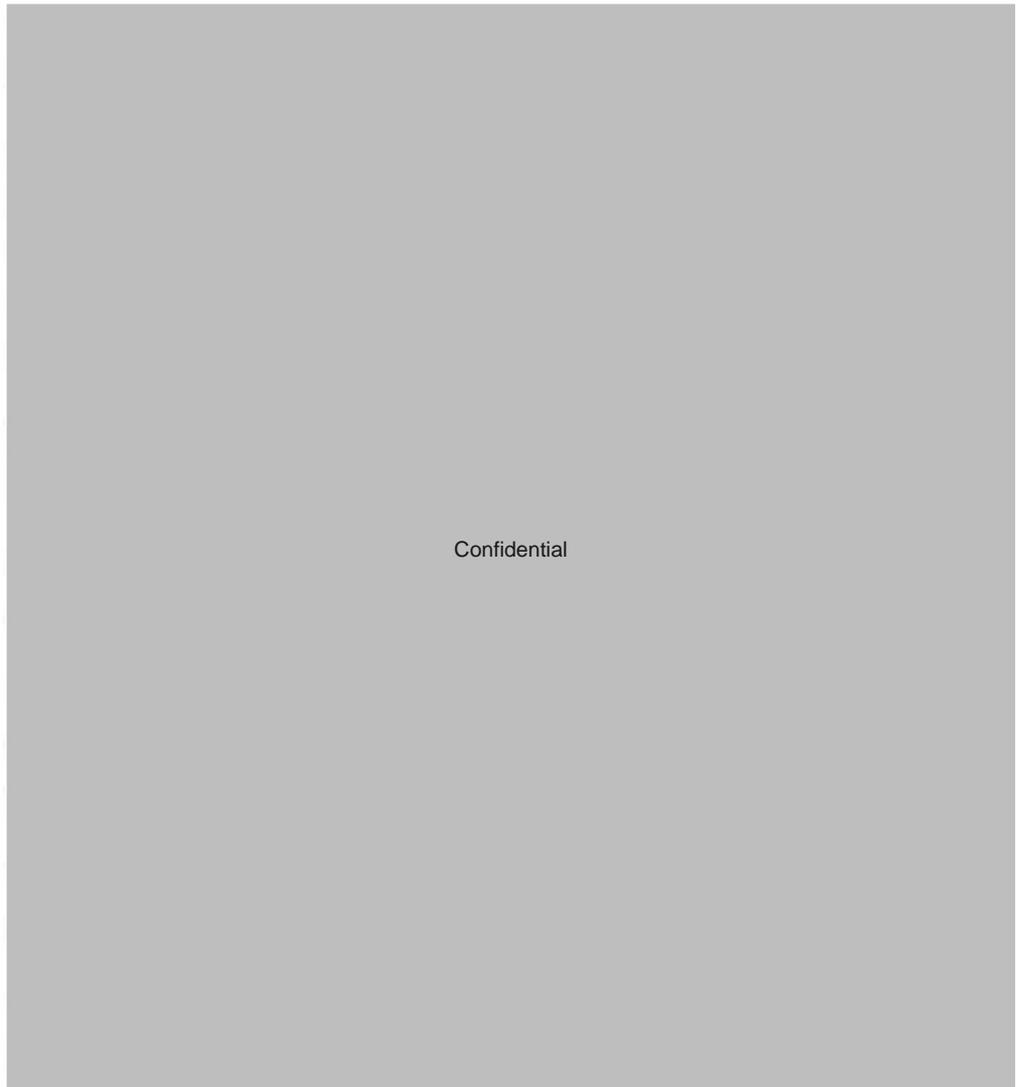
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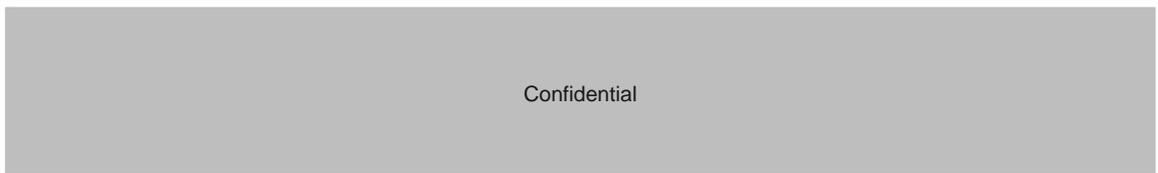
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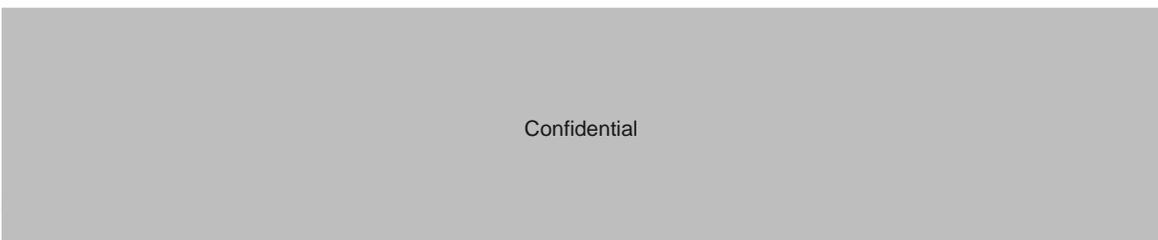
23. Explain the nature and extent of Professor Crompton's involvement in issues concerning the provision of funding for any consumer transitioning from the BAC to a service provided by MSHHS.

