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## TRANSCRIPT OF PROCEEDINGS

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**THE HONOURABLE MARGARET WILSON QC, Commissioner**

**MR P. FREEBURN QC, Counsel Assisting**

**MS C. MUIR, Counsel Assisting**

**IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950**

**COMMISSIONS OF INQUIRY ORDER (No. 4) 2015**

**BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY**

**BRISBANE**

**9.00 AM, MONDAY, 7 MARCH 2016**

**Continued from 4.3.16**

**DAY 21**

**RESUMED**

**[9.00 am]**

5 COMMISSIONER WILSON: Good morning everyone.

MS MUIR: Good morning, Commissioner.

COMMISSIONER WILSON: Ms Muir.

10 MS MUIR: The court should be closed

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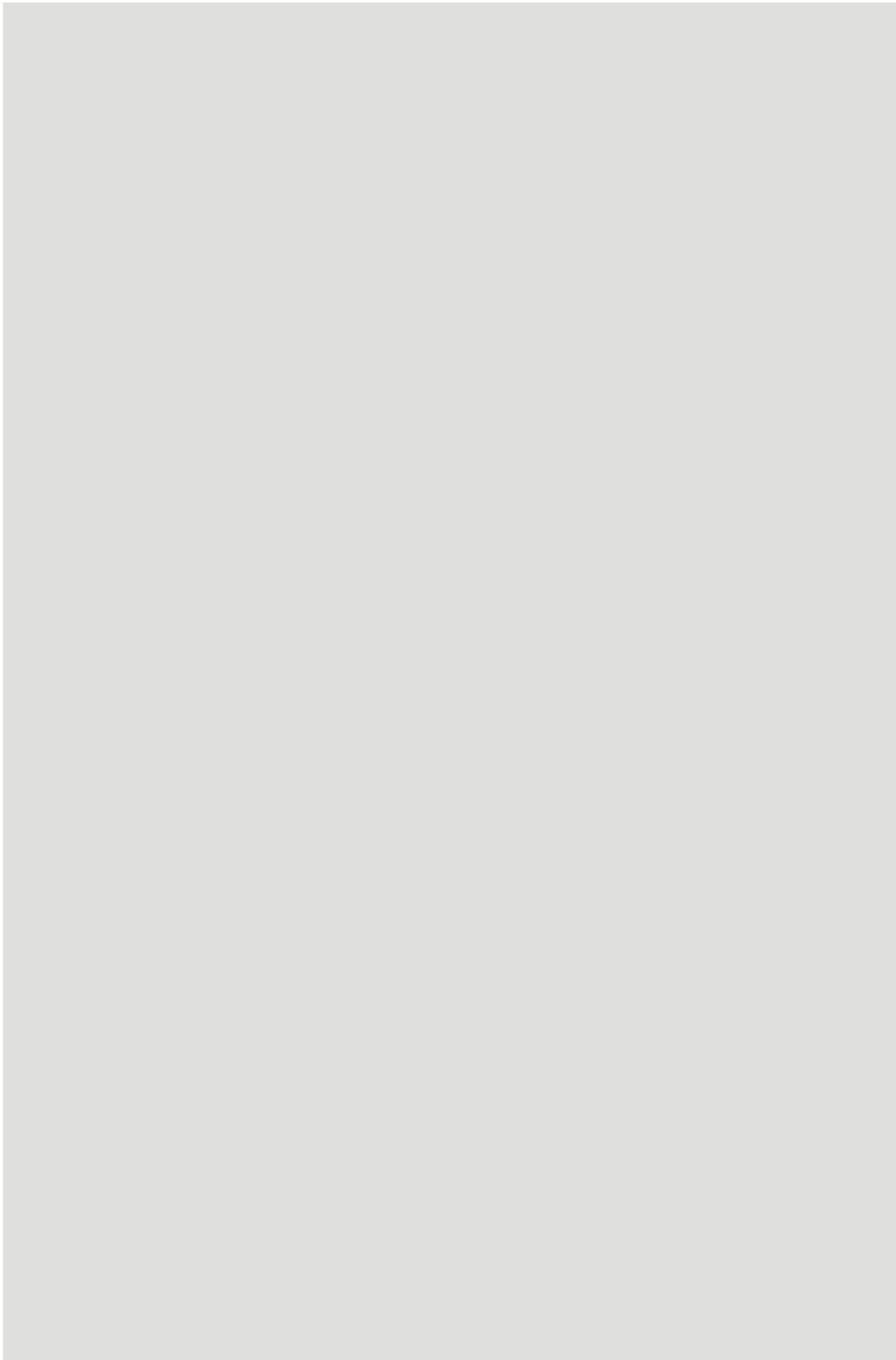
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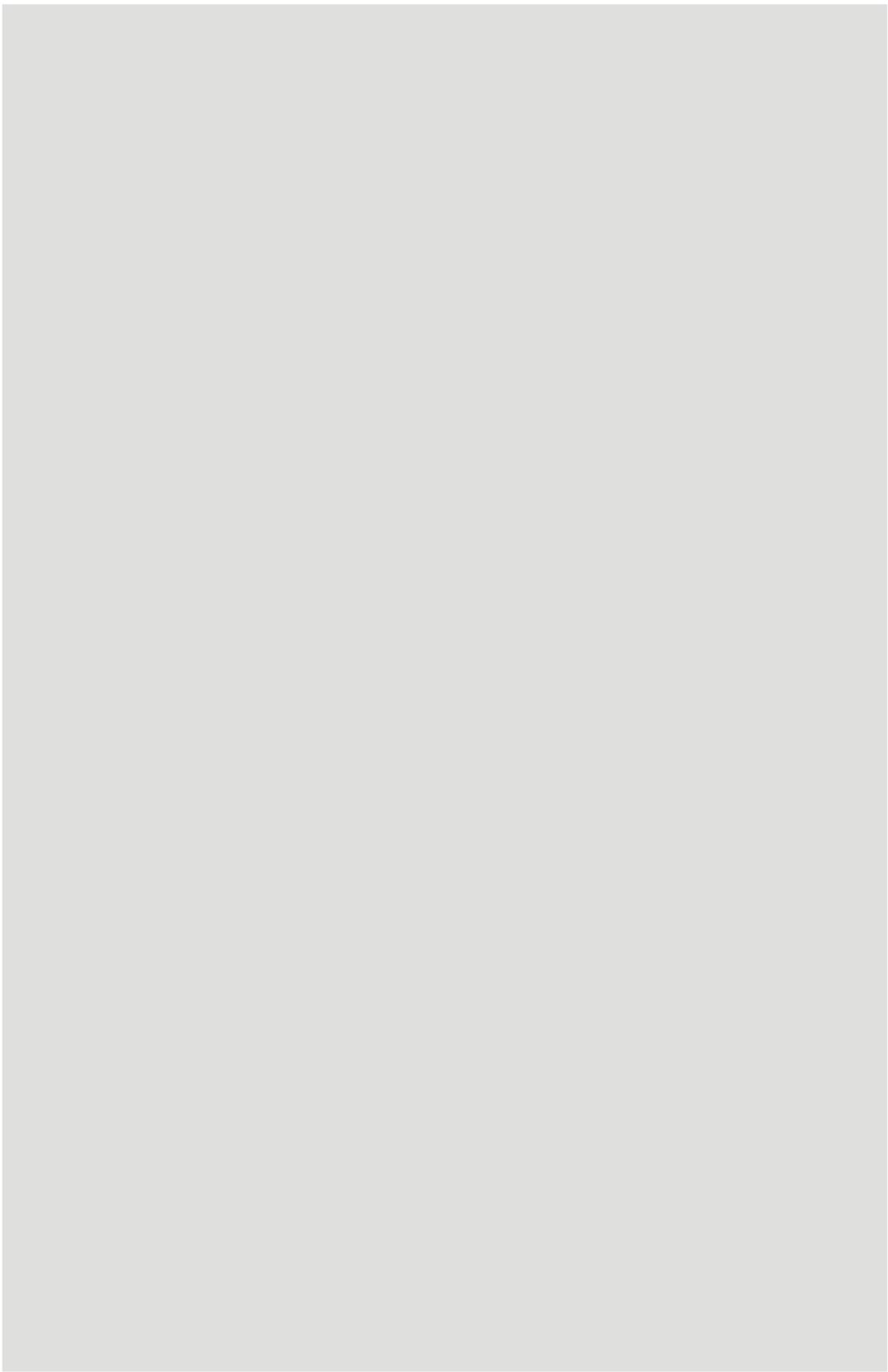
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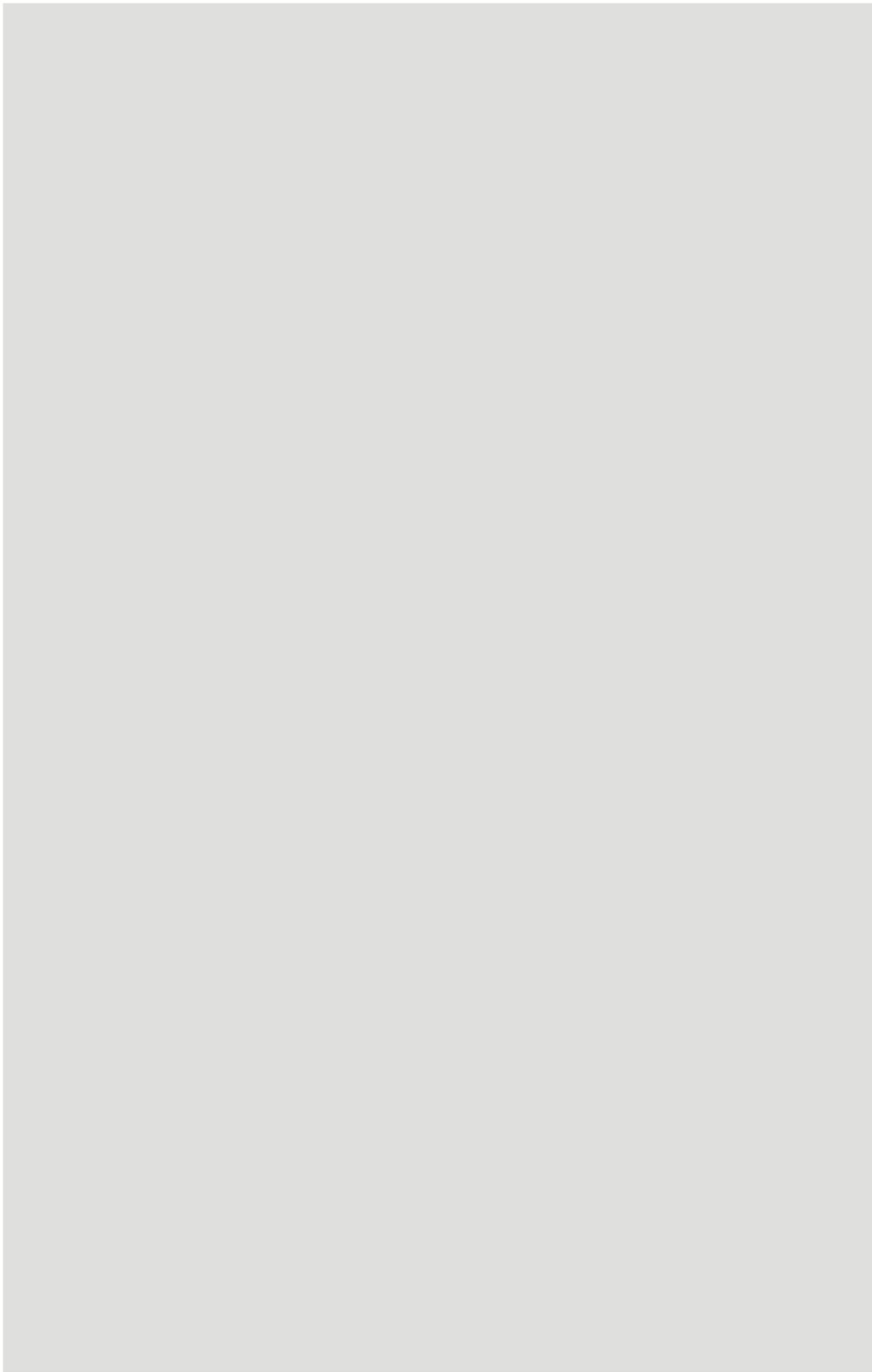
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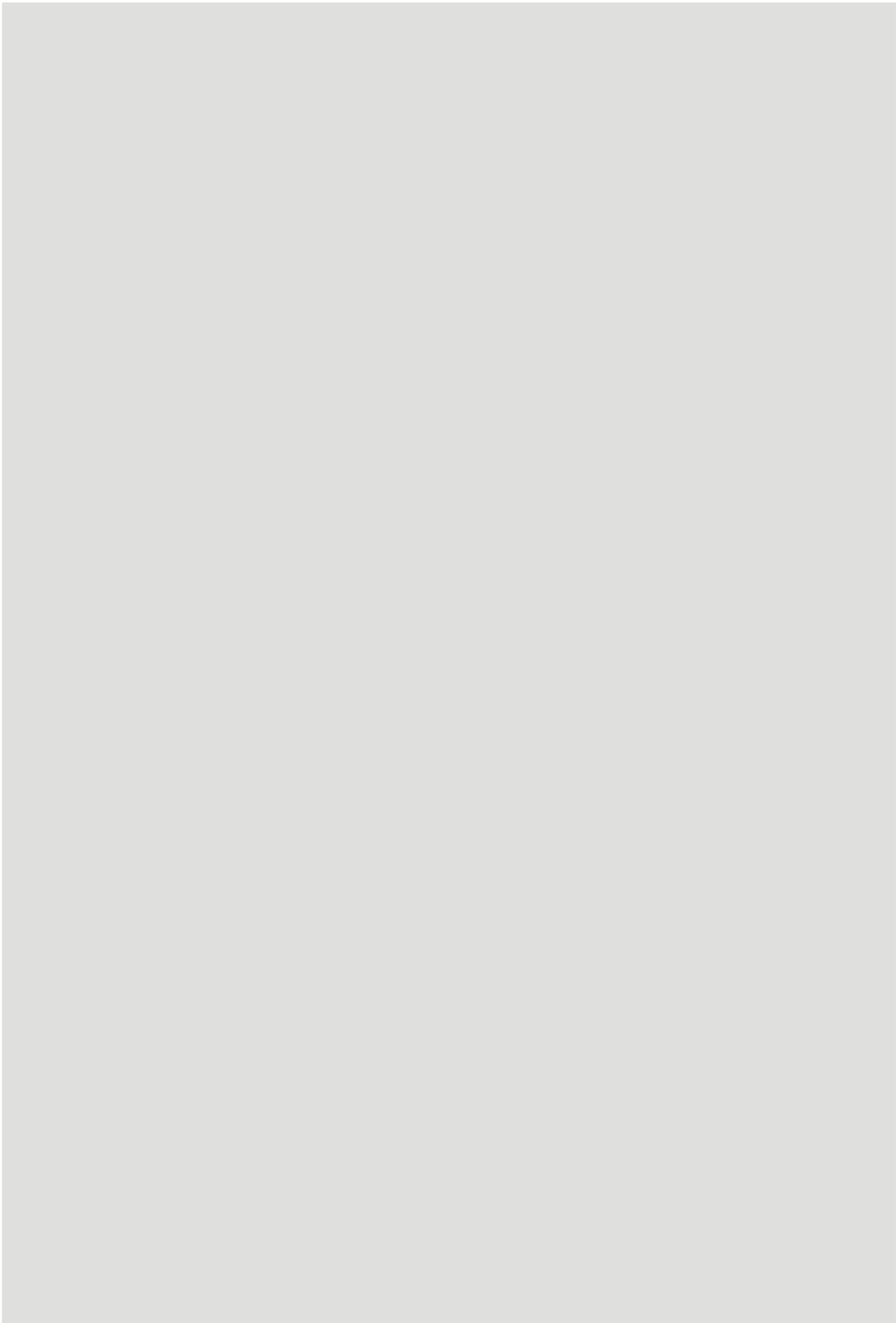
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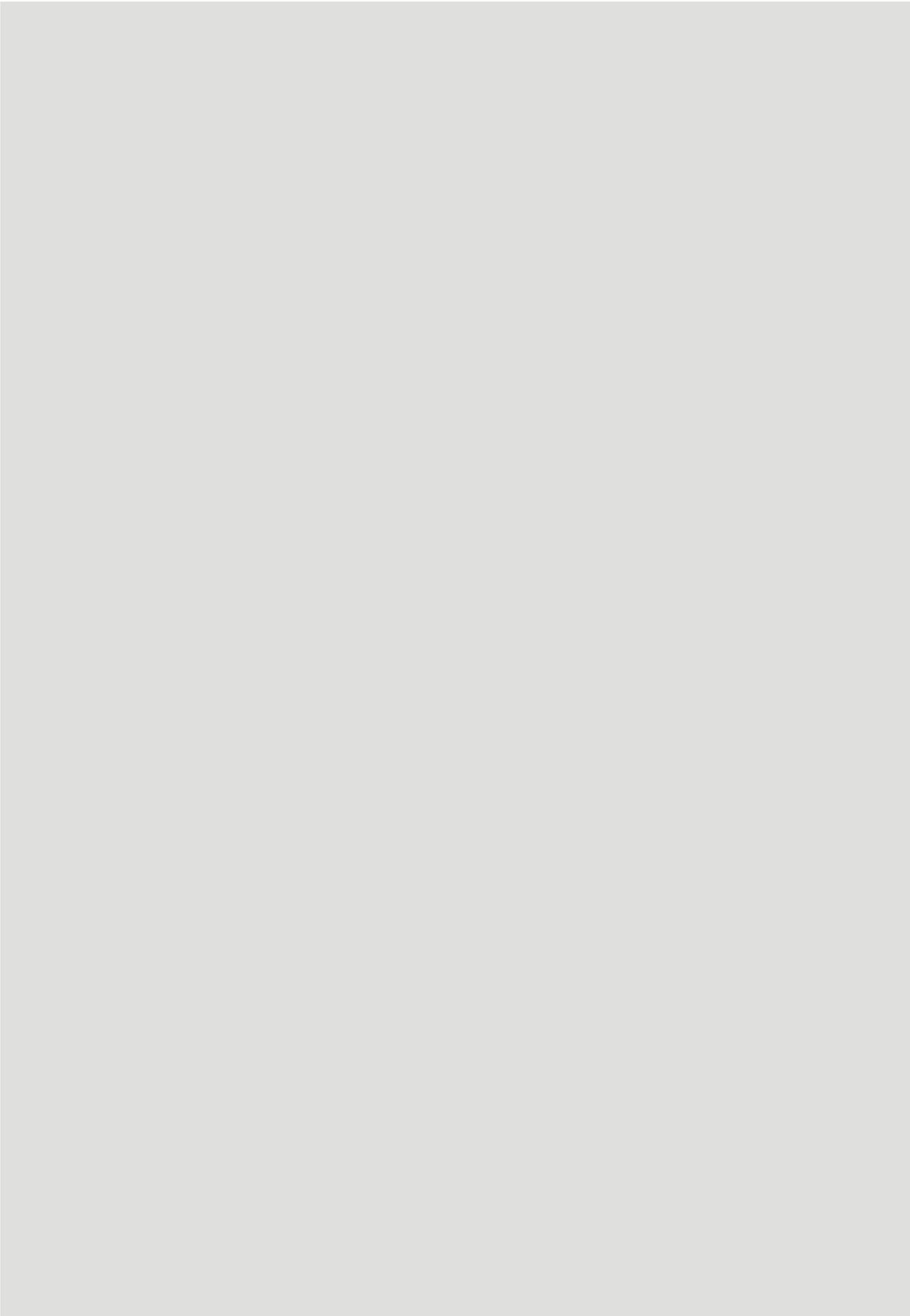
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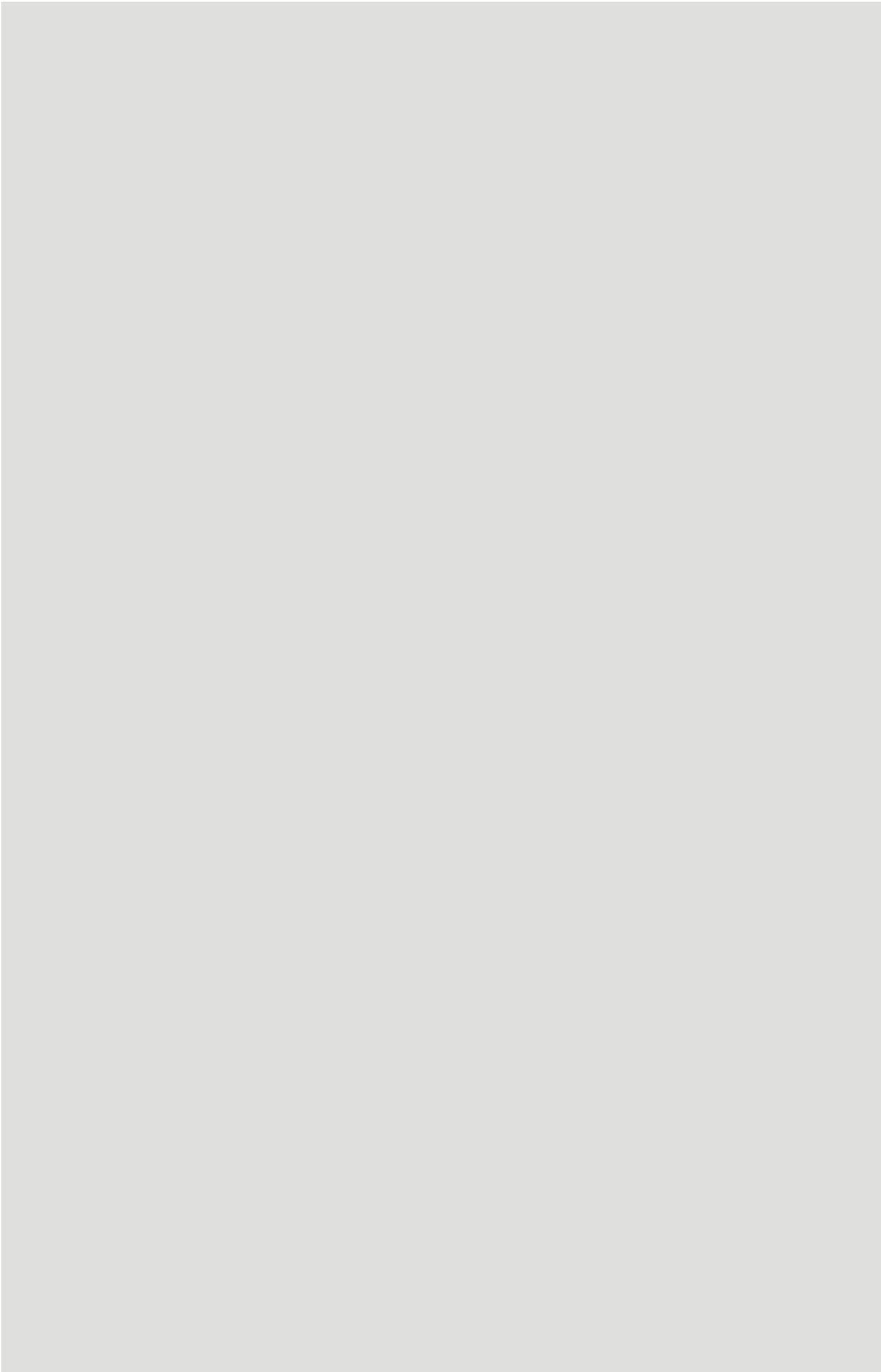
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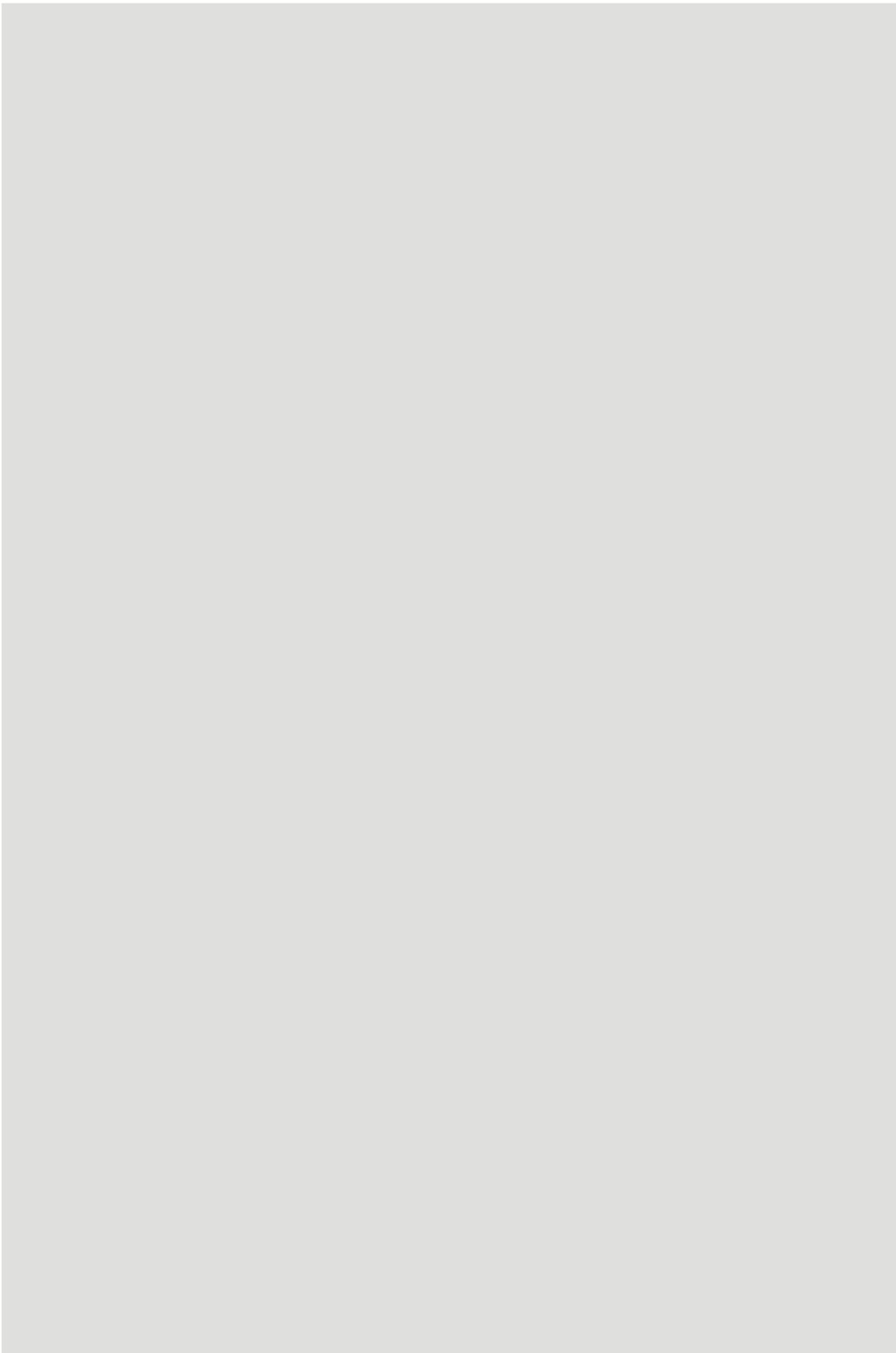
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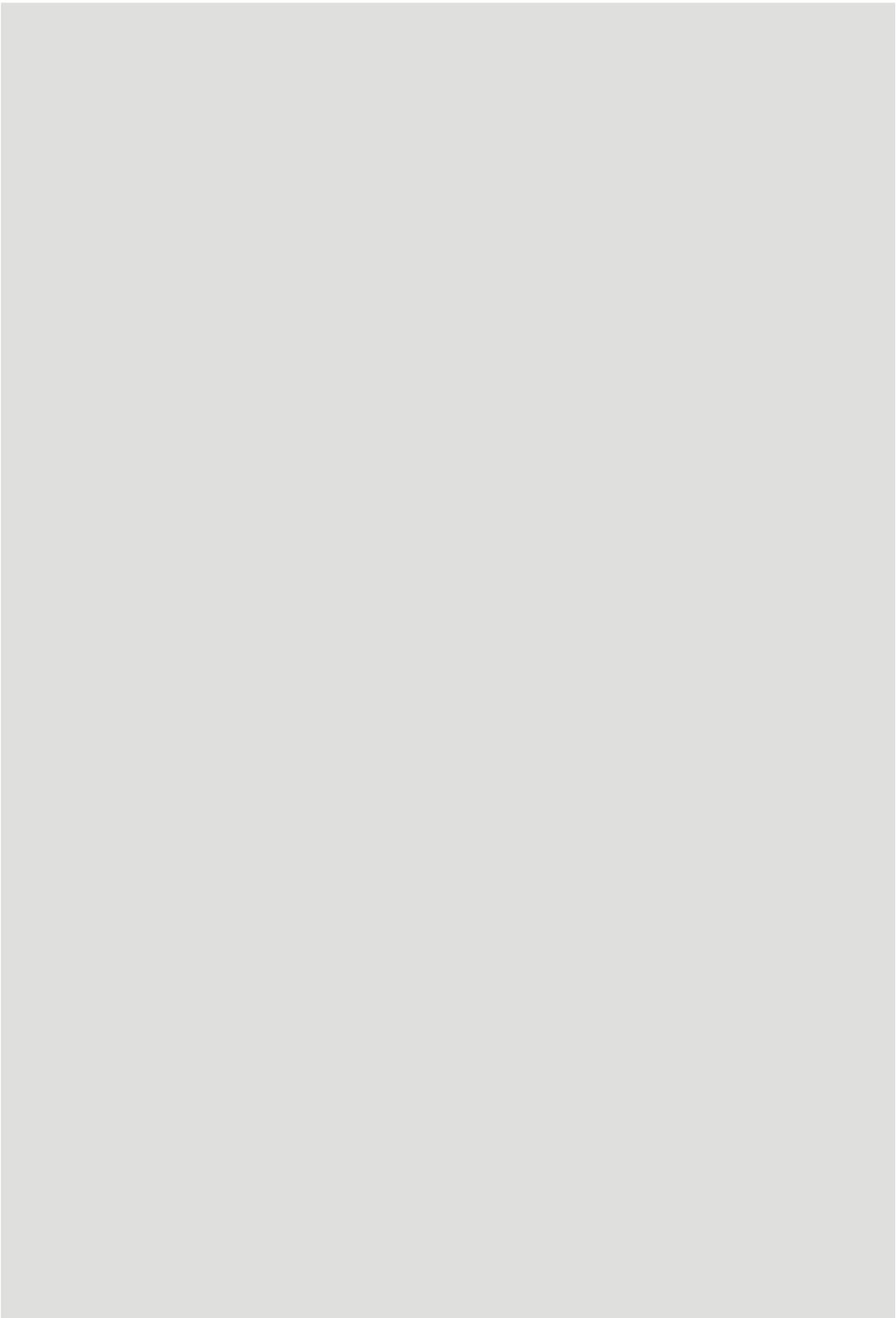
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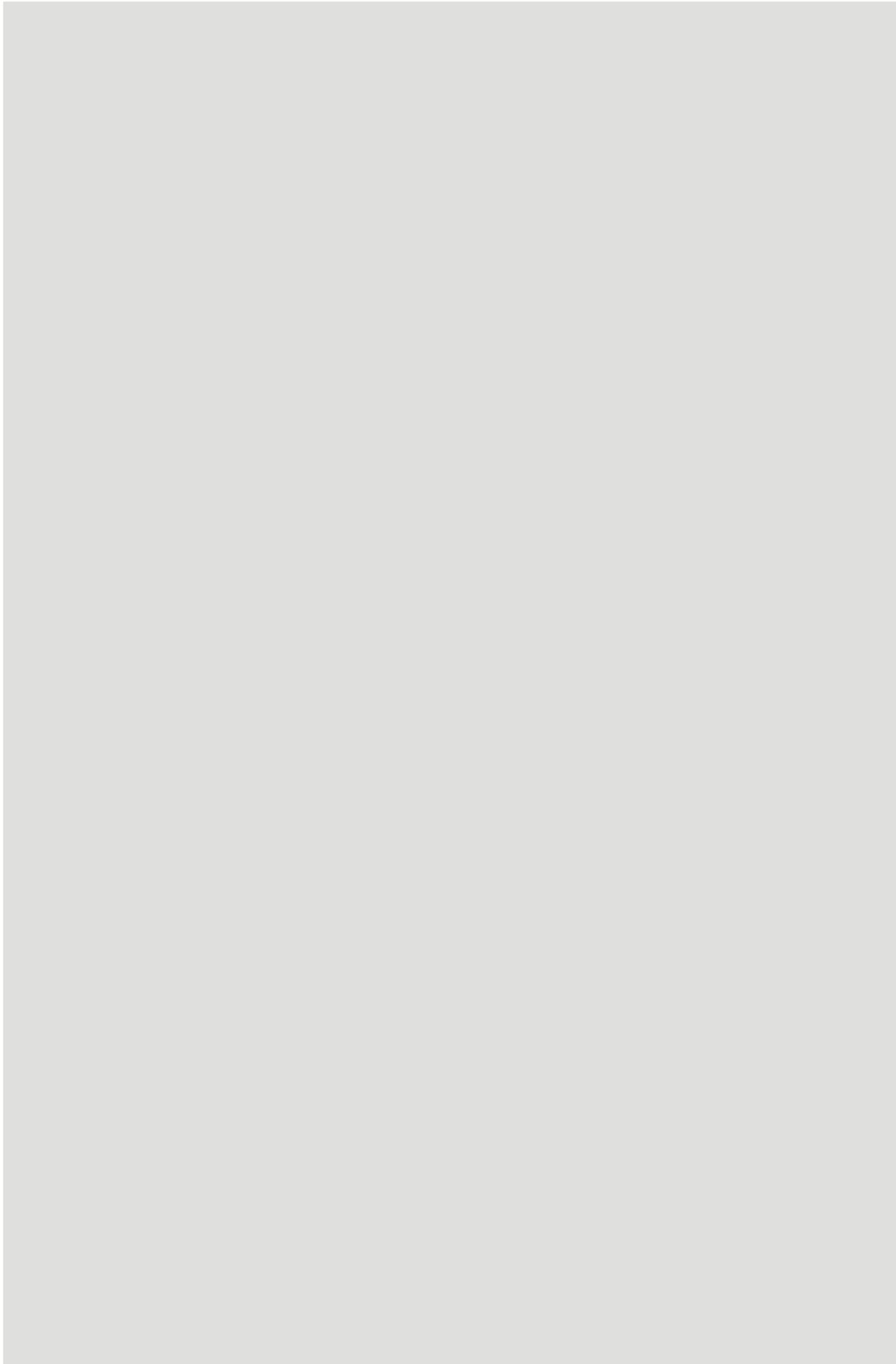
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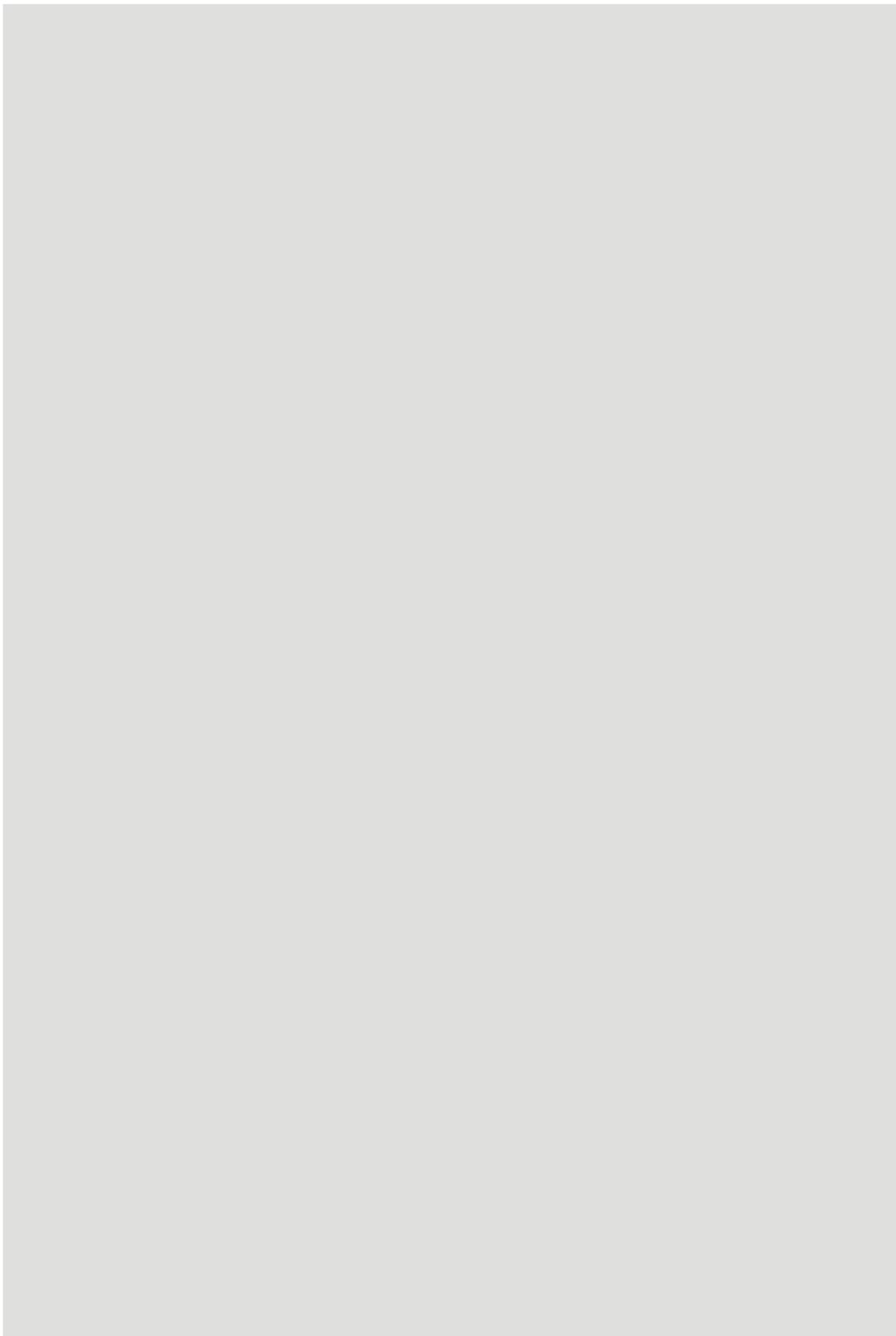
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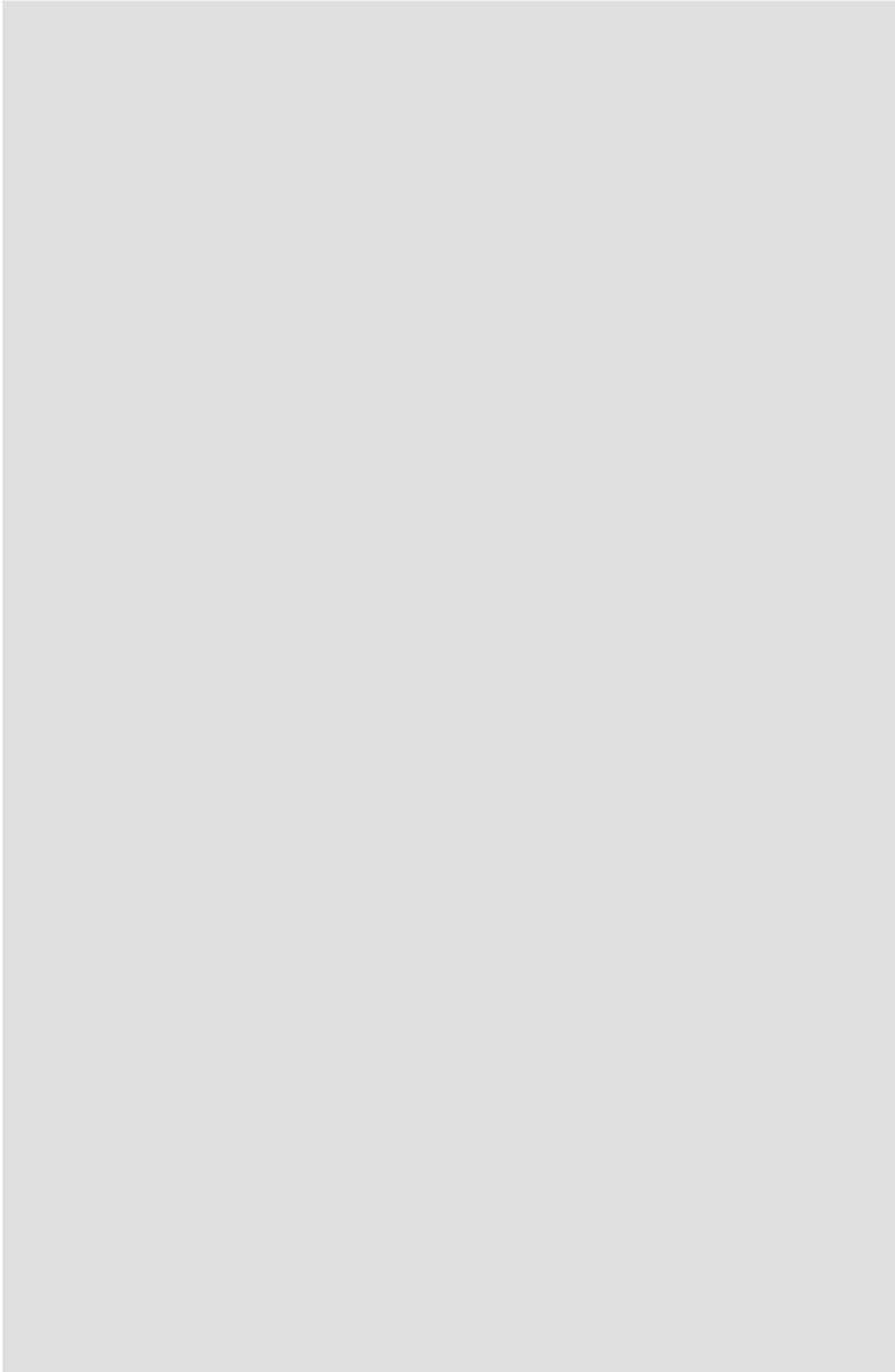
