

Table No. 4C: Reasons for Closure

No.	Reason	Who	Confirmatory-indications	Contra-indications
1	Fiscal Repair Strategy	Dr Cleary Dr O'Connell Dr Kingswell Dr Young	<p>Dr Cleary explains the financial pressures in this way: <i>"In the first three months of the new State Government's appointment, Queensland Health was required to put in place savings strategies of approximately \$120 million. Additional savings strategies and targets were identified for the following financial year. The whole of Government budget management strategy required Queensland Health to look at expenditure that was discretionary, could be deferred, or was not effectively contributing to improved health outcomes. The Deputy Director-General, Finance, Procurement and Legal Services for the Department of Health oversaw, monitored and reported on financial performance. Performance was reported at the BRC (Budget Review Committee)."</i>¹</p> <p>Dr Cleary's evidence is that one of the reasons the Redlands project did not proceed was because of <i>"a need to make budget savings across the whole of Queensland Health, in circumstances where the viability of the then capital project was of grave concern."</i>²</p> <p>An email exchange between Dr Stathis and Dr Martin on 7 November 2012 speaks of a request for 5% cuts having been made <i>"behind closed doors"</i>.³</p> <p>Dr O'Connell identified budget constraints at the second most important factor in ceasing Redlands: <i>"Clearly the budgetary constraints I'd probably rank as second."</i>⁴ He confirmed he was asked to identify \$100 million in savings before the end of the financial year 2011/2012: <i>"...I was being asked to identify \$100 million in savings in a fairly short period of time before the end of the financial year between when the government was elected in March and the end of the financial year on June 30th, 2012."</i>⁵</p> <p>Dr Kingswell had to identify \$100 million in savings that would then be put to rural infrastructure projects that had become a priority for the incoming Government: <i>"I was asked to find a contribution to \$100 million worth of savings...was I invited to go and consult with everybody about that? Absolutely not. You know, we had a very quick turnaround to try and identify savings that would then be put to the rural infrastructure projects that had become a priority for the incoming government."</i>⁶</p>	<p>The money was not 'saved' so much as it was re-directed to other projects.</p> <p>Dr O'Connell agreed that the cessation was a re-allocation of funding from a troubled project to other projects that were very important and ostensibly ready to be progressed:⁷ <i>"[Diehm] So the choice that you were being presented with, it's fair to say, is this: persist with the pursuit of a project that you don't know when it can be finished, you don't know whether it can be funded and there's uncertainty about whether it's even the right project to be pursuing, or reallocate the money to other projects that are also very important and which appear ready to be progressed? [O'Connell] Yes. That's a fair summary."</i>⁸</p> <p>Dr O'Connell says in his statement that <i>"...all commitments of expenditure by Queensland Health were reconsidered as part of the development of the Fiscal Repair Strategy and subsequent budgets. It is not possible to identify a single item of capital expenditure that occurred as a result of the decision to not progress with the Redlands Unit."</i>⁹</p> <p>The briefing note signed by Dr Young on 17 August 2012 confirms the funding from ceasing Redlands contributed to the \$41million of rural rectifications.¹⁰</p>

¹ Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 32 [DMZ.900.001.0001] at [.0009]

² Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 28 [DMZ.900.001.0001] at [.0008]

³ Emails between Dr Stathis and Professor Graham Martin between 7 and 8 November 2012 regarding the proposed closure of the BAC [QHD.012.002.2513] and [QHD.012.002.2527]

⁴ T12-28 II 32

⁵ T12-18 II 5-8

⁶ T13-13 II 31-35

⁷ Certainly, the 12 rural hospital projects were far from ready to be progressed.

⁸ T12-58 II 13-17

⁹ Exhibit 94 - Affidavit of Dr O'Connell dated 6 January 2016 [DTO.900.0001.0001] at [.0008]

¹⁰ Exhibit 94 - Affidavit of Dr O'Connell dated 6 January 2016 [DTO.900.0001.0001] at [.0117]

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
			<p>Dr Young said ‘we’, presumably being QLD Health, were asked to making savings: “[Freeburn] Do you recall whether a reason for the cessation of the Redlands project was that the incoming government had asked for there to be 100 or 120 million dollars of savings? [Young] ...we were asked to look in various areas for savings.”¹¹</p> <p>Email from Dr Kingswell to Dr Siskind of RANZCP: "Barrett centre costs about \$6m recurrent to run. It can identify no outcomes. It is attached to the most expensive school in Aus that records no naplan results..."¹²</p> <p>In March and April 2012, a Review of The Park was undertaken by Chettleburgh and Doyle at the request of Dr Kingswell. It was intended that the Review be provided to Ms Pam Lane. The context of the review was that The Park faced a projected deficit. Relevantly, the Review stated “The approach expressed to the review team was that due to capital works delays at the new site, BAU is now being treated as though it is not being relocated.”¹³ Barrett Adolescent Unit (BAU) – the BAU was identified as one of the areas that was disproportionately contributing to the current deficit. In reviewing their YTD financial performance they are 8% in deficit (\$201,000) which is not acceptable from a financial management perspective but is not a significant contributor to the current deficit.</p>	<p>Dr Cleary’s understanding was that funding for Redlands was re-directed towards 12 rural hospitals: “[Cleary] In terms of paragraph 33 of my statement that related to the capital funding stream and was redirected. I subsequently became aware that it was redirected towards 12 priority capital projects in regional and rural Queensland for hospital repairs and that was in a brief I’ve only see recently. [COMMISSIONER WILSON] So that was the whole of the capital allocation for Redlands, are you saying, went to the rural hospitals? [Cleary] That’s my understanding.”¹⁴</p> <p>This was Dr Young’s understanding too: “[Freeburn] And it was effectively moving \$41 million from four projects, including Redlands, and applying that \$41 million and some other money to 12 rural hospitals? [Young] Yes.”¹⁵</p> <p>Dr Kingswell assumes all but \$3 million approx. of Redlands capital funding was swept up by the rural infrastructure projects identified in the brief of 17 August 2012: “[Freeburn]... was all the money that was left from the cessation of the Redlands project going to go into this project, was it? [Kingswell] ... So all I can assume from that is that whatever allocation was against the Redlands project was swept up for this minus ... the 3.1 or 3.2 – whatever it was – for the ICT for my mental health projects. So I imagine that that ended up with a net effect of, you know, 11 million or something thereabouts.”¹⁶</p> <p>Regional services being a priority was confirmed by Dr Geppert: “[Freeburn] ... the meeting minutes for that capital works working group – it refers to a change in government priorities. Do you recall what that was? [Geppert] My recollection of that period of time was that the change in government priorities...would have been referring to the fact that we had new regional services that also needed to be funded, and so there were new opportunities coming into the government that required funding...”¹⁷</p>

¹¹ T21-71 II 9-11

¹² DBK.001.001.0091

¹³ Exhibit 260 - Review of The Park Centre for Mental Health March/April 2012 [QHD.029.001.5520] at [.5524]