88.

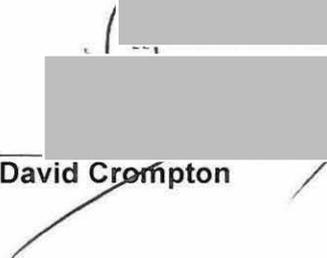


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David Crompton



Witness

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Groups

24. Did Professor Crompton form part of, or have any involvement or input into the formation or work of the 'Expert Clinical Reference Group' (ECRG) with respect to the BAC and, if he did:

- a. who were the members of the ECRG;
- b. what was the expertise of each member; and
- c. what was the ECRG's function and who did the ECRG consult with?

91. I had no involvement or input into the formation or work of the ECRG.

25. In the event Professor Crompton did not have involvement in the ECRG, on what date, by what means, and for what purpose, was the ECRG report provided to Professor Crompton?

92. On 7 August 2013 I received an email from Sharon Kelly, Executive Director - Mental Health and Specialised Services at West Moreton. That email is attached and marked [[MSS.001.002.0131]]. That email attached a copy of the recommendations of the ECRG and indicated that the West Moreton Board considered the recommendations of the ECRG and accepted those recommendations. Prior to this date, I do not recall seeing the recommendations of the ECRG or any other report prepared by or on behalf of the ECRG.

26. Identify any circumstances or areas of concern regarding the recommendations contained in the ECRG report.

93. I do not recall having any concerns in relation to the recommendations of the ECRG. However, I may have had general concerns in relation to the practicalities of arranging the transition of care within the timeframes for the closure.

27. Did Professor Crompton form part of, or have any involvement or input into the formation of the 'Planning Group' (PG) with respect to the BAC and, if he did:

David Crompton

Witness

- a. *who were the members of the PG;*
- b. *what was the expertise of each member;*
- c. *what was the PG's function and who did the PG consult with?*

94. I did not form a part of, or have any involvement or input into, the formation of the Planning Group (PG) with respect to the BAC.

28. *Did Professor Crompton form part of, or have any involvement or input into the formation of, the 'Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group' (SWAETRSSG) and/or the 'Statewide Adolescent Extended Treatment and Rehabilitation Service' (SWAETRS) (and say if these groups are the same or separate)?*

95. I did not form a part of the Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group or Service. However, Dr Richard Ashby was on the Chief Executive Oversight Committee (**Oversight Committee**), which provided strategic leadership and governance to the initiative. A copy of the terms of reference of the Oversight Committee is attached and marked [[MSS.001.001.0124]].

96. As indicated in paragraphs 62 and 63, on 15 November 2013, at the request of Dr Ashby, I attended the meeting of the Oversight Committee. Other than my attendance at that meeting, I did not have any involvement in the SWAETRSSG, the SWAETRS or the Oversight Committee.

29. *Who were the members of the SWAETRS and/or SWAETRSSG and what was the expertise of each member, and what was the function of each of the SWAETRS and SWAETRSSG?*

97. From my recollection, I do not know who the members of the SWAETRS and/or the SWAETRSSG were or their expertise. I am not aware of the function of each of the SWAETRS or the SWAETRSSG.

30. *Did Professor Crompton form part of, or have any involvement or input into the formation of the 'Steering Committee' with respect to the BAC?*

98. I did not form part of, nor did I have any involvement or input into the formation of the 'Steering Committee' with respect to the BAC.