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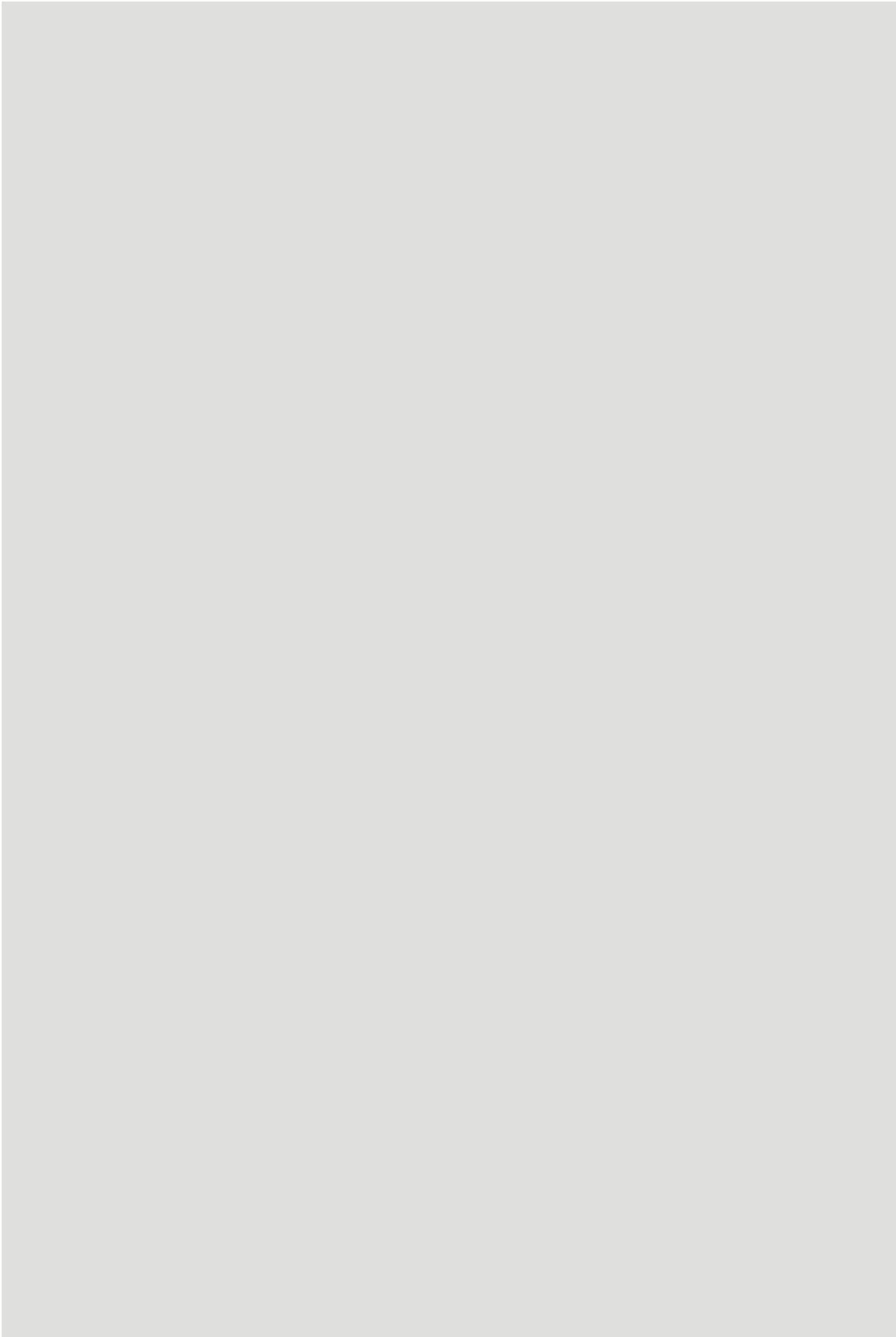
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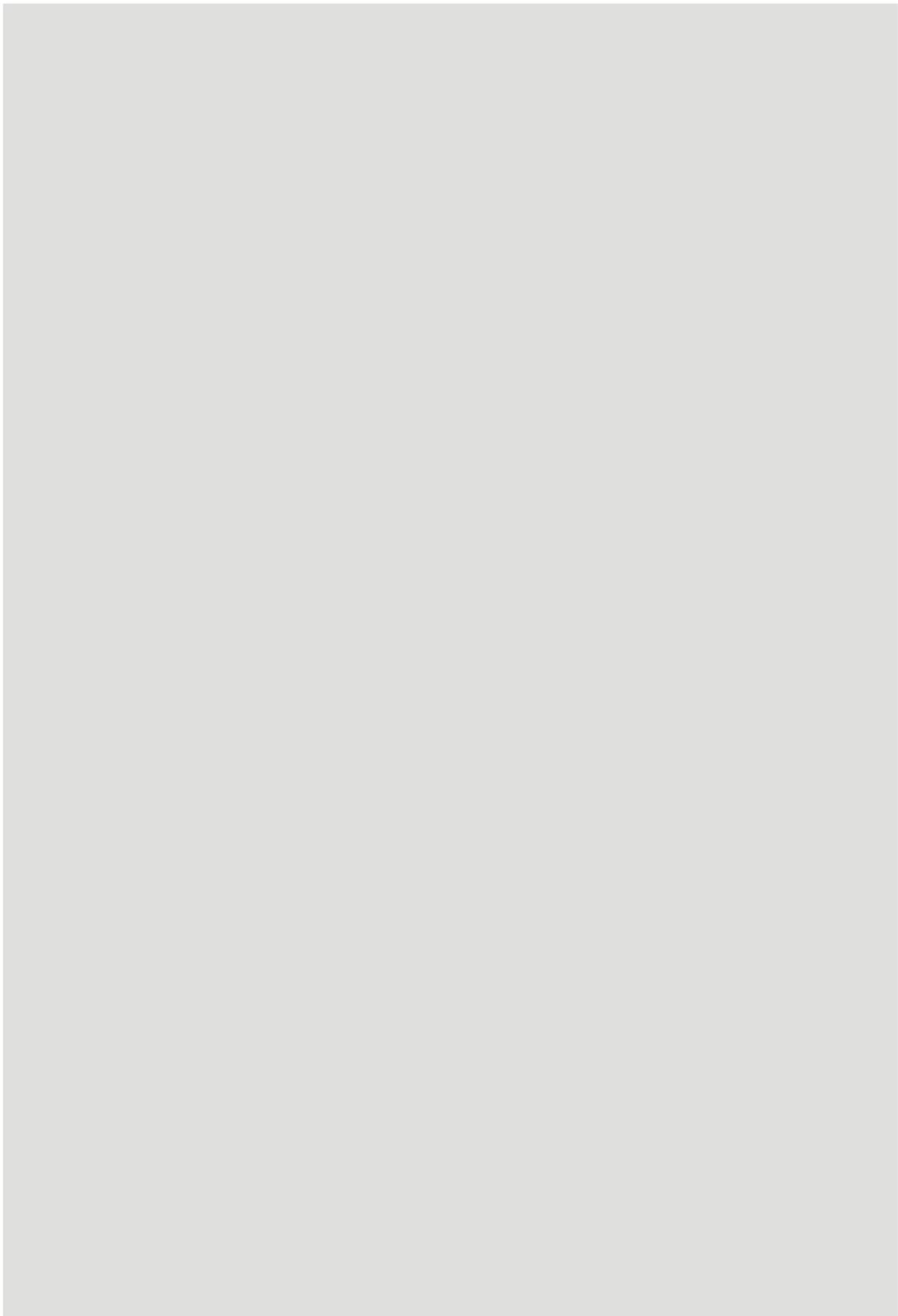
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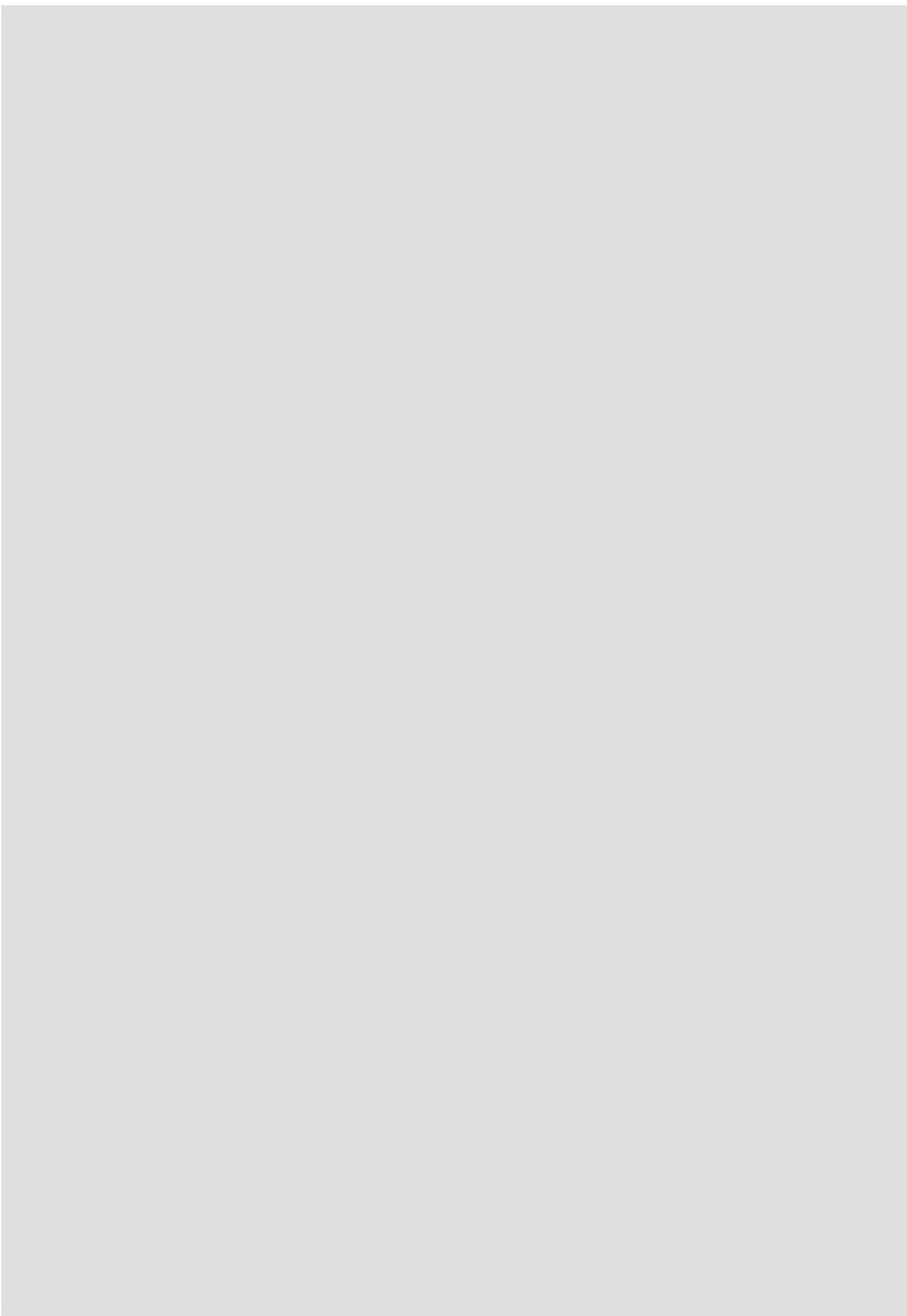
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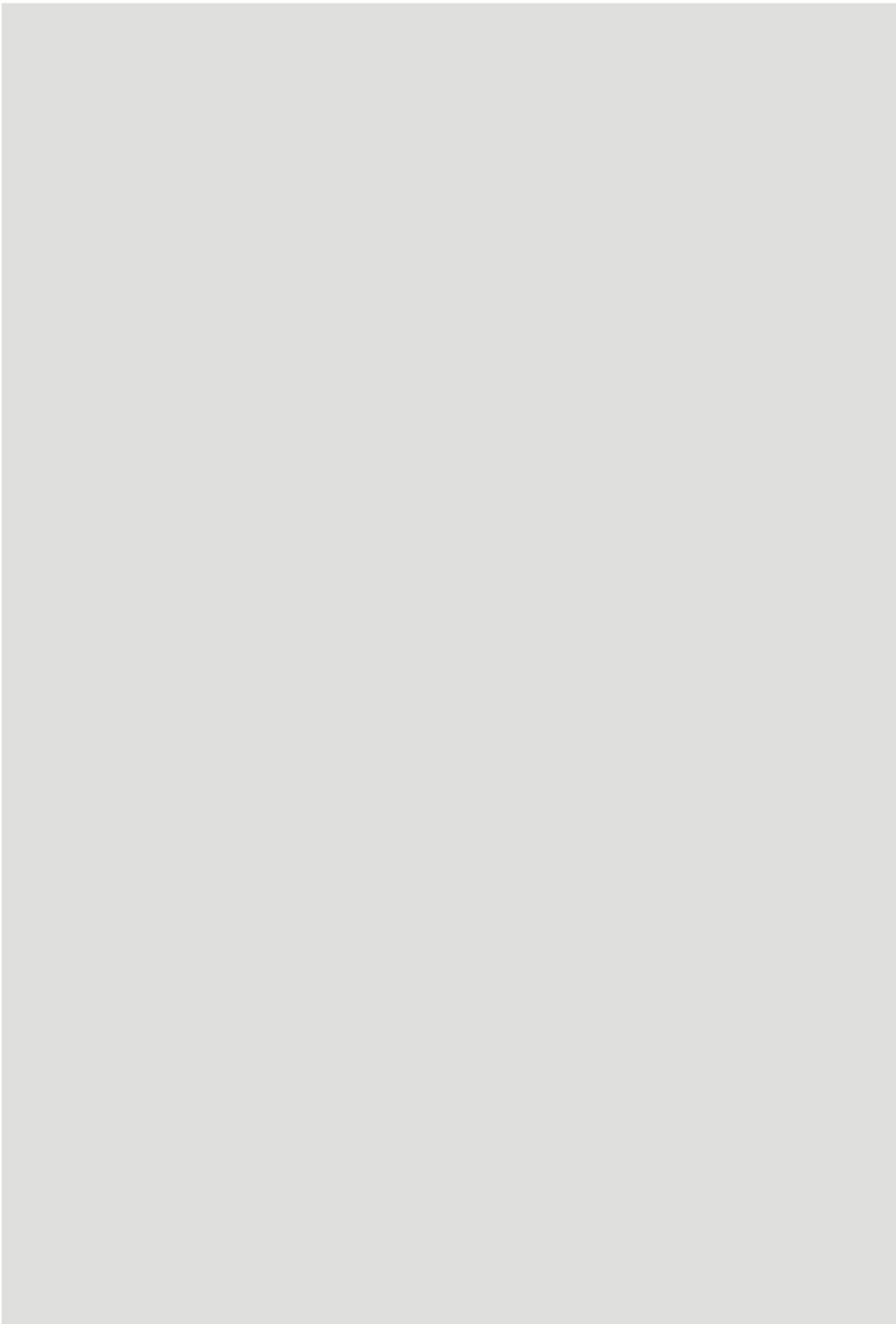
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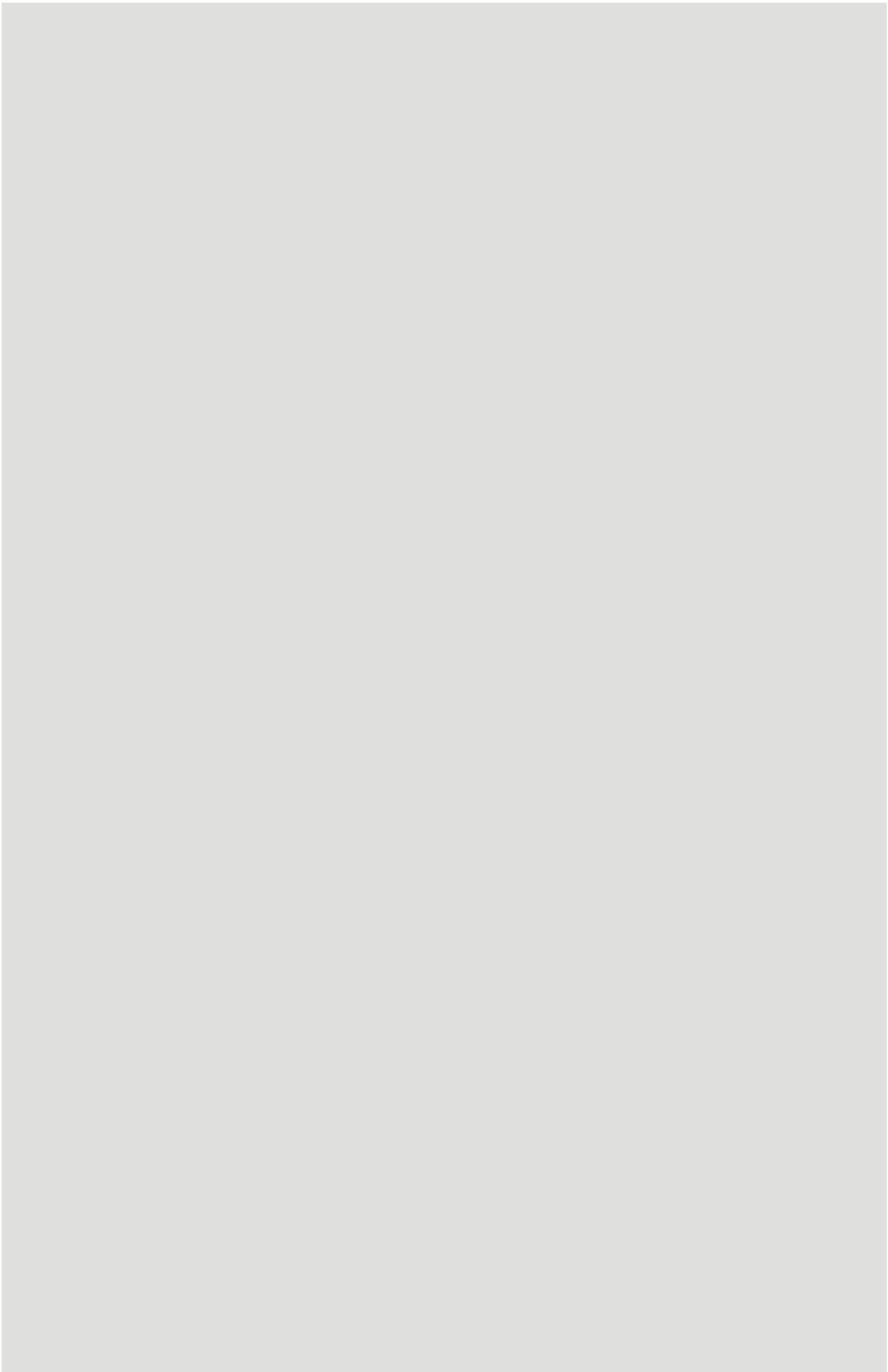
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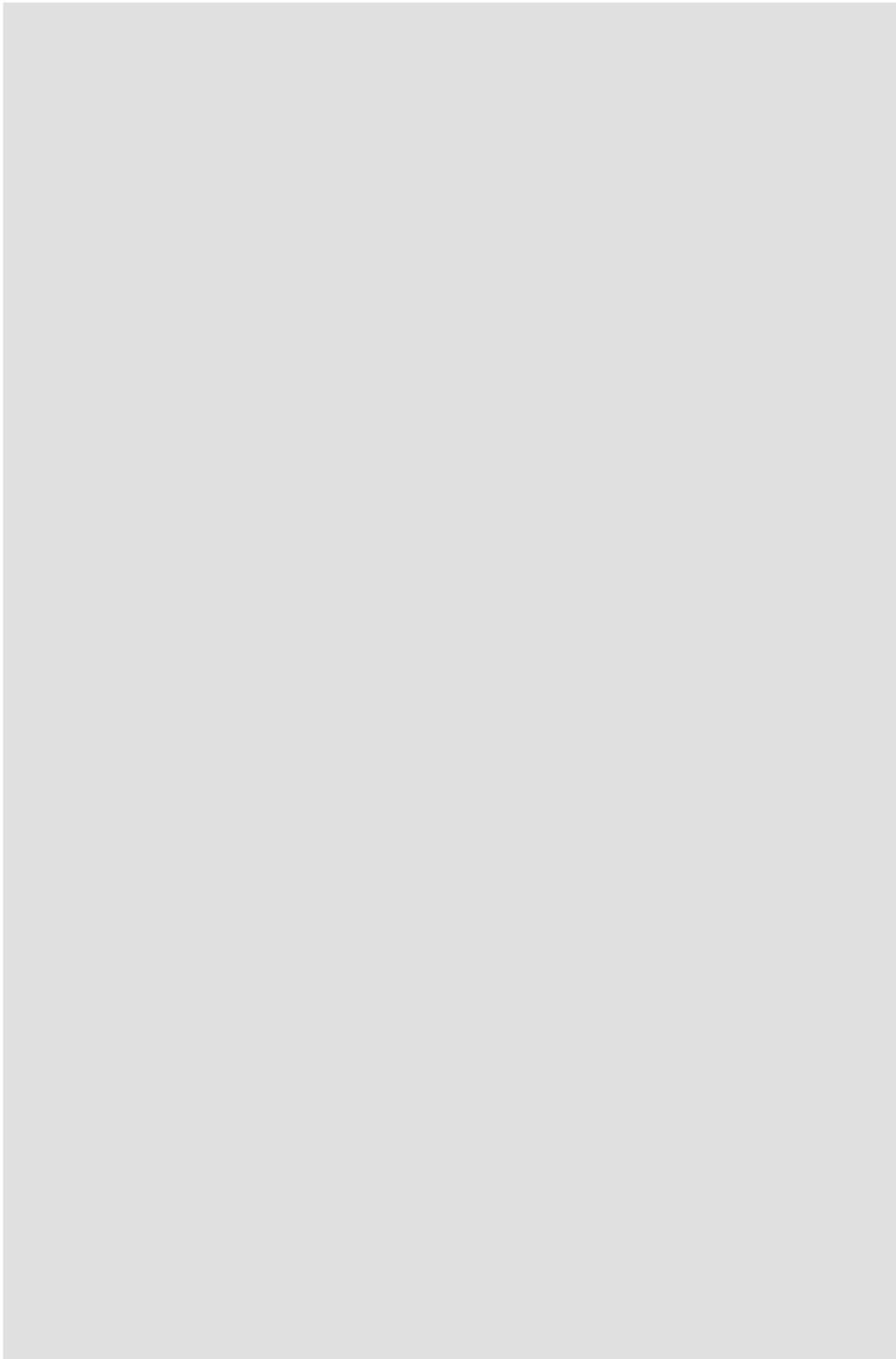
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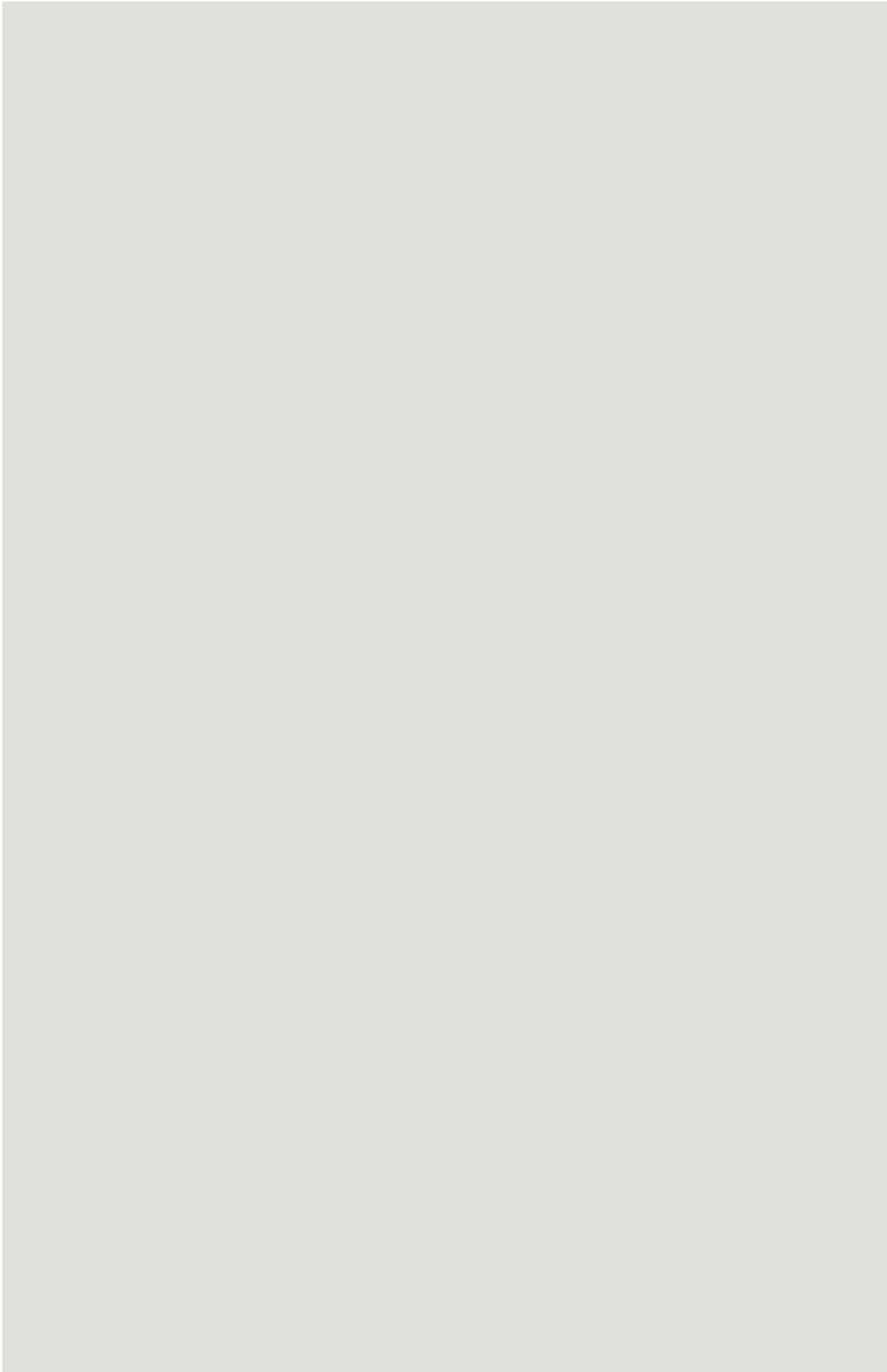
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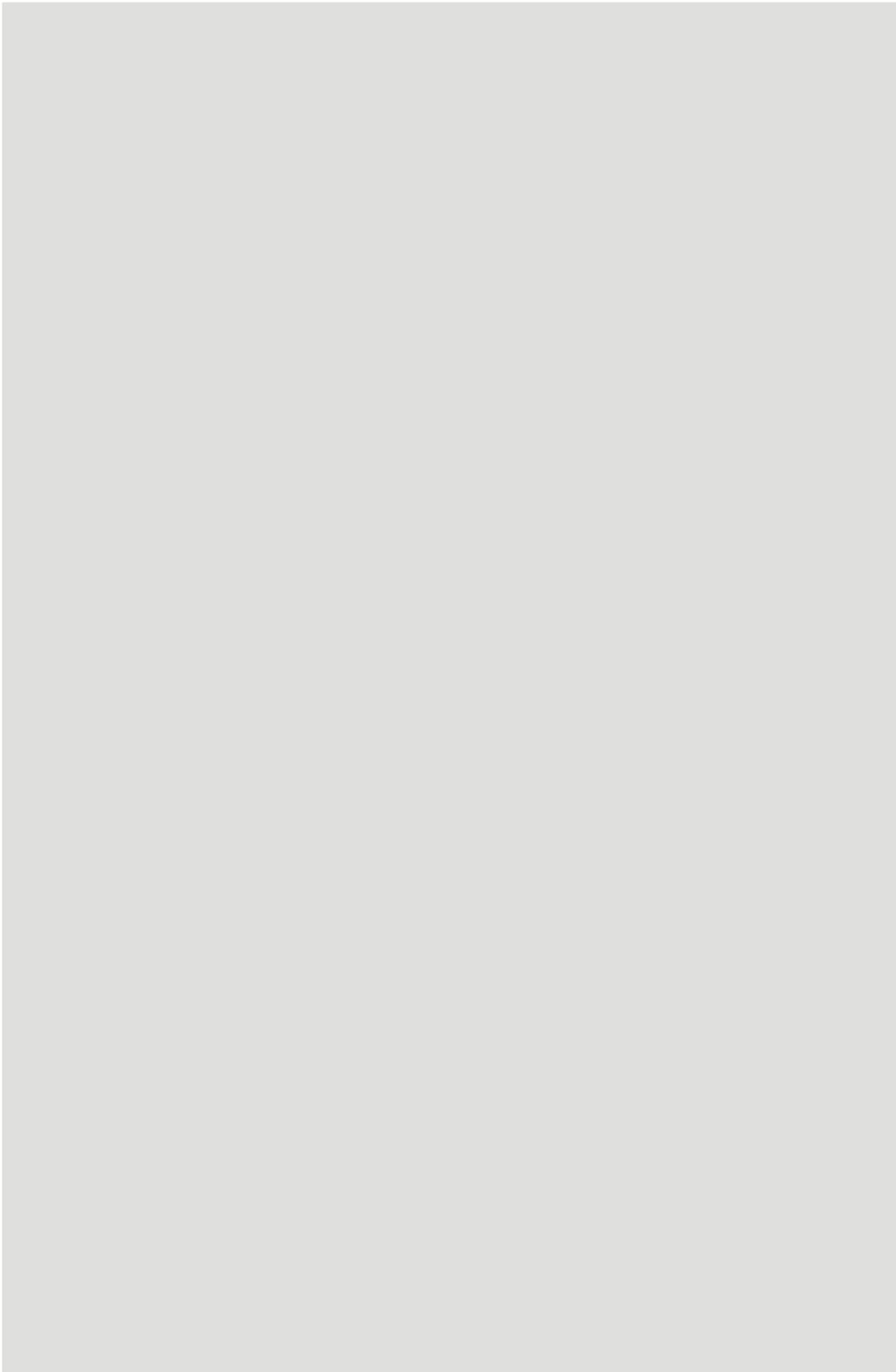
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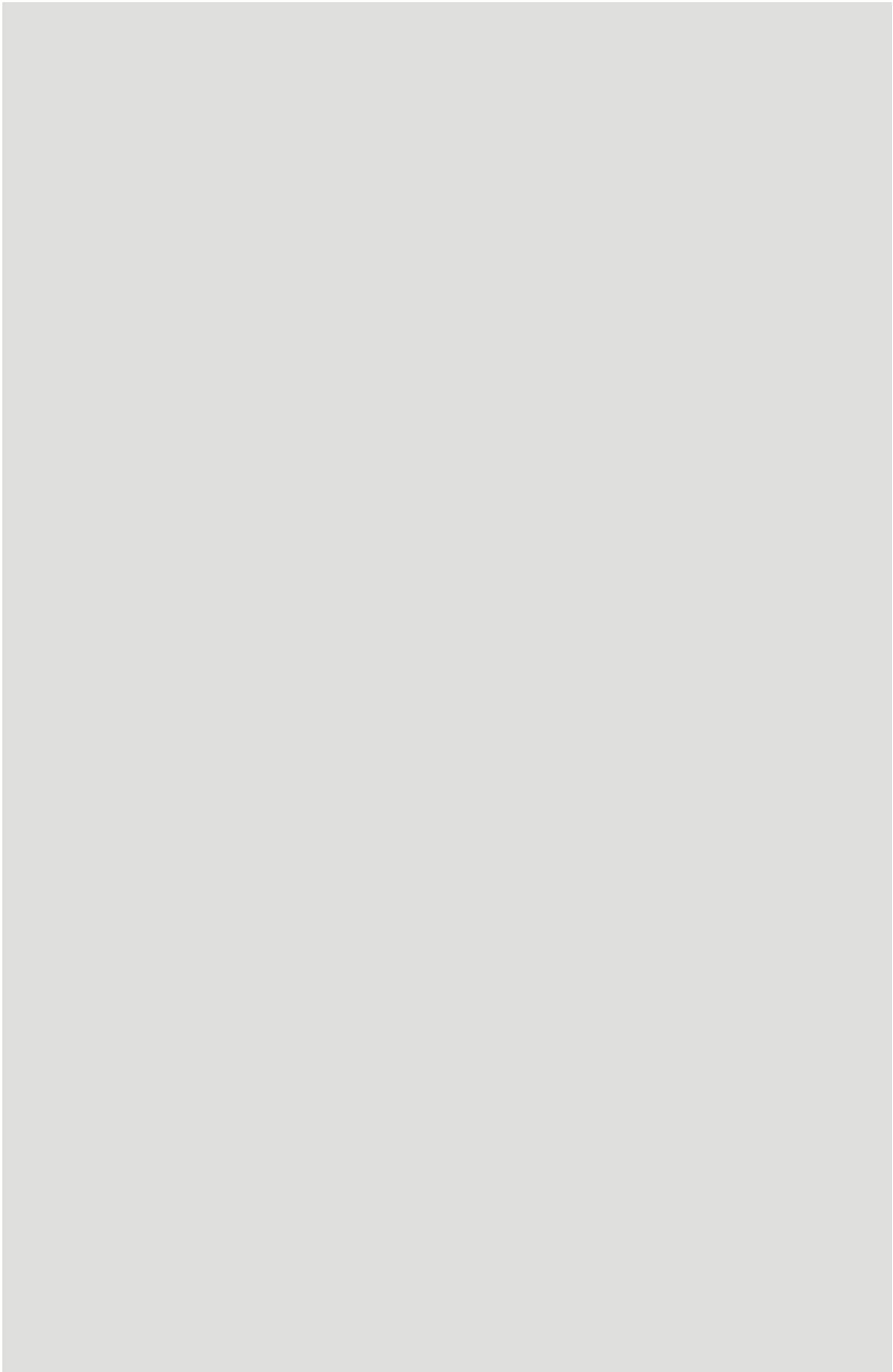
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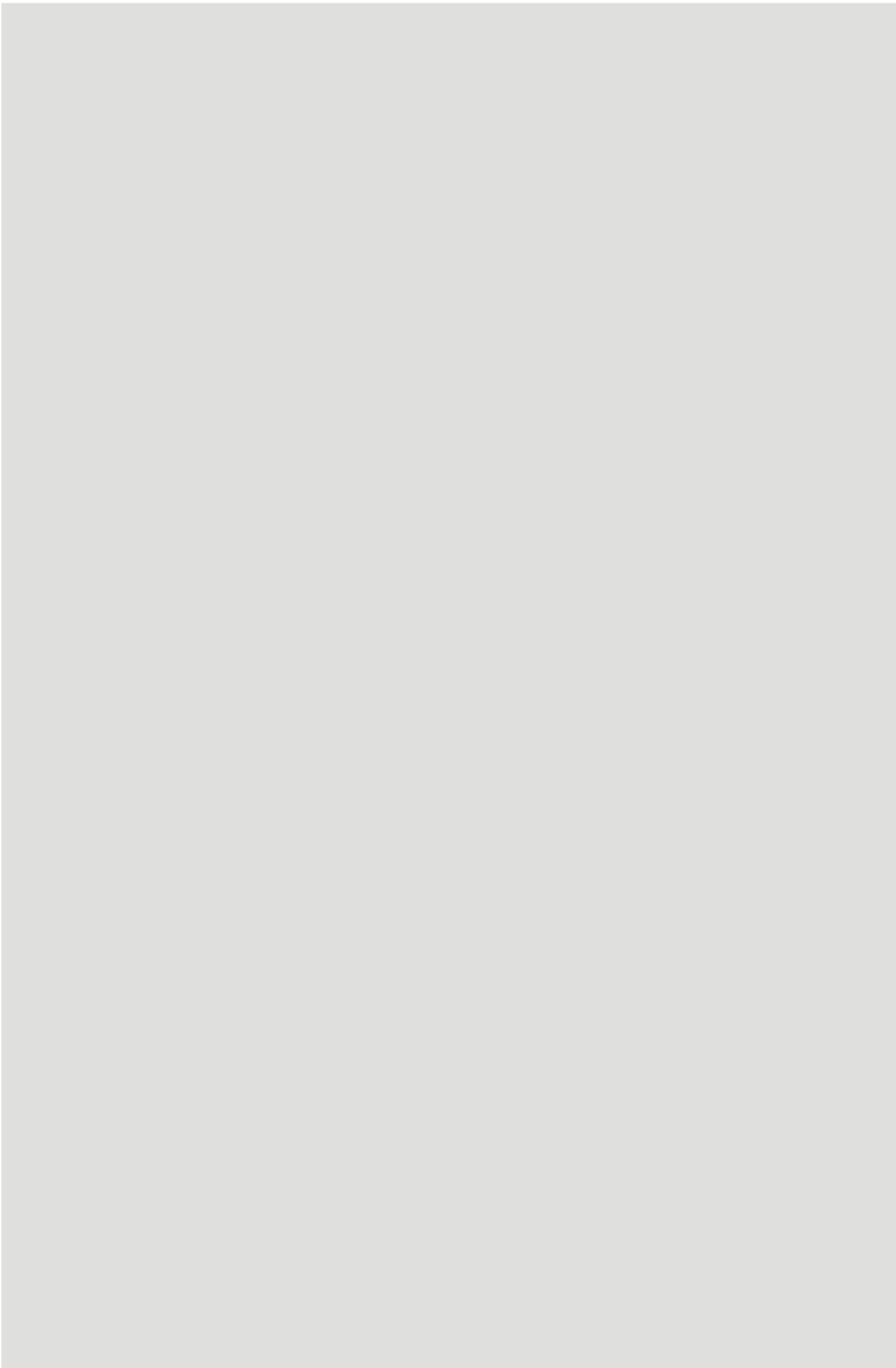
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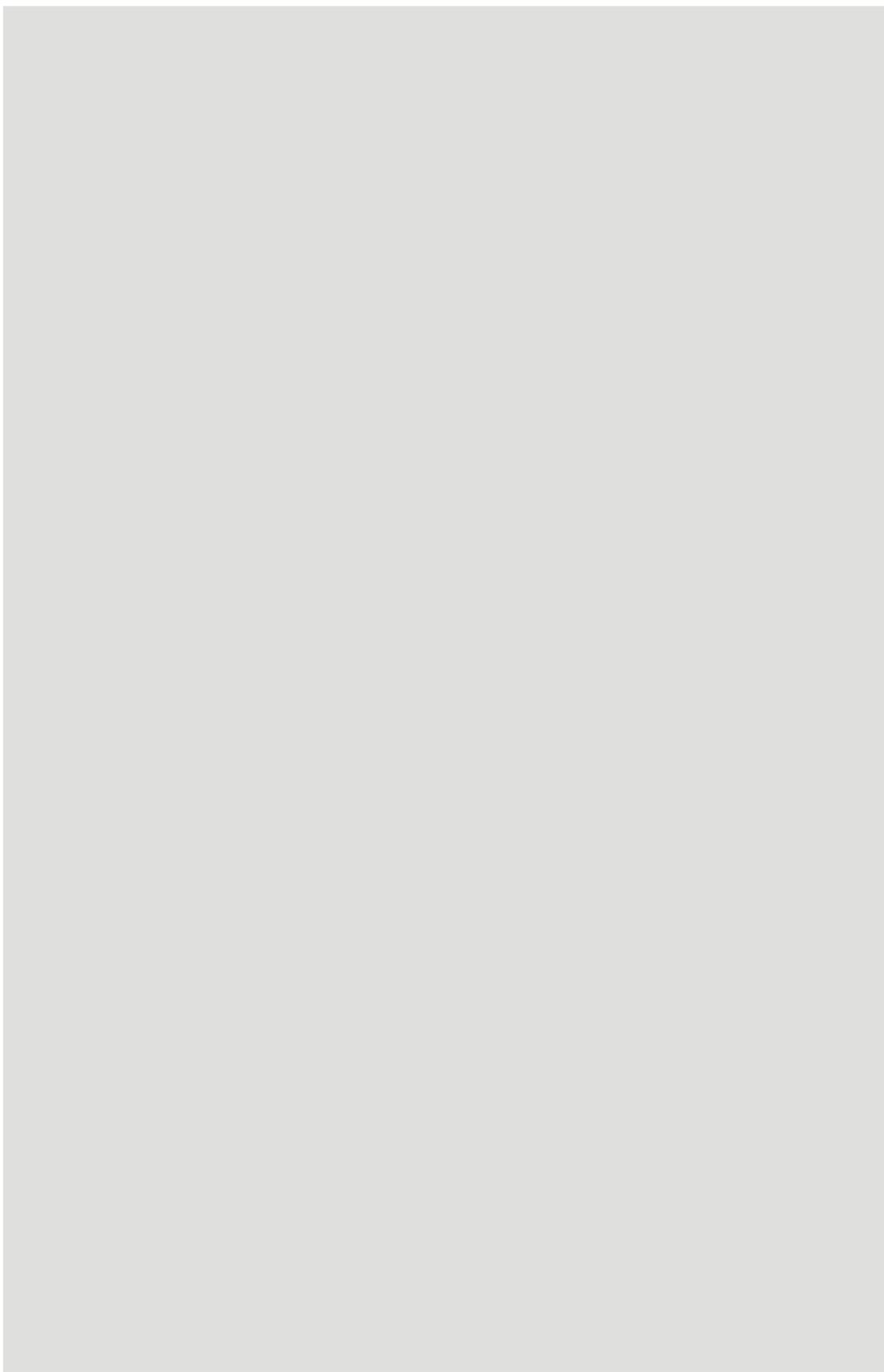
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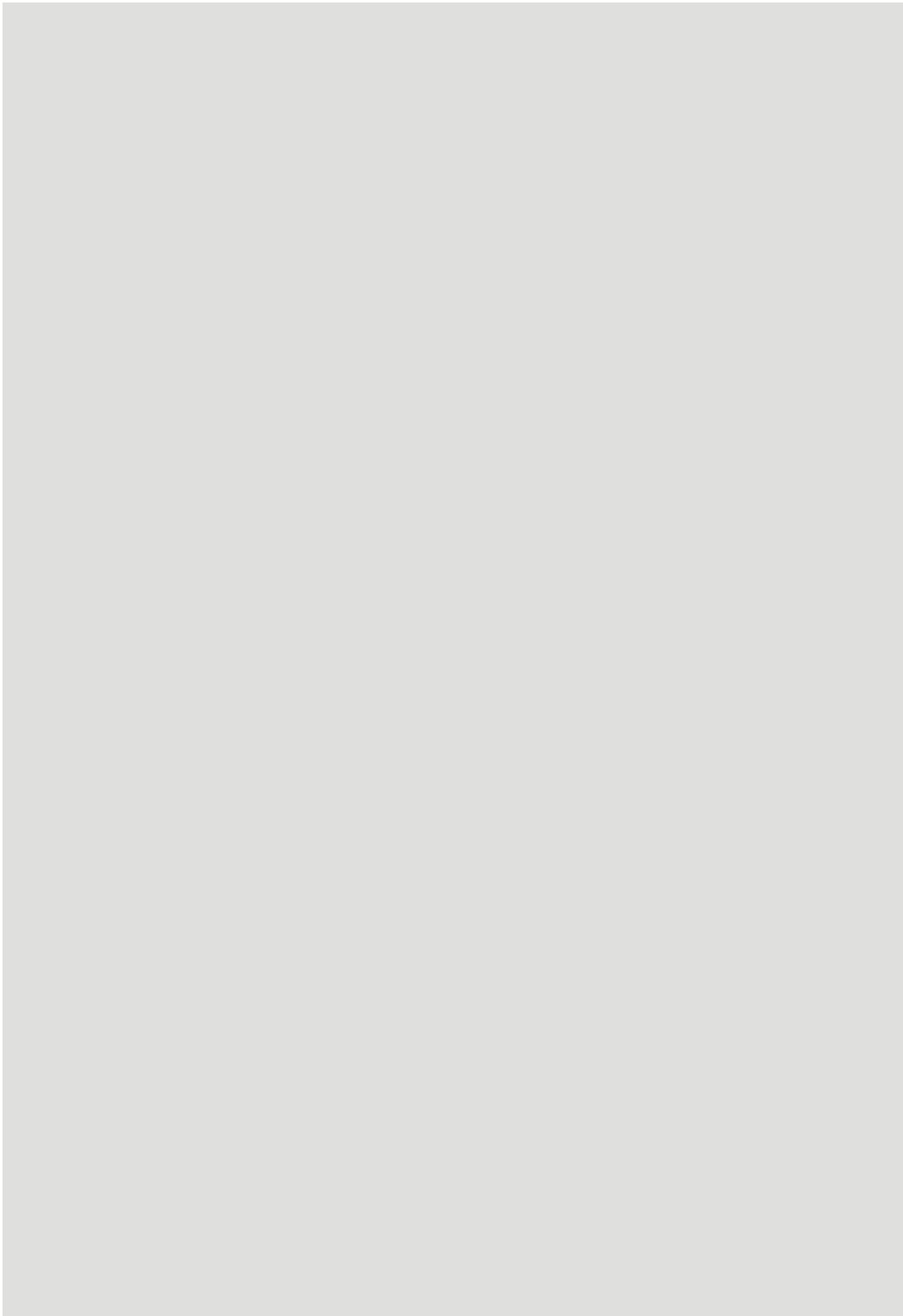
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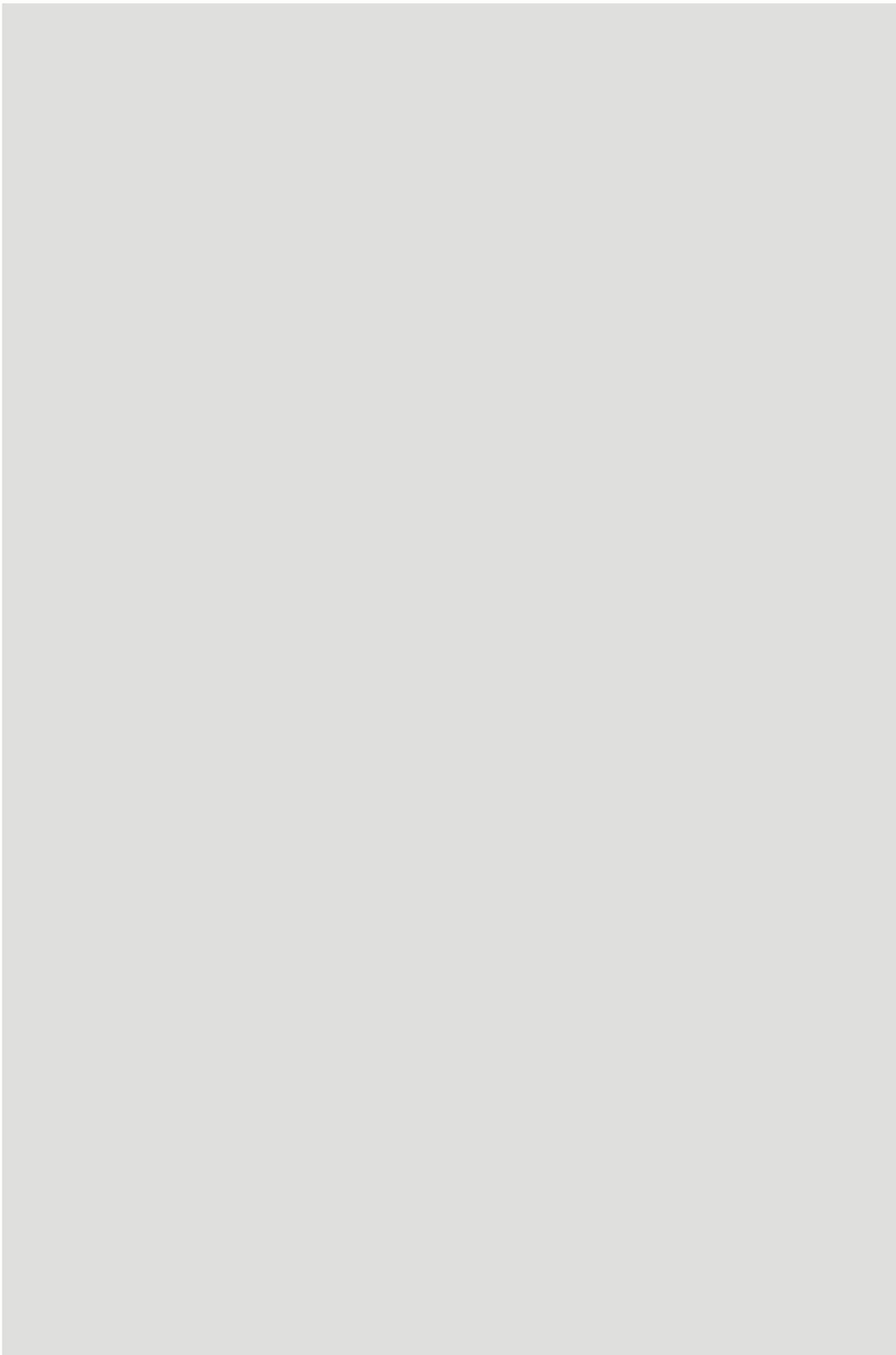
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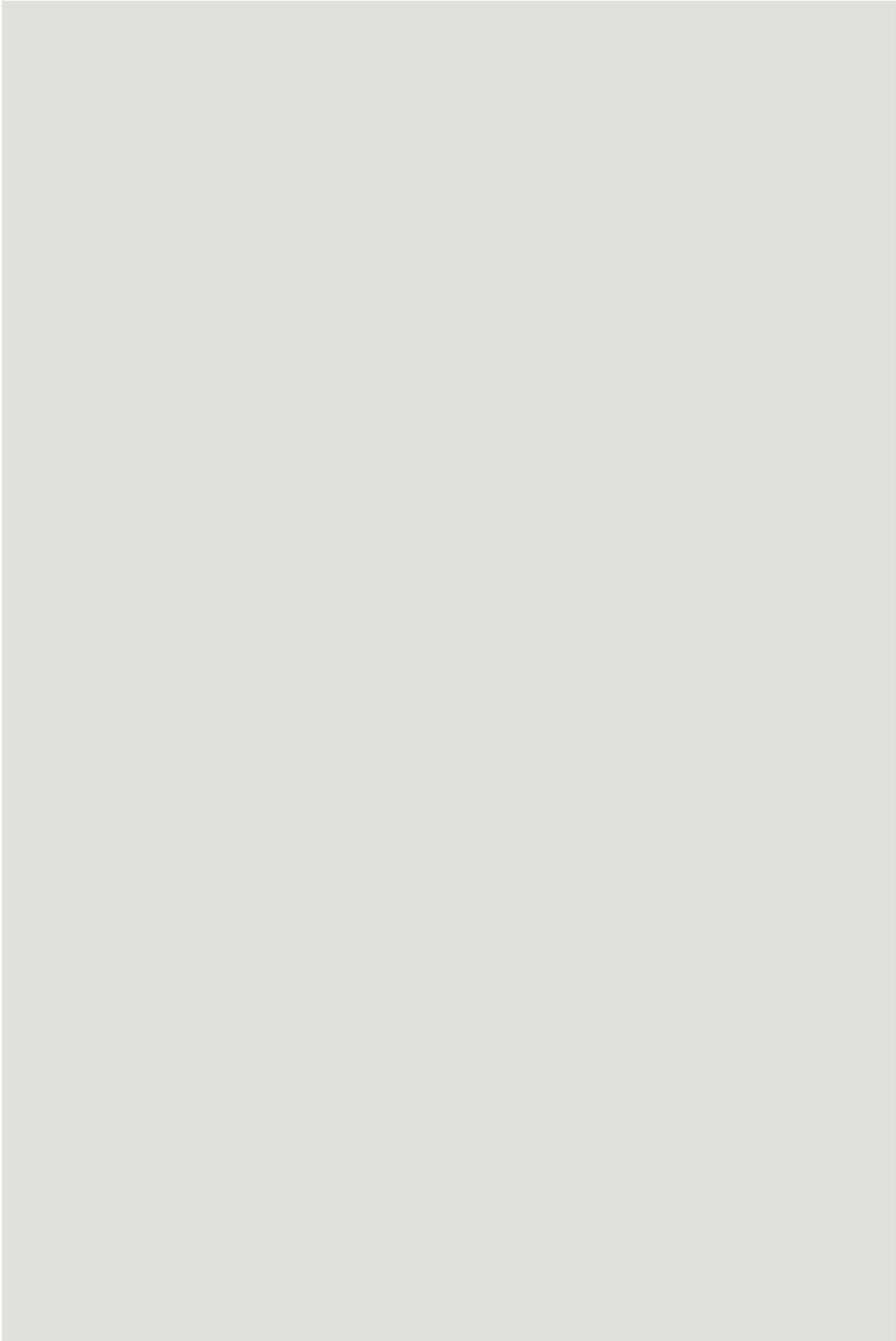
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COMMISSIONER WILSON: The hearing can be opened and the live streaming can go on. Is it on now? Alright. Well, the hearing will be opened. Apparently there's no one here who can turn the live streaming on this morning. But we'll proceed in the absence of the live streaming but with the hearing open. And if anyone wants to come into the hearing room, they can. Okay. Yes, Ms Rosengren.