¹⁴ T14-16 II 6-12

¹⁵ T21-73 II 19-20

¹⁶ T 13-22 II 29-40

¹⁷ T10-5 II 37-41

				<p>5% cuts</p> <p>Dr Stathis' recollection is that while 5% cuts were floated by Dr Steer in conversations with Ms Krause, there was no definitive direction. Dr Stathis thought the CHQ Board supported efforts to reduce those cuts through negotiation with the Government. He couldn't recall whether there were any major cuts: "[Stathis] The context to that statement was that Peter Steer had talked confidentially with Judy about possible cuts.... Judy then spoke to Graham and I in confidence about those cuts. But the Board were also backing Children's Health Queensland to negotiate with the Government to reduce those cuts. [Freeburn] So was it the case that there'd been a direction to cut by five per cent but there were attempts to negotiate that? [Stathis] No direction had been given. It had just been floated that a five per cent cut might be required. [Freeburn] Do you remember whether the five per cent cuts applied? [Stathis] I can't recall. [COMMISSIONER WILSON] Were there any cuts? [Stathis] Commissioner, I can't recall whether there were cuts at that time. There may have been small cuts or we may have had to redesign some positions."¹⁸</p> <p>Dr Steer, however, had no understanding of the context of the 5% cuts Professor Martin referred to in his email. He definitively rejected any link between budget cuts and replacement services for the BAC, and seemed to reject any suggestion that budget cuts affected the decision to close BAC:</p> <p>"[Steer] I have no understanding of the context of that five per cent cut. If the concern is that any engagement we had with respect to planning replacement services for the cohort of adolescents cared for by the Barrett, there was no suggestion of budget cuts related to that activity, as our planning and in fact our project plan and budgeting process, there's clear evidence of that. [Freeburn] Well, this email was sent on 8 November, which we know was a date when it became public that there may be an intention to close the Barrett Adolescent Centre? That's wrong. [Freeburn] So are you able to say whether you recall there being some sort of direction or suggestion that there may be five per cent cuts? [Steer] ... My engagement with this, as you are quite rightly pointing out, was significantly after that time period. I can only speak to the time period I was involved, and certainly there was no talk of budget cuts. So unfortunately I can't add any further wisdom to this."¹⁹</p> <p>Briefing note of 3 May 2012: "The RAETU capital program has encountered multiple delays to date and has an estimated budget over run of \$1,461,224... The potential cost saving of not proceeding with the RAETU project is \$15,150,524 in capital, and \$1,824,979 in recurrent operating costs (from 2014-15)."²⁰</p> <p>Dr Maynard did not perceive there to be an unwillingness to finance appropriate projects: "So my own experience during that period of time is that the Department was prepared to support financially whatever was required to provide appropriate care to young people and adolescents with mental health conditions."²¹</p>
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				<p>Mr Springborg rejected a link between a letter enquiring as to the available cuts to services West Moreton could make and the closure of the BAC: [Freeburn] Now, it's accurate, isn't it, that that letter... you ask Dr Corbett as the chair of the West Moreton Board what specific cuts to programs, reductions in services or other strategies were available...? [Springborg] Yes... This was an emerging issue following retrospective funding realignments from the Commonwealth Government that we had to deal with in the department. It was generally unrelated to any other discussions. [Freeburn] So, generally... what West Moreton were being asked to do was to cut programs so far as they could do it; correct? [Springborg] ... the focus, of course, around this is to make sure that they are projects or programs that don't impact on the need to provide proper patient care and the urgent treatment that is required by people. [Freeburn] Are you able to say whether the decision to close the Barrett Adolescent Centre was a response to your request for cuts to services? [Springborg] It – it was not. It was totally unrelated. As I've indicated in my evidence this morning, that decision was made maybe eight, nine months before this letter. [Freeburn] You see, your evidence, as I understood it, is that you weren't aware of any lack of money being available to provide adolescent mental health services; correct? [Springborg] That is – that is correct. [Freeburn] But at the same time, we have a letter to the board saying we want you to look at the prospect of cutting services? [Springborg] This is unrelated to that, absolutely unrelated to that.²²</p>

¹⁸ T24- 27-28

¹⁹ T24- 111-112

²⁰ Exhibit 94 - Affidavit of Dr O'Connell dated 6 January 2016 [DTO.900.0001.0001] at [.0112]

²¹ T12-86 II 10-13

²² T15 – 31-32

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
2.	Multiple Delays	Dr Geppert Dr Kingswell Dr Young Dr O'Connell	<p>Briefing note of 3 May 2012: <i>“The RAETU capital program has encountered multiple delays to date.”</i>²³</p> <p>Dr Cleary’s evidence is that based on the information provided to him as a member of the Budget Review Committee (BRC), he understood that ‘by June 2012 the Redlands [project] had incurred multiple delays’.²⁴</p> <p>Dr Kingswell’s evidence with respect to the Redlands project, is that <i>“By September 2012, there were no building approvals, the project was more than 12 months behind schedule and was significantly over budget.”</i>²⁵(Our emphasis)</p> <p>Dr O’Connell’s third most significant reason for ceasing Redlands: <i>“And then the other project issues which were causing the delays I’d rank as third.”</i>²⁶</p> <p>To the extent that “multiple delays” can be considered a catch-all for the perceived issues with Redlands, Dr Geppert believed that the environmental and capital issues associated with the site and location were, or were considered, to be unresolvable. Moreover, she recalled this was the position accepted by all stakeholders involved at all levels: <i>“[Geppert]...there were environmental and capital issues associated with the site and location, and so they were – and they were considered to be unresolvable at the time. [Freeburn] Dr Geppert, do you know who said that the environmental issues were unresolvable? [Geppert] I can’t recall specifically who would have said that...my recollection of the period of time is that that was ... an accepted position by all stakeholders involved at all levels.”</i>²⁷</p> <p>Ms Kelly wrote in an Agenda Paper for a board meeting that Redlands was ceased due to unresolvable building and environmental issues. She could not recall the source of this information: <i>“[Freeburn] So you’re the author of this document. Correct? [Kelly] That’s correct...[Freeburn] And paragraph 6, do you see there: Redlands has ceased due to unresolvable building and environmental issues? [Kelly] Yes. [Freeburn] Where did you get that information from? [Kelly] I’m sorry, I don’t recall. But I certainly know that that was the case. I can’t recall which document it was in but that’s well known that there were unresolvable issues.”</i>²⁸</p>	<p>The cessation decision was made prior to September 2012.</p> <p>Ms Kelly and Dr Geppert cannot recall the source of the information that environmental issues were unresolvable.</p> <p>The source of the information about the multiple delays has not been identified.</p> <p>Neither Ms Kelly or Dr Geppert or Dr Kingswell seem to have had direct contact with the Capital Project team or with Professor Crompton.</p> <p>Professor Crompton’s evidence is delays in builds were unremarkable: <i>“[Crompton]...at the time that we were doing this, we had about... three to four other builds that were going on. All builds were running to a degree behind schedule, so it was always conscious in my mind about delays in progress of projects... [Freeburn] But nothing extraordinary? [Crompton] I wouldn’t have – look, that would be me postulating backwards whether I saw this one as extraordinary or not extraordinary. The fact that building projects are behind schedule remain always a concern for me as the person tasked with the responsibility of delivering mental health services in the area...And particularly as this was a state-wide facility.”</i>²⁹</p>

²³ Exhibit 94 - Affidavit of Dr O’Connell dated 6 January 2016 [DTO.900.0001.0001] at [.0112]

²⁴ Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 23 [DMZ.900.001.0001] at [.0006]

²⁵ Exhibit 68 – Affidavit of Dr Kingswell dated 21 October 2015 [DBK.900.001.0001] at [.0002].