David Crompton


Witness

99. I am aware that Raymond Ho was a member of the Steering Committee. While I have no specific recollection, it is likely that I was asked for my recommendation for a representative from Metro South to be on that Committee. It is my usual practice to approach the head of the relevant team in order to identify a person to recommend. In this case, I expect that I approached Dr Sean Hatherill (Clinical Director of the Child and Youth Academic Clinical Unit) for a recommendation. It is likely that he then recommended that Mr Ho be nominated (his deputy at the Child and Youth Academic Clinical Unit). I would have then passed that recommendation on.

31. Who were the members of the Steering Committee and what was the expertise of each member, and what was the function of the Steering Committee?

100. I did not attend the Steering Committee meetings. I do not recall receiving feedback from Mr Ho in relation to any Steering Committee meetings. That being the case, given the Committee was developing recommendations, I would not have expected to receive any feedback. I expect that, once the Steering Committee had developed recommendations or a report, that would have been passed on to the senior executive. I have no recollection of receiving any such report or recommendations.

32. Did Professor Crompton form part of, or have any involvement or input into the formation of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Groups (Working Groups) and, if he did:

- a. what was Professor Crompton's involvement;*
- b. who were the members of the Working Groups;*
- c. what was the expertise of each member;*
- d. what was the function of each of the Working Groups and who did the Working Groups consult with, about what topics, and on what date(s).*

101. I did not form part of, or have any involvement or input into the formation of the Working Groups nor do I have any knowledge of the members or function of those Working Groups.


David Crompton


Witness

33. *On what date, from whom and by what means, did Professor Crompton receive the views/recommendations of any or all of the ECRG, PG, SWAETRSSG, SWAETRS, Steering Committee and/or Working Groups, and for what purpose?*

102. I received the recommendations of the ECRG as set out in paragraph 92. That report was provided to me for my information only in relation to the decision to close the BAC.

Post-closure

34. *Were any procedures put in place within MSHHS to cause checks to be conducted to ensure adequate arrangements were in place for adolescents formerly consumers of the BAC and those formerly on the BAC waiting list? If yes, what did those checks involve and when did they occur?*

103. Metro South already had procedures in place for the transition of consumers from another health service to Metro South. A copies of those procedures is attached and marked [[MSS.002.012.0054]].

104. These procedures were not put in place for the specific transition of former consumers of BAC but were general procedures for the transition of care of consumers to or from Metro South. I expect that the Metro South procedures, current at the time, were followed, so far as they were applicable and necessary in order to ensure that individualised care was received by each consumer specific to that consumer's needs. As stated above, officers of Metro South considered the needs of each consumer in order to ensure that transition plans were developed and implemented and that those plans met the individual needs of each consumer.

35. *Were any new service options developed and/or implemented within MSHHS in the course of the closure of the BAC/as a consequence of the closure of the BAC? If yes, provide details.*

105. There have been no new service options that have been developed by Metro South as a consequence of the closure of BAC.

106. Although it is not a new service option developed within Metro South, I am aware that the Child and Youth Mental Health Service, in conjunction with Queensland's Hospital and Health Services are developing the Assertive Mobile youth Outreach Service (AMYOS). One of the key functions of AMYOS is to provide intensive, developmentally appropriate, community centred mental health interventions and risk assessments to adolescents who require a high


David Crompton


Witness

intensity service. AMYOS is aimed at consumers aged between 13 and 18, with a flexibility in the upper age limit depending on the presenting issues and developmental age.

107. AMYOS includes an Acute Adolescent Inpatient Mental Health Unit and will assist to develop strong collaborative partnerships between health services and local health service providers. A copy of the AMYOS model of service is attached and marked [[MSS.003.004.3656]]. I understand that there were some delays in finalising the Agreement for Provision of Services associated with AMYOS (each Hospital and Health Service was required to agree to the terms of the Agreement). A copy of the draft Agreement is attached and marked [[MSS.003.004.3615]] and [[MSS.003.004.3626]].
108. As I understand it the development of AMYOS was not something that began as a result of the closure of BAC but it was part of the service model developed in anticipation of the closure of BAC. While AMYOS did not commence until after the closure of BAC, it is a service that may be used by those patients transitioned from BAC or otherwise.

Other

36. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) Professor Crompton has relevant to the Commission's Terms of Reference.