25

**EXAMINATION BY MS ROSENGREN**

**[10.18 am]**

30

MS ROSENGREN: Thank you, Commissioner.

35

Ms Macleod, can we just go back to the issue that I was just addressing with you. So in 2007 when you started, it was your opinion that there was a team of experienced, long term nursing staff. And within that, there was a good skill mix?---I believe so.

And there was also a permanent nurse unit manager?---Yes.

40

And do I understand from your questions earlier, or responses to questions from Mr Fitzpatrick, that changes occurred in the skill mix of the nursing team as time went on?---Yes.

45

And do I also understand your evidence to be that it was really from the talk of the BAC moving to Redlands, that it was from that time there was the change in the skill mix of the nursing staff?---There was. There was a feeling of unrest really from that time on. Yes. We were never quite sure when we were going to be moving or if we

were moving or what. And there were certain staff members that moved to other areas of The Park or got jobs elsewhere.

5 And would you say – would it be a fair observation to make sort of from that time on there was a progressive deterioration in the skill mix? Is that - - -?---I'm really not in a position to judge that. Sorry.

10 Or you can say there were issues with nursing staff from that time onwards in terms of the skill mix?---I can't really comment on that.

Alright. Well, if I can just take you to your most recent statement, please, and it's QNU.001.007.0019 is the page number. And you'll see – page 19, please. Thank you.

15 You'll see there under point 3 there, Ms Macleod, that:

*The nursing staff provided to the BAC may have been experienced mental health nurses, but had little or not experience in caring for adolescent patients with complex mental health problems, such as the patients in the BAC.*

20 ?---Can I say that this was very much towards the end of our time at Barrett, when nursing – some had moved to other areas. This is not back, you know, when the Redland thing was happening. It was later on, when we were talking about transitions and so on. Certain nursing staff had moved to jobs in other areas or other  
25 hospitals, and at times we were short-staffed. So, therefore, that were certainly the times that we would perhaps act up a CN or whatever, and then the existing nursing positions would be filled with maybe casuals or other staff members from the other areas of The Park. Experienced mental health nurses may not be experienced with adolescents in that setting, but certainly experienced mental health workers.

30 Thank you. I just wanted to clarify that. Thank you.

COMMISSIONER WILSON: Any questions arising out of that? Ms Muir?

35 MS MUIR: No. I have no further – I have no questions of this witness. If she could be stood down?

40 COMMISSIONER WILSON: Thank you very much, Ms Macleod. You can stand down?---Thank you.

**WITNESS STOOD DOWN**

**[10.21 am]**

45 MS MUIR: Commissioner, I call Ms Emma Betson.

UNIDENTIFIED SPEAKER: I understand this will be in closed hearing, Commissioner.