²⁶ T12 – 28 ll 34-35

²⁷ T10-5 ll 3-27

²⁸ T11-14 ll 22-39

²⁹ T7-7 ll 30-41

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
3.	Budget Overruns	Dr Geppert, Dr Kingswell and Dr Young	<p>Briefing note of 3 May 2012: <i>“The RAETU capital program has... an estimated budget over run of \$1,461,224.”</i></p> <p>Note also Dr Cleary’s evidence that Dr Kingswell told him <i>“a significant budget overrun of approximately \$1.4 million”</i>.³⁰</p> <p>The baseline varied for the overrun. Dr Kingswell suggested that at September 2012 that the Redlands project may have been \$1.4million over budget at September 2012: <i>“[Freeburn] So to go back to my original question, by how far over the budget did you think it was in September 2012? [Kingswell] Well, I think the briefing papers that we got from health infrastructure division estimated it at about 1.4 million, but... that figure seemed to move depending on which point in time you looked at it.”</i>³¹</p> <p>Dr Geppert recalled budget overrun being an issue: <i>“I believe from memory that that particular project had the most significant budget overrun of all of them and at some point, that was ... forecasted to be a budget overrun of over \$1 million for the project.”</i>³²</p>	<p>Some budget over-run appears to have been anticipated from the outset.</p> <p>There is inconsistent evidence about the extent of the budget over-run: <i>“[Freeburn] Dr Kingswell, 1.4 million in a budget of 16, three or four years after the project was started doesn’t seem a great escalation in a building project of this nature? [Kingswell] One point four out of 16 is not; that’s right. But if it’s actually seven on 10 out of a finite budget for the whole program, it is a significant budget overrun. That project had run into many other problems other than just budgetary problems.”</i>³³ It is difficult to know what this response means.</p>
4.	Recent Sector Advice proposes a rescoping of clinical service model and governance structure for the unit	Dr Geppert, Dr Kingswell and Dr Young	<p>Briefing note of 3 May 2012: <i>“Additionally, recent sector advice proposes a rescoping of the clinical service model and governance structure for the Unit.”</i>³⁴</p> <p>[Note change profile referred to at item 11 below.]</p>	<p>Professor Crompton, who was the chair of the Facility Project Team running the project, had no knowledge of ‘recent sector advice’: <i>“[Mellifont] And so you have no knowledge specifically what is referred to by the author or authors of this document as to “recent sector advice”; is that correct? [Crompton] No. I’ve got no specific knowledge of that.”</i>³⁵</p> <p>Dr Groves was not aware (then or now) of any particular change in policy or change in expert opinion: <i>“[Freeburn] Are you aware of any particular change in policy or change in expert opinion which led to that decision to cease Redlands? [Groves] No. [Freeburn] Even now? [Groves] No.”</i>³⁶</p>

³⁰ Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 27 [DMZ.900.001.0001] at [.0008]

³¹ T13-6 ll 18-21

³² T10-3 ll 11-14

³³ T13-6 ll 23-27

³⁴ Exhibit 94 - Affidavit of Dr O’Connell dated 6 January 2016 [DTO.900.0001.0001] at [.0112]

³⁵ T7-20 ll 13-15

³⁶ T7-77 ll 44-47

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
5.	Redlands/BAC Not contemporary, or aligned with QPMH 2007-2017 or with the NMHSPF	Dr Kingswell Dr O'Connell Dr Cleary Mr Springborg Dr Young Ms Kelly Ms Dwyer	<p>Dr O'Connell identified this as the most important factor in the cessation of Redlands: <i>"[Fitzpatrick]...you've said that on your recollection that topic, namely, an emerging clinical preference to care for patients in more community-based, closer-to-home models was the most important factor in the decision to cease the Redlands project. Is that your evidence? [O'Connell] That's – that's why I said that it was most importantly. Clearly the budgetary constraints I'd probably rank as second."</i>³⁷</p> <p>Whilst perhaps not speaking directly about Redlands, Dr O'Connell said that issues such as koalas and funding could be overcome, but a change in what was considered best for the patient could not: <i>"[O'Sullivan] You say in (vi): Most importantly, there was an emerging clinical preference for community-based care. You say most importantly... Was that your opinion at the time in May 2012 that that was the most important actuating factor? [O'Connell] I think one of the marks of my time as Director-General was that I concentrated on the interests of the patients. So, yes, I think it would have been a feeling that I had both at that time and currently. The other...reasons can be surmounted to some extent. You can always eventually wait for koala approval to occur or you can always wait until funds become available to bridge the gap between the current spend. But something like, you know, a changing opinion about what's best for the patients – you know, you have to take into account, and it becomes a very significant factor in the – putting it all together."</i>³⁸</p> <p>It was also a very important factor from Dr Cleary's recollection: <i>"I would put a patient focus on this. My main concern was about the advice that the mental health branch had been providing that an alternate service model would have been appropriate and I think that's the key driver in my concern... but certainly from my personal perspective I thought the issue of the correct model of care being decided was a very important one."</i>³⁹</p> <p>Dr Cleary also referred to this reason in his statement: <i>"Dr Kingswell recommended consideration of alternative models moving from institutional to community based care. Dr Kingswell also indicated that continuation of the Redlands project was not appropriate for a range of reasons including: the proposed unit continued a model of care that was now not considered contemporary. Contemporary models were moving from institutional care to community based care. Dr Kingswell indicated that there was work being undertaken nationally that indicated that institutional models of care were not considered contemporary under the draft "National Mental Health Service Planning Framework."</i>⁴⁰</p>	<p>Dr Cleary had not read the NMHSPF at the time.⁴¹</p> <p>Dr O'Connell conceded that there was nothing in the briefing note he signed on 16 May 2012 detailing further/background information or expert reports. He further conceded that he did not question the relevant signatories to the brief because it was logical and consistent with the conversations he had been having over the course of the preceding months.⁴²</p> <p>There is no expert advice or document or report recording the view that what was proposed for Redlands was inappropriate or not contemporary.</p> <p>Professor Crompton, who was leading the Facility Project Team charged with the responsibility of proceeding with the Redlands project, established a final version of the model of service for Redlands. There is no suggestion that that group concluded that the model was not contemporary or even that they were told it was not contemporary.</p> <p>In January 2010, the BAC MOSD was reviewed by a group headed by Judi Krause. This group reviewed and updated the MOSD and provided an improved version on 22 July 2010.⁴³</p> <p>The <i>Queensland Plan for Mental Health 2007-2017</i> provided \$121.55m to expand the range of acute and extended treatment beds by providing for 140 new beds and the upgrade of existing services to meet contemporary services.⁴⁴</p> <p>The <i>Outline of the 2007-08 State Budget Outcomes for Mental Health</i> explains how that \$121.55 million was to be spent, including to <i>"develop a new 15 bed adolescent extended care unit following the closure of the Barrett Adolescent Centre"</i></p>