109. On or about 29 August 2014 I became aware of a complaint concerning the Barrett Adolescent Centre and the continuing Special School. That complaint was dealt with under the *Public Interest Disclosure Act 2010* (Qld).
110. As a result of that complaint, on 9 September 2014 I attended a meeting with representatives of the BAC Special School and Education Queensland. At that meeting the representatives from the BAC Special School provided a list of student names receiving services, either at BAC Special School or by home visits. During the meeting it became apparent that some of the students attended services other than those run by Metro South. Students attended services at other Hospital and Health Services and/or were receiving private care. At the meeting it was agreed that the Hospital and Health Services would develop care plans that would address the issues raised with respect to students and their families. Those care plans were then to be signed by the relevant Hospital and Health Services, the BAC, Education Queensland and, where appropriate the student and families. I also arranged the provision of the name of clinician who could provide support/supervision to teachers at the school. This information

David Crompton

Witness

was provided to the school for their action. An email that I sent to Dr Ashby reporting on that meeting is attached and marked [[MSS.001.005.0004]].

111. On 16 September 2014 a further meeting was held at the office of Metro South Addiction and Mental Health Services. That meeting was attended by representatives of the BAC Special School, Education Queensland and Metro South. The purpose of the meeting was to develop the care plans discussed in the meeting of 9 September 2014. A memorandum I prepared following that meeting is attached and marked [[MSS.001.003.0089]].

37. Identify and exhibit all documents in Professor Crompton's custody or control that are referred to in his witness statement.

112. I have identified all documents to which I have referred by reference to their electronic document number and have exhibited those documents to the Statement.

I make this statement conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867 (Qld).

Dated 19 October 2015

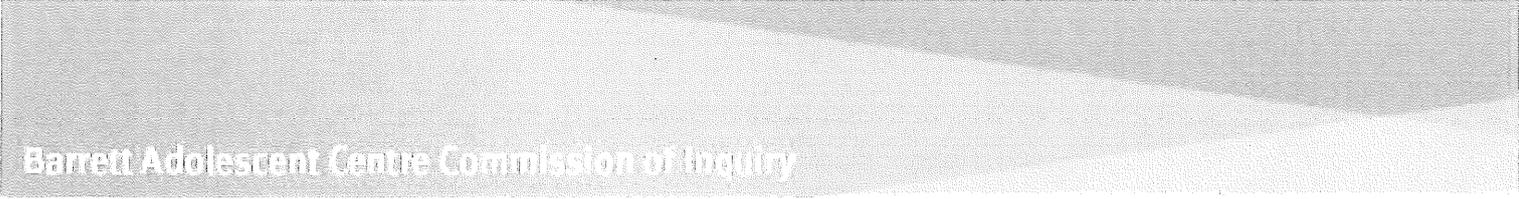
Signed and declared by Professor David Crompton at Brisbane in the State of Queensland this 19thday of October 2015

Before me:


Signature of person before whom the declaration is made


Signature of declarant

Matthew Glen Edwards - Solicitor.
Full name and qualification of person before whom the declaration is made



Barrett Adolescent Centre Commission of Inquiry

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Professor David Crompton

Of: c/- Jamie Doran, Clayton Utz

I, THE HONOURABLE MARGARET WILSON QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 4) 2015 to inquire into certain matters pertaining to the Barrett Adolescent Centre (“the Commission”) require you to give a written statement to the Commission pursuant to section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

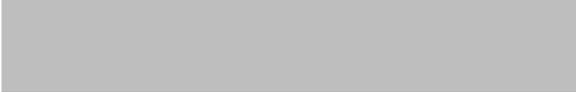
YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before **Friday 16 October 2015**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at mail@barrettinquiry.qld.gov.au (in the subject line please include “Requirement for Written Statement”); or via the Commission’s website at www.barrettinquiry.qld.gov.au (confidential information should be provided via the Commission’s secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 28th day of September 2015