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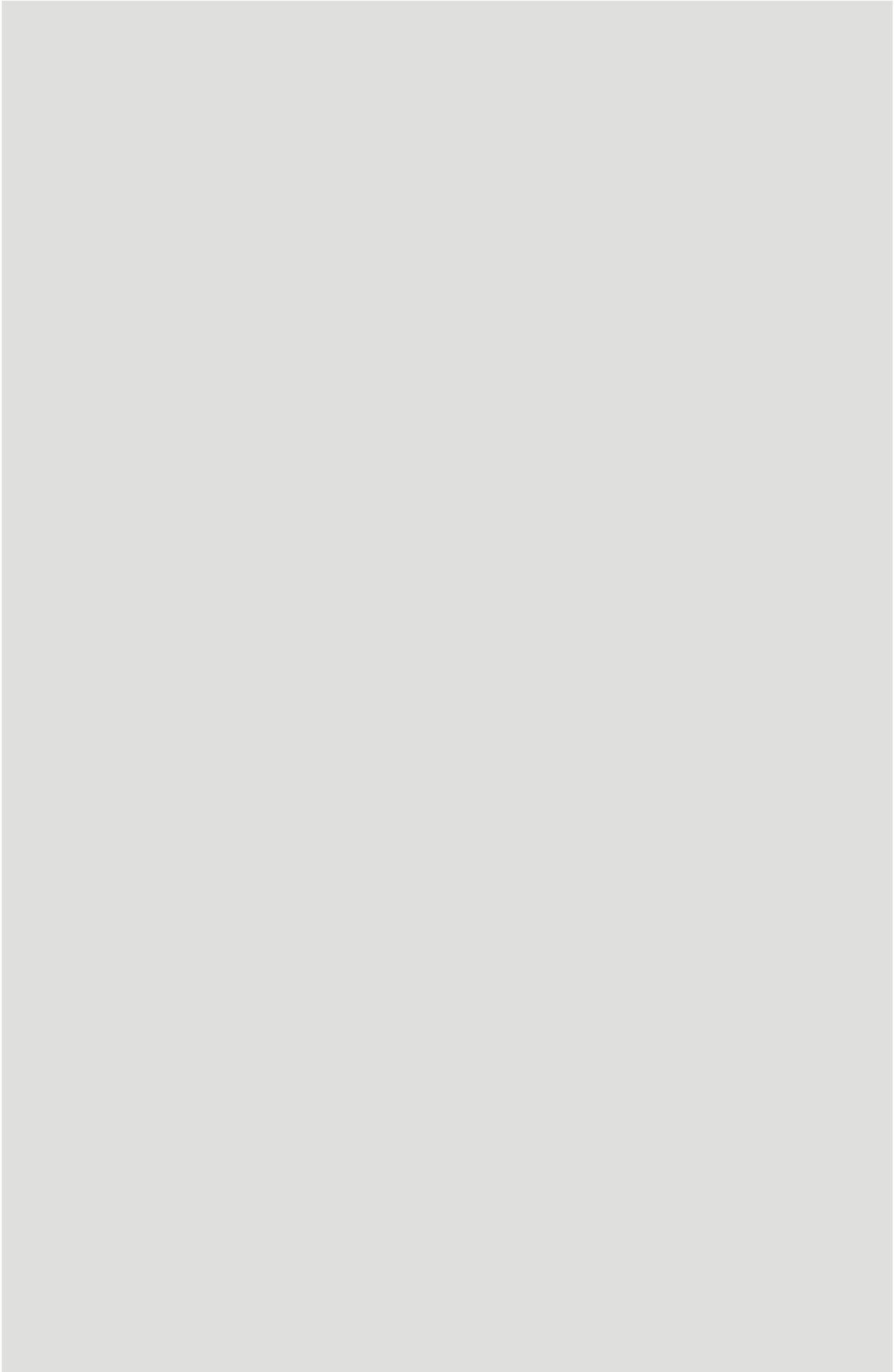
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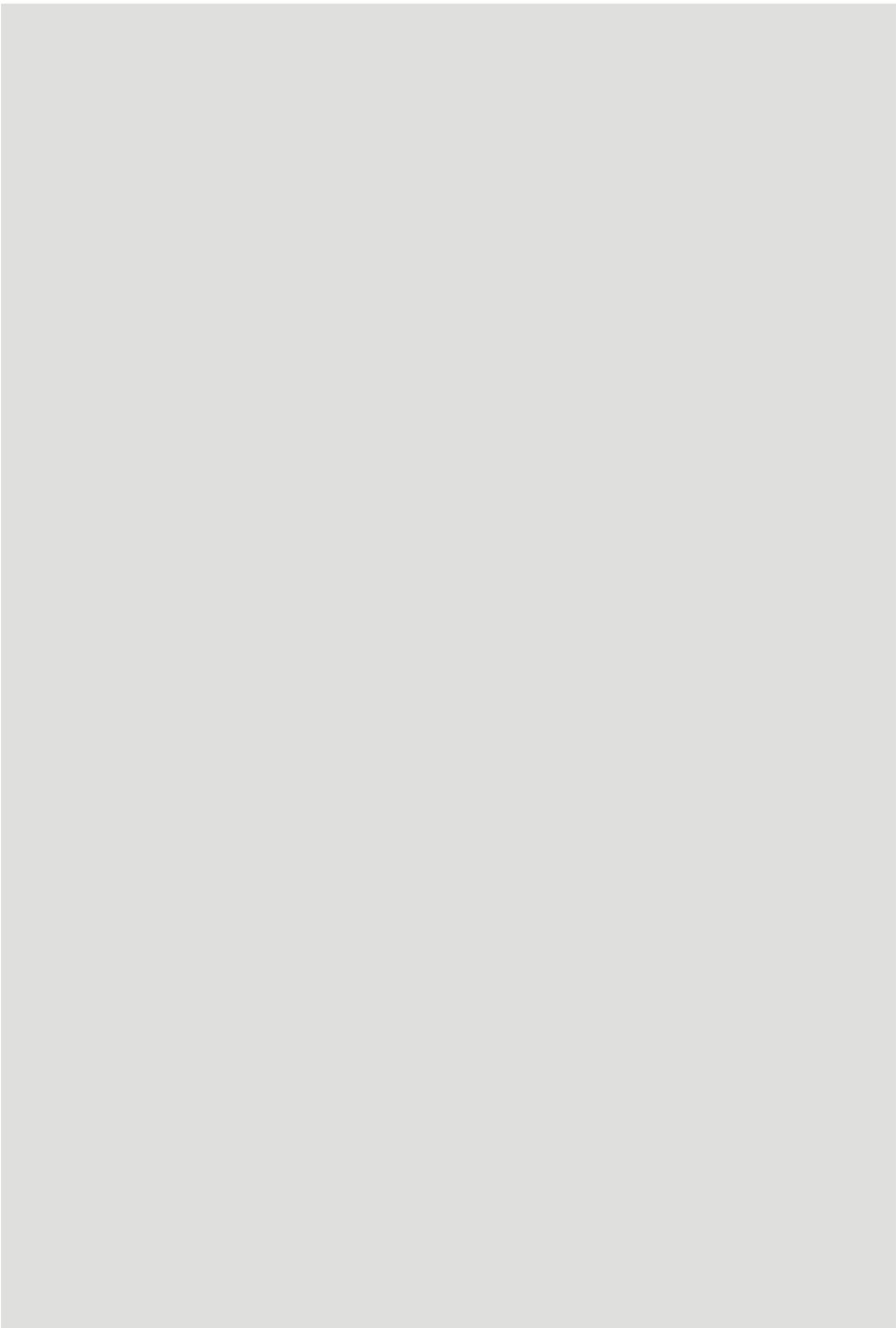
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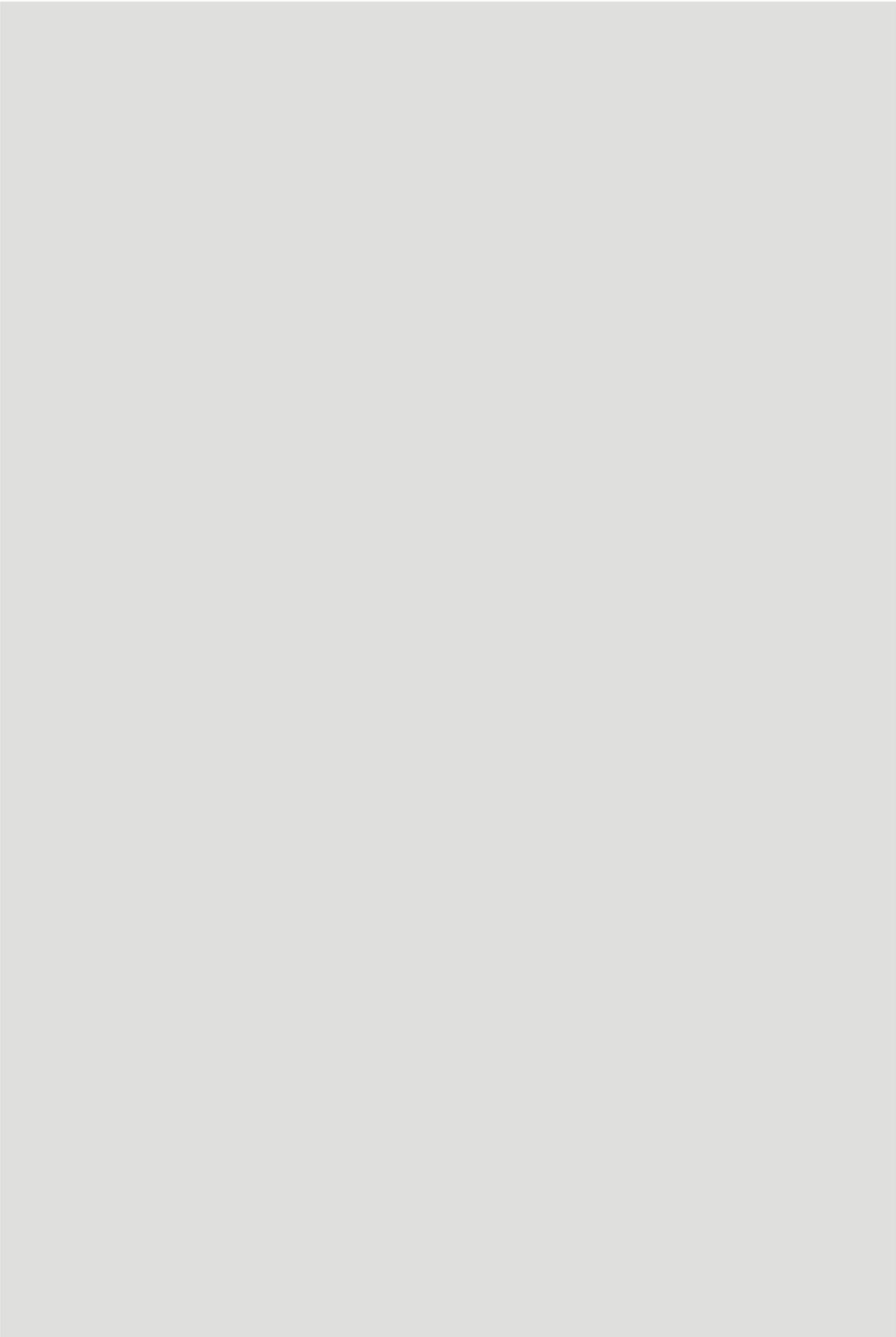
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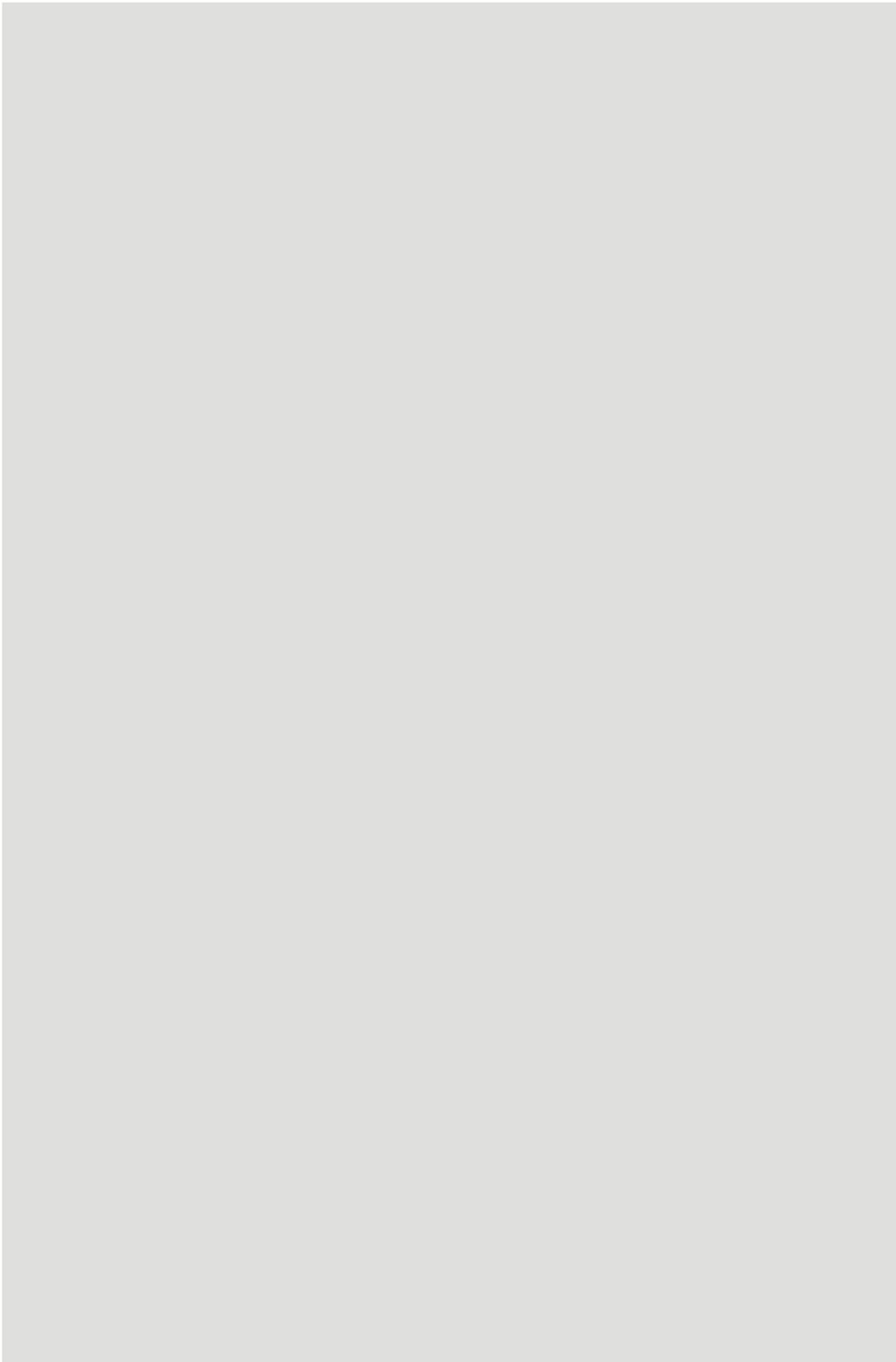
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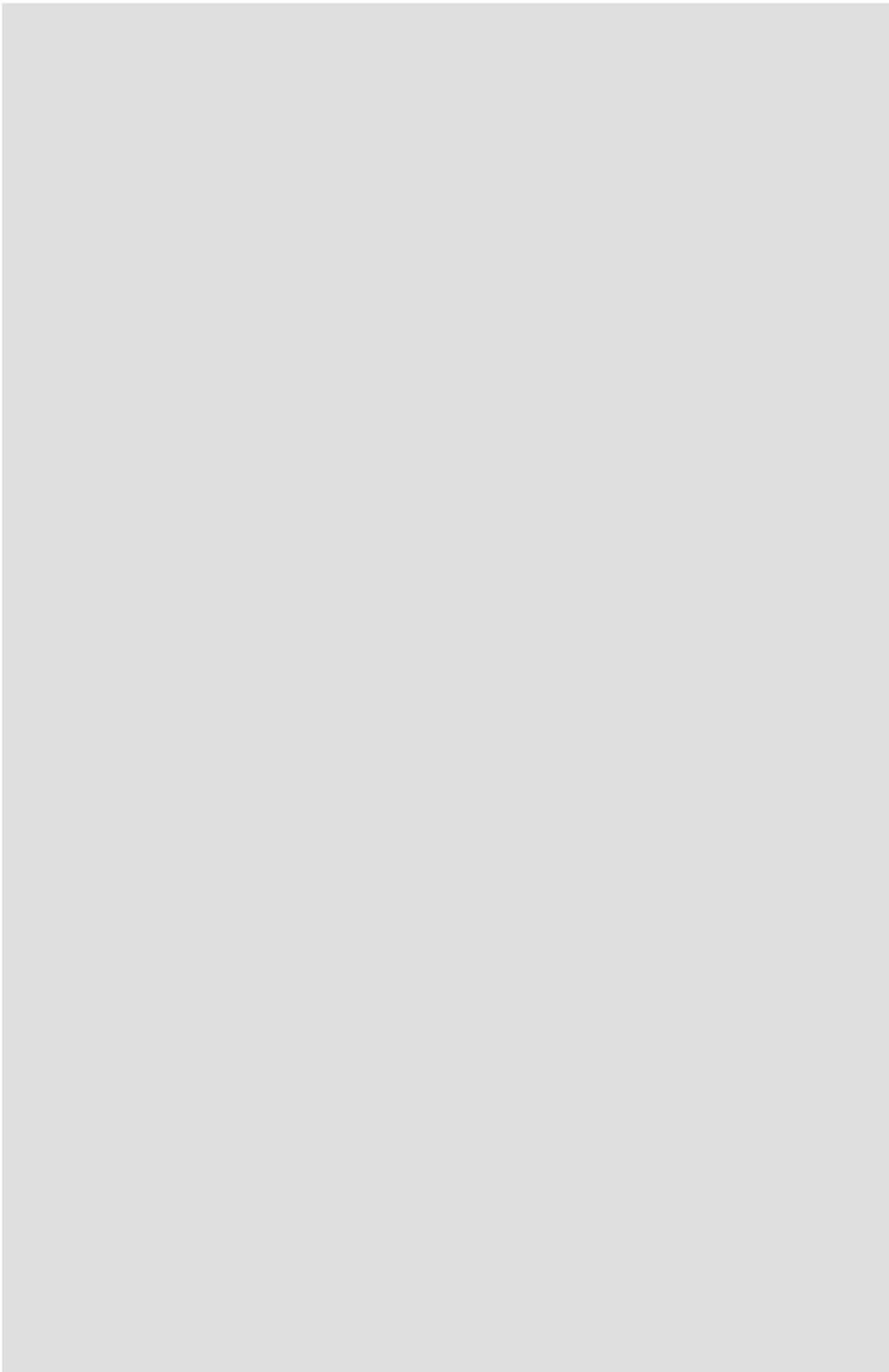
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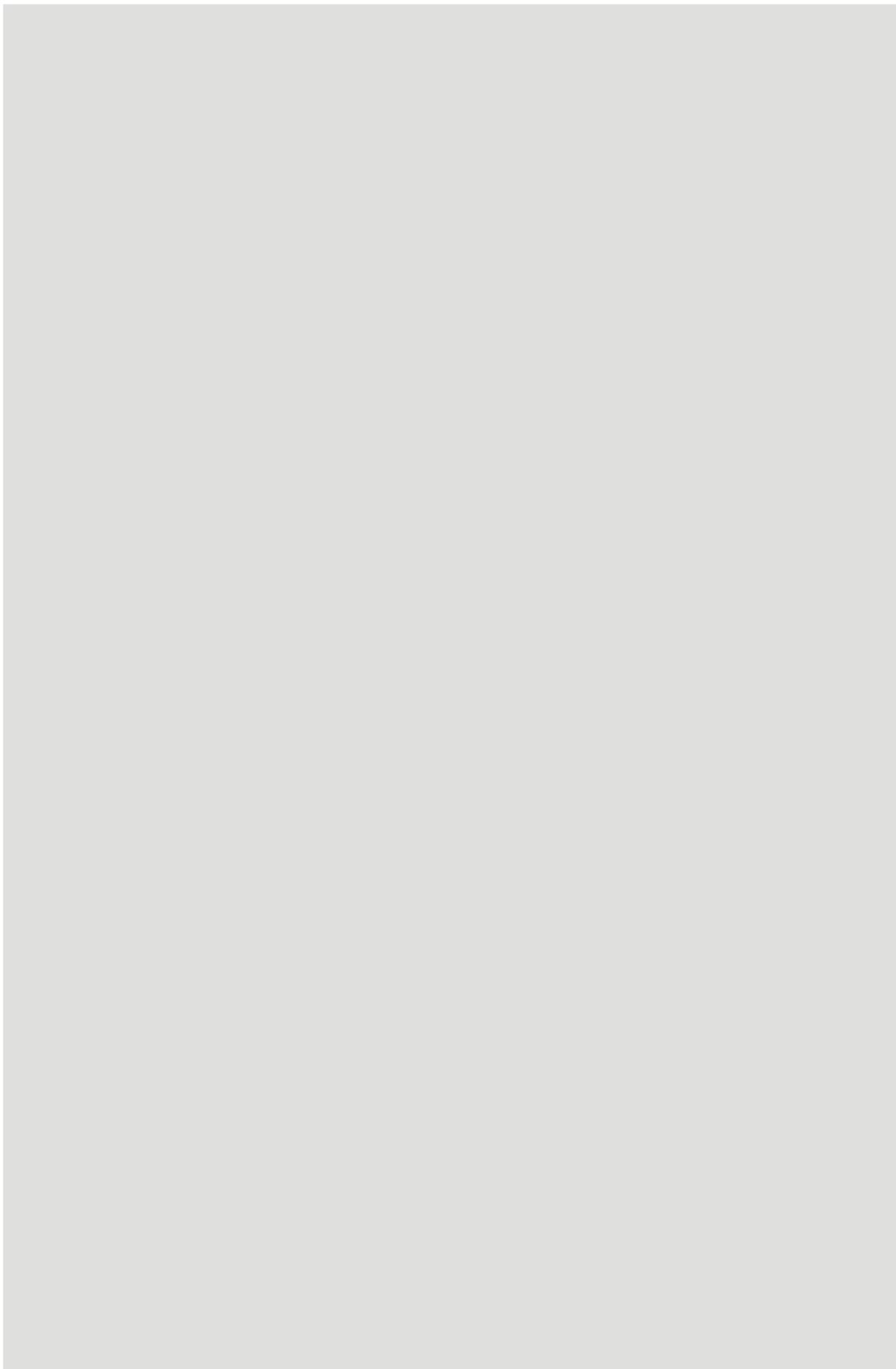
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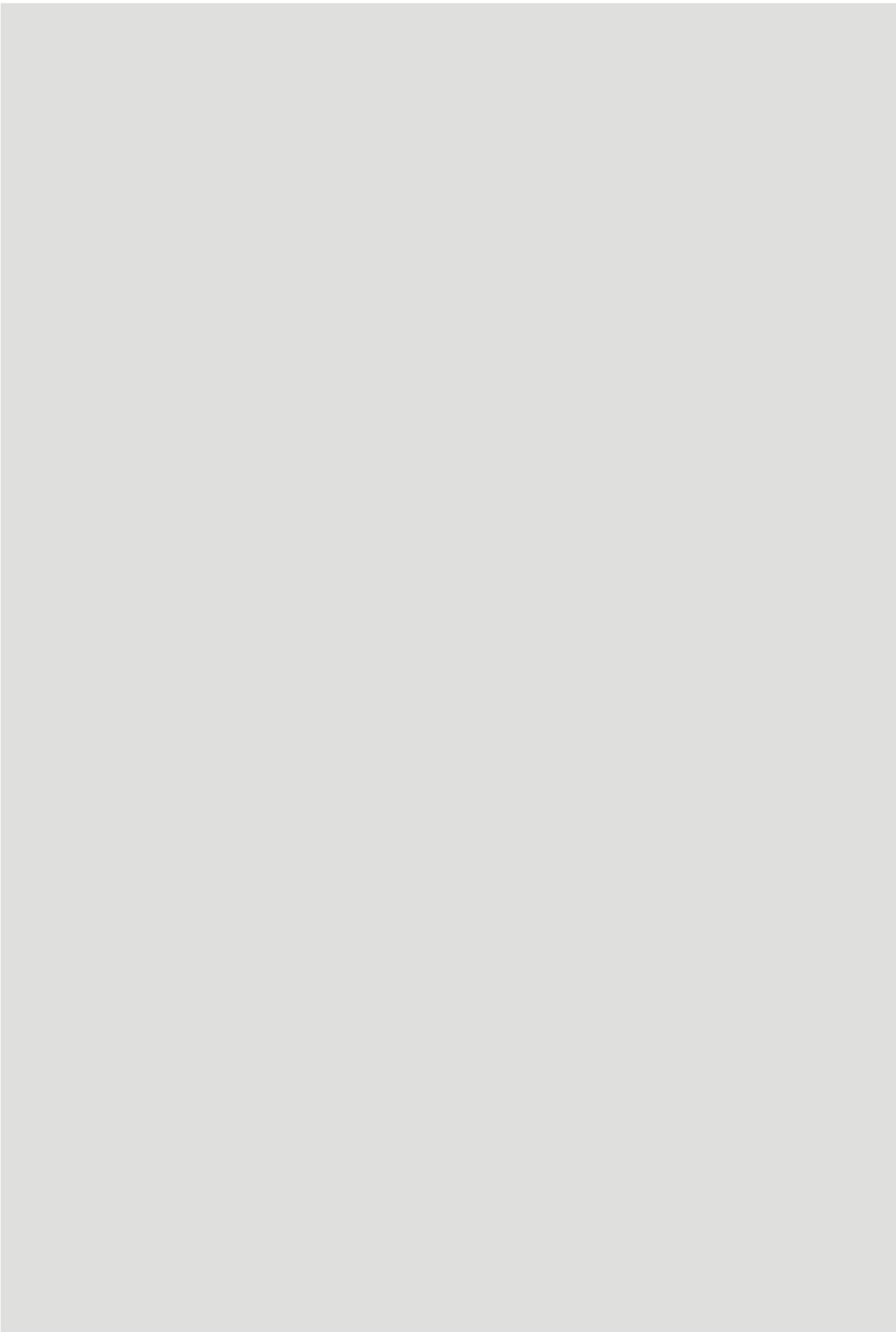
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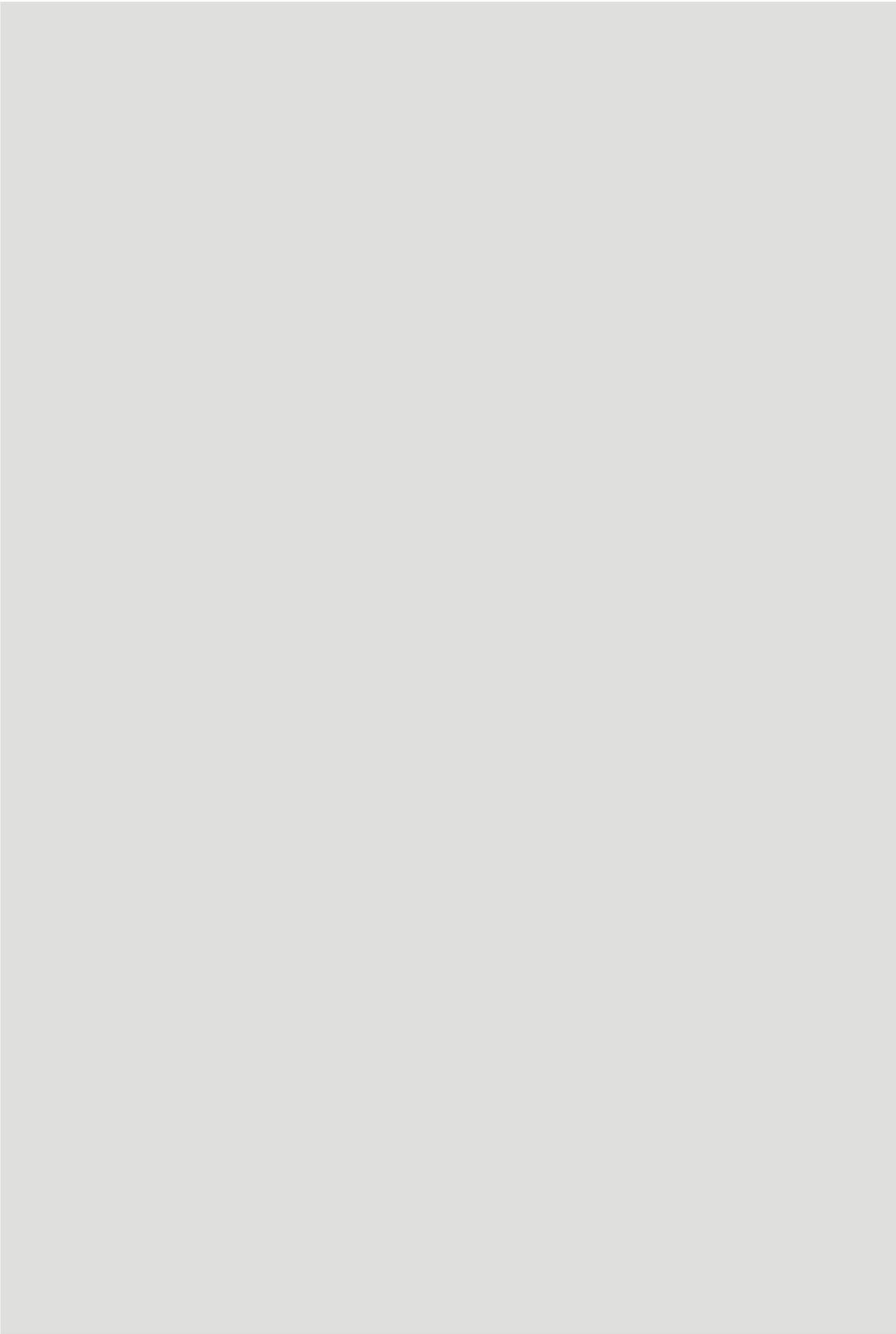
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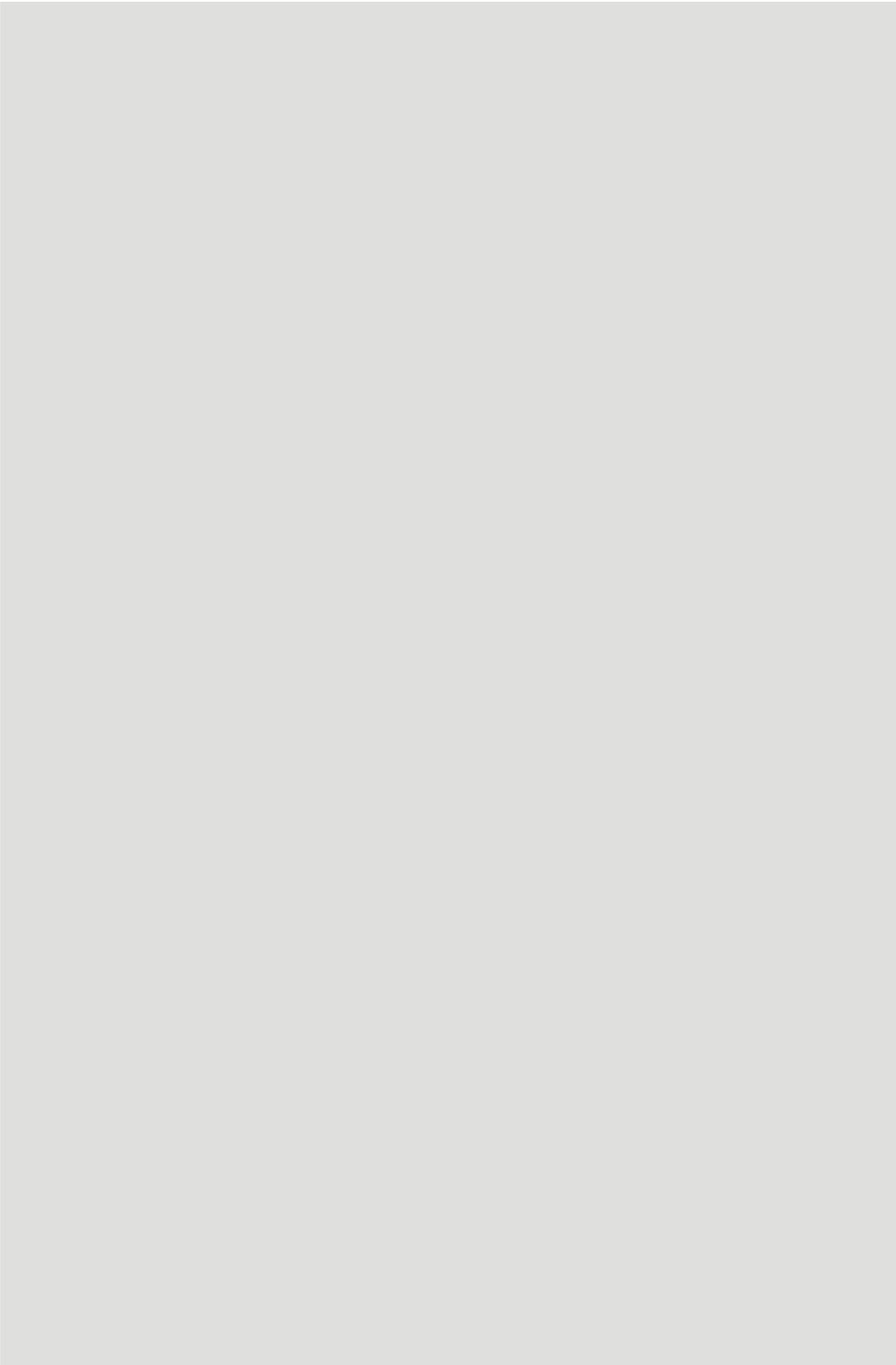
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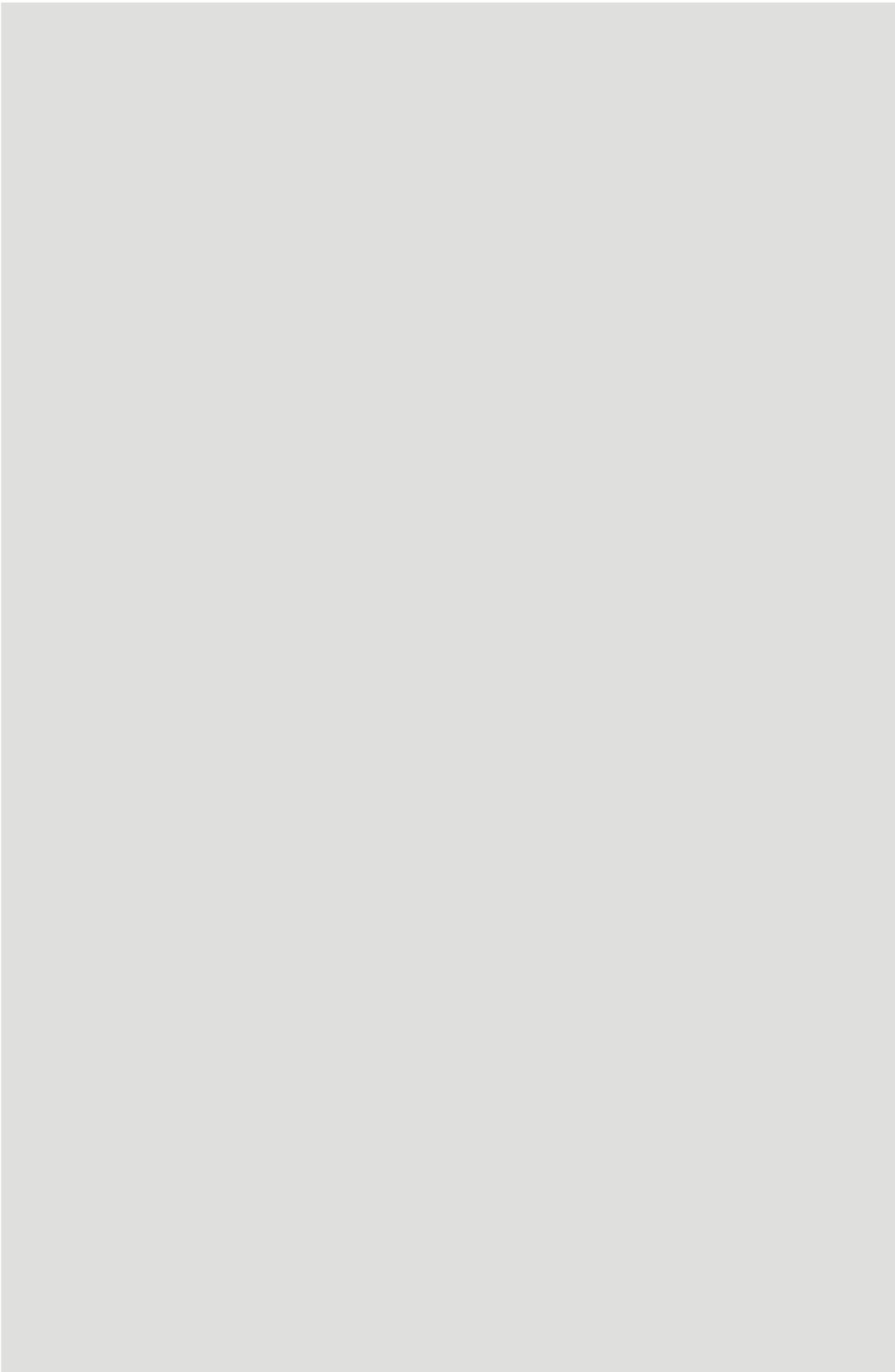
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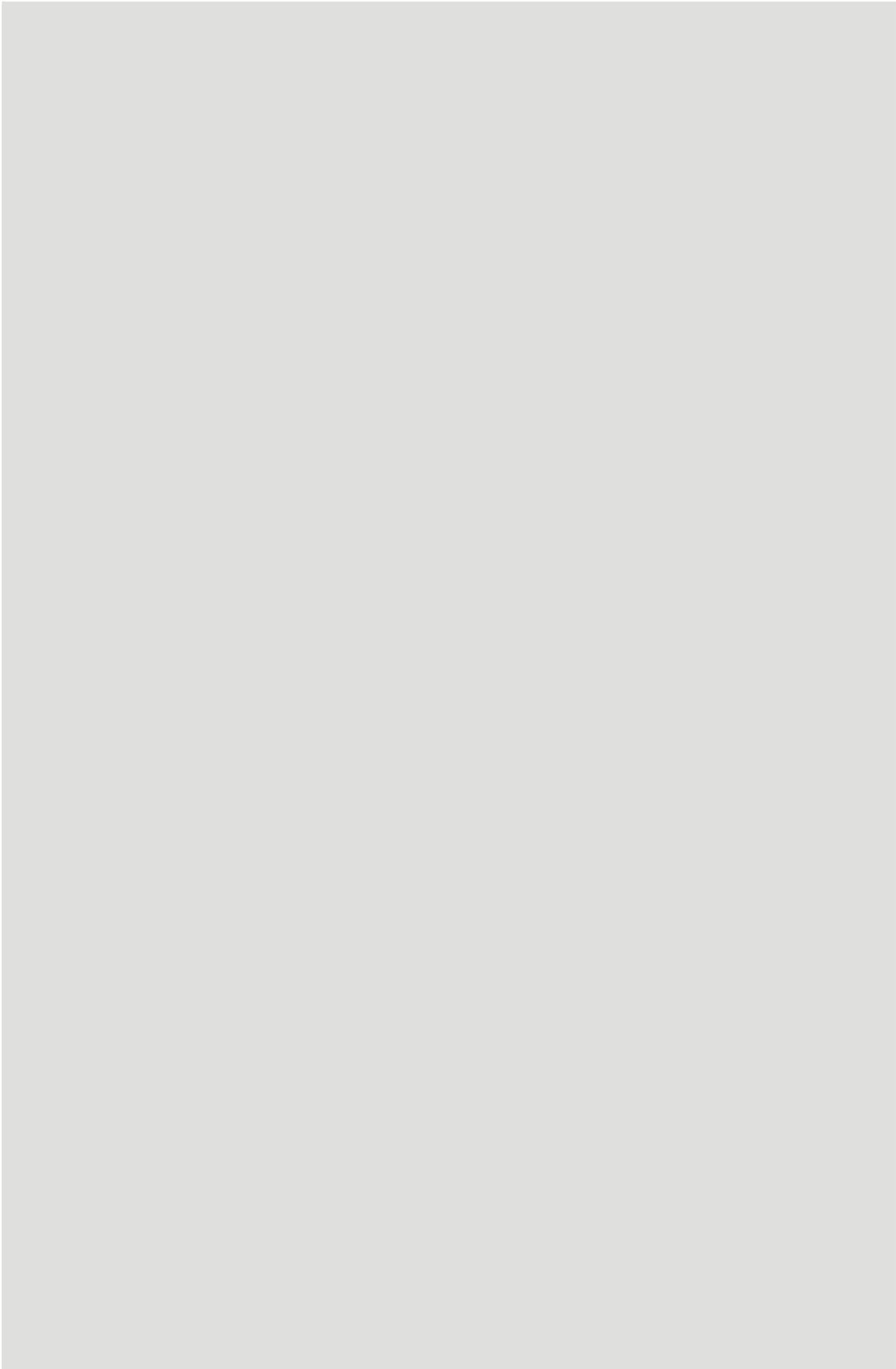
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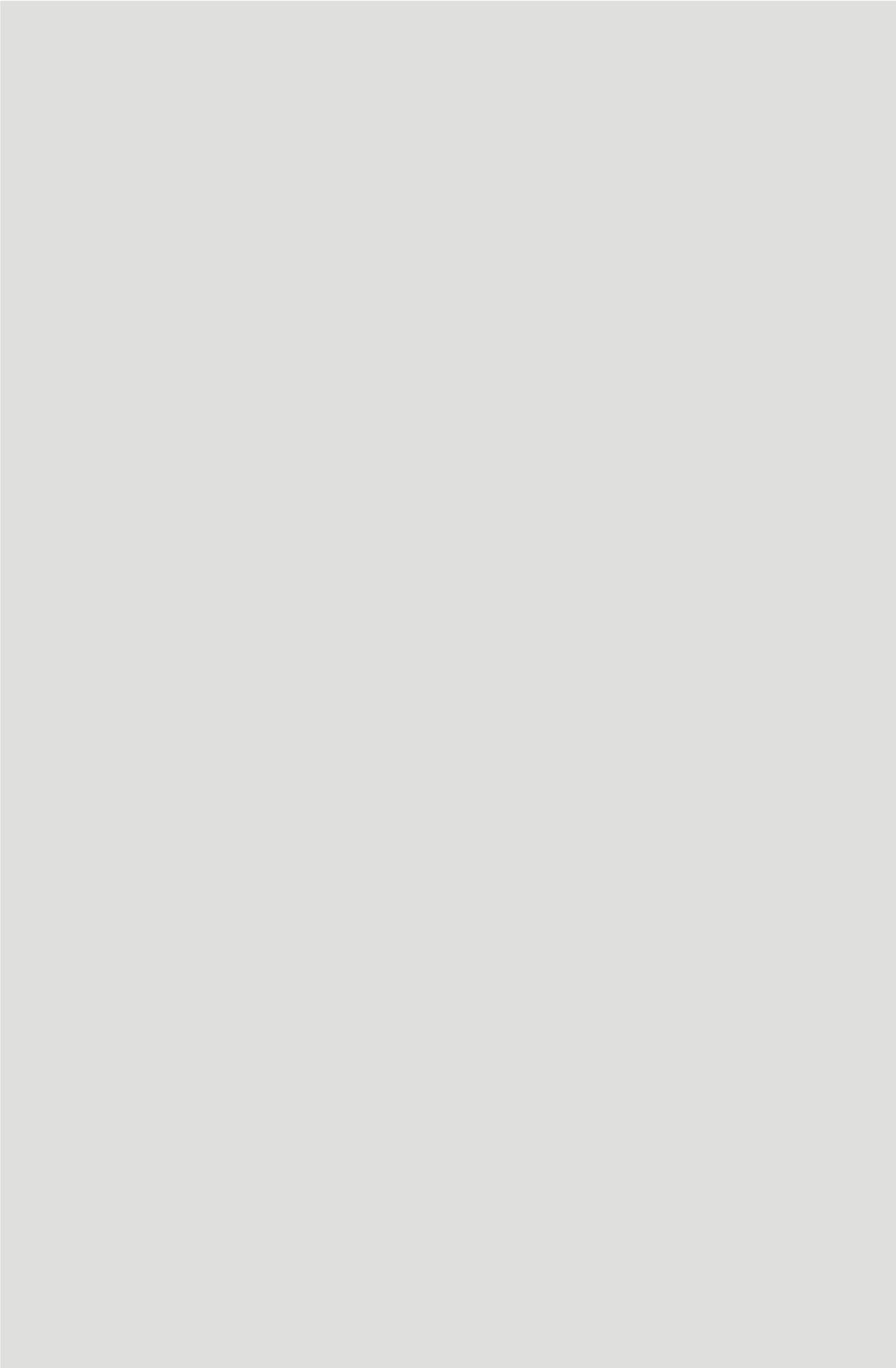
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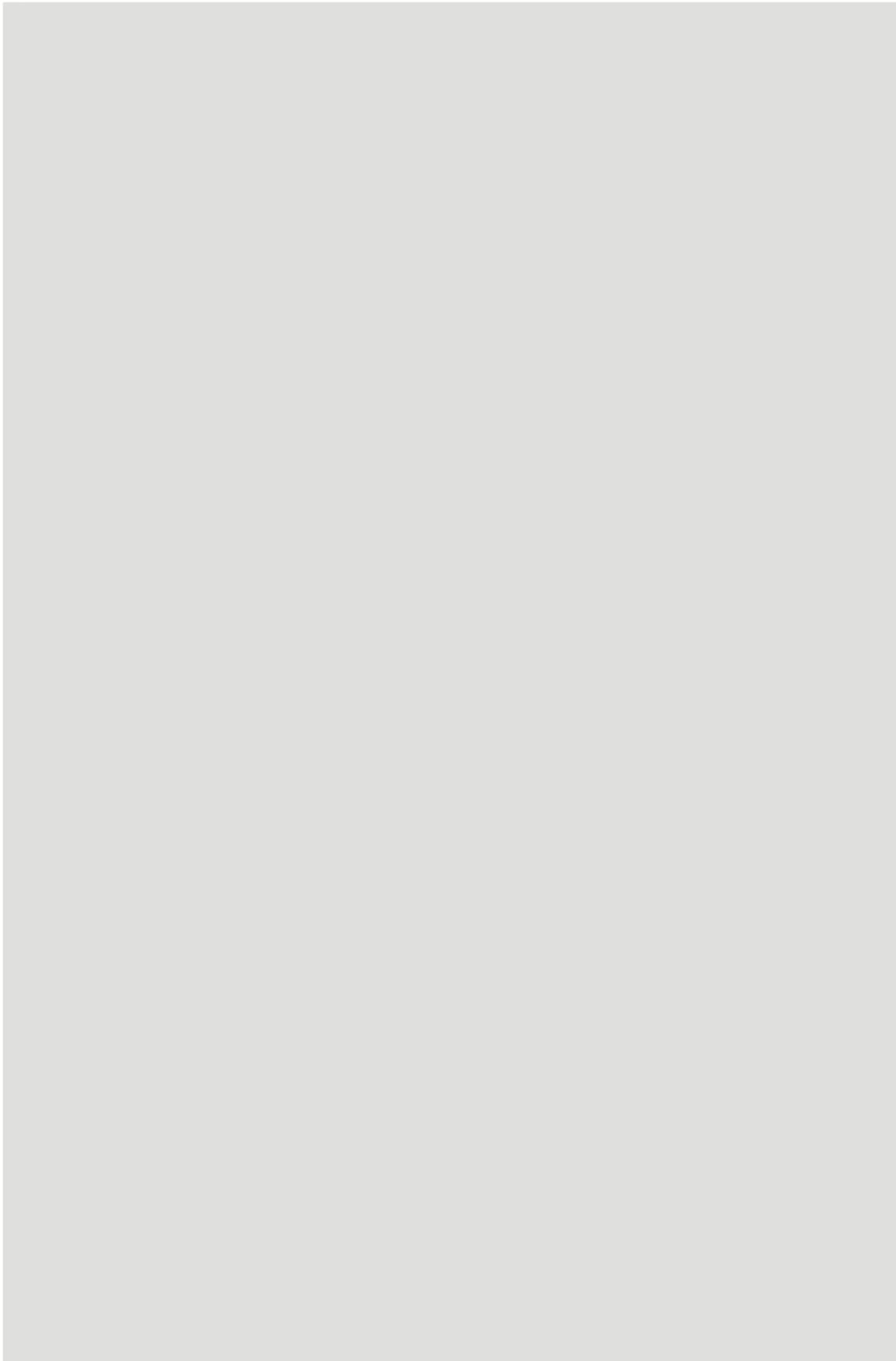
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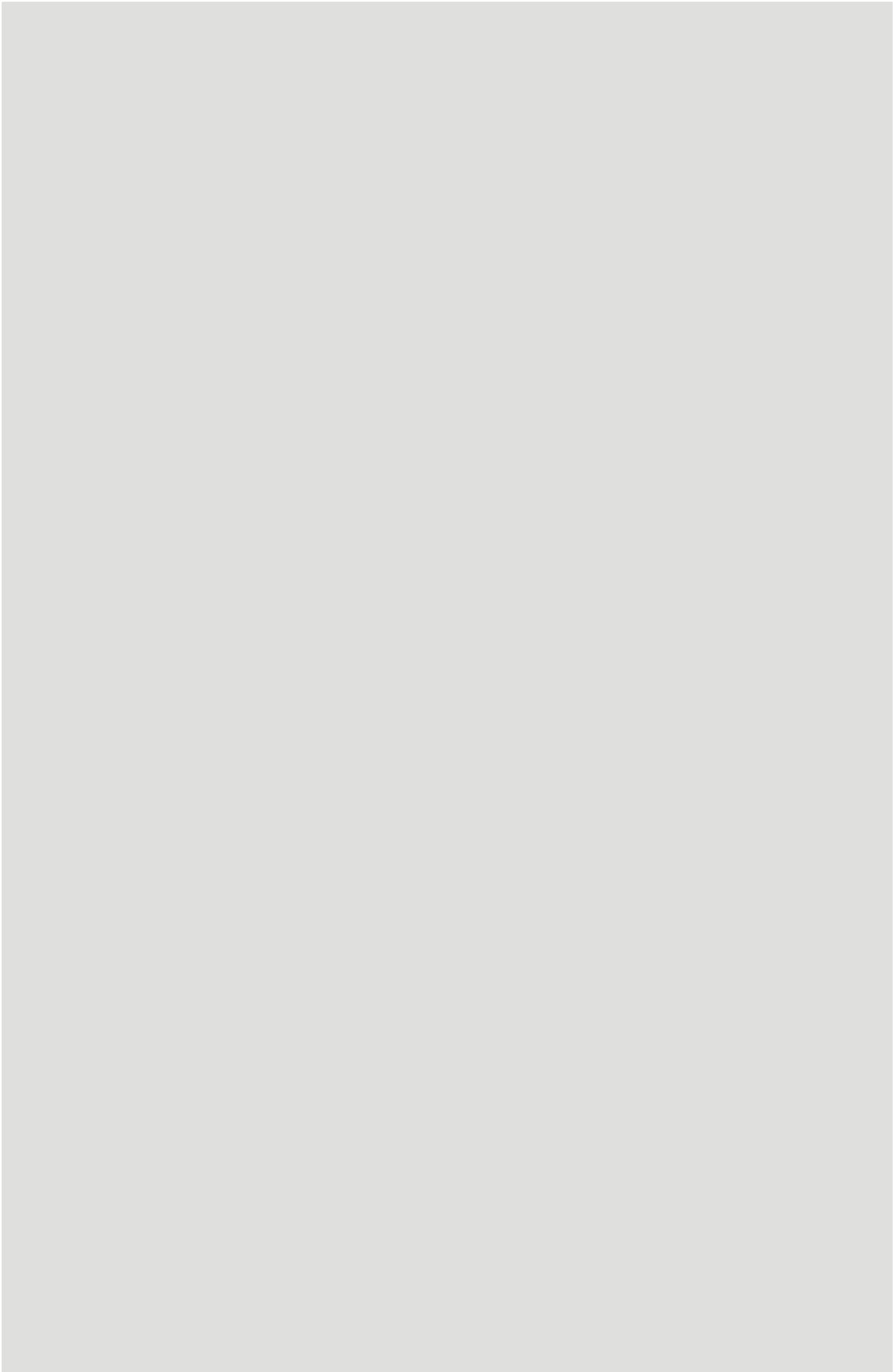
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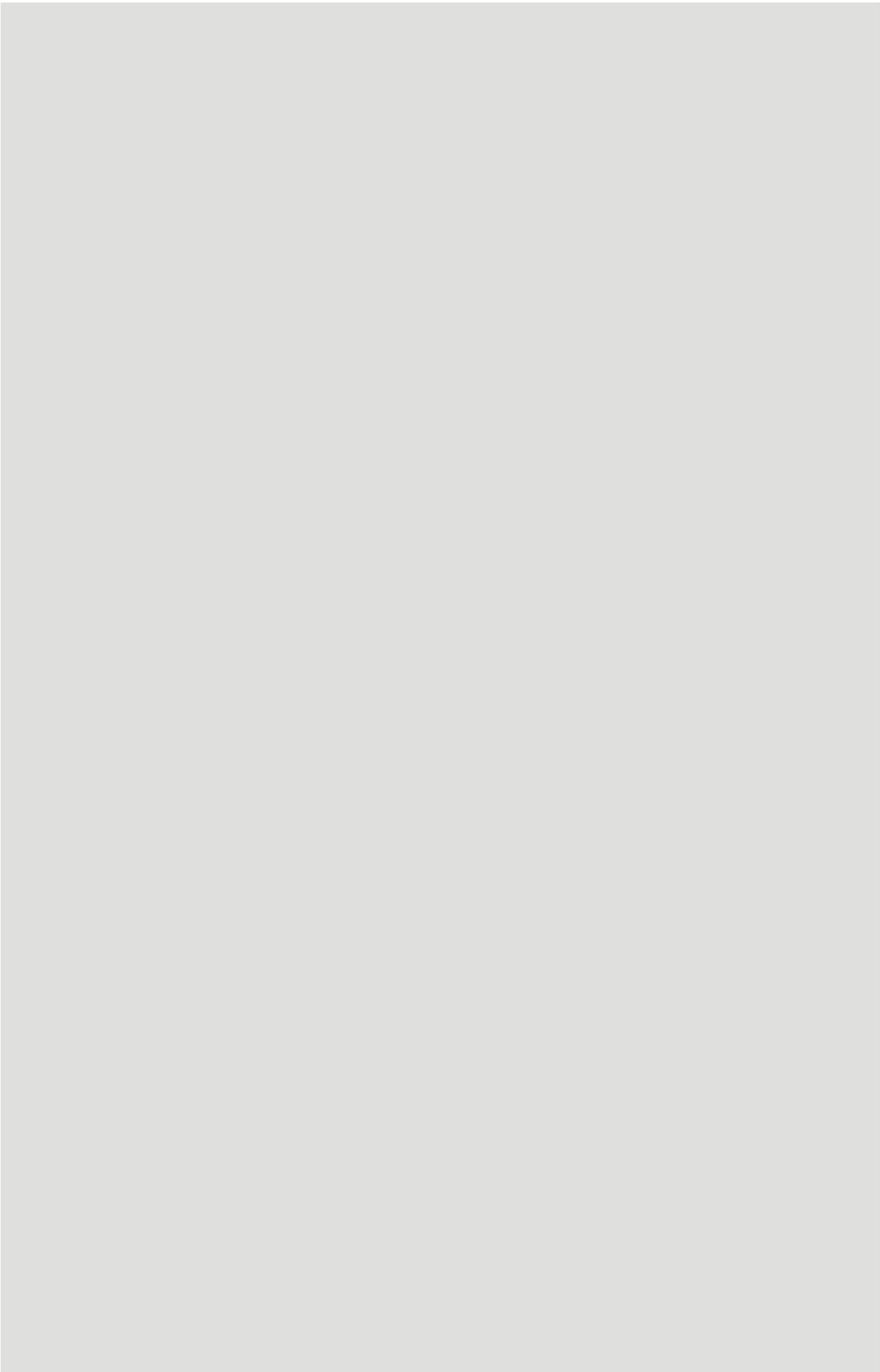
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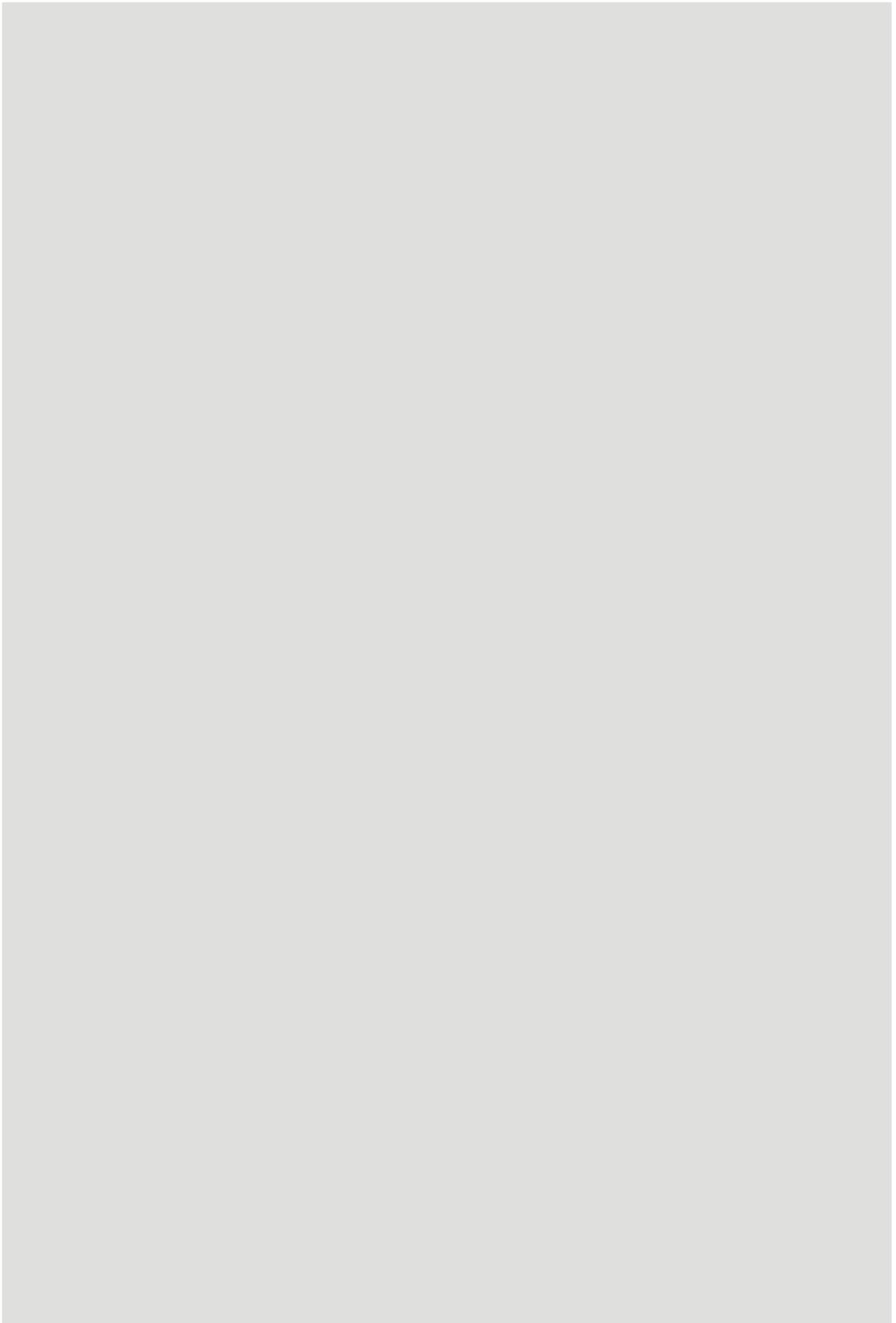
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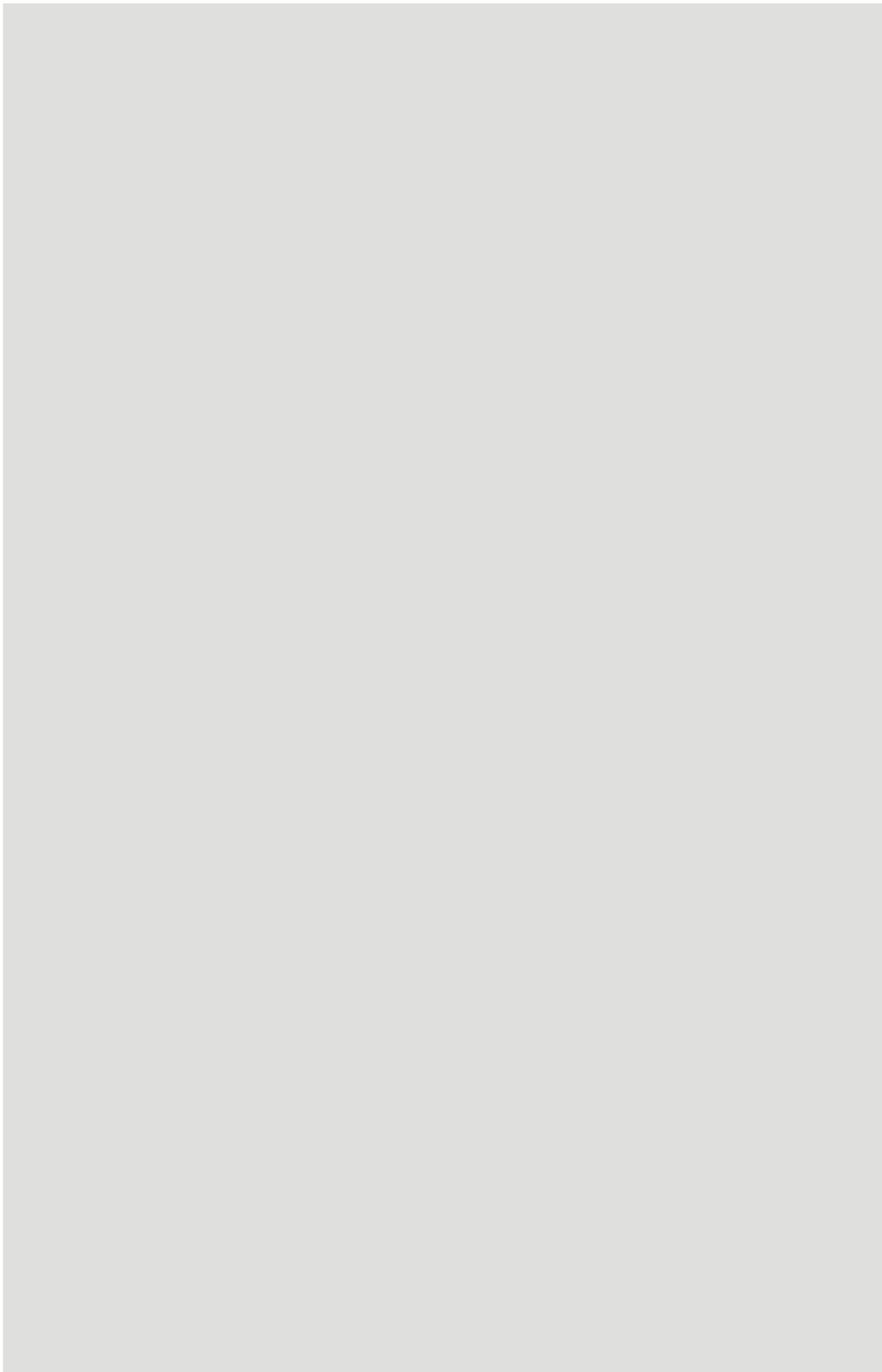
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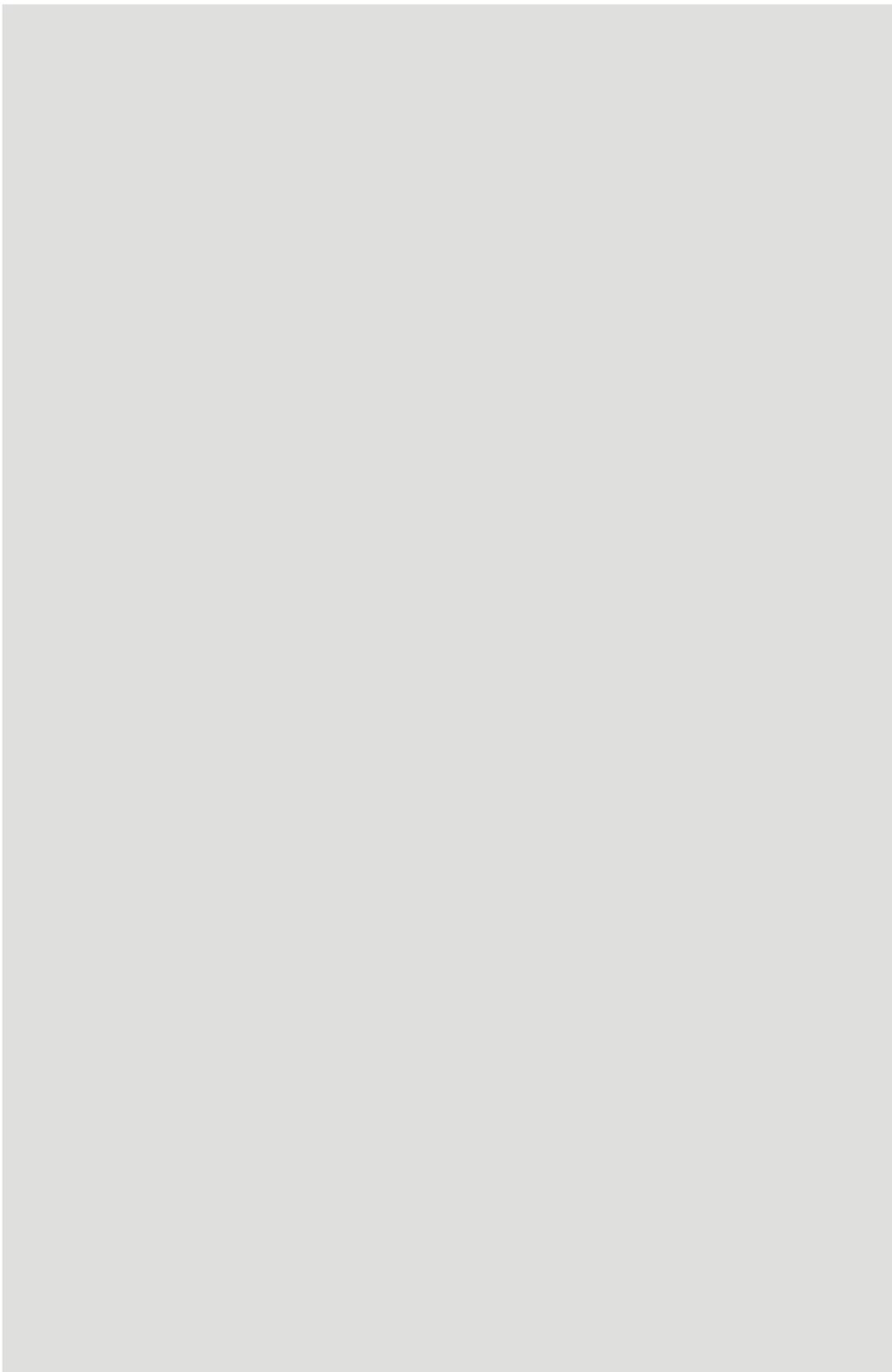