³⁷ T12-28 II 28-32³⁸ T12-45 II 30-44³⁹ T14-6 II 21-31⁴⁰ Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 27 [DMZ.900.001.0001] at [.0007]⁴¹ T14-11 II 4-5⁴² T12-18 II 34-44⁴³ Exhibit 43 – Affidavit of Professor Crompton dated 19 October 2015 at paragraph 37(b) [MSS.900.0002.0001] at [.0009].⁴⁴ Exhibit 124 – Affidavit of Dr Stedman dated 16 October 2015 at paragraph 9.3 and 9.5 [WMS.9000.0005.00001] at [.00004-.00005]

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6.	Site Problems – Koalas	Dr Kingswell and Dr Cleary	<p>Dr Cleary's evidence is that: "<i>Dr Kingswell also indicated that continuation of the Redlands project was not appropriate for a range of reasons including... the koala population corridor requirement...</i>"⁴⁵</p> <p>Dr Kingswell refers in his evidence to "<i>problems</i>" related to koalas on the site.⁴⁶</p> <p>December 2008, the Minister for Sustainability, Climate Change and Innovation advised all Queensland Government Departments that a freeze had been placed on the disposal and clearing of State land until an appropriate Planning Policy had been developed to protect the South East Queensland Koala habitat.</p> <p>June 2010, DERM (Department of Environment and Resources Management) released the Koala Conservation in South East Queensland State Planning Policy (SPP) and State Regulatory Provision (SRP) which then prevailed over any other planning instrument and required that government agencies and others must minimise the impact of all future development in South East Queensland on koalas and also offset that development if approved.</p> <p>13 November 2012, Barrett Adolescent Centre Stakeholder Meeting minutes: Environmental issues delayed planning process (i.e. tree removal identified as disruptive to the Koala habitat in the area identified as major environmental issue).</p> <p>Even in light of Exhibit 242 (DERM letter of 28 April 2011) Dr Kingswell thought re-scoping Redlands to facilitate Koalas was going to be expensive and time-consuming: "[Freeburn] See there there's at least some ray of hope, isn't there, if you read ... paragraph 6? [Kingswell] If you read that paragraph in isolation, yes. I think if you go back somewhere in the document it talks about needing to completely re-scope and put the car-parking underground and so on; another whole design re-work. You know, it was going to be expensive and it was going to be time-consuming, and this facility was, in my view, unlikely to progress any time soon."⁴⁷</p>	<p>On 16 March 2011, Project Services – Department of Public Works wrote to DERM asking for comment on the proposed Ministerial designation for "<i>Community infrastructure</i>" of a site for the Redland Bay Hospital.</p> <p>DERM responded on 28 April 2011 (Exhibit 242) flagging issues with Koala protection. However, DERM approved the DPWs koala strategy with three recommended amendments.⁴⁸ The advice was in these terms: "<i>DERM supports the koala conservation strategy that has been prepared by Project Services on behalf of DPW. DERM recommends the following amendments to be made: provide a detailed offset commitment plan including the likely amount of koala habitat tree removal and offset strategies (i.e. financial or direct); provide details of koala friendly fencing to be used on site; and provide further details on traffic mitigation measures.</i>"</p> <p>The issue of koalas appears to have disappeared as an issue from this date onwards.</p> <p>The 3 May 2012 Briefing Note recommending the cessation of Redlands did not mention koalas.</p> <p>Dr Kingswell agreed that the koala issue was not unresolvable: "[Freeburn]...on looking at it, it doesn't look unresolvable; would you agree with that? [Kingswell] No, perhaps not, perhaps not, but not in a timely way."⁴⁹</p> <p>Dr O'Connell conceded that the koala issue was relatively insignificant in the face of the contemporary model of care issue: "<i>The other...reasons can be surmounted to some extent. You can always eventually wait for koala approval to occur or you can always wait until funds become available to bridge the gap between the current spend. But something like, you know, a changing opinion about what's best for the patients – you know, you have to take into account, and it becomes a very significant factor in the – putting it all together.</i>"⁵⁰</p> <p>Ms Dwyer was only aware of koala issues second-hand through unidentified 'staff within the mental health service': "[Freeburn]...you say: I heard there were issues regarding koalas on the site, and that, potentially, the site was too small or had other physical constraints. Where did you get that information from? [Dwyer] I would say that that was from staff within the mental health service themselves."⁵¹</p>

⁴⁵ Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 27 [DMZ.900.001.0001] at [.0007]

⁴⁶ Exhibit 68 – Affidavit of Dr Kingswell dated 21 October 2015 [DBK.900.001.0001] at [.0002].

⁴⁷ T13-13 II 21-27

⁴⁸ Exhibit 242 – DERM letter dated 28 April 2011 [WMS.6006.0002.54435] at [.54440]

⁴⁹ T13-13 II 16-18.