The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry

Barrett Adolescent Centre Commission of Inquiry**SCHEDULE**

1. Provide a copy of Professor Crompton's current / most recent Curriculum Vitae.
2. Outline all positions and appointments (permanent, temporary or acting) held by Professor Crompton in Queensland Health for the calendar years 2012-2014.
3. Outline Professor Crompton's formal qualifications (to the extent these qualifications are not outlined in the Curriculum Vitae to be provided in response to question 1 above).
4. On what date was Professor Crompton appointed to the position of Executive Director Metro South Addiction and Mental Health Services (*and provide a copy of Professor Crompton's Position Description*)?
5. Explain Professor Crompton's role and responsibilities in the position of Metro South Addiction and Mental Health Services Executive Director, including but not limited to, his reporting relationships.
6. As the Executive Director of the Metro South Addiction and Mental Health Services, what were Professor Crompton's role and responsibilities with respect to the Barrett Adolescent Centre (BAC)?
7. Explain the policy frameworks Professor Crompton was operating under between 2012 and mid-2014, including but not limited to the Queensland Government's *Blueprint for Better Healthcare in Queensland*.
8. Provide details of any internal or external reviews/reports produced by, or received by, or which came to Professor Crompton's notice between January 2012 and June 2014, concerning the operation and management of the BAC during that period (*and provide copies*).

Closure decision

9. Explain the extent of Professor Crompton's involvement and/or input into the decision to close the BAC.
10. In the event that Professor Crompton was not involved in the decision to close the BAC, on what date, how, and from whom, did Professor Crompton first become aware of the prospect of the BAC being closed, and explain the circumstances.
11. In the event that Professor Crompton had direct involvement and/or input into the decision to close the BAC, provide details as to:
 - a. the extent and/or nature of Professor Crompton's involvement and/or input into the decision;
 - b. the name and position of those other persons involved in the decision;
 - c. the reasons for the decision to close the BAC;

- d. on what date the decision to close the BAC was made;
 - e. any consultation by Professor Crompton, or others involved in the decision, with experts and/or stakeholders (and when), and the nature of the consultation;
 - f. what advice/views were given by those experts and stakeholders prior to the decision, and how influential each of the perspectives was to the decision-making and/or Professor Crompton's involvement and/or input into the decision to close the BAC;
 - g. all alternative options and/or service models considered in making and/or having input into the decision to close the BAC;
 - h. whether an alternative Tier 3 service ever formed part of the decision-making process with respect to the closure of the BAC (and if so, when), and the reason why an alternative Tier 3 service was not established.
12. In the event that Professor Crompton did not have any direct involvement and/or input into the decision to close the BAC:
- a. who made the decision to close the BAC;
 - b. on what date, how and from whom, Professor Crompton became aware of the decision to close the BAC;
 - c. Professor Crompton's understanding as to the reason(s) for the decision to close the BAC, and the basis for this understanding;
 - d. identify any circumstances of concern regarding the appropriateness of the decision to close the BAC; and
 - e. how, when and to whom, Professor Crompton communicated the decision as to the closure of the BAC, and for what purpose.
13. Explain the extent of Professor Crompton's involvement and/or input into the decision that the closure date for the BAC was to be early (January) 2014.
14. In the event Professor Crompton had direct involvement and/or input into the decision that the closure date for the BAC was to be early (January) 2014:
- a. the extent and/or nature of Professor Crompton's involvement and/or input into the decision and the name and position of those other persons involved in making that decision;
 - b. the reasons as to why early 2014 or January 2014 was considered to be the best deadline for the closure of BAC;
 - c. on what date the decision as to the closure date was made;

- d. any consultation with experts and/or stakeholders (and when), and the nature of the consultation;
 - e. what advice/views were given by those experts and stakeholders prior to the decision, and how influential each of the perspectives was to Professor Crompton's decision-making and/or input into the decision;
 - f. the existence of any flexibility with respect to the early or January 2014 closure date, once set, or any review mechanisms;
 - g. any requests received from stakeholders for an extension to the closure date and any decisions made by Professor Crompton with respect to any such requests (and the reasons for those decisions); and
 - h. how, when and to whom, Professor Crompton communicated the decision as to the closure date and any meetings with stakeholders concerning the date.
15. In the event that Professor Crompton did not have any direct involvement and/or input into the decision that the BAC's closure date was to be early or January 2014:
- a. on what date, how and from whom, did Professor Crompton become aware of the decision that the closure date would be early or January 2014;
 - b. any reasons communicated to Professor Crompton as to the reason for the closure date and from whom, by what means, and on what date those reasons were communicated;
 - c. the extent to which Professor Crompton was aware of the existence of any flexibility with respect to the closure date for the BAC, or any review mechanisms.
16. Identify any circumstances of concern regarding the early or January 2014 closure date.
17. Did Professor Crompton facilitate or attend any meetings regarding the closure of the BAC and, if so, with whom and on what date(s), and for what purpose?
18. Identify any circumstances of concern regarding the decision to close the BAC without putting a replacement Tier 3 service in place.