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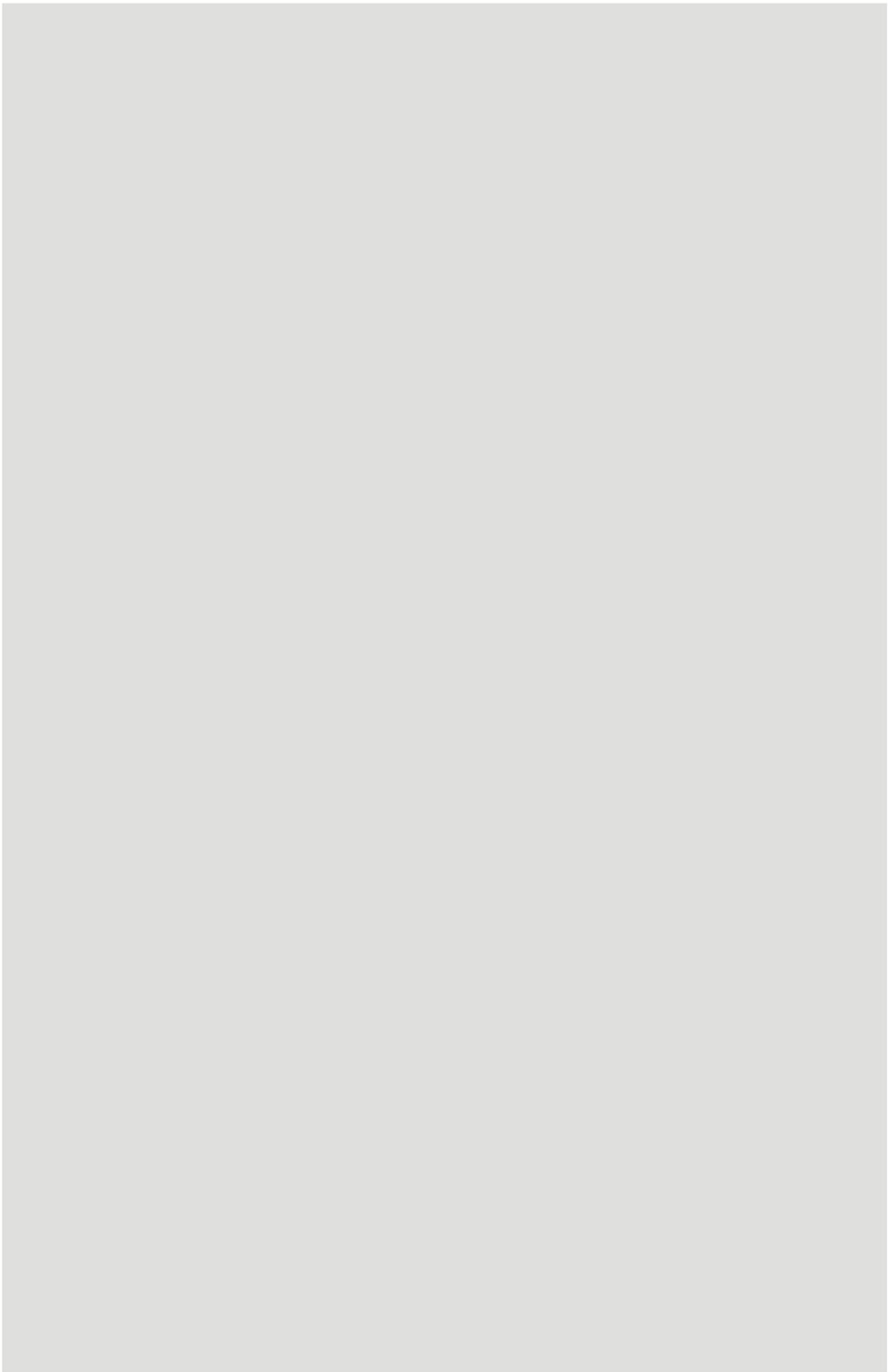
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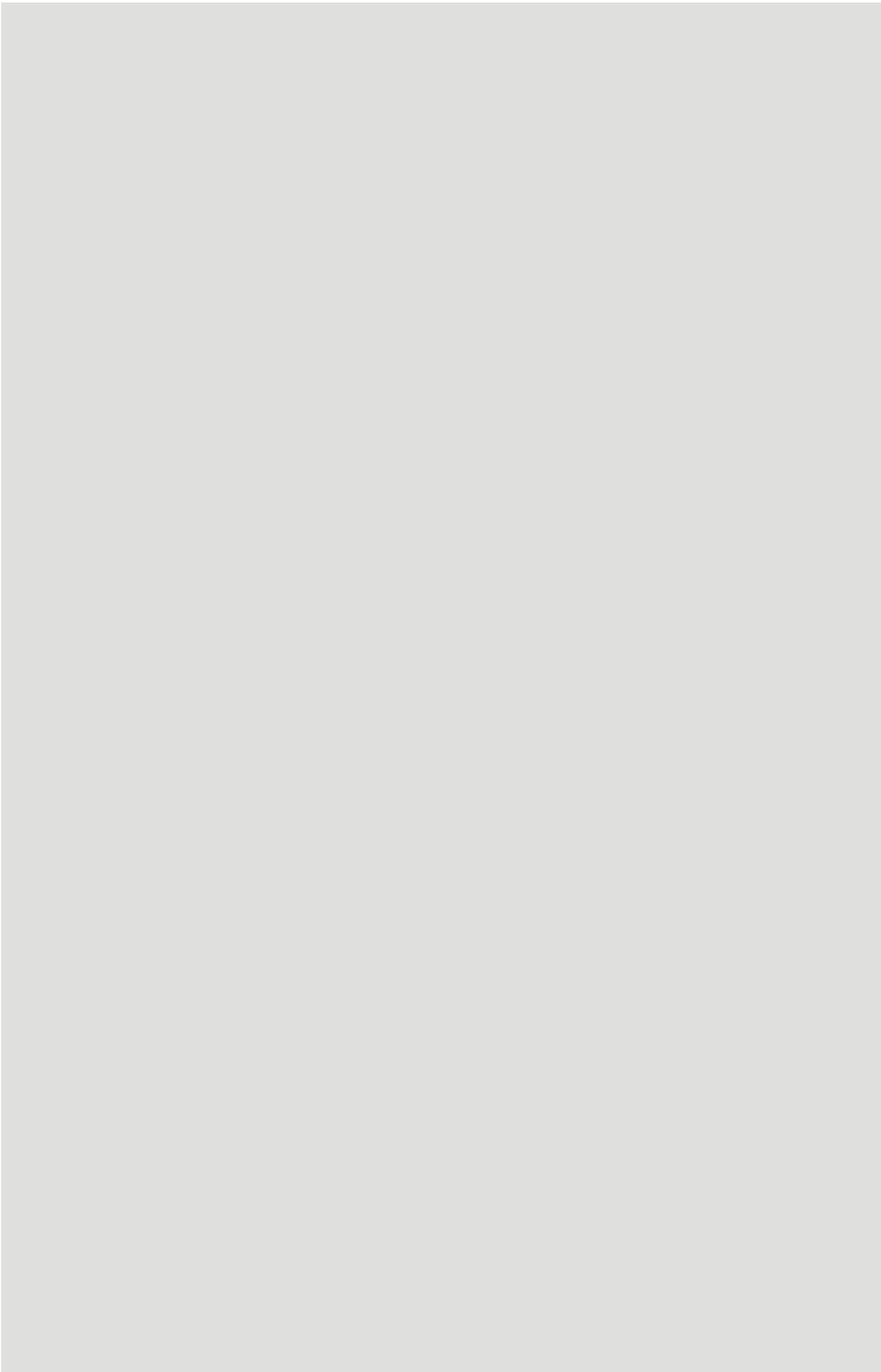
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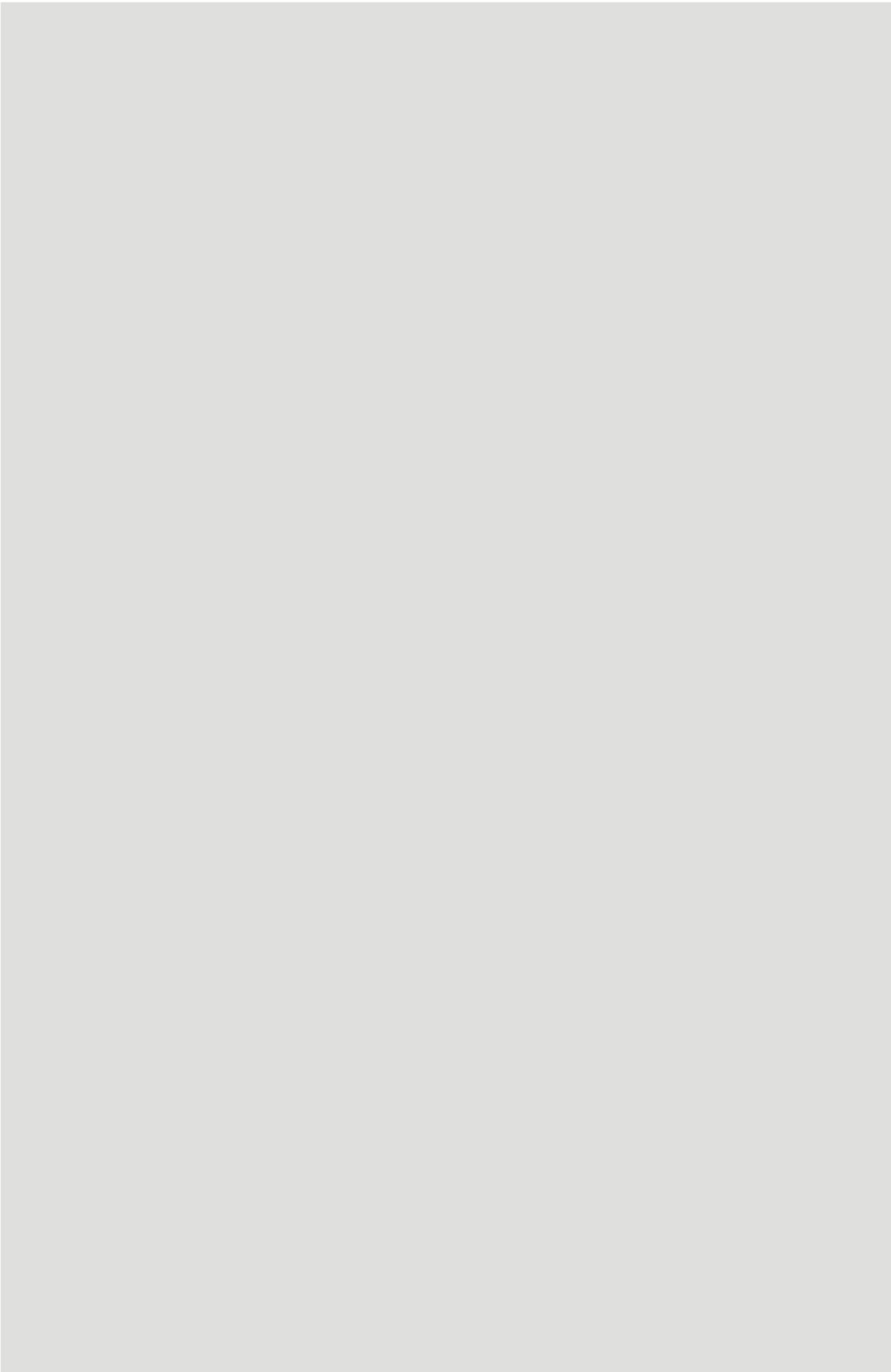
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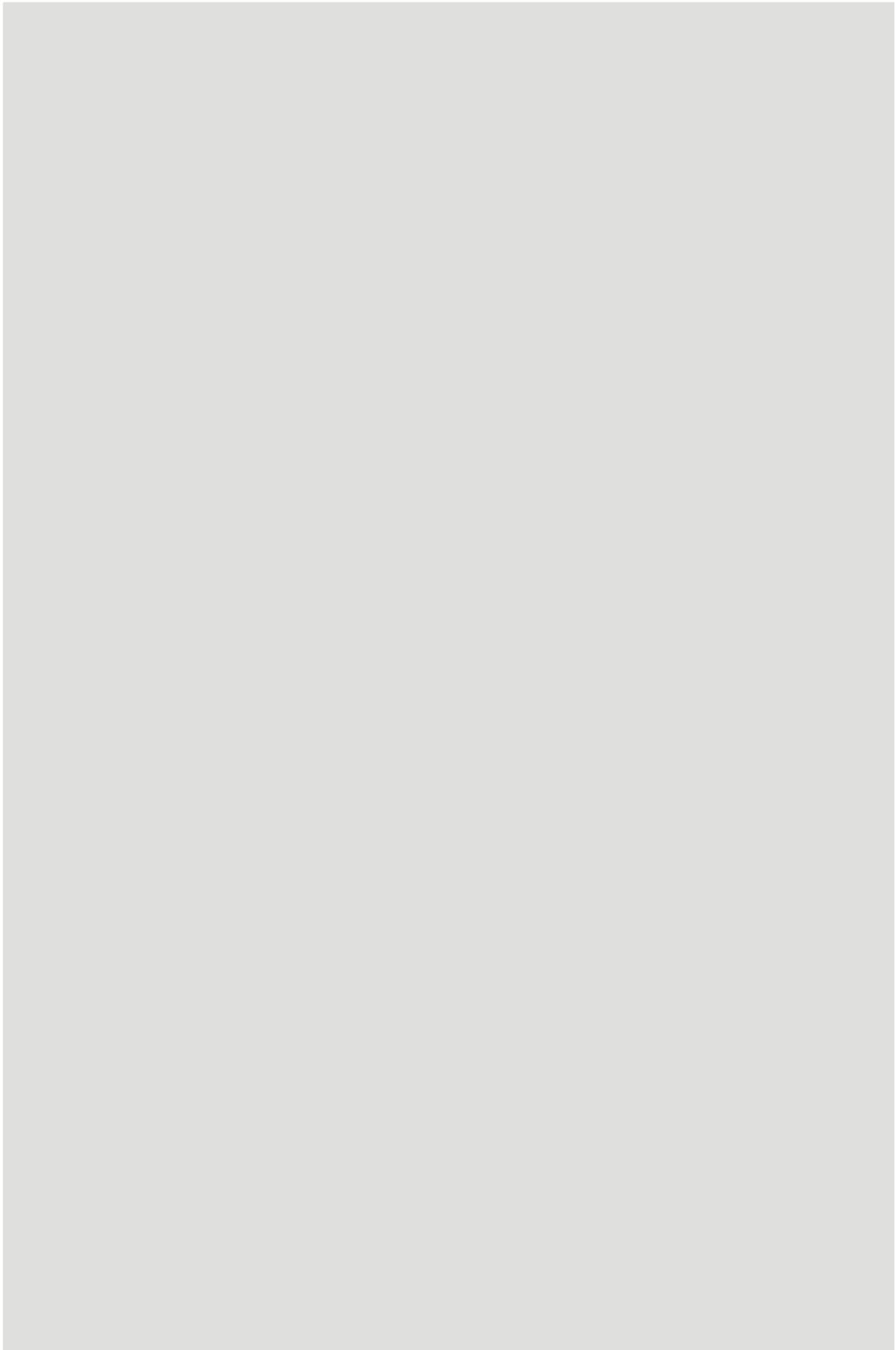
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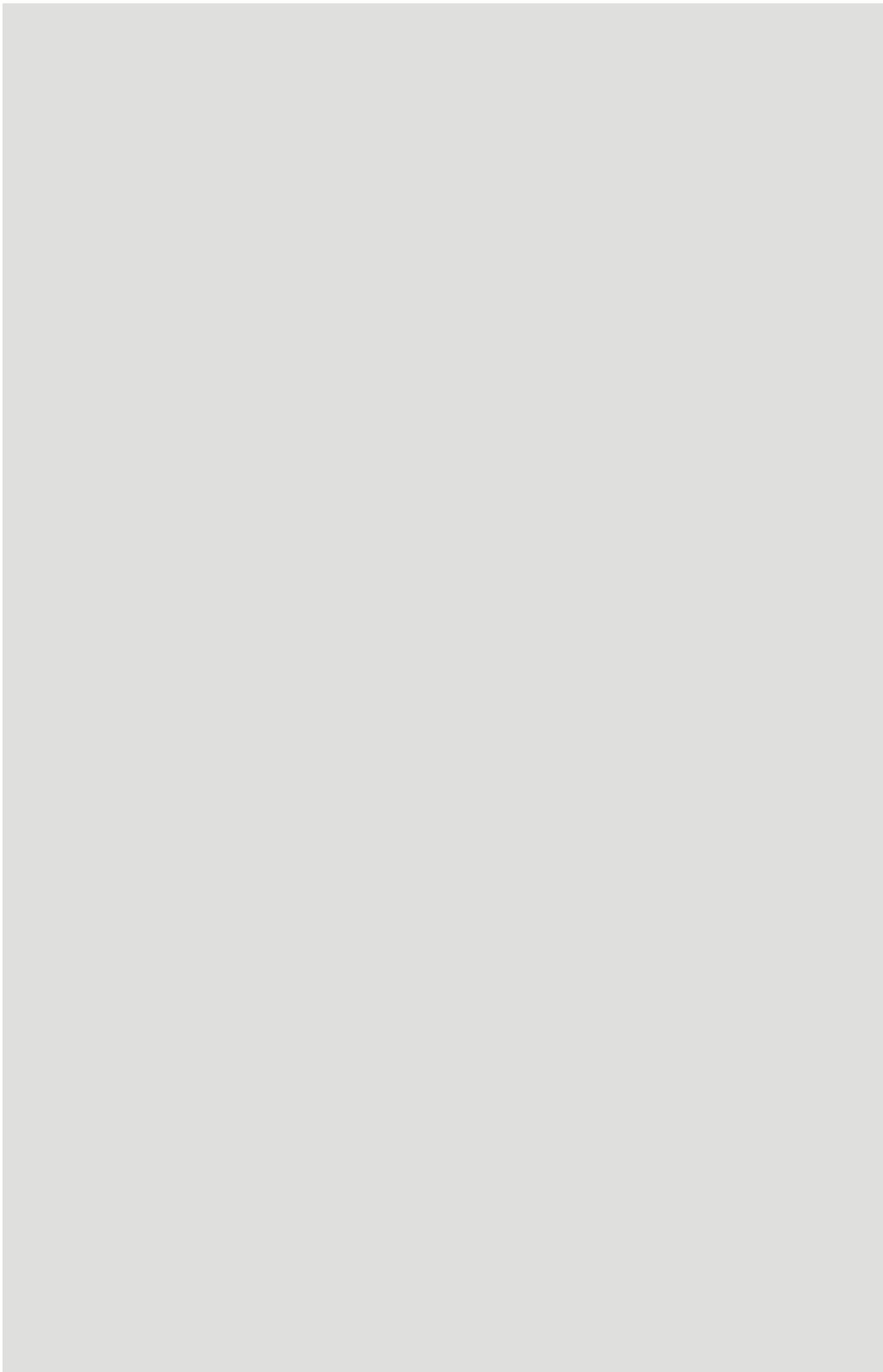
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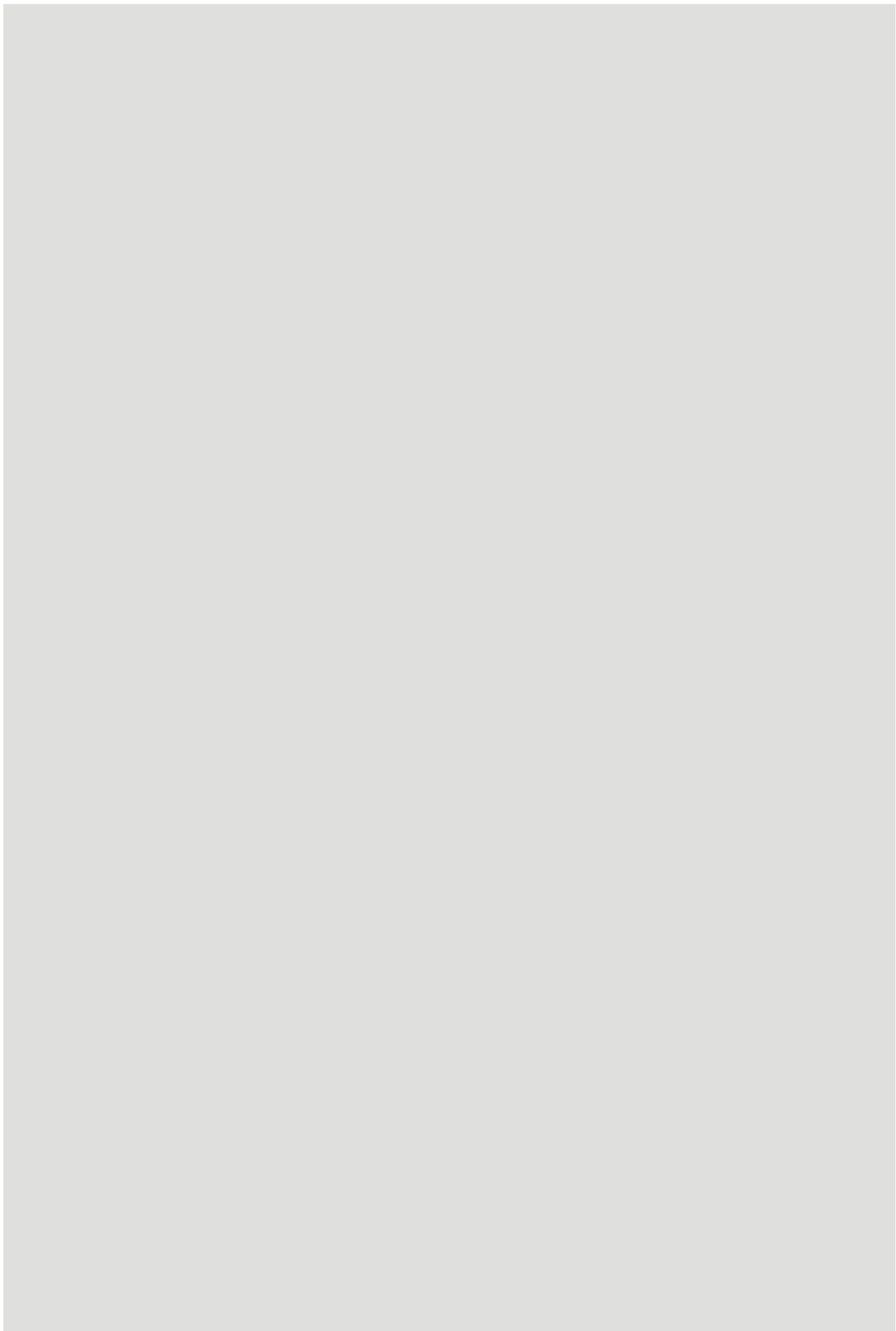
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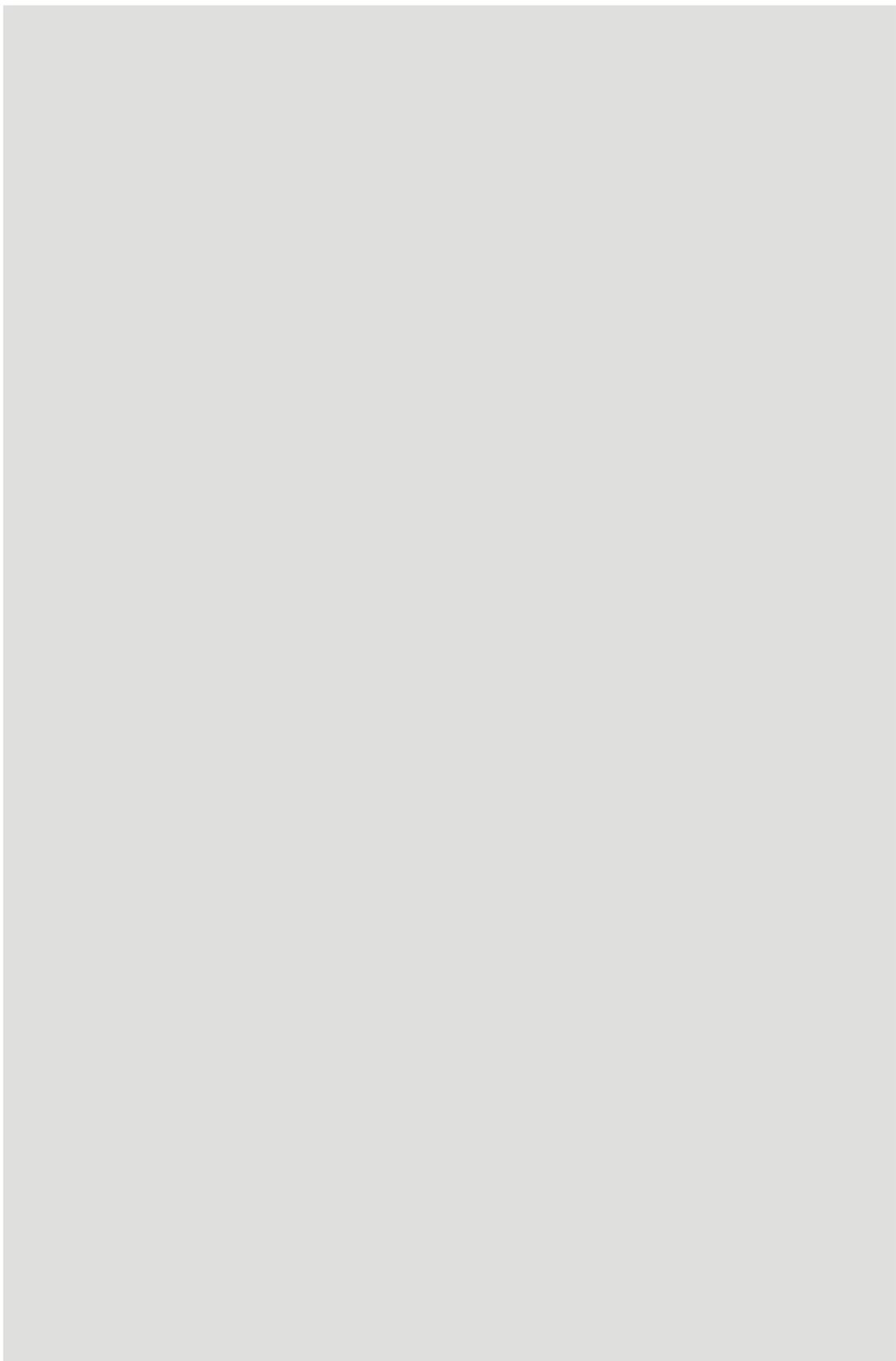
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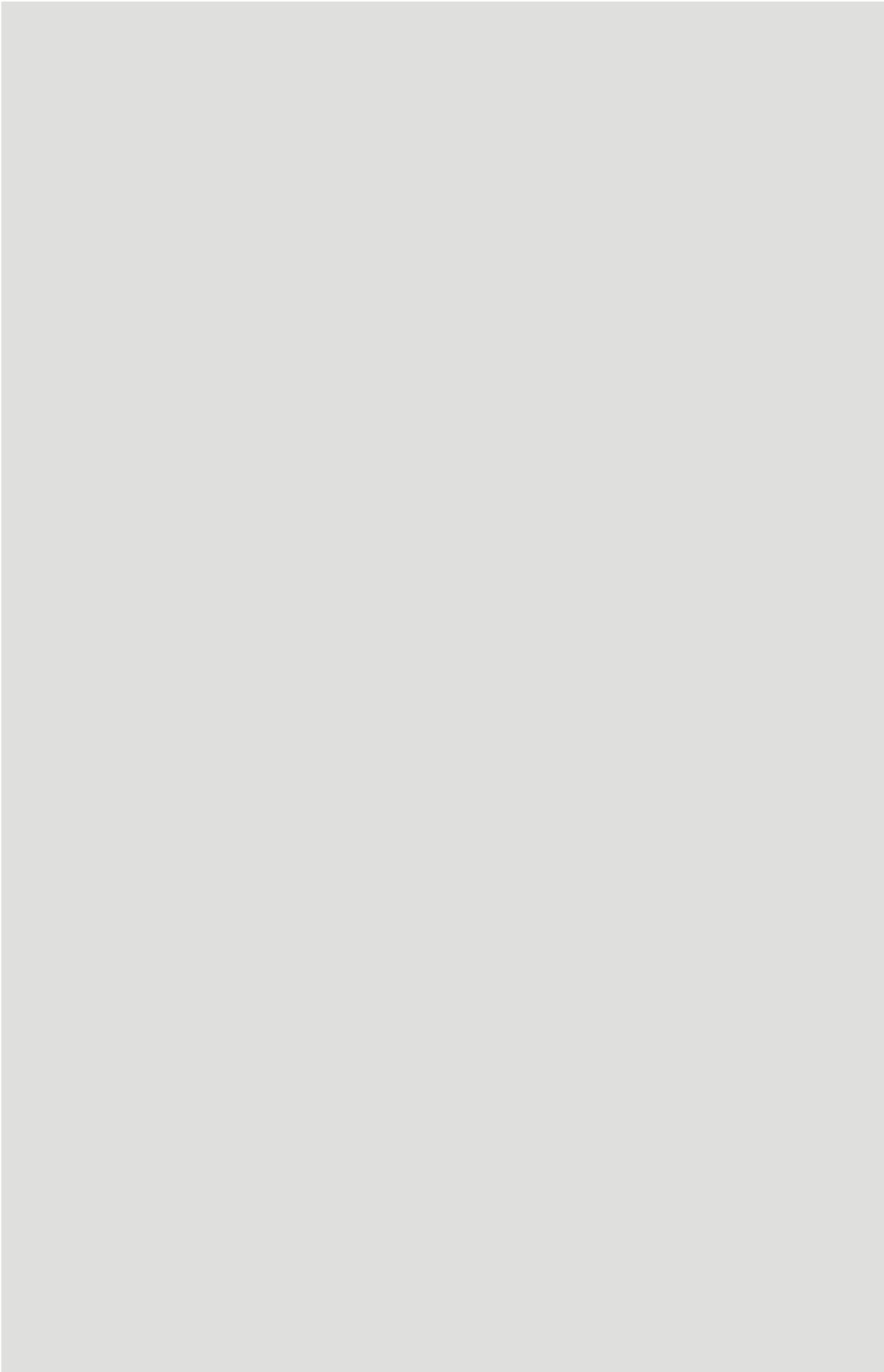
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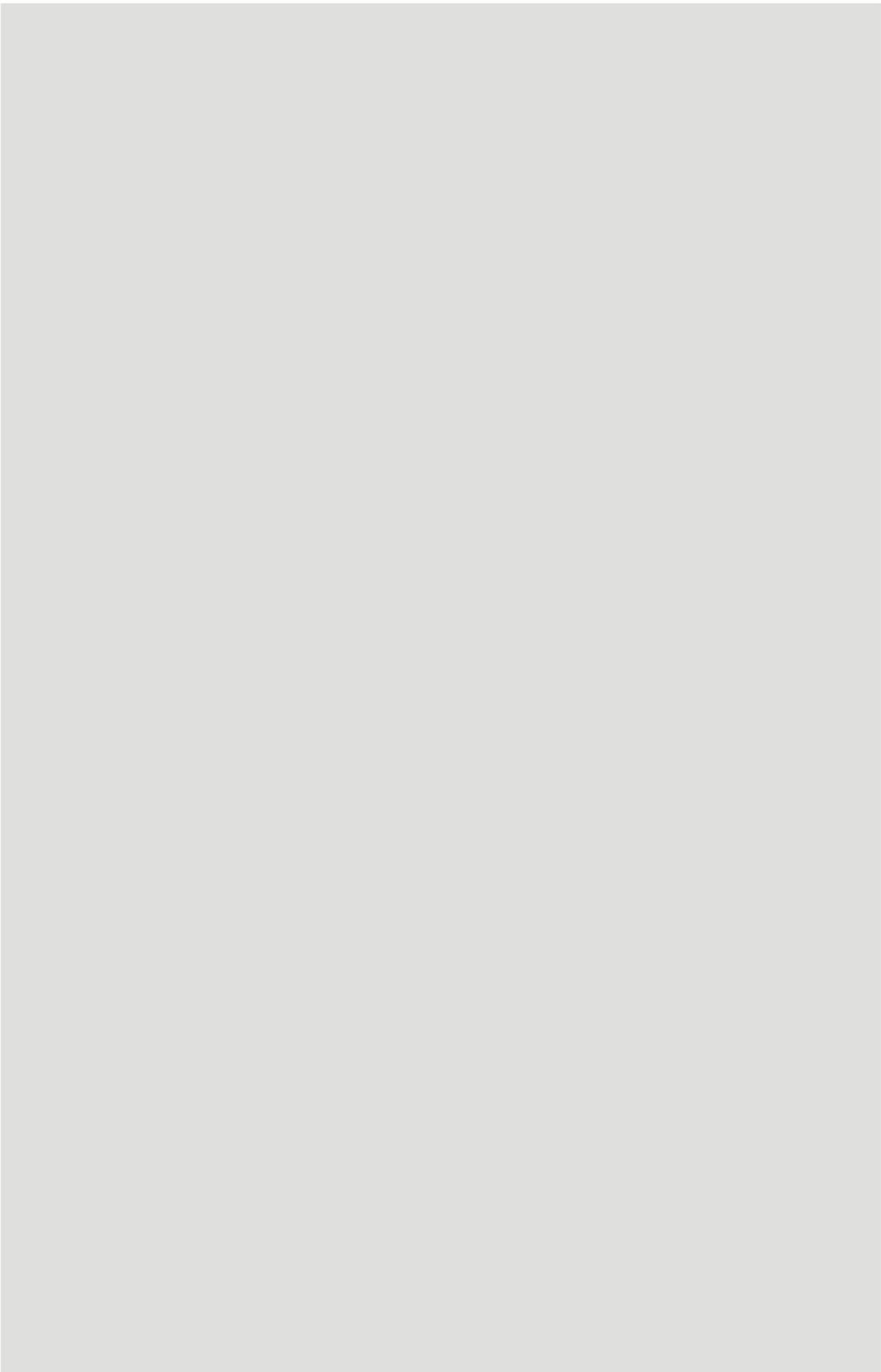
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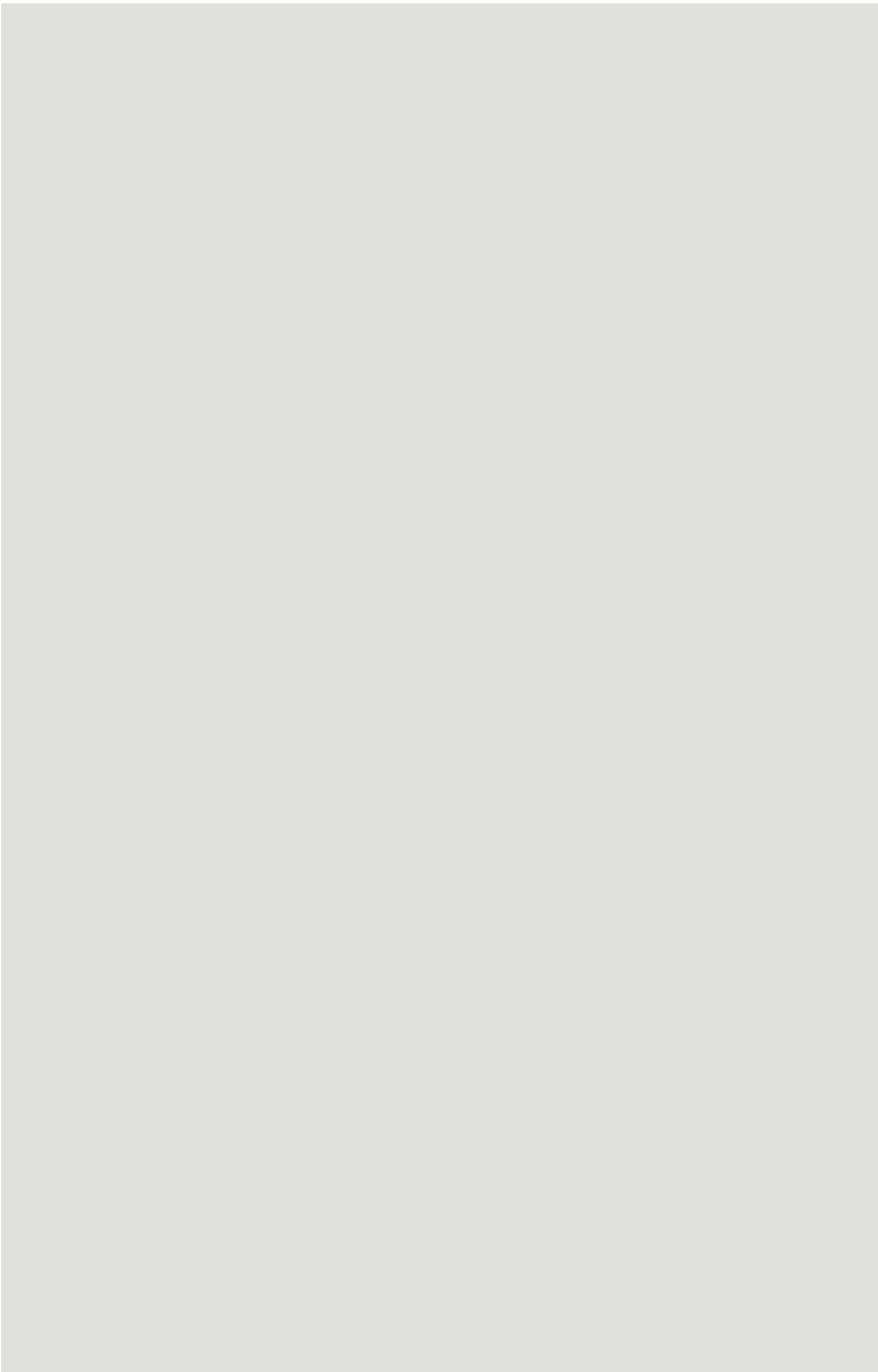
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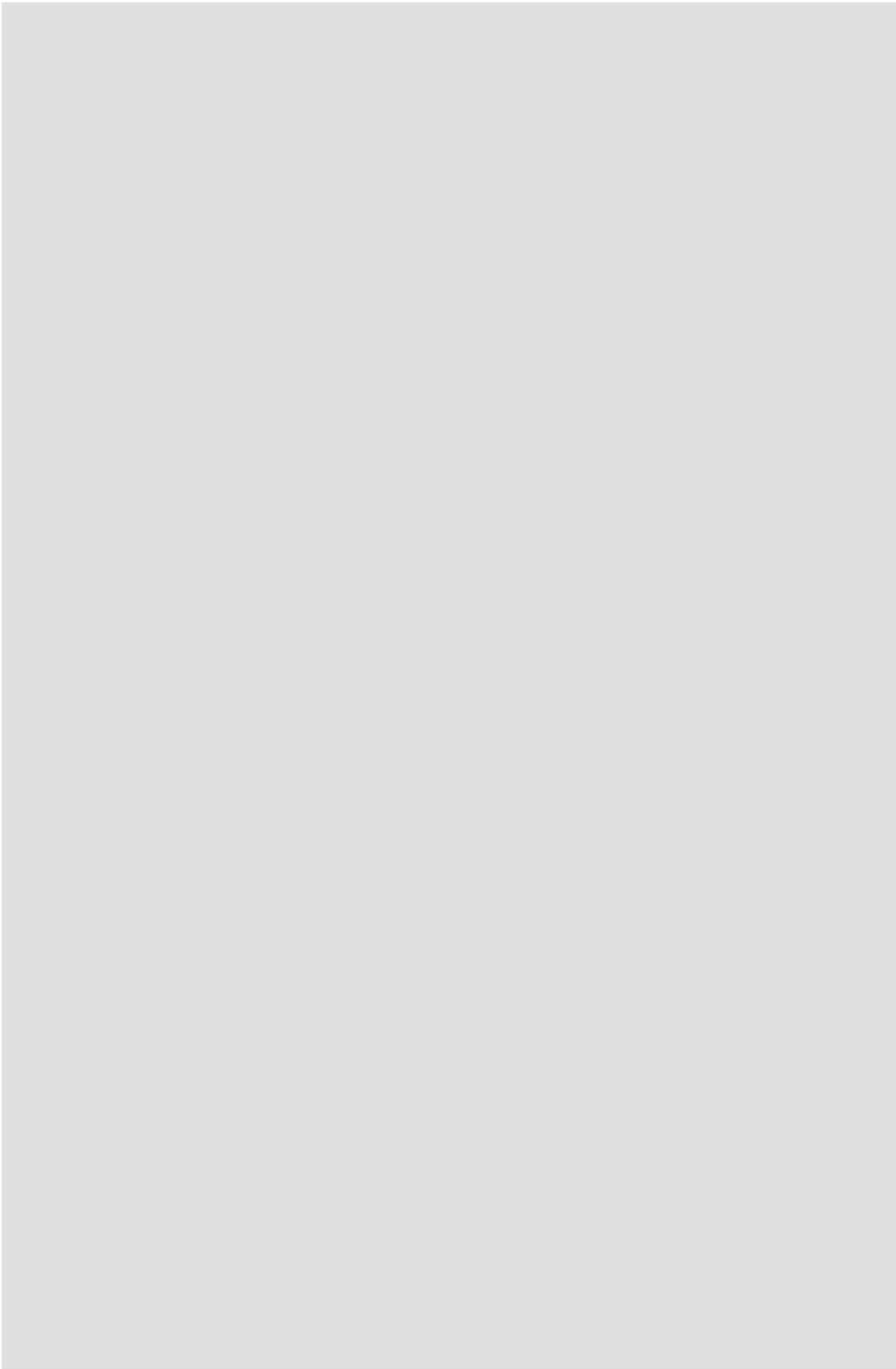
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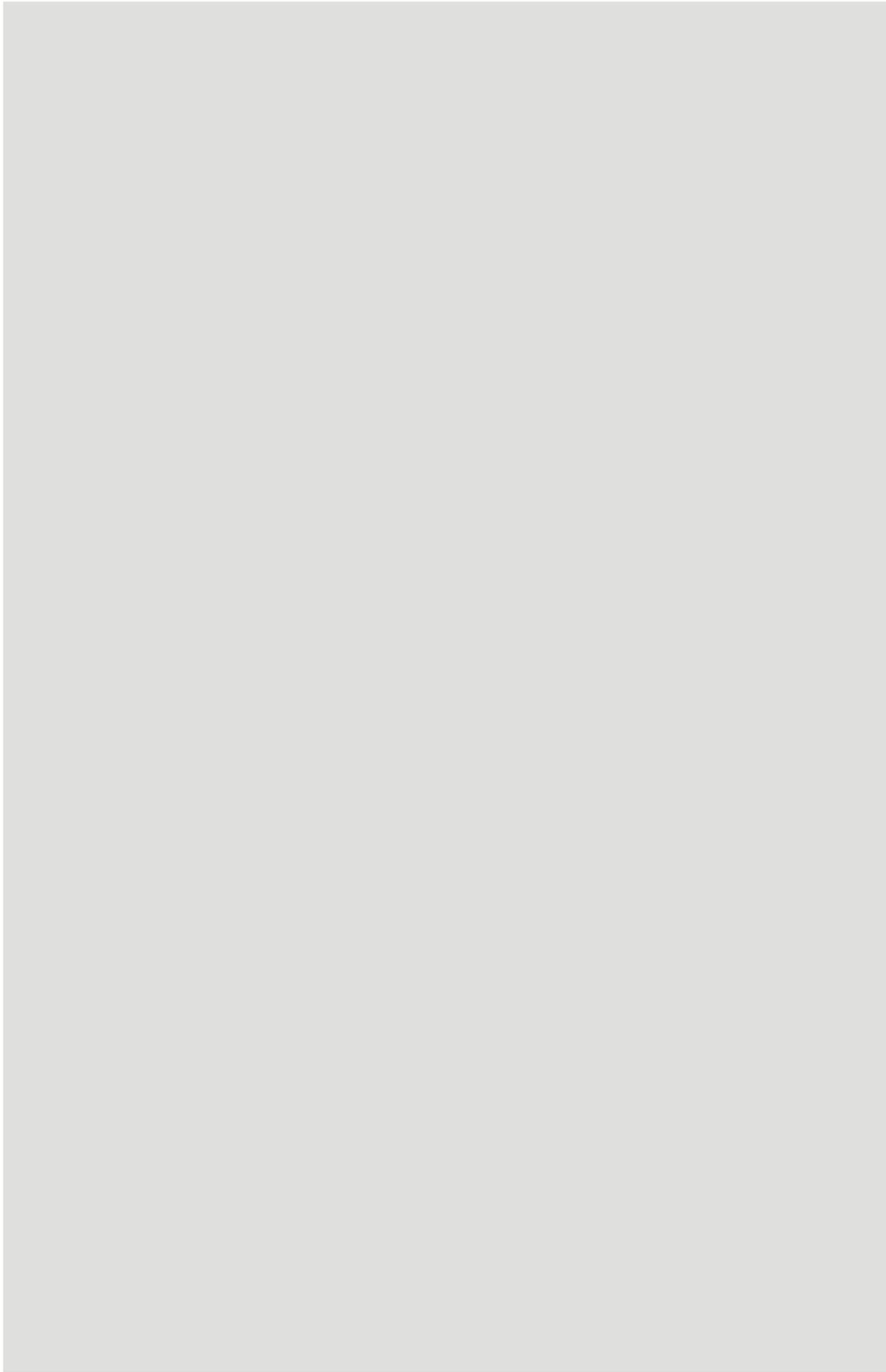
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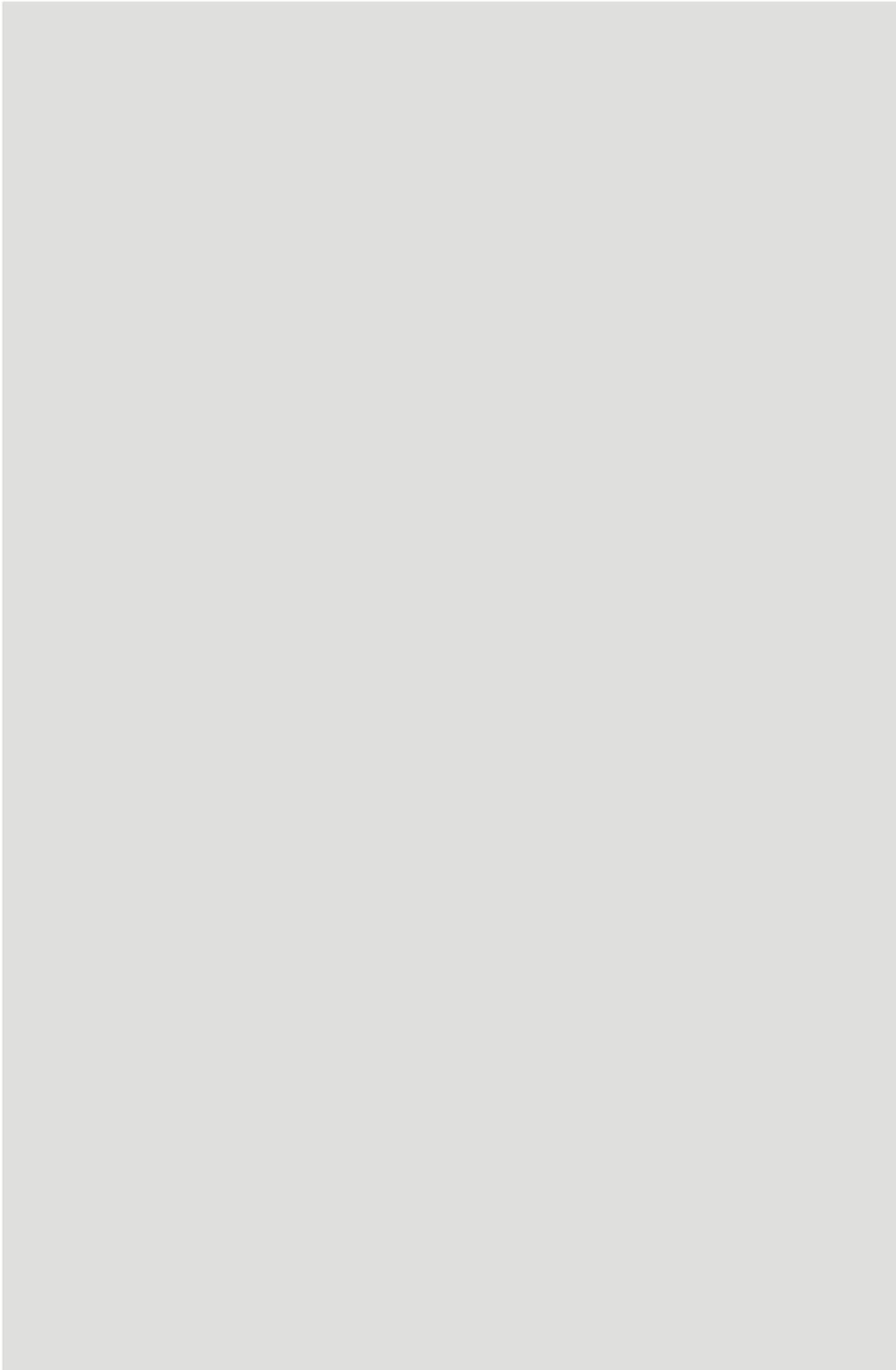
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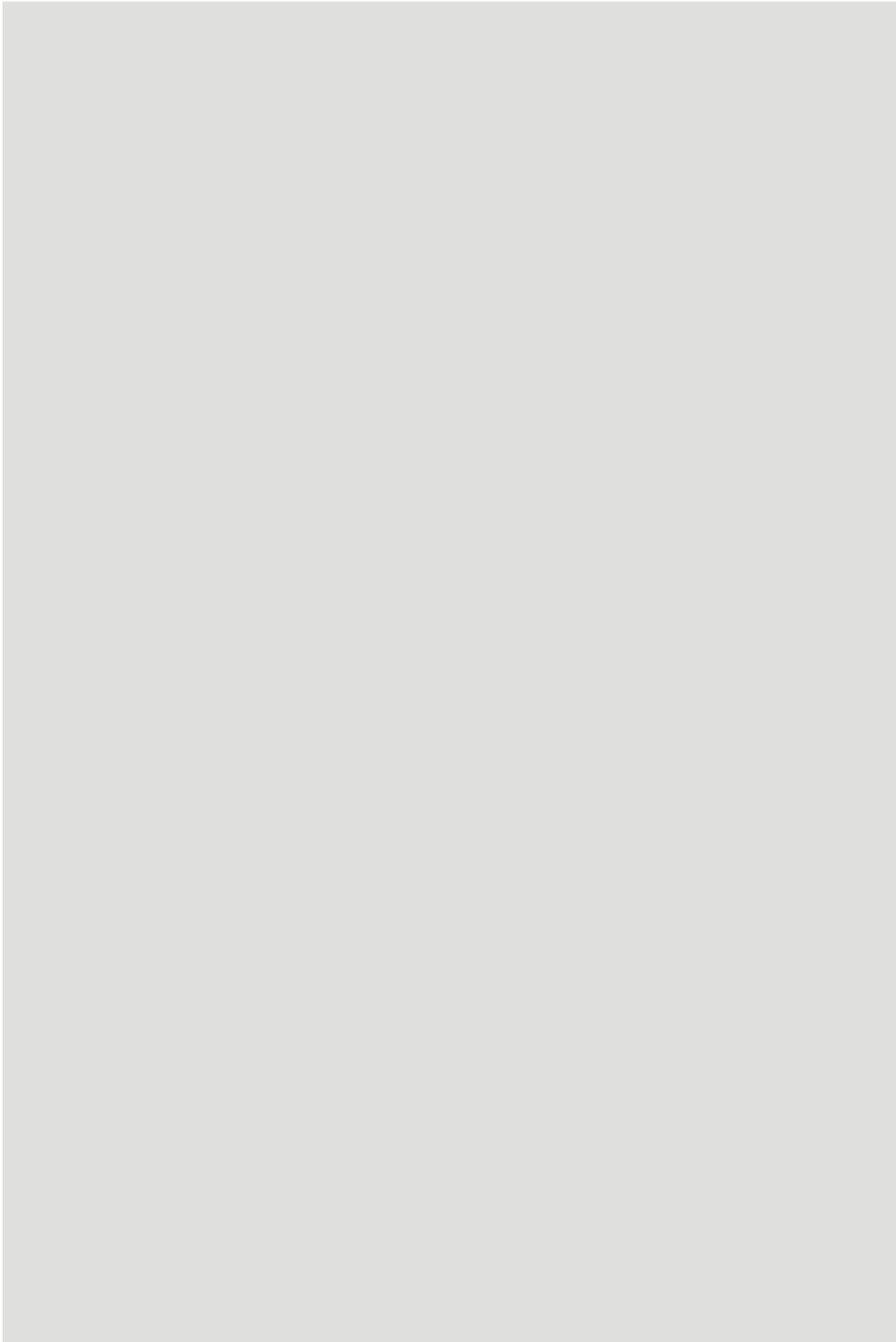
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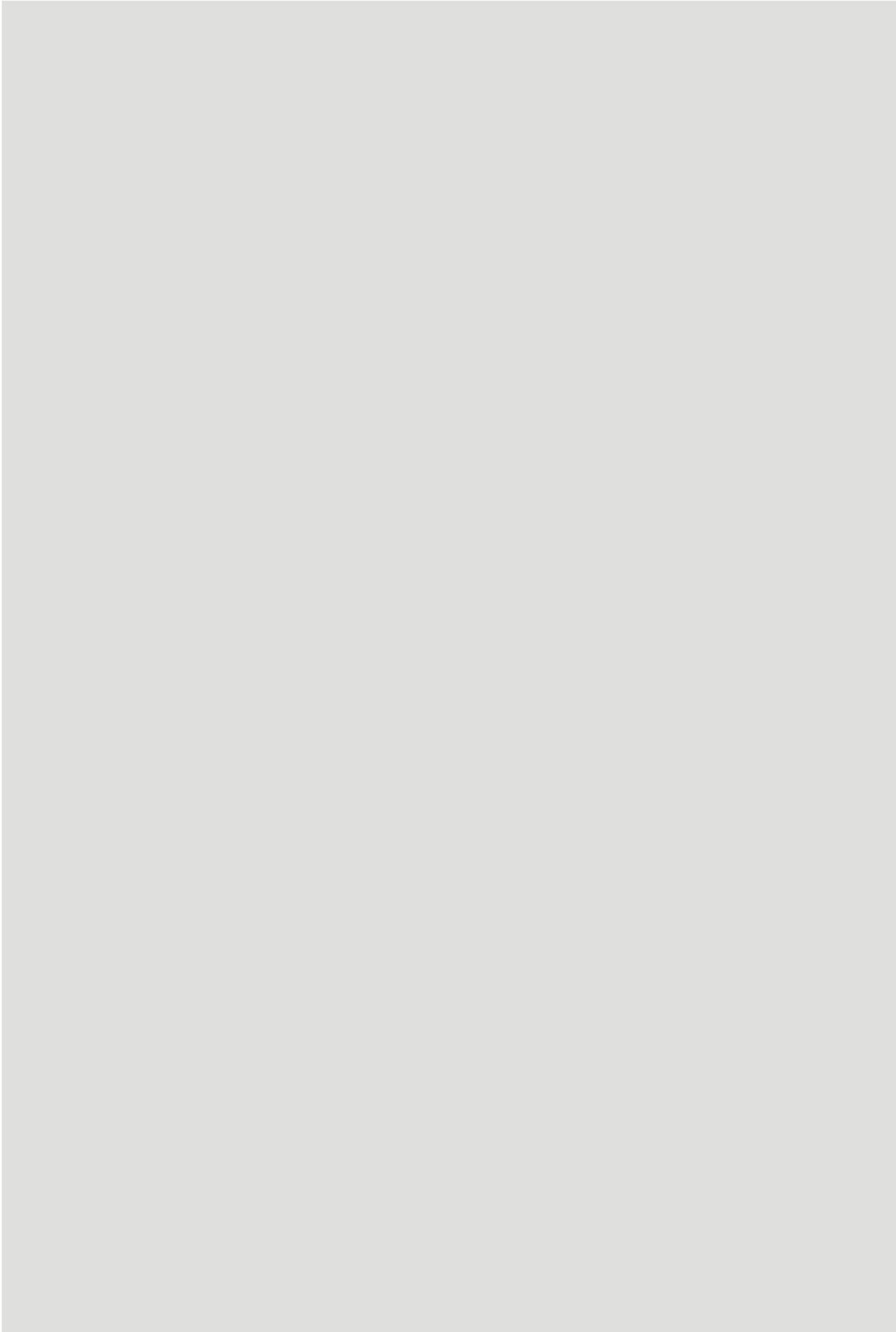
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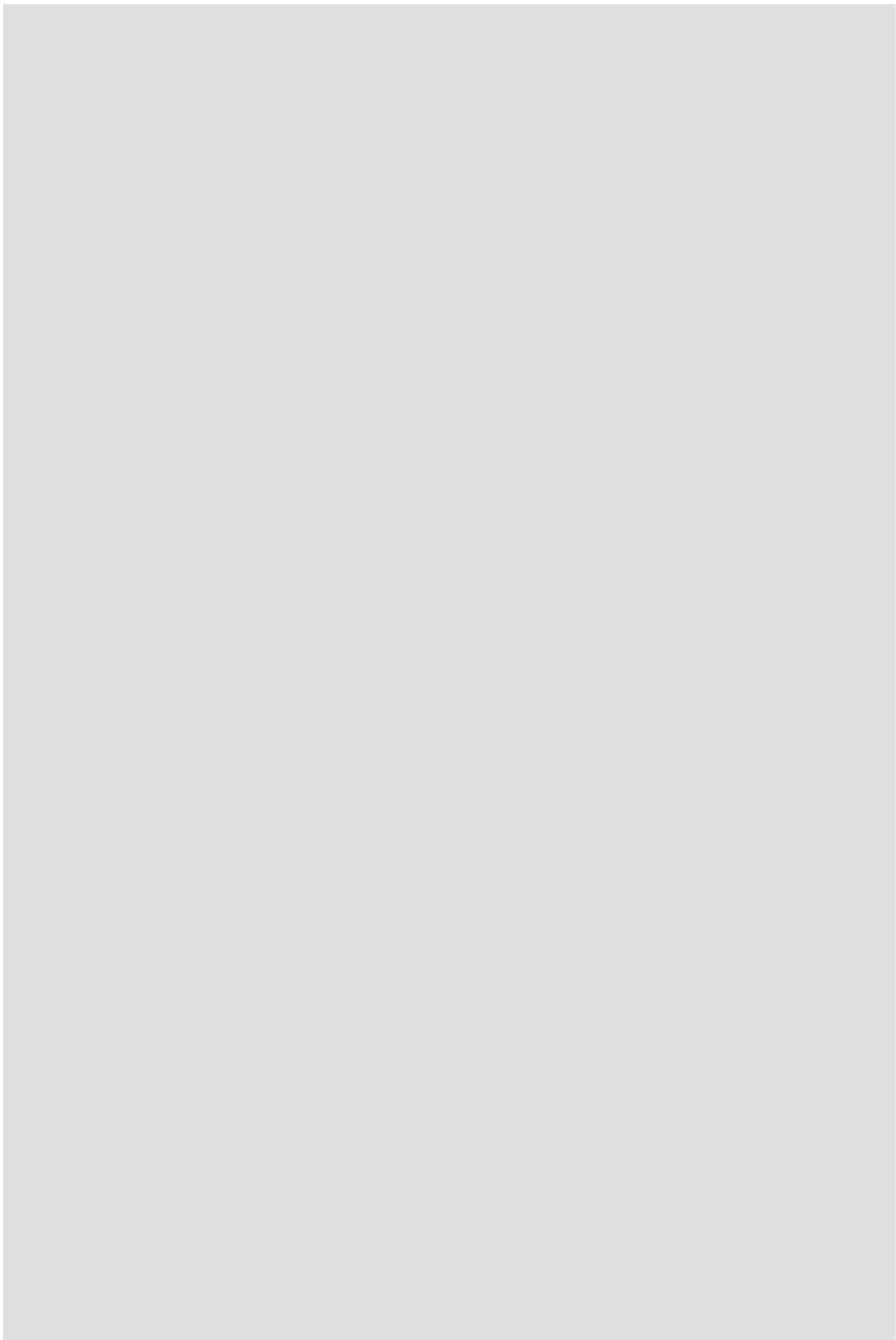
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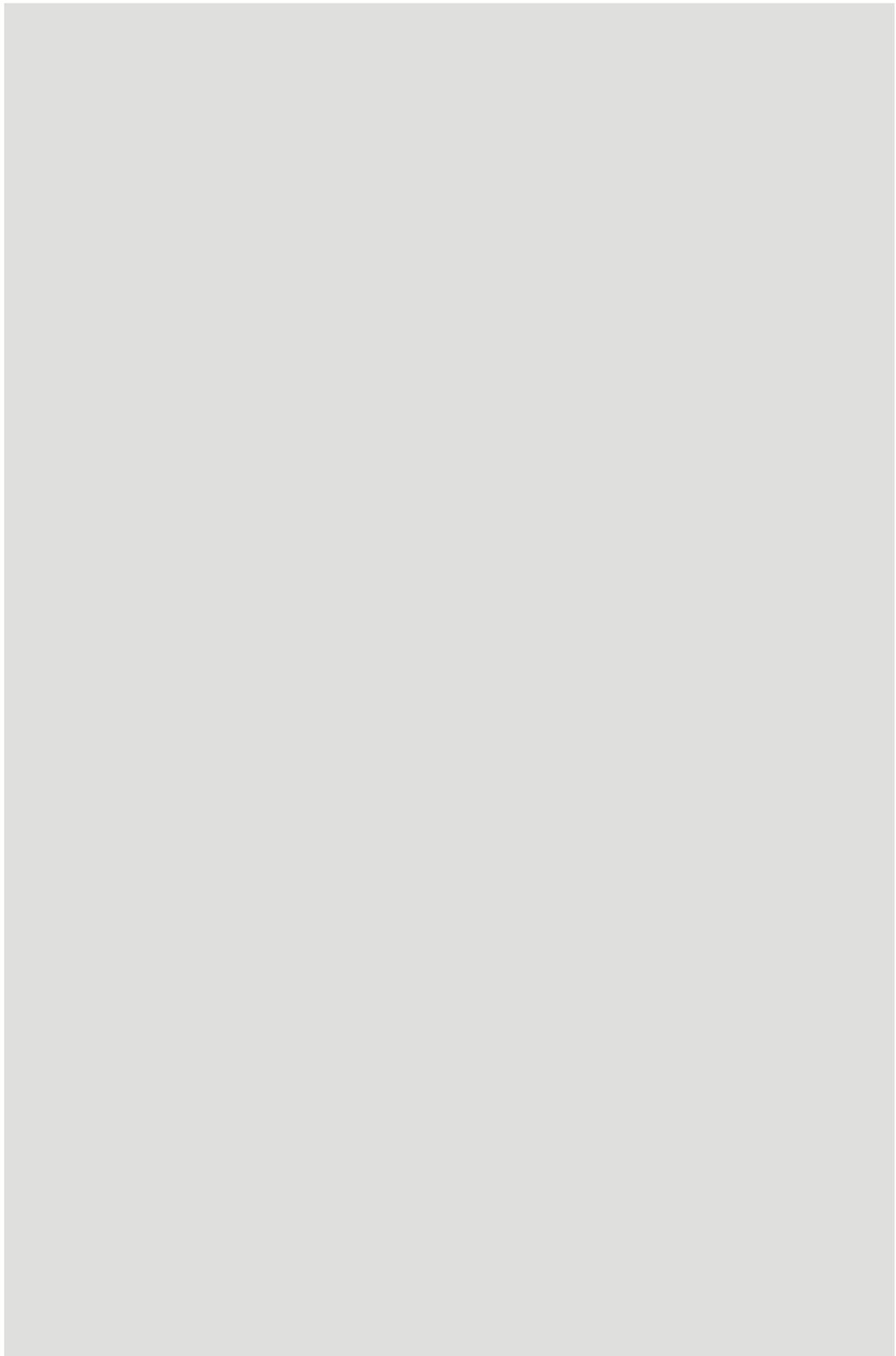
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**RESUMED**