⁵⁰ T12-45 II 39-44

⁵¹ T12-101 II 10-22

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
				Dr Cleary was taken to the DERM letter but due to a successful objection from Mr Diehm he did not answer whether he was aware that the koala conservation strategy had been accepted by DERM. ⁵²
7.	Site Problems – Drainage/water flow	Dr Kingswell Dr Cleary Dr O’Connell	<p>Dr Kingswell refers in his evidence to “problems” related to a lack of adequate drainage.⁵³</p> <p>Dr Cleary’s evidence is that: “Dr Kingswell also indicated that continuation of the Redlands project was not appropriate for a range of reasons including...a water course on the site.”⁵⁴</p> <p>Dr Kingswell maintained in oral evidence that drainage issue contributed to the delays and budget issues affecting Redlands: “[Freeburn] So you’d accept that there was no re-scoping of the project by reason of the drainage issues? [Kingswell] No, I won’t accept that, because it was re-scoped... but as I said before, it started with a very large footprint, and that became increasingly constrained. And then there was a number of attempts to re-scope it because of budget issues to bring it back ... I think at some point it had hit about 19 million, and then we had to go back to the drawing board and take out various design elements to make it affordable within the budget envelope. It had gone round and round many, many times.”⁵⁵</p> <p>“[Freeburn] You see, reading this document isn’t it a fair assumption that the decision to cease the Redlands project had nothing to do with koalas or drainage? [Kingswell] No. That would not be a fair assessment at all. That this was a project that was significantly delayed, significantly over budget and was not going to deliver a solution that we required to the Barrett Adolescent Centre.”⁵⁶</p> <p>Dr O’Connell referred to a general sensitivity to capital development in flood-prone areas: “[Freeburn] ... was this ...not just a drainage problem, it was a flooding problem that you recall? [O’Connell] Well, as I said, it was a general sensitivity to the fact that there had been facilities in – amongst the 182 in Queensland – hospitals – which had been prone to flooding, and this was a topical issue at the time and so it was a consideration that we would want to avoid any low lying sites.”⁵⁷</p> <p>Dr O’Connell added drainage issues may have contributed to the delays in establishing a project plan: “...could I make the comment that even if it had been resolved in 2009 the process to resolve it may have been one of the factors which ultimately resulted in the fact that we got to this point in time and we were extremely late on the project plan.”⁵⁸</p>	<p>Exhibit 243: Formation of Facility Project Team Meeting 15/10/2009 minutes – Executive Director of Redland and Wynnum Hospitals advised that water flow issues had been resolved.⁵⁹</p> <p>Until he prepared for the Commission, Dr Kingswell was not aware that the water flow issues had been resolved (in reference to exhibit 243): “[Freeburn]...you saw this document and you realised the drainage issue had been resolved. But you hadn’t known that until preparing for today? [Kingswell] No. That’s right... [Freeburn] In various discussions and emails leading up to the decision to cease Redlands, this drainage issue appears to loom large. Do I take it from your answer that you had thought there was a drainage issue and you didn’t know that it had been resolved? [Kingswell] I did not know that it had been resolved. That’s right”⁶⁰</p> <p>Dr Kingswell also said in oral evidence he thought the issue was with the water course rather than drainage: “[Freeburn]...the way you’ve expressed it in your witness statement is that the lack of adequate drainage was an issue and, as a result, the project had to be re-scoped a number of times to fit the changing potential building footprints...is that accurate?---Yes. That’s accurate. So I don’t think it’s a drainage issue. I think it’s a water course issue through that block. But this is information that you’d be better to get from our health infrastructure division.”⁶¹</p> <p>Dr O’Connell seemed unaware that the water flow issues were unresolved in 2009: “[Freeburn]...but the facilities project team for this project had about 18 meetings or thereabouts and early on in October 2009 they note that the drainage issues had been resolved... I gather from what you’ve said you’ve got no direct knowledge of any of this? [O’Connell] 2009 was before my time as Director-General, yes. [Freeburn]...but do you know where that information came from? [O’Connell] No. I can’t remember where it came from.”⁶²</p> <p>Dr Cleary was not aware of Exhibit 243: “[Muir] I’d like to take you to some minutes of the facility project team... if you see in the second column in</p>

⁵² T14-6-7⁵³ Exhibit 68 – Affidavit of Dr Kingswell dated 21 October 2015 [DBK.900.001.0001] at [.0002].⁵⁴ Exhibit 40 – Affidavit of Dr Cleary dated 21 December 2015 at paragraph 27 [DMZ.900.001.0001] at [.0007]⁵⁵ T13-12 II 33-41⁵⁶ T13-17 II 1-5⁵⁷ T12-11 III 13-17⁵⁸ T12-12 II 19-24⁵⁹ [MSS.001.002.0297] at [.0298]⁶⁰ T13-12 II 12-21⁶¹ T13-11 II 28-33⁶² T12-11-12

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
				<p>paragraph 2 it talks there about ...the water flow issues have been resolved. Am I correct in assuming that you were not aware of the minutes of these meetings? [Cleary] That would be correct, yes.”⁶³</p> <p>The issue seems to be either drainage or a water course or flooding – all different concepts.</p>
8.	Established Plan for the Park – an adult only facility (and risks associated with co-location of forensic patients in EFTRU)	Ms Kelly ⁶⁴ Dr Cleary Ms Dwyer Dr Kingswell ⁶⁵	<p>On 26 October 2012, Dr Cleary prepared a draft Briefing Note to the Director-General: <i>Concerns have been raised about the co-location of BAC with adult forensic and secure services delivered by The Park Centre for Mental Health (TPCMH).</i>⁶⁶</p> <p>Media Announcement attributed to Ms Dwyer 8 November 2012: <i>The role and structure of The Park facility in that it is mainly an adult service. There are concerns about the co-location of Barrett Centre for adolescents with the secure services delivered by The Park.</i>⁶⁷ Further, an email on 14 November 2012 mentions concern regarding its co-location with adult forensic patients and secure services at The Park.⁶⁸</p> <p>This issue was highlighted back in 2001. A memo to Dr Brown from Kevin Fjeldsoe (then Executive Director and Director of Nursing at The Park) warned that The Adult High Security Forensic Unit was to be commissioned in February 2002 and the location of the BAC immediately adjacent had the potential to lead to significant problems over time.⁶⁹</p> <p>Dr Kingswell’s evidence is that consumers of EFTRU ‘would have unfettered access to the entire site, which included the BAC’, with the risk posed by consumers of EFTRU to patients of the BAC being ‘a risk we could not afford to take’:⁷⁰</p> <p style="padding-left: 40px;"><i>‘[EFTRU] is a very different model of service. It’s like a community care unit for mentally ill offenders. It’s open. They can walk out. It has a gate. The likelihood of some harm coming to an adolescent on that site might not have been high and perhaps the immediacy wasn’t urgent either, but the magnitude of the problem that you were going to visit if something went awry was going to be catastrophic, and had anything like that occurred I’d be sitting in front of an inquiry asking a – answering a very different set of questions. People would be asking what were you thinking leaving a group of vulnerable children on that site with that population?’⁷¹ (Our emphasis)</i></p> <p>...</p>	<p>The Minutes of the meeting of the ECRG dated 27 March 2013 record the following, under the heading ‘New Business – Revised timeframes’:⁸¹</p> <ul style="list-style-type: none"> • <i>Noted that the construction of the Extended Forensic Treatment Unit (EFTRU) at Wacol has been completed and due to open in July 2013.</i> • <i>With the opening of EFTRU, it is likely that there will be forensic patients on the grounds with access to BAC. This is seen as a risk for young people.</i> • <i>EFTRU is a new model of service and there is uncertainty as to whether the risks to adolescents in BAC have been assessed for patients likely to transition to EFTRU.</i> • <i>It was noted that there are differing opinions [as] to whether these consumers will pose a risk to the adolescents on site and a comment that there are ongoing myths being perpetuated about forensic consumers.</i> • <i>Furthermore, it was noted by staff from BAC that currently, forensic patients on leave already have access to the BAC grounds with no incident and question the validity of the claim around increased risk due to forensic consumers.</i> (Our emphasis) <p>Dr Stedman’s evidence is that no real risk was posed to patients of the BAC by consumers of EFTRU to patients of the BAC:</p> <p style="padding-left: 40px;"><i>‘all of the people that have gone to EFTRU are people that could be managed readily in a community setting and pose no real risk to anybody anywhere so I – I think they’re saying there that the – you know, a risk assessment was conducted on each person so – and – and that they wouldn’t have transferred to EFTRU if there was a – significant level of – of risk in any kind of setting – any domain.’⁸²</i></p>

⁶³ T14-8 114-10

⁶⁴ Exhibit 66 – Affidavit of Ms Kelly dated 16 October 2015 at paragraph 10.4 [WMS.9000.0006.00001] at [.00009]

⁶⁵ Exhibit 68 – Affidavit of Dr Kingswell dated 21 October 2015 at paragraph 20 [DBK.900.001.0001] at [.0008].