Transition arrangements

19. Explain the nature and extent of Professor Crompton's involvement in the transition arrangements for the transition of patients from the BAC (and the dates when this occurred and by what means), including:
- a. consultation(s) with experts and stakeholders (and when), and the nature of those consultation(s);
 - b. consultation(s) with alternative services/care providers for patients of the BAC (and when), and the nature of those consultation(s);

- c. consultation(s) with parents of patients of the BAC (and when), and the nature of those consultation(s);
 - d. consultation(s) with staff working at the BAC (and when), and the nature of those consultation(s).
20. Is Professor Crompton aware of any circumstances of concern with respect to the transition of patients from the BAC? If yes, how, on what date and by what means did Professor Crompton become aware of these circumstances, and what did they involve?
21. Explain the nature and extent of Professor Crompton's involvement in decisions made concerning the transition of particular patients from the BAC into services provided by the Metro South Hospital and Health Service (MSHHS).
22. Provide details as to the arrangements made for the transition of any patient from the BAC to a service provided by MSHHS. In particular:
 - a. on what date, from whom and by what means, the possibility of a transition to MSHHS arose;
 - b. the position of MSHHS with respect to a transition identified in (a) above;
 - c. the date on which any patient(s) were transferred from the BAC to a service provided by MSHHS, and what that service involved; and
 - d. details concerning the funding arrangements associated with any transition identified in (a) above.
23. Explain the nature and extent of Professor Crompton's involvement in issues concerning the provision of funding for any patient transitioning from the BAC to a service provided by MSHHS.

Groups

24. Did Professor Crompton form part of, or have any involvement or input into the formation or work of the '*Expert Clinical Reference Group*' (ECRG) with respect to the BAC and, if he did:
 - a. who were the members of the ECRG;
 - b. what was the expertise of each member; and
 - c. what was the ECRG's function and who did the ECRG consult with?
25. In the event Professor Crompton did not have involvement in the ECRG, on what date, by what means, and for what purpose, was the ECRG report provided to Professor Crompton?
26. Identify any circumstances or areas of concern regarding the recommendations contained in the ECRG report.

27. Did Professor Crompton form part of, or have any involvement or input into the formation of the *'Planning Group'* (PG) with respect to the BAC and, if he did:
- who were the members of the PG;
 - what was the expertise of each member;
 - what was the PG's function and who did the PG consult with?
28. Did Professor Crompton form part of, or have any involvement or input into the formation of, the *'Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group'* (SWAETRSSG) and/or the *'Statewide Adolescent Extended Treatment and Rehabilitation Service'* (SWAETRS) (and say if these groups are the same or separate)?
29. Who were the members of the SWAETRS and/or SWAETRSSG and what was the expertise of each member, and what was the function of each of the SWAETRS and SWAETRSSG?
30. Did Professor Crompton form part of, or have any involvement or input into the formation of the *'Steering Committee'* with respect to the BAC?
31. Who were the members of the Steering Committee and what was the expertise of each member, and what was the function of the Steering Committee?
32. Did Professor Crompton form part of, or have any involvement or input into the formation of the *Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Groups* (Working Groups) and, if he did:
- what was Professor Crompton's involvement;
 - who were the members of the Working Groups;
 - what was the expertise of each member;
 - what was the function of each of the Working Groups and who did the Working Groups consult with, about what topics, and on what date(s).
33. On what date, from whom and by what means, did Professor Crompton receive the views/recommendations of any or all of the ECRG, PG, SWAETRSSG, SWAETRS, Steering Committee and/or Working Groups, and for what purpose?

Post-closure

34. Were any procedures put in place within MSHHS to cause checks to be conducted to ensure adequate arrangements were in place for adolescents formerly patients of the BAC and those formerly on the BAC waiting list? If yes, what did those checks involve and when did they occur?

35. Were any new service options developed and/or implemented within MSHHS in the course of the closure of the BAC/as a consequence of the closure of the BAC? If yes, provide details.

Other

36. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) Professor Crompton has relevant to the Commission's Terms of Reference.
37. Identify and exhibit all documents in Professor Crompton's custody or control that are referred to in his witness statement.