**[2.29 pm]**

30 COMMISSIONER WILSON: Yes, Mr Freeburn.

MR FREEBURN: Commissioner, I call Dr Jeannette Young.

35 **JEANNETTE ROSITA YOUNG, AFFIRMED**

**[2.29 pm]**

**EXAMINATION BY MR FREEBURN**

40

MR FREEBURN: Dr Young, I understand you've held the position of Chief Health Officer since 2005?---That's correct.

45 And dealing with the period prior to the big change in July of 2012, prior to that, Dr Kingswell was one of your direct reports. Is that right?---That's correct.

5 And was the change in structure in – 1 July 2012, was that essentially to separate your role as Chief Health Officer and Dr Kingswell’s section of the Mental Health Branch from each other? Was that - - -?---Yes. He no longer reported to me from July 2012. He reported to the Deputy Director General for the area who I also who reported to.

Which was Dr Cleary?---Which was Dr Cleary.

10 Now, you will recall in your statement, paragraph 22 of your statement, you refer to regular meetings with Dr Kingswell and fortnightly meetings. Are they – are those regular meetings on a fortnightly basis that you had with Dr Kingswell leading up to 1 July 2012?---Yes, they were.

15 And what happened thereafter?---After that he then met with Dr Cleary rather than myself.

20 Right. And what was the purpose of those meetings with Dr Kingswell and who set the agenda?---We both set the agenda. So I would put to him things that the Director General might’ve spoken to me about or ideas that I had about progression of mental health. And, similarly, he would raise any issues that he had in his portfolio that he wanted to progress.

25 Alright. Now, another feature of your affidavit is that you say that from – effectively, from 1 July 2012 you no longer had responsibility for mental health issues?---Yes.

30 And you say that you don’t have access to the relevant documents relating to those things?---Well, all of the documentation went with the Mental Health Branch and sat with them.

Alright?---I didn’t keep any of that.

35 And in preparing your affidavit you didn’t – you say you didn’t have access to those documents. Why is that? Couldn’t you ask for them?---I could’ve. But I didn’t know what was needed and what wasn’t needed. So my emails were reinstated so I could look at those and I could look at my diary appointments, things like that. So I prepared that affidavit based on that information. But a lot of the key information related to CBRC briefs and so forth I didn’t have.

40 Alright. Can I just take you to a document. It’s – for the operators, it’s QHD.007.001.3528.

45 Now, do you have a hard copy? Do you want the hard copy?---I have a hard copy here. Thank you.

So that’s a briefing note. It’s got your title. So that’s a briefing note from you to the Parliamentary Secretary for Healthy Living?---Yes.

And you'll see that the briefing note concerns – if we scroll down to the second dot point, please. Actually, the second dot point under the heading Background Summary. You see that paragraph that commences “Youth mental health policies”?---Yes.

5

Can I just ask you, was – to your knowledge, did anything progress from that file – that briefing note? So was anything done about that? That is, were any policies developed?---Yes. I believe that some work was done to develop a child and youth mental health strategy.

10

Who did that work, do you know?---The Mental Health Branch.

Alright. Now, I want to take you to another briefing note. The document is DDK.001.001.0032. And this is a briefing – the briefing note of 3 May?---Yes. I have that in front of me.

15

Thank you. So that records – that briefing note records that you requested – the briefing note was requested by you on 3 May. Is that right?---Yes.

20

And, essentially, by this briefing note you are seeking the approval of the then Director General, Dr O'Connell, to cease the Redlands project. Correct?---That's correct.

And Dr O'Connell we know, ultimately, gave that approval?---Yes.

25

If we scroll down to paragraph 29 which should be on page – sorry, we need to go to your statement. Your statement, in paragraph 29 you talk about this topic. So page 7 of the witness statement?---Yes, I have that.

30

And you say:

*Prior to seeking the Director General's approval and prior to the preparation of the briefing note, I would have consulted over an extended period with the Executive Director of Mental Health.*

35

I take it from that sentence and the use of the words “would have” that you don't have a direct – a genuine recollection but you're surmising that that must've happened?---That's correct. Yes.

40

Now, the Executive Director, that's Dr Kingswell. Is that right?---Yes. At that time it was Dr Kingswell.

45

Was it – and this may be beyond your recollection, but was it only Dr Kingswell that you consulted with?---I can't remember at this stage whether I would have consulted with Dr Groves or whether he had finished in that role. I just can't remember the timing. So Dr Groves was the Director of Mental Health and the Chief Psychiatrist for many years from when I was first appointed in 2005 to 2011.

So when you were talking about having consulted over an extended period, do you know how long that was referring to?---No, I don't.

5 Do you know who initiated the consultation about this topic, about ceasing Redlands?---I don't know but I suspect it would have been the Director of Mental Health as it is in their portfolio. They're the expert in the area.

Dr Kingswell?---Yes, or Dr Groves.

10 Right?---Depending who was in the role at the time.

Now, you'll see that – you would've noticed that in that briefing note there are three reasons for the recommendation to cease the Redlands project. I just want to quickly go through those with you. One was multiple delays. And you say in your statement  
15 you can't recall any details of those delays. Do you remember any of the reasons for the delays?---I've been shown various documents that suggest various reasons, but I don't remember from the time itself what those reasons were.

Right. Okay. And in paragraph 20 of your statement you say:

20 *It's not unusual to encounter delays in any capital project.*

Does that mean that your impression looking back on it is that these delays were not – fell within that category, not unusual?---I'm not quite sure, but I do know that  
25 capital programs are frequently delayed due to a whole host of reasons. It isn't unusual, but whether there was anything more unusual I can't remember from that time.

Okay. Well, let's try and exclude it. But you don't have a recollection of there being  
30 insurmountable or unresolvable delays?---No, I don't.

And I take it that there's no report or document which records these delays?---There could be, but I haven't had access to it recently.

35 Right. The other – the second reason given was budget overrun. Do you have a recollection of how far over the budget that overrun was?---Again, I've been shown documents recently suggesting a few million, but I haven't – I don't remember from that time - - -

40 Right?--- - - - what those budget overruns were.

And, again, there might have been documents or there might not be documents recording that?---Yes. I'm sure there would be documents.

45 Alright. And a third reason was re-scoping of the service model. And you deal with that at paragraph 21 of your statement. Can we have a quick look at that, please. So if we just go to page 5 of the – your witness statement?---Yes.

So you'll see there that you say you cannot recall any specific details of a recent sector advice referred to. And then, again, I take it that the words from "I expect" are you reconstructing, effectively, what you think might have happened?---Yes, definitely.

5

In the third line you say:

10 *I do, however, recall that there was significant discussion and debate about whether it was better to have a single service in a single location, such as that at The Park, with the associated dislocation of adolescents from the families, or whether it was preferable to provide services throughout the State.*

?---Yes.

15 Now, can I just ask you about that significant discussion and debate. What kind of services would have been debated? I take it this debate is about do we have one facility or do we have a number sprinkled through the State?---Yes.

20 What were the ones – the services that were going to be sprinkled through the State?---There was a lot of work being done at that time to develop units throughout the State and there was funding put aside for that. And the debate was about whether those units that were being built should include the capacity to provide specific care for adolescents rather than having to dislocate them down to one site in South-East Queensland.

25

What kind of facilities were being built?---Mental health facilities in – some of them were community care facilities, some of them were associated with hospitals. Some of them were associated with facilities that were already there. There was quite a bit of work being done to develop new facilities through the State.

30

So the debate was really for these community care facilities and for these other adult facilities. "Can we effectively tack on an adolescent wing or something"?---Yes.

35 And do you have a recollection of that significant discussion and debate? I mean, who – it suggests to me – it suggests that there's not a consensus. There's a debate going on. Do you have a recollection of who comprised the debate and what was the essential pros and cons?---Not in specifics, just in generality, so most of those discussions would have been with Bill Kingswell and earlier with Aaron Groves.

40 Right. Do you recall anybody else being involved?---No.

45 And I take it you're not saying there wasn't other people, you just don't recall other people being involved?---No, I don't. I mean, that debate was still happening when I was no longer responsible for Mental Health Services, so I didn't reach the conclusion of the debate.

Was the debate informed by some sort of expert advice or expert reports?---I'm sure that both Dr Groves and Dr Kingswell would have sought that advice. They were both psychiatrists, so they would have had those discussions. I wasn't involved in that.

5

Right. Now, do you recall that – and say whether it's not – true or not – but 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?---I was aware that we were – we were asked to look in various areas for savings. I wasn't involved in this particular piece of work, looking at savings within the capital projects.

10

For this project?---Yes.

15

Now, can I ask you about a facility called EFTRU. Do you know about that facility at The Park?---No.

20

Not at all?---Not – no, not really. I mean, I was aware there were a number of facilities at The Park, but as to specific ones I can't say that I remember those.

You don't recall a situation at the park where EFTRU was being prepared, the building was being refitted in about 2012 onwards – 2012 – and it was due to open in early 2013?---I don't recall anything about it now. I could well have been involved at the time. I don't remember it now.

25

And I take it from that answer that you don't recall there being any link between EFTRU and the Barrett Adolescent Centre?---No.

30

Now, can I go to paragraph 36 of your witness statement, please, which is on page 8?---Yes, I have that in front of me.

Now, there you say that:

35

*In the lead-up to preparing the briefing note –*

now, this is the one of May 2012 –

40

*...departmental staff had identified that the potential consequences of the proposal will cease the Redlands project. It would be –*

And you specify three things. Are you able to identify who the departmental staff you are referring to there?---Yes, Dr Kingswell.

45

Right. And so is what you set out in paragraphs 36(a), (b) and (c) information that you were provided by Dr Kingswell, or is that some other information?---No, no, that would have been what he and I discussed in the lead-up to preparing that brief.

Right. And, again, I just want to quickly go through the three of those – those three things. Is the essence of (a) that it was a rundown facility?---It is there. That was what my – I remembered, but there could well have been other reasons.

5 And I take it you don't recall reports or documents relating to the state of disrepair?---No, I don't.

And the second item is a new facility at another location would need to be considered. What was that going to be? What was the new facility going to  
10 be?---Well, similar to the Redlands proposed facility. They were just the three options that I thought were available to us at that time.

Three options being what, it staying at Barrett - - -?---Leave it as it was, the status quo, build another facility or examine the model of care.

15 Right. Had you – were you conscious that there had been – the options of relocating the Barrett Adolescent Centre had been considered in a site options paper?---They could well have been. I don't remember it.

20 So did you explore what – if you weren't going to put – so the effect of this decision is to close Redlands. What was then going to become of the inpatients at the Barrett Adolescent Centre?---At the time I was no longer responsible for mental health all those decisions had not been worked through. So I was saying there that those were the three things that needed to be considered if Redlands wasn't going to go ahead.

25 But this decision is effectively making the decision to cancel Redlands, isn't it?---Yes.

30 So what I'm wondering is what was the option – what was considered about those inpatients at the Barrett Adolescent Centre?---Well, either we had to maintain the facility at The Park or we had to build a facility somewhere else - - -

Right?--- - - - similar to The Park facility, or we needed to look at the model of care and enhance services throughout the state to provide that service.

35 Right?---In my view, they were the three options available to us.

Okay. And before – I'll come back to that, but before I leave it, the third of those options, enhancing other facilities: what's the enhancement – enhancing what kind  
40 of facilities?---That was – as I discussed earlier in my evidence, that was looking at those new mental health facilities being built throughout the state - - -

Right?--- - - - and looking at enhancing those and making them suitable for  
45 adolescent care.

Okay. So all three of those things was – were options that you were considering in May, but you effectively finished that role in July; is that right?---That's right, yes.

Now, as it happened, you signed the next briefing note, which is August 2012. Can we go to that just quickly; it's QHD.006.005.2343?---Yes, I have that in front of me.

5 So at this point – and you've signed that briefing note as Chief Health Officer?---No.  
Sorry, you've signed it as Acting Director-General?---Yes.

10 At that point, August 2012, what was the future of the – or where were the inpatients at the Barrett Adolescent Centre going?---I don't believe that had been determined at that stage.

Right?---So this is seeking approval to cease the replacement of the unit to be based at Redlands and then saying consultation will occur following that approval.

15 Yes. Now, I gather this is a fairly important decision, and I notice from the way it has come to you to sign that it's come via – from the Minister's office; you see that at the top of the document on the screen?---Yes.

20 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?---Yes.

25 So was it a concern to you that the budget allocation for Redlands was being redistributed without any consideration of either the consequences or the expert advice?---I mean, there had been that earlier brief in May that I had signed off that approved the non-continuation of that project at Redlands.

Yes?---So this is then just the next step in that.

30 Well, this is also approving the cessation, but it's applying the money that would otherwise have been spent on the Redlands Project to other projects?---Yeah.

35 So my question is: did it concern you that that money was being redistributed without, seemingly, any expert advice or clinical input?---But that expert advice had already occurred earlier, that going ahead with the Redlands Project was not necessarily the best thing to do.

And what – so you're going back to the May briefing note - - -?---Yes.

40 - - - and the background behind that. And so what was the expert advice that sat behind that May briefing note?---That was the model of care wasn't necessarily contemporary, that moving adolescents out of their communities wasn't necessarily the best way of managing adolescent mental health issues.

45 COMMISSIONER WILSON: What do you mean it wasn't necessarily the best way?---Well, there's a lot of evidence that you are far better if you manage people in their own community, and that's true for a whole range of health issues. You can't always do that because the amount of expertise needed is such that you need one

central unit. But where you can you are far better to manage people closer to where they live so they continue to have the support of their community, their family and so forth.

5 Thank you.

MR FREEBURN: See, Dr Young, do you see the problem with that? The problem is that you're saying here's a general rule, and the general rule is we like to deal with these things in the community. And when you say not necessarily, you're really  
10 suggesting that there are some that won't fit into that general rule; you accept that?---Of course.

But, here, what you're doing is taking the one facility – it's been called a tier 3 facility; whatever you call it – the one inpatient facility that deals with these type –  
15 this particular cohort, you're taking that away completely and spreading that into the community. Is that - - -?---Well, not into the community, per se, into the area that they live. So you wouldn't necessarily have it in a house in the community. You'd have it attached to a mental health facility, which we had the ability to do at that stage, given that so many of the mental health facilities in the state were being  
20 upgraded or built anew.

I see. So were you – are you confident that there was expert advice or clinical input into that decision back in May?---Yes, I am.

25 And where would we find that clinical advice or expert input?---I would suggest asking the Director of Mental Health at that stage - - -

Dr Kingswell?--- - - - because he would have - - -

30 Dr Kingswell?--- - - - sought that advice. Yes.

Do you recall any consultation with either Metro South or West Moreton before the decision recorded in this briefing note?---I wasn't involved in any consultation, but I would assume that the people in the infrastructure branch would have been.  
35

See, the briefing note itself refers to consultation following approval of the recommended funding strategy. I'll just take you to that. It's - - -?---Paragraph 13 – it says some consultation has occurred with the relevant Hospital and Health Services to identify current critical infrastructure issues.  
40

Yes. You see, that must refer to the hospitals – the health services for the 12 infrastructure projects, mustn't it?---It's not clear, but I would have thought it would also involve discussion with West Moreton and The Park – Darling Downs and The Park and Townsville. But I don't know. I'm sorry.  
45

COMMISSIONER WILSON: You were signing this as the acting Director-General?---I was.

Before signing it, did you inquire whether there had been any consultation with Metro South and/or West Moreton?---I'm sorry, Commissioner. I just can't remember. This was a number of years ago.

5 Well, this briefing note affected not only the Redlands project which is a concern of this Commission but a number of other projects – Sunshine Coast, Townsville. Did you inquire whether there had been any consultation with the relevant health services associated with those projects?---I can't remember whether or not I inquired. I would – it would be my normal practice to do so, but I just can't remember whether  
10 or not I did that.

Did you inquire whether the infrastructure branch of the Department of Health had been consulted about this briefing note?---It came from them, I believe,  
15 Commissioner. It came from the Chief Health Infrastructure Officer.

I see. So you didn't inquire whether he or anyone at his direction had consulted?---Sorry, Commissioner. I don't remember whether I did or didn't.

20 Thank you.

MR FREEBURN: Dr Young, can I just take you to paragraph 34 of your statement, which is on page 8. And I just want to focus in on this consultation point. You see, what I'm concerned about is that seems – that paragraph seems to involve this  
25 concept. Typically, there is limited consultation before a decision is made. And then typically there's more detailed consultation after a decision is made?---Yes.

But you see the problem that consultation after a decision is made is about implementing the decision. Consultation before a decision is made is about whether  
30 the decision should be made at all. Is that correct?---Yes.

MR FITZPATRICK: Commissioner, I object. The witness for proper context should be taken to paragraph 33, as well. Otherwise paragraph 34 is a bit of an island.

35 COMMISSIONER WILSON: Mr Freeburn.

MR FREEBURN: I'm happy to take the witness to paragraph 33.

40 Does looking at 33 change the answer that you previously gave me that - - -?---No. I mean, there needs to be some degree of consultation. Often, the consultation that occurs before a decision is made is within Queensland Health. And you're less likely to do broader consultation with the non-government sector, the private sector and so forth to affirm decisions being made. So it will vary depending on the decision that  
45 needs to be made.

Alright. But you take the point, though, that the consultation that occurs before and after a decision will necessarily be different?---Yes.

Now, when the May 2012 briefing note was prepared and signed, were you conscious that the decision to cease the Redlands project – were you conscious of what factors had gone into the decision to actually replace Barrett with another centre. Sorry. That’s a bit long-winded. I’ll try and give you a short answer – a short question. Was there expert advice that went into the plan to replace the Barrett Adolescent Centre that you’re aware of?---I honestly can’t remember that now.

But it’s likely that there was expert opinion and expert evidence that went into that decision, isn’t it?---Yes. Remembering that it takes a long time to do the work up to develop a new capital project and other issues can then take over. So here the big issue was the change in the model of care that was thought best for adolescents. So that can cause things to have to be reviewed.

And by a change in the model of care – you just used in that answer – you mean – do you mean the change in the policy to deal with these things in the community?---To deal with them closer to where someone normally lives.

Alright?---Yes.

Decentralisation?---Yes.

Can I just deal with the question of principle or policy that you might be able to help the Commission with. If there’s a decision to close the Barrett Adolescent Centre or – sorry. If there’s a decision to close the Barrett Adolescent Centre and to replace it with other community-based services, is it correct to say that that’s a fairly fundamental change?---Depends how the adolescents are then managed. If it’s just decentralisation, it’s possibly not as big a change. You’re just moving that one facility and splitting it up in several different locations around the State so people can remain closer to where they normally reside. If it means a move out into the community sector so you’re not in a mental health facility but you’re being managed differently, then that would be a very big fundamental change.

So am I right in thinking that if you’re actually going to take the Barrett Adolescent cohort from an inpatient facility and put them into a non-inpatient facility, you’re agreed with me that that would be a fundamental change?---Yes.

And to make that change, are there procedures in place or policies in order to make sure that those decisions are made on a sound policy footing?---There should be, but those discussions and decisions weren’t in place when I no longer was responsible for that area. So I wasn’t involved in them, if that’s what you’re asking me.

COMMISSIONER WILSON: Well, during the period you were involved, if there had been such a fundamental change, would that change have to have been authorised at a particular – or by a particular officer or at a particular level within the Health Department?---Yes. The Chief Psychiatrist or the Director of Mental Health would have to have authorised those.

It wouldn't have to be at a higher level?---It would depend on what they saw as the issues whether they then – and they would probably brief the Director-General anyway.

5 So if it were inpatient to non-inpatient, which you said was a fundamental change, you would expect them to brief the Director-General?---Yes, I would.

Thank you.

10 MR FREEBURN: At paragraph 39, you talk about – use the expression still up in the air. I think there you're still talking about the May briefing note and say:

15 *At the time of providing the briefing note I have not reached a concluded view about what option ought to be pursued in place of the Redlands Project. That issue was still up in the air at the time I ceased being responsible for mental health issues.*

20 So – I'm just trying to get a helicopter view of this – so at the time the decision is made to cease Redlands, that's a clear-cut decision, but the – what was up in the air was how and what was going to replace Redlands?---That's right.

25 COMMISSIONER WILSON: How and what was going to replace Redlands?---Yes. So whether the facility at The Park would simply remain as it was or whether another facility would be built somewhere or whether the other facilities being built for mental health services across the state would be enhanced, be able to admit adolescents to those facilities. They were the three options that I saw open at that stage.

30 Thank you.

MR FREEBURN: Did you have the view that the – at this time, did you have the view that the Barrett Adolescent Centre was always going to close?---I thought it needed to close, yes.

35 So, essentially, you really – what was up in the air were two realistic options -- -?---Yep.

-- - finding somewhere other than Redlands -- -?---Yep.

40 -- - and adjusting models of care and possibly dealing with it in a decentralised way; is that -- -?---That was my own personal view, but that decision hadn't be reached by that stage.

45 Is there a – just one final point. Is there a system for seeking expert advice? Later on, I think after you've ceased, there was a group called the Expert Clinical Reference Group, and as I understand you didn't have any involvement in that group. But is there a system for seeking advice about seeking these sorts of decisions, expert

advice?---Yeah. It varies, depending on what the decision is that you need to seek advice on. So it might involve getting a review, it might involve bringing a group of clinical experts together. There are a range of ways that we get assistance with expert advice for a whole range of issues within the Department.

5

And there was no thought to do that before the decision was made to cease Redlands?---I don't think so, no. I think at that stage the Director of Mental Health had gone and sought advice and then conveyed that to me, rather than setting up a formal process.

10

And I take it that advice to you was in conversations, not in written reports?---I don't remember any written reports. I remember generalities of conversations.

Thank you, Commissioner.

15

COMMISSIONER WILSON: Thank you. Now, does anyone wish to cross-examine? Yes, Mr O'Sullivan.

20

**EXAMINATION BY MR O'SULLIVAN**

**[3.14 pm]**

MR O'SULLIVAN: Dr Young, the Office of the Chief Health Officer in 2012 was a statutory office, was it not?---The Chief Health Officer position, yes - - -

25

Yes?--- - - - was a statutory position.

And it had a particular statutory function, you would recall?---Yes.

30

Could Dr Young be shown the *Hospital and Health Boards Act* at section 52. We understand it's on the - - -

COMMISSIONER WILSON: It's on the screen.

35

MR O'SULLIVAN: Thank you. Section 52, please.

COMMISSIONER WILSON: That's page 50. Is that the section as well?

40

MR O'SULLIVAN: Section 52 at page 55, Commissioner.

COMMISSIONER WILSON: Is that what you want?

45

MR O'SULLIVAN: Thank you, Commissioner. Just read section 52 to yourself. You were aware in 2012 that you were the person occupying this particular statutory office?---Yes.

And if you read section 53 to yourself, Dr Young, you'll see there that it describes your function is to be providing high-level medical advice to the Chief Executive. That was the Director-General of Health?---That's right.

5 And the Minister on health issues, including policy and legislative matters associated with the health and safety of the Queensland public. You understood that to be your key role at the time in 2012?---Yes.

10 Now, you've explained that before July 2012 you had an oversight role in relation to mental health in Queensland?---Yes.

And part of that oversight role was that the Executive Director of the Mental Health branch reported to you?---Yes.