⁶⁶ QHD.006.003.3581

⁶⁷ WMS.0017.0001.04411

⁶⁸ WMS.0011.0001.17034.

⁶⁹ Exhibit 75 – Affidavit of Pam Lane dated 23 October 2015 at paragraph 3.12 [WMS.9000.0003.00001] at [.0004] (referring to attachment PL-7).

⁷⁰ Exhibit 68 – Affidavit of Dr Kingswell dated 21 October 2015 at paragraph 20[DBK.900.001.0001] at [.0008].

⁷¹ T13-20 11 5-14

⁸¹ Exhibit 213 – ECRG Meeting minutes [CHS.001.001.6054] at [.6084]

⁸² T19-44 1 15 to T19-47 1 30

No.	Reason	Who	Confirmatory-indications	Contra-indications
			<p><u>And your evidence earlier is that not for a second – not for a second did you think it was the wrong decision to close the Barrett Centre when it did. Because, as I understand your evidence, is it was a completely unacceptable risk to have young persons in proximity to the persons who would be occupying the Step Down unit?---In my view that was true.</u>⁷² (Our emphasis) ...</p> <p><u>Did you think at the point that you were getting frustrated we better stop this process and we'd better - - -?---Not – not for a second, not for a second. We had a forensic hospital that was functioning. On that hospital it had 20 beds. The people that were occupying that facility were there, they were detained as insanity acquittees in relation to homicide, attempt homicide and other very serious offences. I believed that the ongoing functioning of the Barrett Adolescent Centre was untenable. I provided that advice to Lesley Dwyer at the West Moreton, to Michael Cleary within the Department, to the Minister when I was asked. I strongly believe that was the situation we were in. None of those people were – needed to act on my advice. They could all tell me I was completely bonkers and move on. But that was absolutely my belief and my advice.</u>⁷³ (Our emphasis)</p> <p>Professor McGorry has no direct recollection of any assessment undertaken in respect of any risk posed by patients of the EFTRU with patients of the BAC. Professor McGorry's evidence is that he gained the impression that it was appropriate to close the BAC for reasons 'such as' the opening of EFTRU:⁷⁴</p> <p><u>Now, were you told or are you aware of the specific modifications that were going on at The Park in relation to the care and rehabilitation of forensic patients during 2013?---I might have been and – and that's my memory that there were some new developments in the forensic space there.</u></p> <p><u>Yes. To your recollection were you provided with an explanation of whether there was an assessment of the risk to the young adolescents by reason of the changes that were going on at The Park at the time?---I don't think I was provided with detail about an objective assessment of risk to the – to the patients.</u></p> <p><u>I understand. I take it from that evidence that sitting here now you don't think that you had visibility over the details of what was going on at The Park in 2013 in terms of potential risk to the young people?---Not – not in – not in sufficient detail.</u></p> <p><u>No?---But – but I – but I suppose the impression I got from the discussions was that it was an appropriate thing to – to close – to try to close the unit for – perhaps for those – those sorts of reasons.</u>(Our emphasis)</p> <p>Ms Kelly's evidence is that when she commenced in the role as Executive Director, Mental Health and Specialised Services, she became aware of the BAC being closed for reasons which included a plan to</p>	<p>Dr Brennan's evidence is that no risk mitigation strategies were in place at the time when she commenced working at the BAC, despite EFTRU having opened. Dr Brennan recalls being reassured by Mr William Brennan as to the safety of EFTRU, however gave a directive that patients of the BAC were no longer allowed ground leave unless within eyesight:⁸³</p> <p><u>At the time when you started in September 2013, were you aware that such – it's called EFTRU?---Yes.</u></p> <p><u>Were you aware that EFTRU had opened?---Yes.</u></p> <p><u>And what, if anything, were you told about EFTRU?---I was told that it had opened. I expressed my concern. I was told that the expectation had been that Barrett would have closed in December 2012, and at that stage EFTRU wasn't supposed to open until later than that date. However, EFTRU had opened, but I don't recall anything specific being said about those patients or their care arrangements. I did have some concerns, if you want me to go into those.</u></p> <p><u>... And then I asked about the safety of EFTRU, and they assured – I was assured that there weren't very many patients there. It had only just opened.</u></p> <p><u>And who gave you these assurances? And I realise it's a long time ago, Dr Brennan; just to the best of your recollection?---I believe it was William Brennan.</u></p> <p><u>.... I gave a directive that as of then no adolescents from that unit were to be allowed any ground leave unless they were within eyesight of a staff member.</u> (Our emphasis)</p> <p>Dr Cleary's evidence is that he became aware of the plan to develop EFTRU from Dr Kingswell in late 2012, during a visit of The Park, as opposed to in the context of the need to close BAC in January 2014.</p> <p><u>I was aware that there was a move for The Park to become a more focused area which dealt principally with forensic patients probably soon after mid-2012, when Dr Kingswell and I visited the high secure unit there. I don't know that at that time I had formed the view that it was going to become an adult secure forensic campus by 2014, but that that was the direction that it was travelling. I don't believe that there was a timeframe that I had concluded at that time. Clearly, it was being – clearly, the services in mental health are moving to be community-</u></p>

⁷² T13-67 1143-47⁷³ T13-41 1142-47 to T13-42 111-5⁷⁴ T18-14 15 to T18-15 135⁸³ T20-9 145 to T20-10 140