Curriculum Vitae

Professor David Crompton

Contents

PERSONAL DETAILS5

EDUCATION AND QUALIFICATIONS5

AWARDS **Error! Bookmark not defined.**

EMPLOYMENT RECORD6

PROFESSIONAL MEMBERSHIPS7

APPOINTMENTS7

CONFERENCE PARTICIPATION9

PUBLICATIONS 11

Curriculum Vitae**PERSONAL DETAILS**

Name: Professor David Crompton OAM

Qualifications: MBBS Grad Dip Soc Sci [Psych] FRANZCP FACHAM [RACP]

Current Health Professional Roles: Executive Director Addiction and Mental Health Services – Metro South Health
 Chair Centre Neuroscience Recovery and Mental Health
 Chair Southern Queensland Mental Health Clinical Cluster
 Surveyor Australian Council on Health Standards (ACHS)
 Executive Member Metro South Hospital and Health Service
 Professor Griffith University, School of Health Services and Social Work
 Appointment: School of Medicine, University of Queensland and School of Public Health and Social Work, Queensland University of Technology

Medical Board of Australia: Full/unconditional (MED0001344033)

Nationality: Australian citizenship

Address: Metro South Addiction and Mental Health Services
 Hypercentre
 Unit 10, Level 1
 50-56 Sanders Street
 Upper Mount Gravatt QLD 4122
 Australia

Contact Information: 

EDUCATION AND QUALIFICATIONS***Primary Medical Degree***

1977 Bachelor of Medicine and Bachelor of Surgery, University of Queensland

Post Graduate

1986 Post Graduate Diploma of Social Science (Psych), University of New England

Professional

2002 Fellowship of the Australasian Chapter of Addiction Medicine (FACHAM)
 1990 Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)

AWARDS

2012	Centre for Trauma, Loss and Disaster Recovery for the development of a program to assist Queenslanders affected by the Floods and Cyclones of 2010-11
2008	Eminent Psychiatrist, Queensland Health
2004	Order Australia Medal, Commonwealth of Australia

EMPLOYMENT RECORD

Employer	Job Title	Type	Period
Queensland Health	Executive Director Metro South Addiction and South Mental Health Services	Full time	September 2008 - current
Queensland Health	Executive Director Clinical Services Princess Alexandra Hospital	Full time	December 2007 - September 2008
Hunter New England Area Health Service	Executive Director Mental Health	Full time	October 2005 - September 2007
Queensland Health	Director Mental Health	Full time	January 2005 – May 2005
Queensland Health	Director Acute and Community Mental Health Toowoomba & District Mental Health Service	Full time	September 2002 - November 2005
Toowong Private Hospital	Clinical Director Trauma & Related Disorders Programs	Part time	1999 - November 2005
D R Crompton Medical [Pty Ltd]	Director Riverview Trauma Treatment Program	Part time	1997 - 1999
D R Crompton Medical [Pty Ltd]	Private Practice	Full time	1990 - 2002
Queensland Health	Psychiatry Registrar	Full time	1987 - 1990
Northside Clinic	Registrar	Full time	1985 - 1986
Self	General Practitioner	Full time	May 1981 - December 1984
Queensland Health	Intern, Registrar Medicine/Anaesthetics/O&G	Full time	December 1977 - May 1981

PROFESSIONAL MEMBERSHIPS

Organisation	Start	Current
Society for Disaster Medicine and Public Health Preparedness	2014	Yes
Faculty of Medical Leadership and Management (UK)	2014	Yes
European Society for Traumatic Stress Studies	2014	Yes
IIMHL	2005	Yes
RACP	2002	Yes
ISTSS	2000	Yes
RANZCP	1990	Yes

APPOINTMENTS

Type (Current)	Organisation	Title	Role	Period
Appointment (yes)	PROMISE Global	Chapter Head	Research and Mental Health Reform	2015 -
Appointment (yes)	Translational Research Institute Australia	External Membership	Research	2015 -
Appointment (yes)	Department of Communities	Brisbane Region Child and Family Governance Committee	Member	2015 -
Appointment (yes)	Queensland Health	Way Forward Committee	Co Chair	2015 -
Appointment (yes)	NH&MRC	Reviewer	Review NH&MRC Grants	2015
Appointment	Royal Australian and New Zealand College of Psychiatrists	Scholarly Projects	Reviewer	2015 -
Appointment	Royal Australian College of Physicians	Australian Chapter Addiction Medicine	Examiner	2014 -
Appointment (yes)	Queensland Health	Metro South and Metro North Disaster Psychological Response	Chair	2014 -
Appointment (yes)	Queensland University Technology	Associate Professor		2014 -
Appointment (yes)	Griffith University	Professor		2013 - 2016