15 And had that been the case for – that was also the case in 2011?---Yes, since 2005  
- - -

Thank you?--- - - - except for a six-month period in 2009.

20 And during that six-month period were you required to attend to other matters?---Yes. I was managing Queensland's response to the pandemic. So the – the Director of Mental Health then reported directly to the Director-General - - -

I understand?--- - - - rather than through me.

25 And that pandemic: was that the swine flu pandemic?---Yes.

30 Could the witness be shown, Commissioner – it's briefing note – this may have been during the pandemic – it's QHD.007.001.1959. You'll see, Dr Young, this is a briefing note from Dr Kingswell, at that stage the Acting Senior Director of Mental Health branch of August 2009. If you turn to the last page, you'll see that the document appears to have been cleared by your office, although it does not bear your name, you'll see at the bottom?---Yeah. That was the period during which the division I was normally responsible for was being headed up by an acting deputy  
35 director-general.

And that was Kevin Lampkin?---It was usually Aaron Groves, so I assume that Aaron Groves was on leave and Kevin Lampkin relieving him.

40 I understand. You turn back to the first page, just read the first three bullet points under the heading Background Summary, please?---Yes.

45 Were you generally aware in 2009 of the matters set out in the first three bullet points?---Yes, I was.

And the fourth bullet point: can you read that, please, just to yourself?---Yes.

Were you generally aware of that matter in 2009?---Yes.

5 Now, Commissioner, that document's already in evidence so I won't tender it. If Dr Young could be shown another document – you've seen this a moment ago – this is a briefing note of 18 June 2010, QHD.007.001.3528. Now, this is a briefing note from the Chief Health Officer to the Parliamentary Secretary for Healthy Living, requested by the Office of the Deputy Premier, Minister Health; that was the Honourable Paul Lucas at that time?---Yes, I believe so.

10 Now, could you read, please, the first three bullet points of this document?---Yes.

Were you aware in about June 2010 that the initiative described in the first three bullet points was ongoing within Mental Health Branch?---Yes, I believe it was.

15 And it was part of the focus of the initiative to develop a contemporary policy to assist Queensland Health to address the unique issues that faced adolescents and young adults experiencing mental health issues?---Yes.

20 Was the particular reason for that that it was detected within the Mental Health Branch that whilst one had adult mental health facilities and services and child, there was to some degree a gap for adolescents in between?---Yes.

25 The next and – the next bullet point commencing with the words “The Queensland Plan for Mental Health”, could you just read that to yourself, please?---Yes.

Were you generally aware that the initiative that was being contemplated involved a multi-systemic approach with cross-sector initiatives targeting prevention and early intervention in addition to enhanced specialist mental health care?---Yes.

30 Turn the page, Dr Young. There's a heading Issues. Can you read the first bullet point to yourself, please?---Yes.

You were obviously aware of the first bullet point?---Yes.

35 Yes, at the time. Can you read bullet points 2 and 3 on page 2 under the heading Issues, please?---Yes.

40 Was it true in June 2010 that the policy review that was going on was intended to commence in the second half of 2010 with an anticipated completion in late 2011?---I believe so.

The second last bullet point under the heading Issues:

45 *The Queensland Mental Health Reform Committee on which the Department of Premier and Cabinet is represented would be involved in consultation on the development of the policy.*

Do you recall whether you sat on that committee, or you can't remember?---No, I don't believe I sat on that committee.

5 Commissioner, that document was also in evidence so I won't tender it. It's exhibit 219, Commissioner.

10 The next document I wish to show you is a briefing note that didn't come from you, Dr Young. It came from West Moreton Health Service. The document is June 2010. The number is QHD.005.001.3152. Just to orientate yourself, you will see it's a briefing note to the Honourable Geoff Wilson. It's been requested by the Chief Executive Officer of Darling Downs West Moreton Health Service District. So it hasn't come from your office, Doctor?---Yes.

15 Now, if you look, please, at paragraph 3 and focus on subparagraph (d). Were you generally aware in 2011 that one of the things Mental Health Branch was attending to is to review the progress and appropriateness of the model of care at the Barrett Adolescent Centre?---Yes.

20 Yes, you were?---I was aware. Yes.

25 Yes. Paragraph 6, please, Dr Young. There's a reference there again to that among the domains that are being attended to in terms of review as clinical model, you understood the clinical model to mean the clinical model of care to be employed?---Yes.

Paragraph – could you read paragraphs 10 and 11 to yourself, please. In June 2011, did you understand the true position to be as set out in paragraph 11 of this note?---Yes.

30 Yes. And the – there's a reference in paragraph 11, Dr Young, to it being a manner requiring attention was completion of the statewide model of service for the adolescent extended treatment and rehabilitation inpatient service via the Mental Health Alcohol and Other Drugs directorate and associated relocations. Is it right to say, or is it wrong to say, that the statewide review that you were giving evidence  
35 about earlier that was to commence in the second half of 2011 with the anticipated completion by the – I'm so sorry, the second half of 2010 with anticipated completion in the end of 2011, did that statewide review include also the statewide model of service for the adolescent extended treatment and rehabilitation inpatient service?---I can't remember whether it did or didn't but I would've thought it would  
40 be very sensible that it would've.

Yes?---But I can't remember. I apologise.

45 But I think from your earlier evidence you were aware that it was still a matter that hadn't been finalised?---Yes.

Whether it was part of the wider statewide review, you're not sure now?---That's correct.

5 Yes. If you could turn to your statement, please, Dr Young. Now, you – 21 and 22 on page 5 you gave some evidence about earlier. Is it right to say that your focus in terms of your role was on policy and, in particular, clinical policy?---Yes.

As opposed to funding and infrastructure issues?---Yes.

10 Now, could you turn, please, to paragraph 27 of your statement. Just read that to yourself, please?---Yes.

15 Now, I understand your evidence to the detailed papers you may have had at the time, your clear and distinct recollection now is that the consultation that predated the May briefing note that went up to the Director General, that in your mind, a clear matter that sticks out to you is that the advice you received was the model of care proposed at Redlands was outdated?---Yes.

20 And that the current practice was to provide services in the community close to where patients ordinarily reside?---Yes.

Yes?---Yes. That's correct.

25 Yes. Now, if you turn to paragraph 19, please. Could you read 29 to 32, please?---Yes.

30 Now, paragraph 31, your clear – the matter that sticks out to you in terms of the advice that the model of care proposed at Redlands being a single facility to serve the entire State was outdated. Now, did you accept that advice?---Yes, I did.

You did. You didn't find it surprising advice?---No.

35 Why not?---Because there's a lot of evidence that suggests that you are far better providing services closer to where people live, rather than in one facility for the whole State unless the amount of expertise needed is that you need – can only provide it in one site.

40 Yes. It would be right to say that you understood in May 2012 that the proposal to cancel the Redlands project was a significant matter?---Yes.

And is it correct to say that when you provided the May 2012 briefing note to the Director-General for his consideration that you had satisfied yourself that it was appropriate to ask him to cancel the Redlands capital project?---Yes.

45 And you gave that active and responsible consideration yourself?---I did.

Paragraph 38, please. You will see there that you said that you considered the merits of the proposal to cease the Redlands project in the months leading up to the briefing note as part of the regular meetings you had with the Director-General – the Executive Director and the Director-General, and there was discussion and debate  
5 around that issue. You recall that, as I understand it?---I recall having general conversations. Yes.

And that was in the months leading up to the briefing note?---Yes.

10 Yes. Now, you, in your evidence, were also asked some questions about funding issues, which I appreciate is not your focus. That's rather the focus of the capital infrastructure branch. But may I ask you some questions about funding issues?---Yes.

15 Given you were asked about them. Could Dr Young be shown – this is another briefing note of July 2011, Dr Young – QHD.004.014.8273. This is another document from the health infrastructure branch rather than your office?---Yes.

Can you just read the note. It's July/August 2011 note:

20 *The department is proceeding with option A of the three options detailed herein, that is, seeking community infrastructure designation of Redlands Hospital, including lot 30 Weippin Street, Cleveland until permanent infrastructure planning has been completed for the hospital.*

25 Can you turn to paragraph 18, please. Just read paragraph 18 to yourself. It's Delium number 8276. You'll see that this is from the health infrastructure branch considering three different options to do with the Redlands site, and it chooses the first of those options to await completion of permanent infrastructure planning for  
30 the whole site. Now, you were asked some questions earlier about whether you were aware of particular delays to do with the Redlands project as opposed to other capital works. Do you have any recollection of the matter set out in this briefing note coming to your attention?---No. I don't remember that matter at all.

35 No?---It doesn't stick in my memory.

And ordinarily that would be a matter that would be attended by health infrastructure branch rather than you?---Yes. I mean, I could well have been told about it, but I just don't remember it now.

40 I understand. You could have been told but you don't remember now, of course, four years later. That document is also in evidence. Could Dr Young be shown another document: QHD.007.002.1462. This is a briefing note to the Director-General from September 2011, so moving forward in time now. This is a document  
45 from John Glaister in the health planning and infrastructure division. So it's come through his section rather than yours?---Yes.

Now, could you read, please, paragraphs 2 through to 8, please?---Yes.

Would it be fair to say that you were generally aware of the matters set out in paragraphs 2 to 8 in late 2011?---Yes.

5

Paragraph 13, please, Dr Young?---Yes.

10 You'll see that paragraph 13 says that in December 2010 – so that's about a year before the briefing note – the health infrastructure and projects executive committee with an acronym endorsed the allocation of \$17 million from the priority capital program for the Queensland Plan for Mental Health capital works program to address a funding shortfall in the program?---Mmm.

15 Do you have any recollection of whether you were part of the health infrastructure and projects executive committee?---I can't remember now. I don't think I was, but I'm not sure.

20 Yes. Were you generally aware in late 2011 that there had been a funding shortfall in the capital works project for the Queensland Plan for Mental Health?---I don't specifically remember that.

No?---But there - - -

25 Could you read – I'm so sorry?---Sorry. There could well have been, and I could well have been told, but I don't remember that now.

Could you read paragraphs 14 and 15, please?---Yes.

30 Just so you understand it, 14 refers to the 2011/12 state budget identifying total funding of 148 million exclusive of GST for the Queensland Mental Health Plan capital works project – program. And if you just go back up to paragraph 7, you'll see the state budget for 2008/09. The budget was 121 million?---Yes.

35 And you'll see also that the – which is a difference of about 27 million – that there's Governor in Council approval that was referred to at paragraph 9 of 131 million exclusive of GST – paragraph 5. And at paragraph 14, there's a proposal to seek revised Governor in Council approval for 148 million exclusive of GST – another 16 or 17 million?---Yes.

40 Now, were you aware in late 2011 that the budget for the capital works program had increased by about 27 million?---Not specifically.

No?---But it does give a reason there in paragraph 14.

45 Yes. It explains where the extra money is being found. There's an equity swap of 10 million and the 17 million from the priority capital program which was dealt with in paragraph 13. Absolutely right. And do you recall being asked to be involved in a

revised Governor in Council approval for \$148 million of the kind referred to in paragraph 15?---I wouldn't have been involved in that.

5 No. That would have come through health infrastructure branch?---Yes.

Yes. Paragraph 20 of this briefing note. In late 2011, were you generally aware of the matters set out in paragraph 20?---Yes.

10 Now, paragraph 23. Were you aware that health infrastructure branch had brought in Savills to try and assist them to accelerate the delivery of projects?---I don't remember that they did or didn't, but there's documentation here that they have.

Yes. It's not something that you recall being asked to be involved in?---No.

15 No. Could you turn, please, to – one of the attachments to this briefing note is a draft letter to the Honourable Anna Bligh, Delium number 1469. Do you see the fourth paragraph, Dr Young, commencing with the words:

20 *A series of land use and location issues have delayed the delivery of the mental health infrastructure projects. These include changes to site locations, land use concerns, koala conservation regulation requirements and the incorporation of two projects into other hospital redevelopment projects.*

25 In late 2012, were you – 2011, were you generally aware of that?---I knew there was delays to the projects, but I'm not sure that I can remember what those delays were.

I understand. The next paragraph:

30 *Other issues that have delayed the delivery projects include the extended timeframe taken to develop appropriate models of care.*

Is it true to say that your understanding as at late 2011, that was true of the Redlands Project?---Yes.

35 Now, it says here:

*Developed appropriate models of care and the development of appropriate scopes of work prior to the standard architectural process commencing.*

40 Did you understand in late 2011 that there was a link between the model of care to be employed and the scope of work to actually construct the facility?---Yes.

And the reason for that connection is that unless one knows what the model of care is it's difficult to work out precisely what one wants to build and where?---Yes.

45

And you understood that was true of the Redlands Project?---Yes.

Now, one of the annexures to this briefing note – and I appreciate it didn't come from your office – annexure 1, you'll see, Dr Young, on Delium number 1466, it says:

5           *Attachment 1, CBRC noted program update.*

And if you look at paragraph 24 on Delium number 1465, it refers to - - -?---Sorry, I don't think I've got the document in front of me.

10       I'm sorry. Paragraph 24 of the briefing note says:

*On the first –*

I'm going too quickly:

15

*On 9 October, CBRC was updated on the Queensland Plan for Mental Health*

*- - -*

?---Yes, thank you.

20

Continuing:

*...including an update on the delivery.*

25       And that's attachment 1?---Right.

I'm just going to show you attachment 1 or what we've been told is attachment 1. Could Dr Young be shown QHD.007.002.1442. Commissioner, I have hard copies if you require them.

30

COMMISSIONER WILSON: I would appreciate a hard copy of that one. Yes, please.

MR O'SULLIVAN: Thank you.

35

COMMISSIONER WILSON: More importantly, would the witness like a hard copy or do you have one?

MR O'SULLIVAN: I'll provide both, Commissioner?---I think I have – I've got this one that's up on the screen now.

40

I'll give you a hard copy. It's easier – it's very hard to use the screen?---Thank you.

I'm providing three: working copy and one - - -

45

COMMISSIONER WILSON: Thanks, Mr O'Sullivan.

MR O’SULLIVAN: - - - for the file if necessary. Just take a moment to look at this document. You’ll see that it appears to be a discussion or analysis of the different projects that were within the Queensland Plan for Mental Health?---Yes.

5 Just take a moment to turn the pages and familiarise yourself. Commissioner, before I forget, the September 2011 briefing that I need to tender: it has been discussed with another witness, but it hasn’t gone into evidence. So that September 2011 one I will tender, and also this one in a moment, when we – I’ll tender it now. When I say this one, I mean the hard copy document, if that’s convenient, 1442.

10

COMMISSIONER WILSON: I’ll note that, Mr O’Sullivan.

MR O’SULLIVAN: Thank you, Commissioner.

15 COMMISSIONER WILSON: It can be dealt with in the same way - - -

MR O’SULLIVAN: Second – so sorry.

20 COMMISSIONER WILSON: It can be dealt with in the same way I’ve dealt with other exhibits.

MR O’SULLIVAN: Thank you, Commissioner. The second page, at the bottom, you’ll see, Dr Young, that there’s reference in the second-last box to high secure beds incorporating a high dependency unit at The Park, nine beds, original timeframe  
25 June 2012, the progress is completed, and then there’s some project planning comments; do you see that?---Yes.

30 It’d be right to say – tell me if I’m wrong, but as at late 2011 you would have had a general familiarity with the repurposing of The Park, but you may not have known the details?---That’s correct.

If you look at the last box on the page, you’ll see it says:

35 *Extended treatment beds for forensic patients at The Park - - -*

?---Yes.

Continuing:

40 *...original timeframe: June 2012 to 20 beds.*

And this document says:

45 *On track for delivery June 2012.*

Now, do you – is it likely that in 2011 you had some awareness of the proposal to develop an extended treatment beds for forensic patients at The Park?---Yes, I would've been aware back then.

5 Yes. Now, if you turn the page, on page 3, Dr Young, you just read the next box to yourself concerned with the adolescent extended treatment unit?---Yes.

Now, you'll see that this was – according to this document, the original timeframe for the Redlands unit was June 2012, and progress, it says delays experienced, and  
10 then there are some comments. In terms of the comments there, you will see there's a reference to the project encountering numerous issues. As at late 2011, can you say whether the matters set out under that first bullet point, Comments, would have been known to you?---Probably, but I – I can't remember.

15 In terms of the entry – delays in confirming the model of service delivery to inform the project definition and schematic design, I understand from your earlier evidence that was something you were well familiar with at that time?---Yeah. That aspect I'm sure I would have known about. I'm not sure that I would have known all those other details. I may have.

20 The other details being particularly within the remit of the health infrastructure branch rather than you?---Yes.

25 Yes. And all that information would get fed to the Director-General, information on policy from you and information on infrastructure issues from the health infrastructure branch?---Yes.

I understand. Now, just looking at this document, you will see that it's apparent from this document that the extended treatment unit for forensic patients at The Park  
30 looks like it's going – on this document going to be completed well before the Redlands Project?---Yes.

Yes. Now, during 2011 was your office asked to provide any advice to the  
35 Director-General or the Minister as to whether any issue arose about the – by reason of a mismatch in the timing of the extended treatment beds for forensic patients and the completion of the Redlands facility? Were you asked to give any advice about any issue of mismatch in timing?---I can't remember being asked to give that advice.

40 Yes. And to your knowledge, in 2011 was that – if I can put it as mismatch, was that an issue that your office focused upon in 2011?---I can't remember whether we did or didn't.

45 Yes. It may have been something that Dr Kingswell focused on, but sitting here now you don't recall you personally giving consideration to that?---No, I don't.

Yes. Now, there are potentially some questions to do with the estimates brief, but the problem we've got, Commissioner, is that, firstly, I need your leave, and

secondly, I think the Commission – Counsel Assisting and I have the same view, the State has a different view, and I’m just conscious of the time and the real world. I’m wondering if I should just read it alone if you’ve got other witnesses to deal with. I had a couple of questions I was going to ask, but - - -

5

COMMISSIONER WILSON: Well, Mr O’Sullivan, it’s a case of your having to obtain leave and if you are still wanting to ask those questions I will hear you on the leave question. And should I grant leave then certainly ask them. And I think you should ask them this afternoon. If there is to be argument, I think I’ll ask the witness to wait outside while that proceeds.

10

MR O’SULLIVAN: Yes.

COMMISSIONER WILSON: But it’s a matter for you what you want to do, Mr O’Sullivan.

15

MR O’SULLIVAN: Well, I’m conscious that I’m not the only person in the room. I mean, I would like to ask a couple of questions and – probably two questions. They may not matter in the scheme of things. I’m just – it’s 10 to 4.

20

COMMISSIONER WILSON: Well, I’m giving you the opportunity. I’m saying if you want to ask the questions I will hear you on the leave question and I’ll do that now.

25

MR O’SULLIVAN: Well, could we – thank you. Could we – it will, I think, take five minutes if that’s convenient.

COMMISSIONER WILSON: Alright. Dr Young, would you mind waiting outside.

30

**WITNESS LEAVES COURTROOM**

**[3.50 pm]**

COMMISSIONER WILSON: The bailiff has asked me, Mr O’Sullivan, whether this is to be live streamed.

35

MR O’SULLIVAN: That’s fine.

COMMISSIONER WILSON: Pointing out, however, that the screens are on display outside.

40

MR O’SULLIVAN: Yes.

COMMISSIONER WILSON: So my asking the witness to wait outside is not totally effective, put it that way.

45

MR O’SULLIVAN: I see. There’s a room - - -

COMMISSIONER WILSON: Mr Bailiff, is there a witness room outside she could wait in?

MR O'SULLIVAN: There's a room.

5

COMMISSIONER WILSON: Would you take her into one of those.

MR O'SULLIVAN: Thank you, Commissioner.

10 UNIDENTIFIED SPEAKER: I'm told it's been done.

COMMISSIONER WILSON: It's been done, Mr Bailiff. Alright. Mr O'Sullivan, now - - -

15 MR O'SULLIVAN: May it please the Commission, it's CHS.900.005.001. It's the witness' statement at Delium number 0021. It's the second – I'm sorry, the third page of the estimates brief that we discussed last week.

COMMISSIONER WILSON: Yes. I have that.

20

MR O'SULLIVAN: Commissioner, 0021, seventh bullet point down, Commissioner.

COMMISSIONER WILSON: Yes.

25

MR O'SULLIVAN: The brief says:

30 *Implementation of the first stage of the plan largely on track with some delay in capital works program due in part to changes in model of care and prolonged site investigations.*

And I was going to – I wish to ask the witness whether she recalls that the advice in this brief was, as she understood it on this particular point, did it encompass the Redlands facility?

35

COMMISSIONER WILSON: Well, can you tell me precisely the question you're proposing?

40 MR O'SULLIVAN: Do you recall whether this advice in the estimates brief was intended by your office to include a reference to the Redlands project? The second question - - -

COMMISSIONER WILSON: Just a moment.

45 MR O'SULLIVAN: I'm sorry.

COMMISSIONER WILSON: That's alright. Yes. The second question?

MR O’SULLIVAN: The last – the second last bullet – I’m sorry, the second last bullet point on that page, Commissioner:

5                    *The first four years of investment in the plan ends in 2010 and 11.*

COMMISSIONER WILSON: Yes.

MR O’SULLIVAN: I was going to ask the witness if she could explain what that meant. The next page – third and last question. The next page, Commissioner, 10 Delium number 22. The fourth bullet point down, Commissioner. The witness has already been asked and given some evidence about the words “fiscal pressures”. And she said that she doesn’t recall in her evidence what they were. I was going to ask her what she understood was meant by the statement:

15                    *No funding available in the 2011 to 12 State Budget to progress implementation of the plan.*

And whether she was aware in 2011 that there were fiscal pressures.

20                    COMMISSIONER WILSON: So what she understood was meant by the first sentence, is that it?

MR O’SULLIVAN: Yes, Commissioner.

25                    COMMISSIONER WILSON: And then ask her what?

MR O’SULLIVAN: Whether she was aware in 2011 that there were fiscal pressures which affected the State Budget.

30                    COMMISSIONER WILSON: In 2011?

MR O’SULLIVAN: At the date of this briefing note, if it please the Commission. It’s June 2011.

35                    COMMISSIONER WILSON: Well, this is version – I don’t know whether it’s 32 or 3.2, 1 July 2011.

MR O’SULLIVAN: Yes, Commissioner.

40                    COMMISSIONER WILSON: Well, can I take your questions one by one. Your first question relating to the seventh bullet point under Background - - -

MR O’SULLIVAN: Yes.

45                    COMMISSIONER WILSON:

*Do you recall whether this advice in the estimates brief was intended to include a reference to the Redlands project?*

You're expecting a yes or a no, I take it?

5

MR O'SULLIVAN: Yes, Commissioner.

COMMISSIONER WILSON: And depending upon whether it's a yes or a no, are you intending to ask further questions?

10

MR O'SULLIVAN: I don't think I can.

COMMISSIONER WILSON: Alright. That explains that one for me. Now, the next question, same page in the in confidence box, the first bullet point:

15

*Explain what that meant.*

MR O'SULLIVAN: Yes, Commissioner.

20

COMMISSIONER WILSON: Again, are you proposing just that question or any follow up questions depending upon the answer?

MR O'SULLIVAN: I don't think I properly can ask any follow up questions, Commissioner.

25

COMMISSIONER WILSON: Very well. Now, over the page, the fourth bullet point, the first sentence. You're going to ask her what she understood was meant by this first sentence.

30

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: Again, any follow up questions proposed depending upon the answer?

35

MR O'SULLIVAN: Again, I don't think realistically I can, Commissioner.

COMMISSIONER WILSON: And the second sentence you're going to ask whether she was aware in 2011 – sorry, and then you're going to ask whether she was aware in 2011 that there were fiscal pressures. Is that right?

40

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: And you're not expecting anything but a yes or a no and you're not expecting to follow them up?

45

MR O'SULLIVAN: No.

COMMISSIONER WILSON: Alright. Now, I'll hear what the Crown has to say about those proposed questions before I go any further. Ms Wilson.

5 MS WILSON: I'll just be brief, Commissioner. Has the Commissioner seen the letter that we – the Crown Law has provided to the Commission setting out our responses?

COMMISSIONER WILSON: Yes, I have.

10 MS WILSON: That is from advice from the Solicitor General. If I can take you to the first question, for example. And you can see that the response that has been provided there that it goes to the accuracy of the note and would thus question or impeach, the problem is that once the question has been asked, whether or not it has  
15 breached parliamentary privilege because it then could question or impeach the accuracy of the briefing note.

So in the State's submission, it – the better way to proceed is to preserve the privilege and not let the question be asked. It solely depends on the answer. If  
20 they're expecting a yes then, as Counsel Assisting says, then it is not likely that the question would impeach the proceedings in parliament. But if the answer is no or there's any further – or if there is any further explanation provided by the witness, then we could very well be getting into areas which do, in fact, impeach the document. And so it's the State's position that the leave should not be granted. The  
25 fact that we're asking questions about a document and whether or not parliamentary privilege has been impeached depends somewhat on the answer. And that's too risky.

COMMISSIONER WILSON: Just bear with me a moment, would you.

30 MS WILSON: Thank you, Commissioner.

COMMISSIONER WILSON: Well, the difficulty I see, Ms Wilson, is this: I have before me copies of the correspondence including the letter that McCullough  
35 Robertson wrote to Mr Hill on 4 March 2016.

MS WILSON: That is the case. I've got that too, Commissioner.

COMMISSIONER WILSON: At that stage, the proposed question was that to her  
40 knowledge it accurately described the Redlands project, namely, that it was a project that had been delayed due to changes in models of care and prolonged site investigation. The question that's now proposed is slightly different. It's whether she recalls that the advice was intended to include a reference to the Redlands project rather than when it – whether it accurately described the Redlands project.  
45

MS WILSON: I appreciate the slight difference and I do, in fact, appreciate the slight difference. But, in my submission, the effect could be the same. The wording has been slightly changed but the effect, indeed, could be the same.

5 COMMISSIONER WILSON: Alright. I hear what you say. I'll see what Counsel Assisting has to say.

MS WILSON: Thank you.

10 COMMISSIONER WILSON: Mr Freeburn.

MR FREEBURN: Commissioner, the question that's desired of this point is really possibly this, that when it refers to the implementation of the first stage of the plan largely being on track, does that include Redlands? So, in essence, what Mr  
15 O'Sullivan wants to do is to ask about whether those expressions – that expression, or perhaps the later one referring to delay, or even the third section - - -

MS WILSON: Commissioner, can I raise a point at this point in time? Considering – should the document be up, because it's being live streamed?

20 COMMISSIONER WILSON: Well, I essentially asked that question before, whether this proceeding should be live streamed and said that the screen was up outside.

25 MS WILSON: I'm sorry, Commissioner, I didn't put – connect the dots of the subtleties. Should it be taken down? We've all got hard copies.

COMMISSIONER WILSON: I'll have it taken down. Would you take it down from the screen, please. Yes, Mr Freeburn.

30 MR FREEBURN: As I apprehended, what Mr O'Sullivan really wants to do is to ask whether expressions used in this briefing note extend to include Redlands. I'm not sure which one he wants to ask about but – because there are actually three segments to that dot point. It's hard to see that that is actually impeaching or  
35 questioning the content of the document. It's more in the nature of an inquiry of what the document means. And that may well be the correct characterisation of the other questions that Mr O'Sullivan proposes to ask. So if the questions are really directed in that way, that is what's comprehended by these expressions in the document, it's probably not impeaching or questioning the document. It's asking  
40 about the breadth of the document. I'm not sure that much comes of any of that because it's really about what the witness understands. And given the tenor of her evidence up until now, I suspect most of the answers will be "I don't know". But  
- - -

45 COMMISSIONER WILSON: But what's the relevance of what she understands? Shouldn't the document speak for itself?

MR FREEBURN: Yes. I agree. I agree. I don't see it as being – on that second question of whether it takes us very far, it's hard to see that it matters.

5 COMMISSIONER WILSON: Mr O'Sullivan, do you want to say anything else?

MR O'SULLIVAN: No.

10 COMMISSIONER WILSON: I'm not going to give you leave to ask a question about what the document means, and that, it seems to me, is the essence of your proposed question. So I refuse leave with respect to that.

15 MR O'SULLIVAN: Yes. The only part of the question that might not have fell foul of that objection is whether she understood that there were fiscal pressures, but I don't need to ask that question. If the other questions aren't permissible I don't need to ask that one, Commissioner. So I have no other questions for Dr Young.

COMMISSIONER WILSON: So you're not pursuing any of these questions now?

20 MR O'SULLIVAN: Well, I understood I didn't have to leave to ask them, so I'm not.

COMMISSIONER WILSON: Very well. Well, I think I'll ask her to come back to formally stand her down.

25 MR O'SULLIVAN: Thank you, Commissioner.

MS WILSON: I've got a question, Commissioner.

30 COMMISSIONER WILSON: I'm sorry. You had some questions, Ms Wilson. Well, I certainly won't be standing her down then, but ask her to come back, Mr Bailiff.

35 **JEANNETTE ROSITA YOUNG, CONTINUING** **[4.06 pm]**

**EXAMINATION BY MS WILSON**

40 COMMISSIONER WILSON: Yes, Ms Wilson. When you're ready.

MS WILSON: Thank you, Commissioner. If we can go to the briefing note which is dated 16 August 2012, QHD.006.005.2343?---Yes.

45 Okay. And if we can go to the last page of that, which is page 4 of 4. And this, Dr Young, is the briefing note that we can see your signature there?---Yes.

Okay. Now, can I just ask you something – I’m just using this document itself as a platform to ask questions about briefing notes – do briefing notes just come out of the blue, that you hadn’t seen this material before, or is there – can you give me some assistance about how these briefing notes get to you?---Depends on the briefing note.  
5 If it’s about an emergent issue that suddenly happened like Zika virus, then they could come out of the blue, after a quick phone call. If they’re about a strategic issue that has been developed over some time, then no, they’re more about documenting what’s been previously discussed so it’s formalised.

10 I see. Can you give me some assistance in relation to this briefing note?---This briefing note would have been in the process of being developed over quite some time.

15 Now, in terms of your speciality before you took up the role of Chief Health Officer, can you inform the Commissioner what that was?---Initially, I was training in emergency medicine, then I moved to manage hospitals, so as Director of Medical Services. And then I moved into this role, which was initially mainly focused on disaster response and public health.

20 Okay. Now – so I take it from that answer that you haven’t got yourself any expertise in mental health issues?---No, I don’t.

25 And when you were asked some questions about whether taking expert advice, did you do that in any – on any of the matters that reached you in relation to the issues that you have been asked questions about?---Yeah. I would take expert advice from the director of mental health and/or the Chief Psychiatrist.

30 And who would that have been during this time?---At that time it was Dr Kingswell. Prior to him, it was Dr Aaron Groves.

35 Okay. Now, Doctor, you were asked a number of questions where you answered that you could not recall details about various matters. In your statement, you refer to that – you give it some context, that the – that some of the questions that are asked relate to circumstances that occurred about four years ago and relate to only one of the many matters that you were involved. What other matters were you involved around this time?---Over that period I was also managing Queensland’s health response to disasters, so they occur on a semi-regular basis, any infectious diseases outbreaks, any environmental health issues. I manage all the private hospitals’ licensing program and a range of other areas.

40 And after mid-2012, you no longer have responsibility for mental health issues?---No.

45 Okay. Thank you, Commissioner. They’re the only questions I’ve got for you. Thank you, Doctor.

MR DUFFY: Sorry, Commissioner. There is a matter arising, if I may?

COMMISSIONER WILSON: Yes, Mr Duffy.

**EXAMINATION BY MR DUFFY**

**[4.10 pm]**

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MR DUFFY: Dr Young, you answered some questions in relation to two different positions within the mental health branch of Queensland Health. You referred to a position described as Director of Mental Health, and also the Chief Psychiatrist. It's right, isn't it, that there's in fact another position, which is Executive Director of the Mental Health Branch, and that used to be occupied by Dr Kingswell – Dr Groves, but presently by Dr Kingswell?---Yes. Some of those titles have changed over the years. There's usually only been two positions, a Chief Psychiatrist and then the Director of Executive Director of the actual branch.

15

The Executive Director of a branch is a separate role, is it not, to the statutory role of the Director of Mental Health, which is an appointment under the Act?---Yeah. They used to be combined, and then they've separated.

20

And indeed, the role of Chief Psychiatrist is also a separate role?---It is now. In the past, it was held by the person who was the director of the branch.

25

As at May 2012, can you comment on this, that, in fact, it was Dr Gilhotra who was Chief Psychiatrist?---Yes.

Do you recall in paragraph 29 of your statement you referred to having consultant – this is as at May 2012 – having consulted over an extended period with the Executive Director of Mental Health?---Yes.

30

And you're referring there to Dr Kingswell?---Yes.

35

And you go on to say who was at the time also in the role of Chief Psychiatrist. Can I suggest to you that, in fact, it was Dr Gilhotra at that time?---Yes, I think you're probably right.

Alright. Should we take it that, in fact, your recollection is that you would have also consulted with Dr Gilhotra then?---Yes, I would have.

40

Right. Yes. Thank you. Nothing further, Commissioner.

COMMISSIONER WILSON: Is there anything arising out of that? Ms Wilson?

MS WILSON: No, Commissioner.

45

COMMISSIONER WILSON: Anyone else?

MR O'SULLIVAN: Sorry, just one brief matter.

COMMISSIONER WILSON: Yes, Mr O'Sullivan.

**EXAMINATION BY MR O'SULLIVAN**

**[4.12 pm]**

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MR O'SULLIVAN: Just to be clear, your evidence is, as I understand it, that in terms of consultation you don't recall whether it was only Dr Kingswell or if it was Dr Groves and Dr Kingswell that you consulted with in relation to the proposal to cancel the Redlands facility?---To the best of my recollection, I would have had discussions with Dr Groves - - -

10

Yes?--- - - - then with Dr Kingswell when he took over from Dr Groves.

15

Yes?---And I'm sure I would have with Dr Gilhotra.

And the reason you gave that evidence is because it had – the discussions had gone on for some time, and by May 2012 Dr Kingswell had only been in the seat for a relatively short period of time?---Yes.

20

Yes. Thank you.

COMMISSIONER WILSON: Mr Freeburn.

25

MR FREEBURN: I have nothing further.

COMMISSIONER WILSON: I have a question. Did the advice that you were receiving change when the person with whom you were consulting changed from Dr Groves to Dr Kingswell?---No, I don't remember any change in advice.

30

I see. Thank you. Mr Freeburn.

MR FREEBURN: May Dr Young stand down?

35

COMMISSIONER WILSON: Yes, Dr Young?---Thank you.

**WITNESS STOOD DOWN**

**[4.13 pm]**

40

MR FREEBURN: Commissioner, Ms Muir is taking the next witness, Mr Simpson.

COMMISSIONER WILSON: Very well. It's quarter past 4. I'm wondering whether we should have a short break. How long do you think Mr Simpson will be, Ms Muir?

45

MS MUIR: Commissioner, I should be about 15 or 20 minutes, and I understand that there's cross-examination by Mr Mullins that will be 15 or so minutes, and also by Mr Fitzpatrick, 10 minutes.

5 COMMISSIONER WILSON: So three-quarters of an hour. I think we should have a break for 10 minutes.

MS MUIR: Thank you, Commissioner.

10 COMMISSIONER WILSON: Ten minutes only.

**ADJOURNED**

**[4.14 pm]**

15

**RESUMED**

**[4.26 pm]**

20 COMMISSIONER WILSON: Yes, Ms Muir.

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MS MUIR: I call Ronald Martin Simpson.