No.	Reason	Who	Confirmatory-indications	Contra-indications
			<p>redevelop The Park and include an EFTRU.⁷⁵ Ms Kelly’s evidence is that the opening of EFTRU was delayed in an attempt to not align adolescents on The Park site with EFTRU opening. Ms Kelly gave evidence that the risk of EFTRU and BAC co-locating was ‘low’ but ‘potentially catastrophic’:</p> <p><i>Now, you said 2013. When was it planned that this unit would open?---I – June/July 2013 was the plan. Yes.</i></p> <p><i>But was it, in fact, open in July 2013?---No. We, in fact, delayed the opening of EFTRU for a period of time to attempt to not align adolescents on the site with EFTRU opening.</i></p> <p><i>You mean, you delayed the opening of EFTRU because you didn’t want too much of an overlap with Barrett and EFTRU. Is that what you mean?---That was certainly one of the intentions.⁷⁶</i></p> <p>...</p> <p><i>So the risk would be low but there was a risk of contact between the patients of the different cohorts of adolescents or adults and other parts. That was one of the risks. And so the reality is that the consequences would have been catastrophic should it have occurred.</i></p> <p><i>And I take it from that evidence that it hadn’t been tried in The Park so there was a level of uncertainty about what would happen?---EFTRU was a new model for the State.</i></p> <p><i>COMMISSIONER WILSON: Can I clarify one thing about EFTRU, you said it was scheduled to open in June or July?---2013. Yes.</i></p> <p><i>Yes. And you said you delayed the opening. It, in fact, opened in August, didn’t it?---We started individually moving some patients in. Yes.</i></p> <p><i>And can you remember the approximate date in August?---No. I’m sorry. I can’t remember the date.</i></p> <p><i>Was it around about 6 August?---I’m sorry. I don’t know.</i></p> <p><i>I see. But, anyway, the patients in the Barrett Adolescent Centre were progressively discharged between August and January?---That is correct.</i></p> <p><i>After EFTRU had opened?---Yes. And we progressively increased the cohort in EFTRU.⁷⁷</i> (Our emphasis)</p> <p><i>Is it just what you’re saying – and tell me if I’m wrong – that Bill Kingswell had told you or had led you to understand that he might forcibly close the Barrett Centre because of his concern about the risk of a collocation of Barrett and the EFTRU facility?---It was my understanding that that was something to be considered. But as I said, this did not come up at the board.</i></p> <p><i>I understand. You don’t recall advising the board of this issue?---I don’t recall it coming up, no.⁷⁸</i> (Our emphasis)</p>	<p><i>based, and so for the client group that need intensive, high secure support that type of service had been developed at West Moreton.</i></p> <p>...</p> <p><i>So were you aware that a facility that was referred to by its acronym EFTRU was being developed?---Yes.</i></p> <p><i>And when did you become aware of that?---Again in – I believe it would have been late 2012 when I visited The Park.</i></p> <p><i>Late 2012. Thank you.⁸⁴</i> (Our emphasis)</p> <p><i>So do I take it from that that the – the redevelopment of The Park as an adult facility and the opening of the EFTRU facility was not something that you had been discussing around the time of the announcement of the closure of the Barrett Centre as being of concern or one of the reasons why the Barrett Centre needed to close?---In terms of responding, the process that you talked about had been set in train under, I think the Mental Health Plan going back in 2007. And so the decision-making around that rested with people who were in executive roles at that time. In terms of the relationship between the Barrett Adolescent Centre and its location on a campus where there were a large number of forensic patients, that was certainly something that Dr Kingswell discussed with me, and I believe he would have discussed it around that time. But it would have been something that he had discussed with me going back to when I visited The Park on those – those occasions that I did, which were three. And he would have raised that with me as a concern. Yes.⁸⁵</i> (Our emphasis)</p> <p>Mr Brennan’s evidence is that for the duration of the 13 years he worked at The Park, he never held any concern with respect to the safety of BAC patients, insofar as the location of the centre was concerned. Mr Brennan gave evidence that patients of the BAC were supervised and understood that they were not to venture away from BAC grounds. While Mr Brennan recalled the opening of EFTRU as being one of the reasons requiring the closure of the BAC, his evidence is that he was unaware of any meetings about risk management during the end of 2013.⁸⁶</p> <p><i>And then what about – what do you know about the redevelopment of The Park as an adult forensic-only service or the development of EFTRU – did you have any firsthand knowledge given that you were at</i></p>

⁷⁵ Exhibit 66 – Affidavit of Ms Kelly dated 16 October 2015 at paragraph 9.1 [WMS.9000.0006.00001] at [.00005]

⁷⁶ T11-70 II32-38

⁷⁷ T11-72 III1-40

⁷⁸ T11-74 III8-25

⁸⁴ T14-29 II 9-37

⁸⁵ T14-30 II 6-19

⁸⁶ T16-56 I 38 to T16-57 I7; T16-27 I 14 to T16-28 I7; T16-29, II 1-26

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
			<p>Mr Springborg’s evidence is that he became aware in 2012 that one of the reasons why it was thought necessary to close BAC was because it was thought inappropriate to have young people collocated with EFTRU, due to risks to patients and staff of the BAC.⁷⁹</p> <p>Mr Brennan recalled the opening of EFTRU as being one of the reasons requiring the closure of the BAC, however his evidence is that he was unaware of any meetings about risk management during the end of 2013.⁸⁰</p>	<p><i>the Centre, I think we’ve just said, until the end of January 2014 – were there some changes that took place at the end of 2013 – 2014 that you can recall?---I don’t know when EFTRU opened and so I don’t recall when it opened or if there was conversations or concerns specific to that time.</i></p> <p><i><u>But what about end period of 2013 – can you recall there being expressions that there were concerns about risks for the young people at that time?---I don’t know if it was at that time but I – I do know, well, it was my understanding that part of the reason that it was considered that Barrett shouldn’t stay at The Park was the building of EFTRU and so I believe that in the decision-making that was a factor for Barrett no longer staying there that EFTRU was going to open but I’m not sure when it did open.</u></i></p> <p><i>Okay. So you weren’t party to any meetings about risk management during the end of 2013?---No. (Our emphasis)</i></p> <p>Dr O’Connell’s evidence is that he is “unable to recollect...the logistics of the opening of the EFTRU” and suggested that the Commission seek such information from the Department of Health, specifically its Mental Health Branch.⁸⁷</p> <p>Mr Springborg’s evidence is that he has “no specific recollection” of receiving any briefing about the development of EFTRU in geographical proximity to the BAC. He is ‘not aware’ of any briefings or reports addressing the consequences of the cancellation of the Redlands unit in the context of the development of EFTRU.⁸⁸ Mr Springborg’s evidence is that he assumed Dr Kingswell had considered any consequences and, if there were any issues, would have raised them via Dr Cleary.⁸⁹</p> <p>Ms Hughes’ evidence is that she does not recall any discussion, around the time when the closure of the BAC was announced in August 2013, of risks surrounding the opening of EFTRU:⁹⁰</p> <p><i>You outline the reasons you were told on 6 August for the closure decision and if you could just read 6.1(a) to yourself. So I just wanted to ask you, in relation to the extended forensic treatment and rehabilitation unit which is EFTRU can you recall EFTRU opening at</i></p>

⁷⁹ Exhibit TBA - Supplementary affidavit of Mr Springborg dated 10 March 2013 at paragraphs 4 and 9-10 [LJS.900.002.0001] at [.0002 and .0004]