Honorary Appointment (yes)	Australian Centre Post Traumatic Mental Health	Service Reviewer	Reviewer	2013 -
Appointment (yes)	Diamantina Health Partners	Theme Co-ordinator: Neuroscience, Mental Health and Recovery Theme	Representative of Centre on Diamantina Health Partners Committee	November 2012 -
Appointment (yes)	Centre for Neuroscience, Mental Health and Recovery	Chair: Centre for Neuroscience, Mental Health and Recovery Committee	Lead develop of Centre	October 2012 -
Appointment (no)	Mental Health in Multicultural Australia	Member of Mental Health in Multicultural Australia intergovernmental steering committee [Commonwealth and State]	This committee overlooks the functions of the Mental Health in Multicultural Australia	February 2012 - March 2013
Appointment (no)	Mental Health Alcohol and Other Drugs Directorate Queensland Health	Sector Commander Human Social Disaster Response	Lead the Queensland Health Human Social Disaster Response and liaise with other Government agencies and NGOs	September 2011 - 2013
Appointment (no)	Queensland Reconstruction Authority Human Social Subcommittee	Queensland Health representative	Member	February 2011 - February 2013
Appointment (no)	Queensland Health	Project Manager Activate program for Improvement of oral and physical health of those with Serious Mental Illness	Manage development of guidelines for physical and oral health in those with severe mental illness	2009 - June 2013
Appointment (yes)	Queensland Health	Chair Southern Clinical Network for QH Mental Health Service	Chair	2009 -
Appointment (no)	Queensland Health	D/Chair Queensland Health Human-Social Committee [Disaster Management]	Queensland Health Human-Social Committee [Disaster Management]	2009 - 2013
Appointment (no)	Queensland Health	Chair Community and Inpatient Mental Health Advisory Group	Chair	September 2009 - 2102

Appointment (yes)	Queensland Health	Member Statewide Mental Health Network	Member	September 2009 - December 2012
Appointment (yes)	Queensland Health	Mental Health Clinical Collaborative Committee	Member	2008 - current
Appointment (yes)	University of Queensland	Associate Professor Psychiatry	Clinical Appointment with QH position [is conjoint appointment with QH]	December 2007 -
Appointment (no)	University of Newcastle	Associate Professor		December 2005 - October 2007
Honorary Appointment (yes)	ACHS	Surveyor	Surveyor	2004 -
Appointment (no)	Rural Clinical School University of Queensland	Associate Professor		November 2004 - January 2006
Appointment (no)	University of Queensland	Senior Lecturer		1993 - 2003

REVIEWER

Journal	Role	Period
Australasian Psychiatry	Reviewer	2015 -
Qualitative Health Research	Reviewer	2014-
British Journal of Social Work	Reviewer	2014-
Administration and Policy in Mental Health and Mental Health Services Research	Reviewer	2008-
European Journal of Psychotraumatology	Reviewer	2014-
Administration and Policy in Mental Health and Mental Health Services Research	Reviewer	2008-
Australian and New Zealand Journal Psychiatry	Reviewer	2000

GRANTS

Grant	Year
Australian Centre for Health Services Innovation (AusHSI)	2013
Tradem Research Grant	2013
ARC Grant	2011
Beyondblue and National Heart Foundation	2010

CONFERENCE PARTICIPATION

Conference Title	Country	Role	Year
Academy for Chaplaincy and Community Ministries Inc.	Australia	Presenter	2015
Caring for our Community – Improving Mental Health and Wellbeing Forum	Australia	Panel Member	2015
Canadian Psychiatry Conference	Canada	Presenter	2008
Canadian Psychiatry Conference	Canada	Presenter	2008
RANZCP Annual Conference	Australia	Presenter	2007
Princess Alexandra Hospital Week	Australia	Presenter	2005
Directors of Nursing Conference	Australia	Keynote Speaker	2004
Ipswich and West Moreton Division General Practice Conference	Australia	Keynote Speaker	2003
Partnerships for Recovery	Australia	Poster Presenter	2003
Military Health Conference	Australia	Keynote Speaker	2003
ASTSS National Conference	Australia	Attendee	2003
APSAD Conference	Australia	Poster Presenter	2003
ACISA / ASTSS National Conference	Australia	Presenter	1995
ASA-ANZCA Continuing Education Conference	Australia	Plenary Speaker	1993
Royal Brisbane Hospital Health Week	Australia	Presenter	1992
Royal Brisbane Hospital Health Week	Australia	Presenter	1991