⁸⁰ T16-56 I38 to T16-57 I7, T16-27 I14 to T16-28 I7, T16-29, I11-26

⁸⁷ Exhibit 95 – Supplementary affidavit of Dr O’Connell dated 6 February 2016 [DTO.900.0003.0001]

⁸⁸ Exhibit TBA - Supplementary affidavit of Mr Springborg dated 10 March 2013 at paragraphs 6-8 [LJS.900.002.0001] at [.0003]

⁸⁹ Exhibit TBA - Supplementary affidavit of Mr Springborg dated 10 March 2013 at paragraph 8 [LJS.900.002.0001] at [.0002 and .0004]

⁹⁰ T19-75 I1 24-31

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
				<p><i>the end of July 2013?---I can't remember the date but I'm aware of it opening. Yes.</i></p> <p><i><u>And can you recall there being any discussions about extra precautions or risks about – surrounding the opening of EFTRU at that time?---No, I don't recall.</u> (Our emphasis)</i></p> <p>Ms Oxenham's evidence is that the opening of EFTRU did not cause her any concern with respect to BAC patient safety as both facilities were 'well managed'.⁹¹</p> <p>Dr Breakey's evidence is that the opening of EFTRU in proximity to an adolescent unit was not a 'new' concept, having referred the Commission to the existence of 'open' forensic wards at Wolston Park in the 1980s. Dr Breakey gave evidence that there had been 'no issues' in respect of patient safety at BAC, insofar as it related to the location of the centre, in his 30 years working at the centre.⁹²</p>
9.	BAC facility needed to be refurbished; not safe	Dr Kingswell ⁹³ Ms Dwyer	<p>This issue was highlighted back in 2001. A memo to Dr Brown from Kevin Fjeldsoe (then Executive Director and Director of Nursing at The Park) warned that there was urgent need for refurbishment and extension of BAC in order to provide for safe treatment of adolescents.⁹⁴</p> <p>Complaints were been made about the BAC by the Australian Council of Healthcare Standards (2006), Community Visitor from the Commissioner for Children and Young People Children Guardian (2006), and the Queensland Nurses' Union (2007).⁹⁵</p> <p><i>ACHS Review</i>, an accreditation survey by the ACHS in 2009 gave BAC a 'high priority recommendation' to ensure that immediate modifications were made to improve patient and staff safety.</p> <p>A report by Walter, Baker and George in 2009 was critical of a number of aspects of BAC.⁹⁶</p> <p>21 September 2012, a Report on the Condition of the Barrett Adolescent Centre: "<i>Genuine redevelopment or capital investment in Barrett had been avoided in the 2000 site redevelopment of The Park as the service was destined to be relocated. It has now been 12 years since the 2000 major site redevelopment and Capital Works Delivery Program has cancelled the build of an alternative site at Redland Bay. The report estimates that building maintenance would cost around \$400,000.</i>"⁹⁷</p>	Dr Sadler responded to the criticisms made by Walter, Baker and George.

⁹¹ T14-54 II 4-7⁹² T6-52 11 - 11⁹³ DBK.001.001.0091⁹⁴ Exhibit 75 – Affidavit of Pam Lane dated 23 October 2015 at paragraph 3.12 [WMS.9000.0003.00001] at [.0004] (referring to attachment PL-7).⁹⁵ WMS.0012.0001.12994⁹⁶ WMS.1005.0001.00128⁹⁷ WMS.6005.0002.00041

<u>No.</u>	<u>Reason</u>	<u>Who</u>	<u>Confirmatory-indications</u>	<u>Contra-indications</u>
			<p>Email from Ms Dwyer on 14 November 2012: <i>"The BAC facility at The Park is approaching 40 years of age and has been identified by the Australian Council of Healthcare Standards as unsafe and necessitating urgent replacement."</i>⁹⁸</p> <p>Dr Cleary's evidence is that on 15 October 2012 he sought information from the Health Infrastructure Branch regarding 'whether there was an option to undertake maintenance and refurbishment for the BAC'. It is Dr Cleary's evidence that he was advised by the Health Infrastructure Branch that:</p> <ul style="list-style-type: none"> • it was possible to undertake maintenance and that this could have been managed though the WMHHS; • a specific cost breakdown was not available; • the [BAC] was considered unsuitable for complete refurbishment. <p>On 26 October 2012, Dr Cleary prepared a draft briefing note to the Director-General, stating that the West Moreton HHS Mental Health Service Executive Director <i>"is seeking approval from the West Moreton HHS Board to close the BAC in December 2012"</i> and stated that <i>"the service delivered through BAC could not continue"</i> because:</p> <ul style="list-style-type: none"> • The age and condition of the building has been identified by the Australian Council on Healthcare Standards as unsafe, necessitating urgent replacement. 	
10.	Low Bed Occupancy	Dr Geppert, Dr Kingswell and Dr Cleary	Dr Cleary's draft briefing note on 26 October 2012 stated that 'the service delivered through BAC could not continue' because: <i>"The average bed occupancy rate for BAC is 43%. This is less than half of the 15 beds currently available in this unit."</i>	<i>"This unit has occupancy rates of 60%, however low occupancy rates are not unusual within Child and Youth units associated with high levels of approved leave, including day and overnight leave, to ensure that community, family, social and educational links are maintained as much as possible...."</i> ⁹⁹
11.	Change in BAC patient profiles		<p><i>DOH Brief</i> (Director General Health) which found that the profile of BAC clients changed post the inception of Acute Child and Youth Mental Health Beds in Queensland. Where there was no obvious community placement option Acute Units were referring to the BAC. As a result the BAC was now treating more complex cases. This resulted in more complex cases at the BAC and less 'referral out' options (average length of stay BAC rose 4 months in 1994 to 10 months in 2006).¹⁰⁰</p> <p>This issue was highlighted back in 2001. A memo to Dr Brown from Kevin Fjeldsoe (then Executive Director and Director of Nursing at The Park) warned that the BAC's clinical profile was changing in that many acute units were referring patients to BAC who had complex clinical problems.¹⁰¹</p> <p>Ms Lane's statement at paragraph 3.54: <i>"Over time the patients admitted to BAC had changed from children who probably were disturbed at some level (but were not violent and self-harming) to a group that was more difficult to manage. The increased level of disturbance in the patients caused the number of beds at BAC to be reduced to give patients more room."</i>¹⁰²</p>	

⁹⁸ WMS.0011.0001.17034⁹⁹ Exhibit 260 - Review of The Park Centre for Mental Health March/April 2012 [QHD.029.001.5520] at [.5531]¹⁰⁰ WMS.1005.0001.00128¹⁰¹ Exhibit 75 – Affidavit of Pam Lane dated 23 October 2015 at paragraph 3.12 [WMS.9000.0003.00001] at [.0004] (referring to attachment PL-7).¹⁰² Exhibit 75 – Affidavit of Pam Lane dated 23 October 2015 at paragraph 3.12 [WMS.9000.0003.00001] at [.0010]