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Closed Hearing

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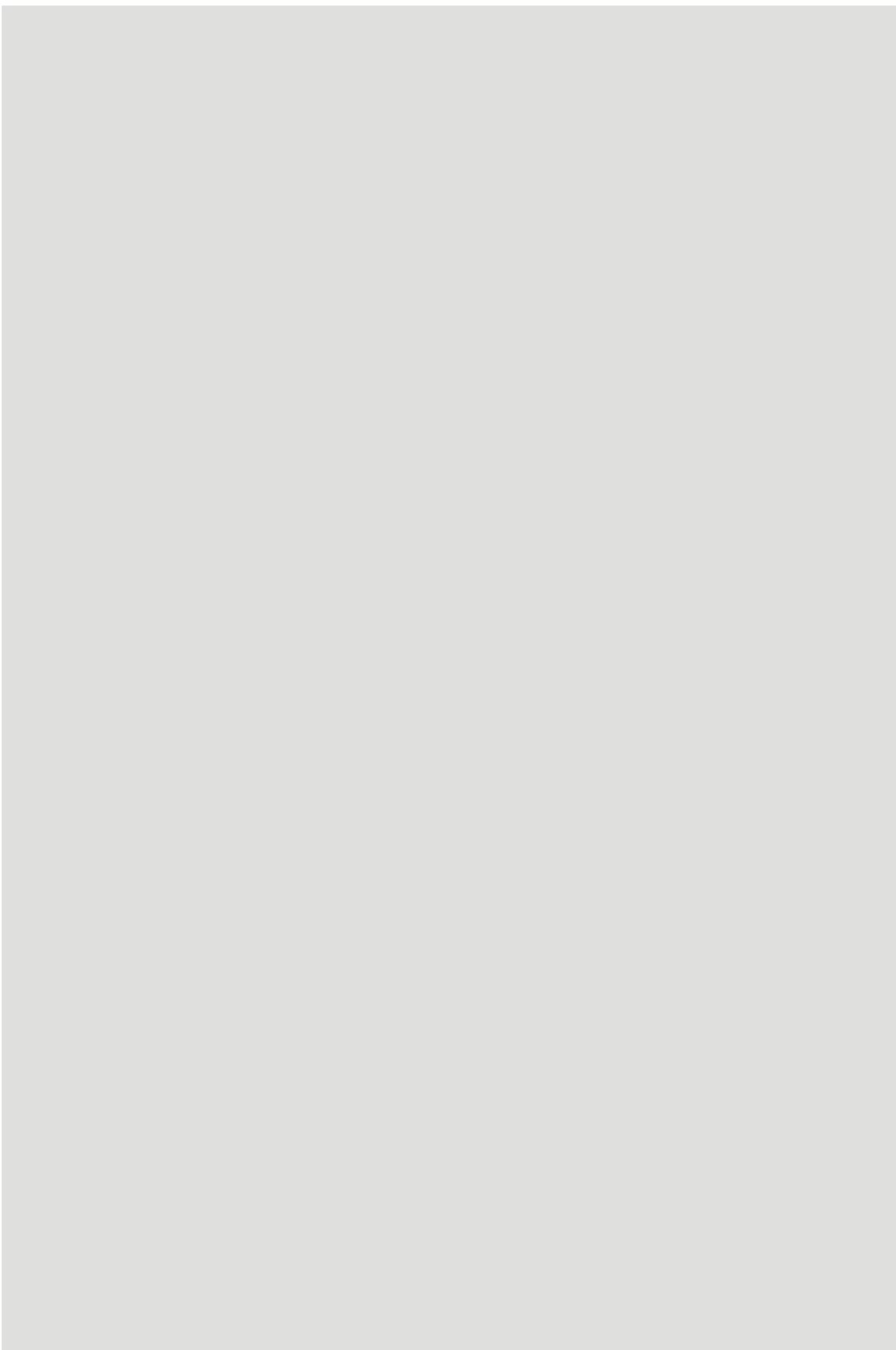
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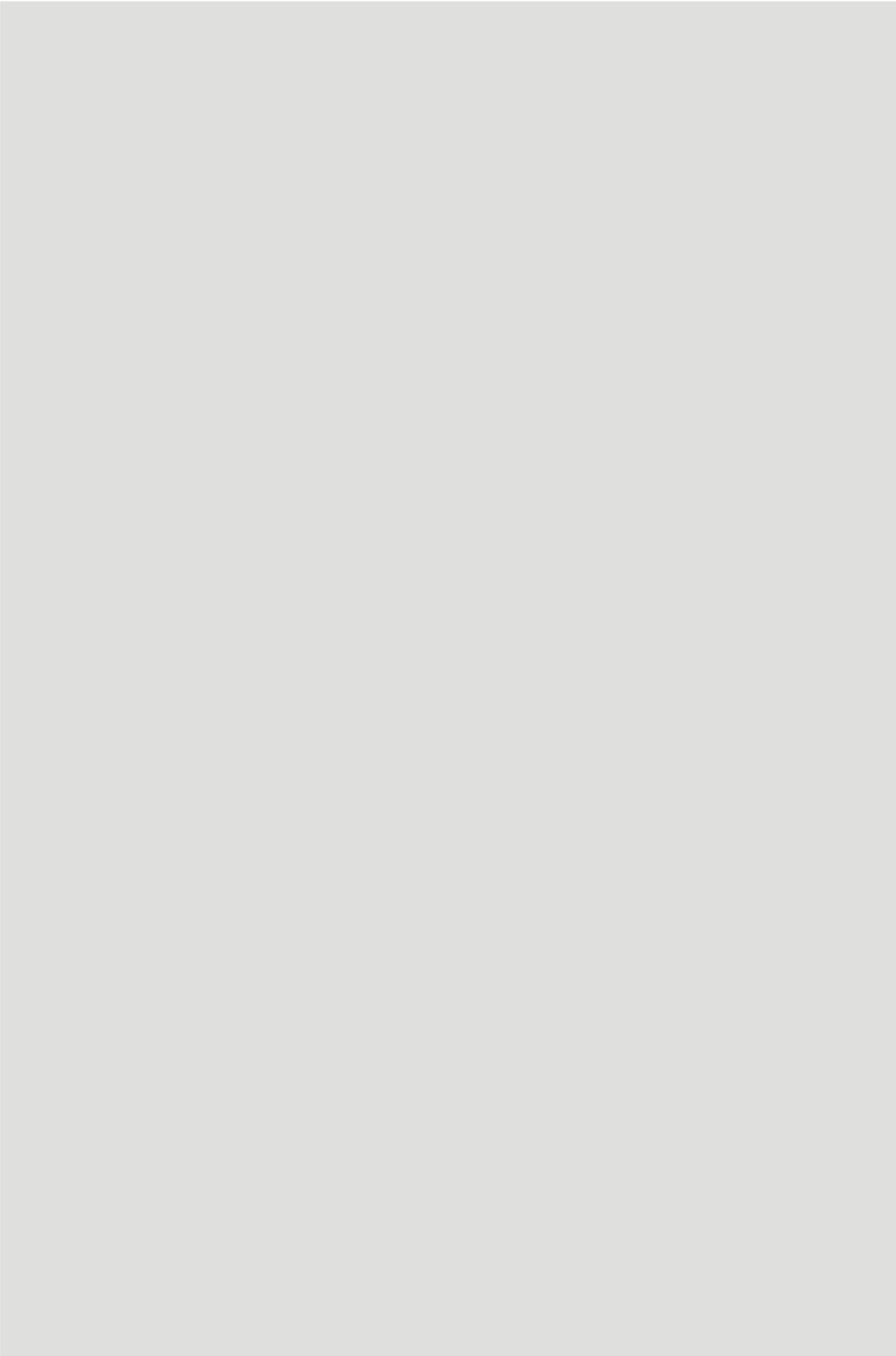
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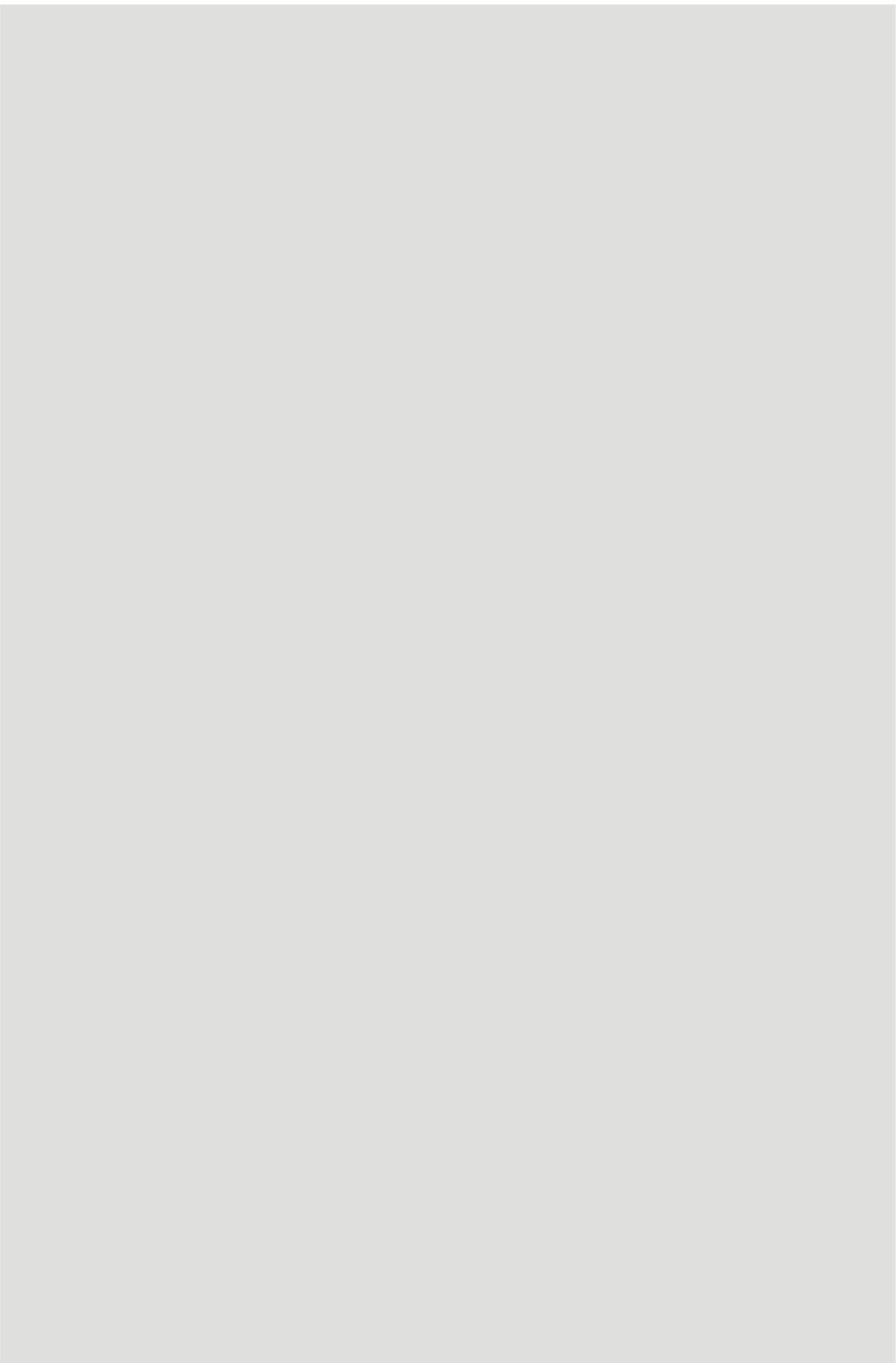
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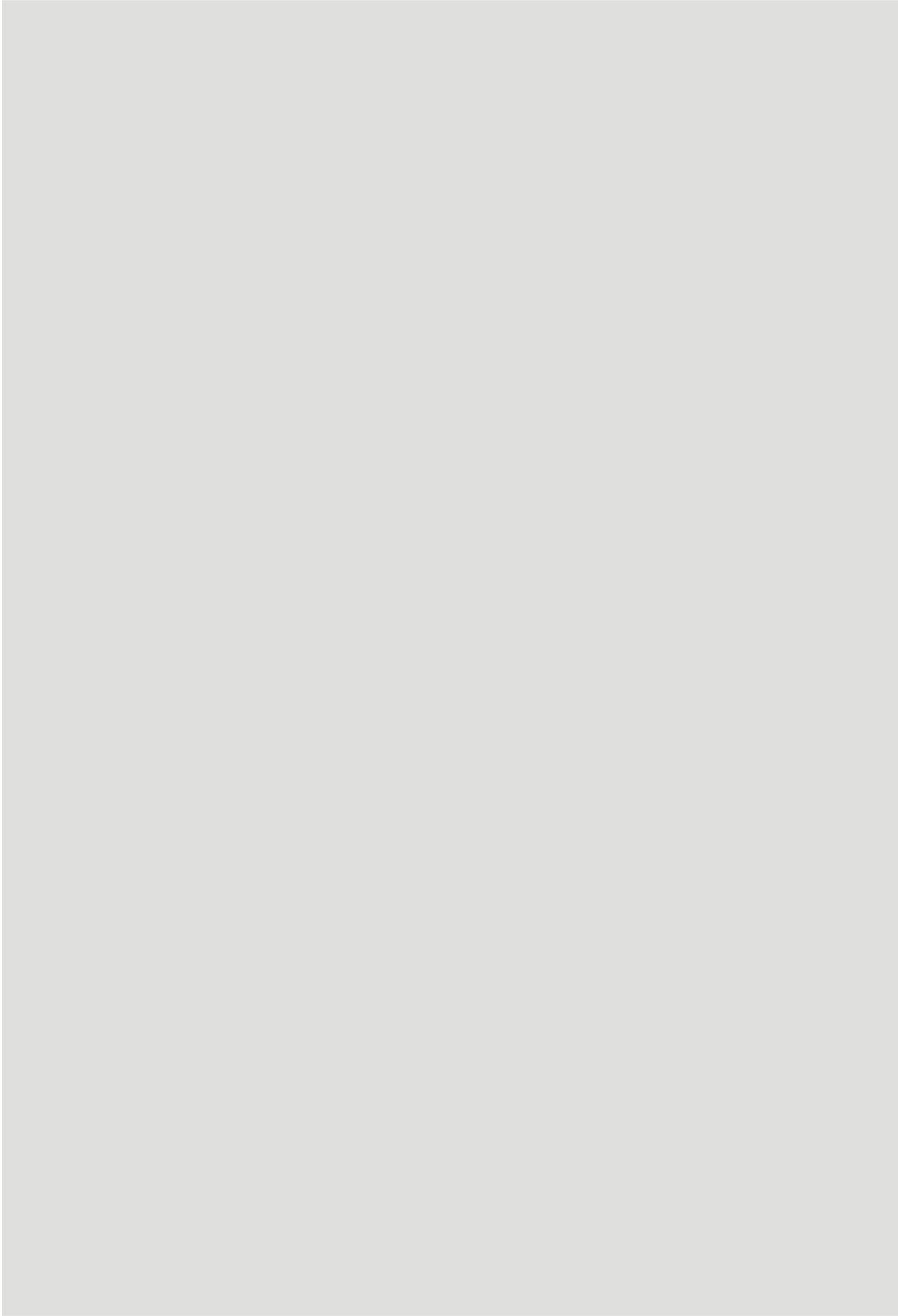
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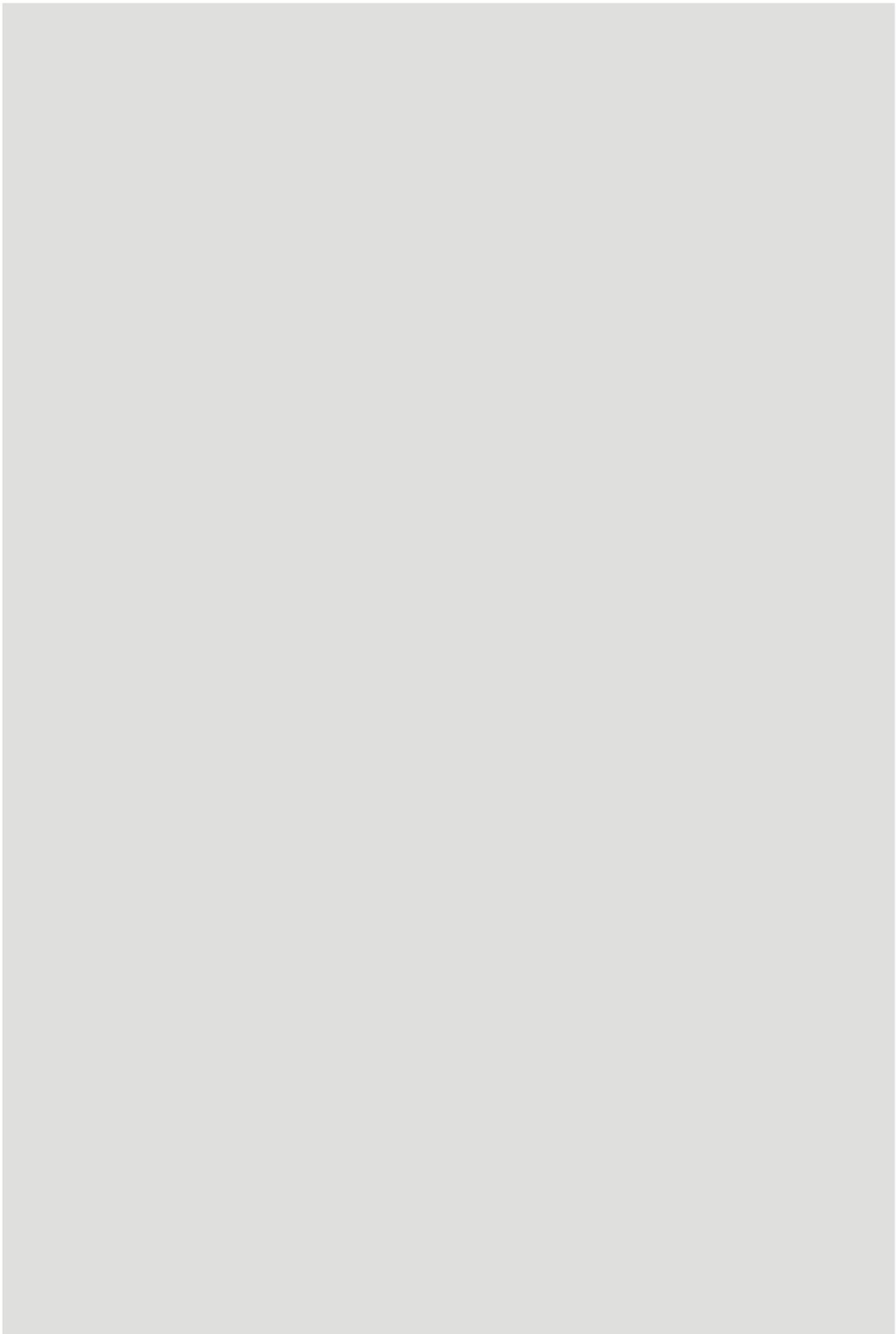
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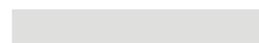
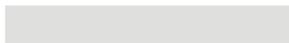
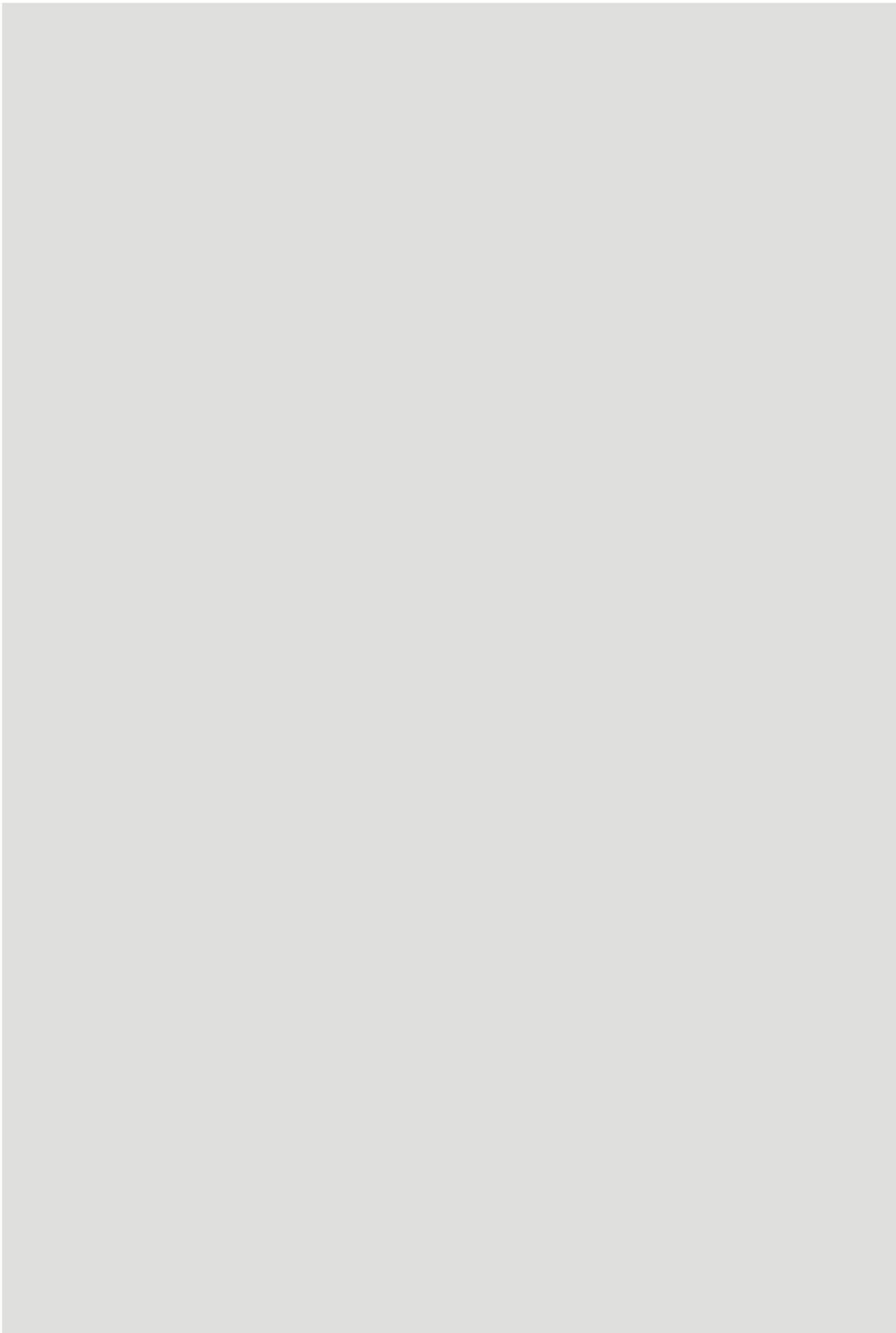
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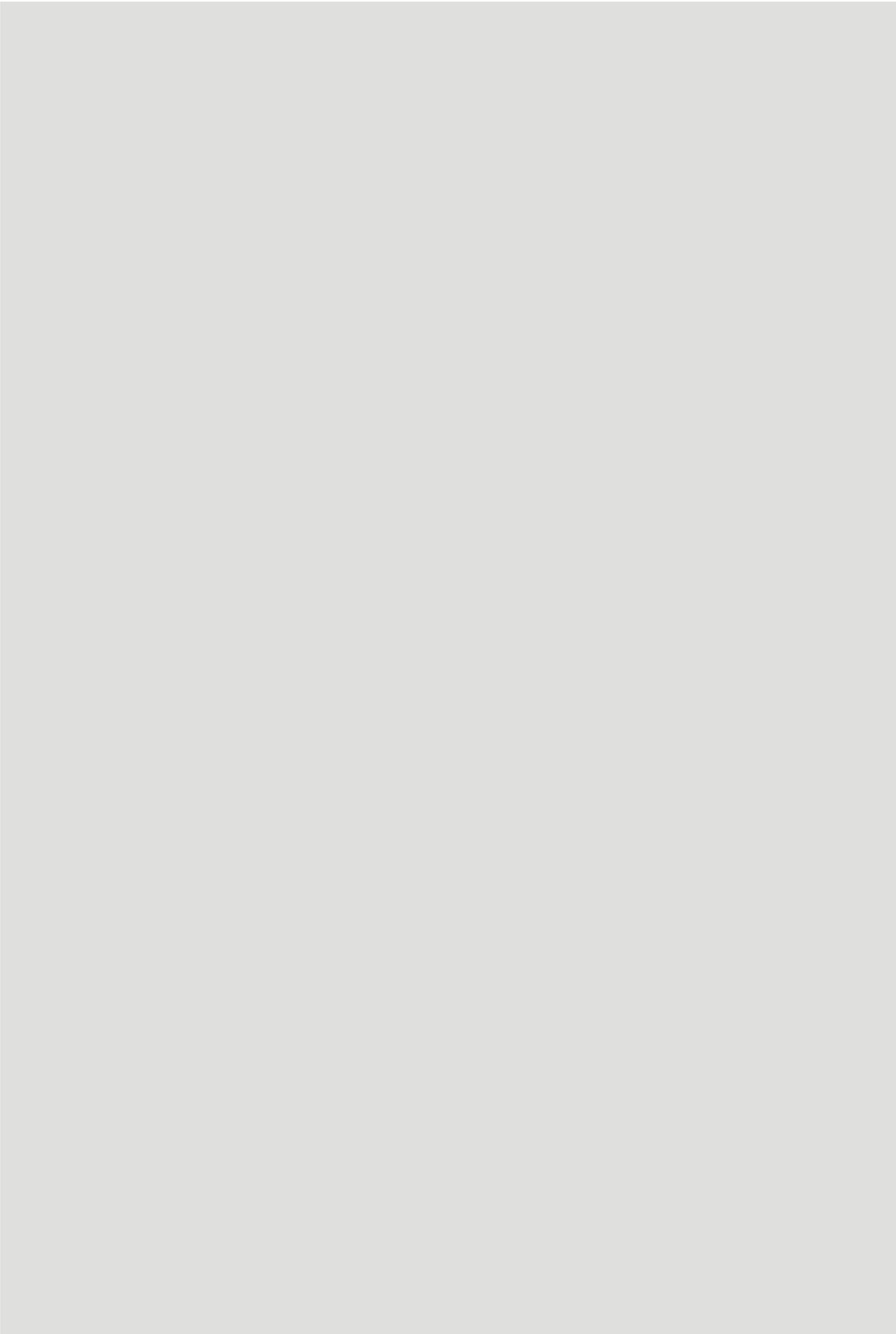
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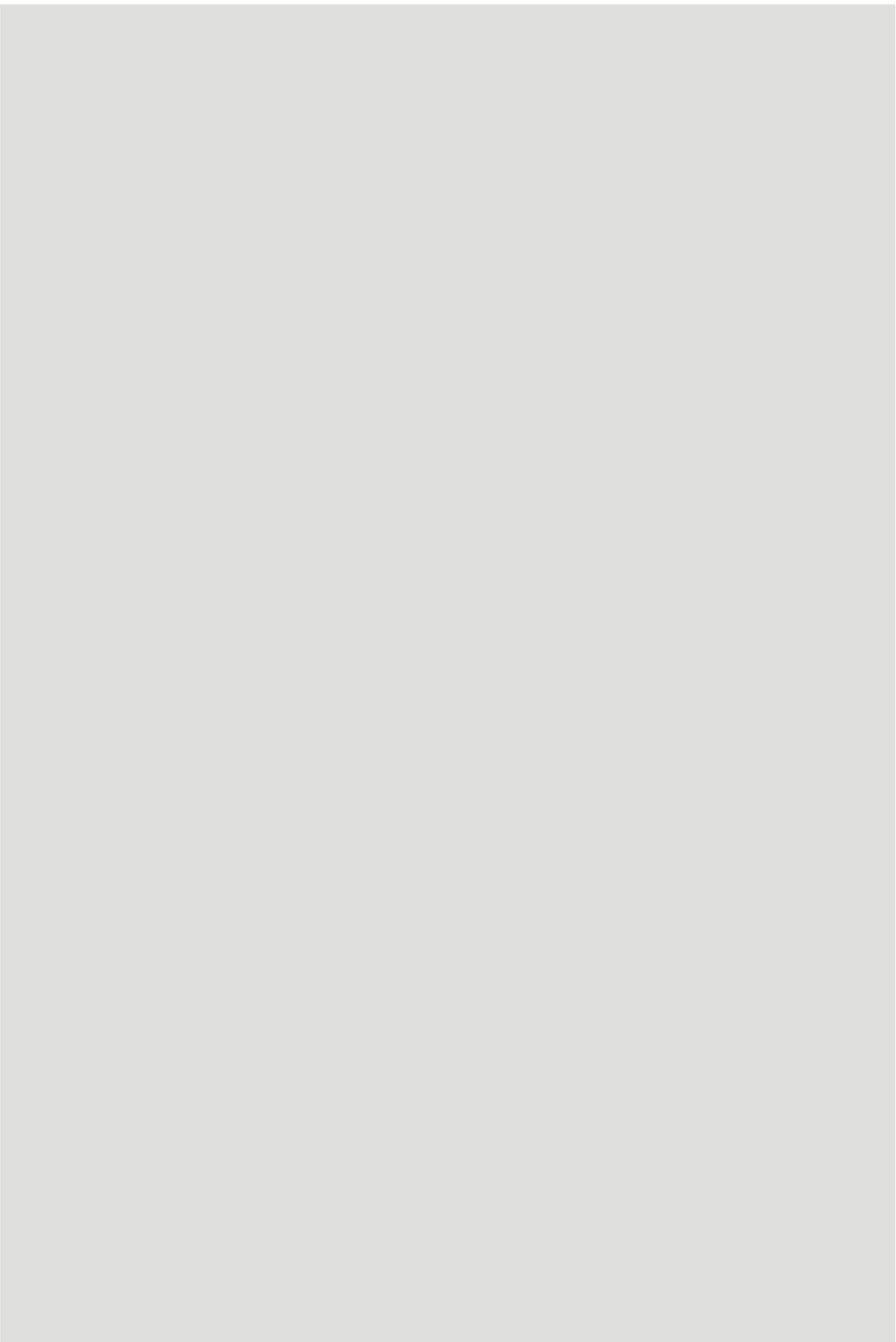
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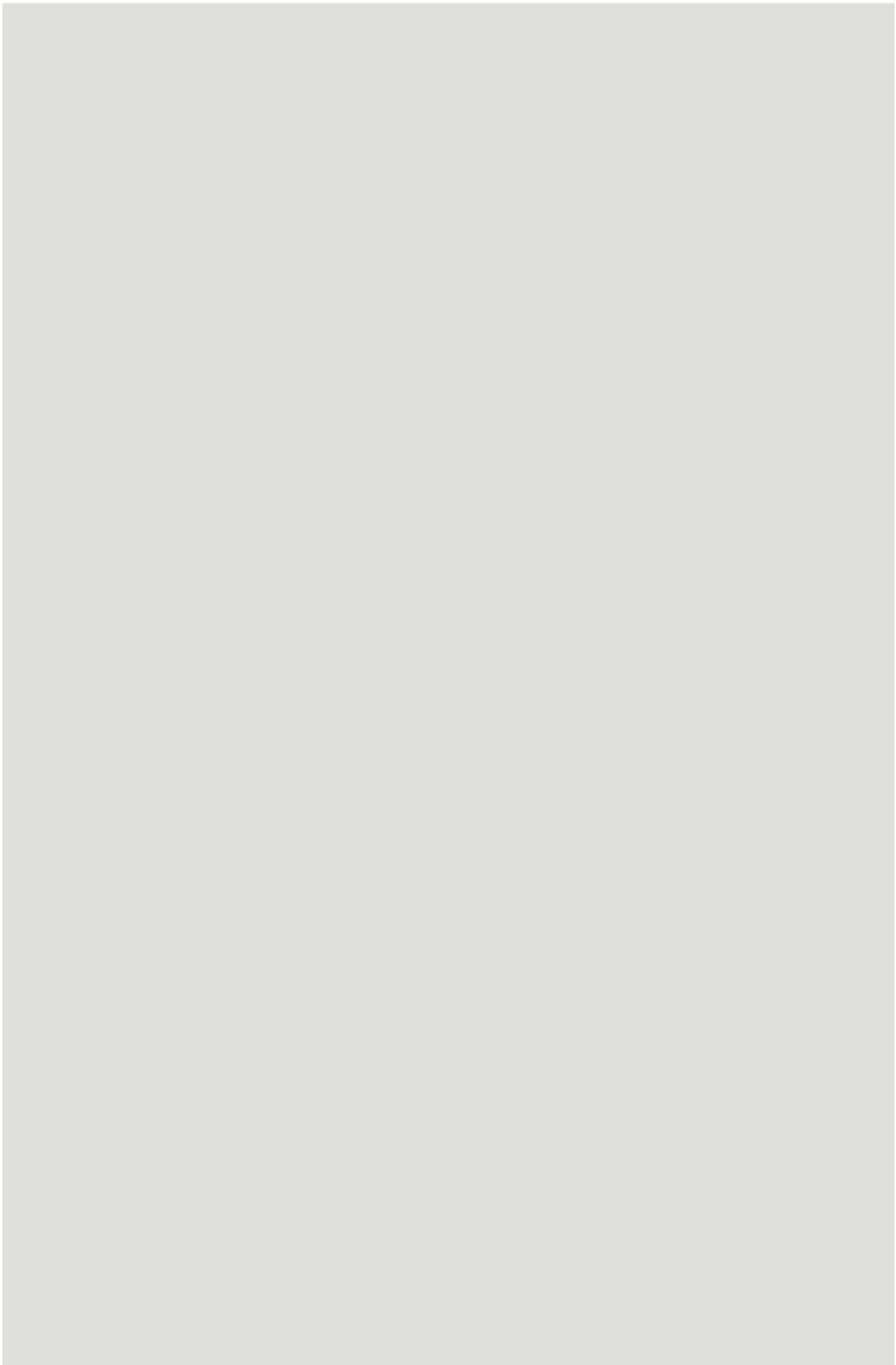
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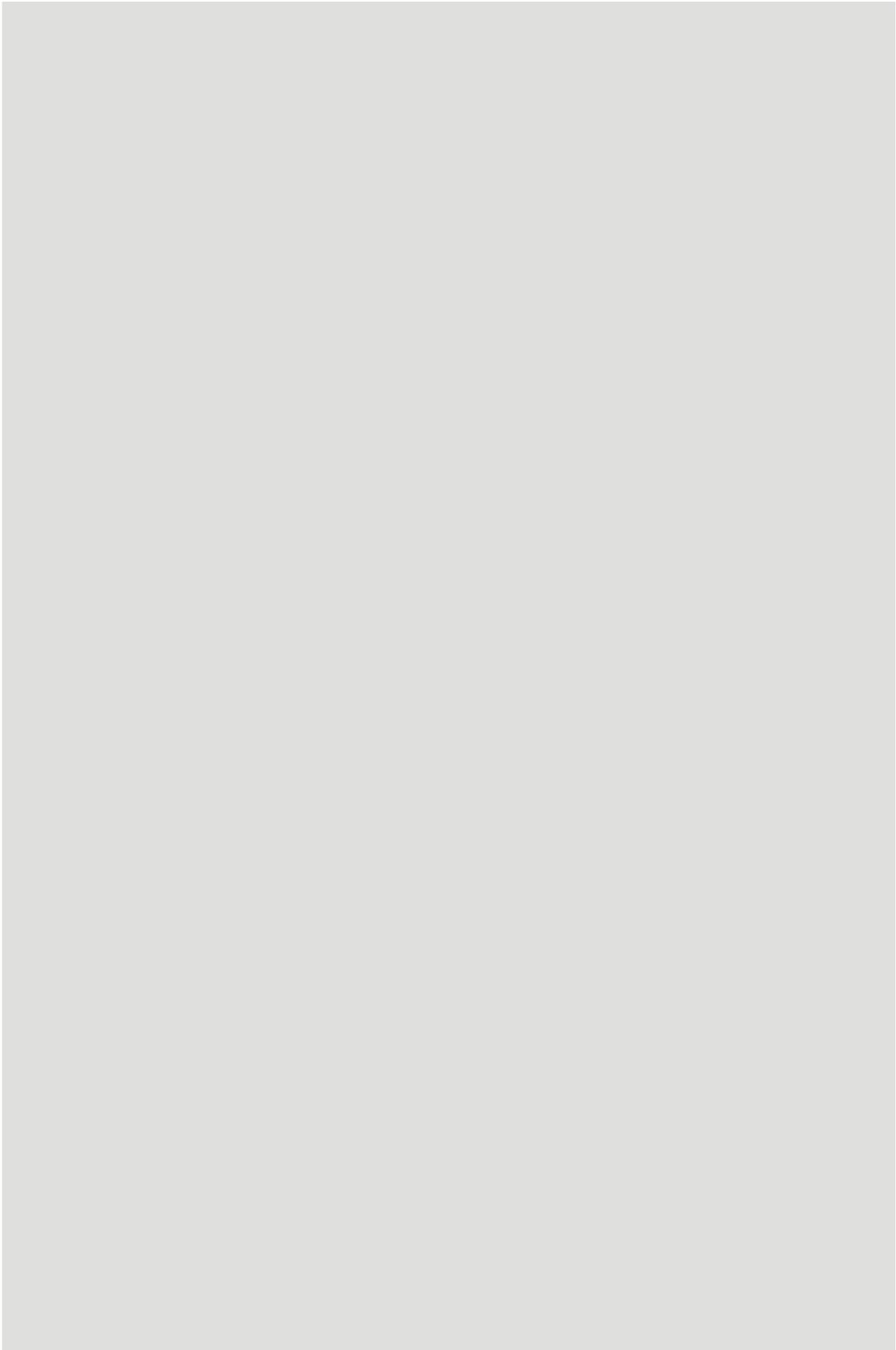
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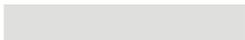
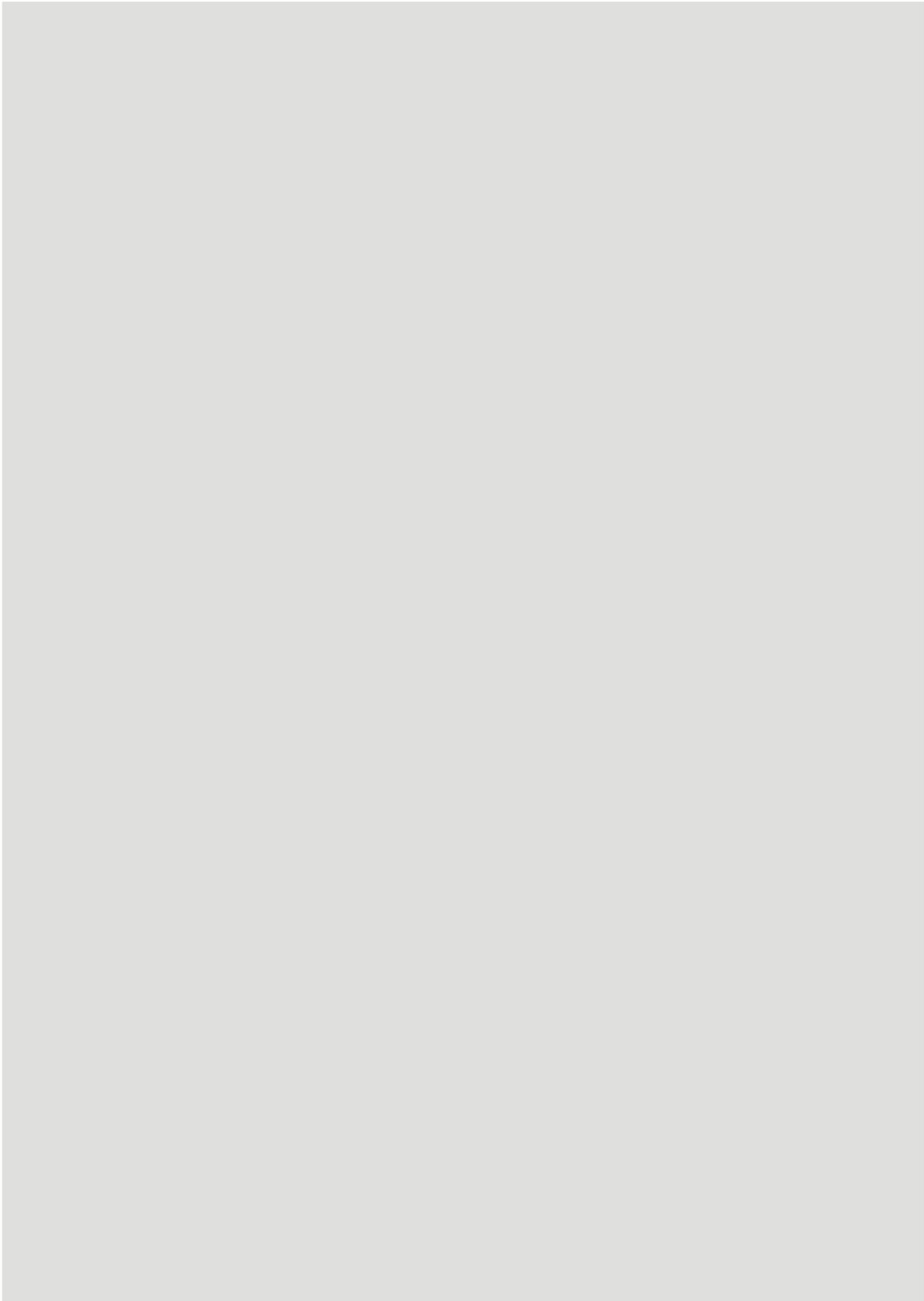
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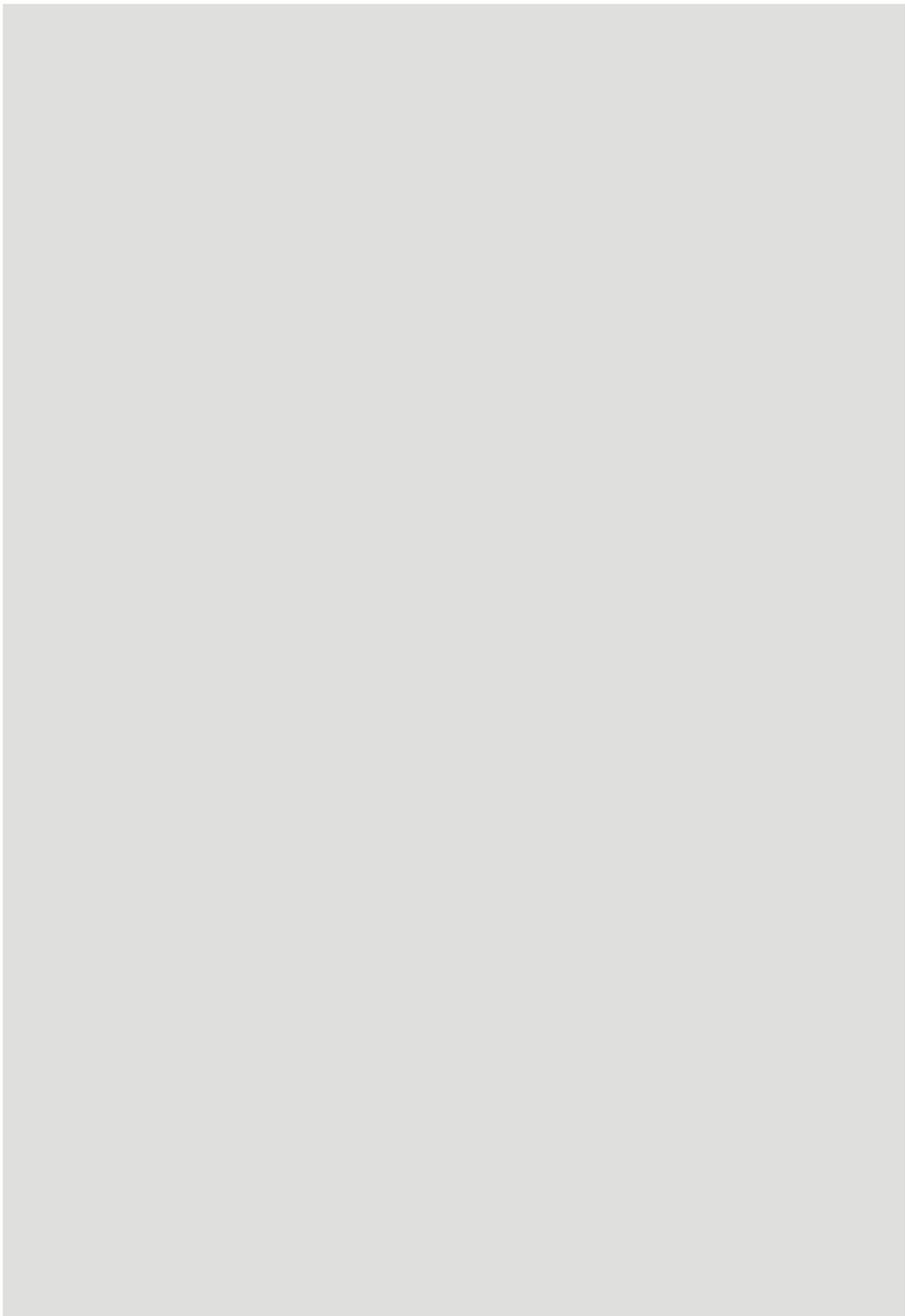
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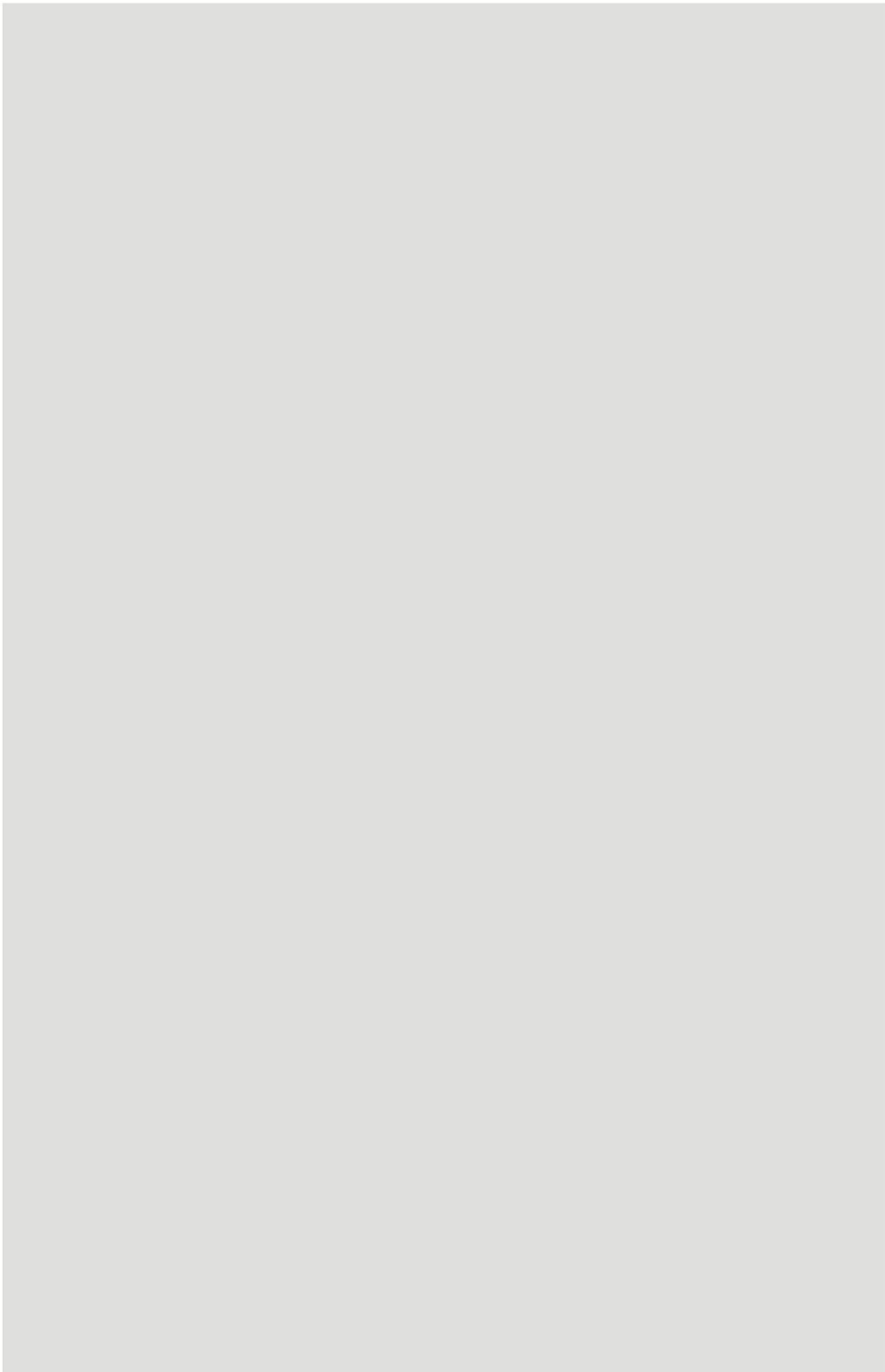
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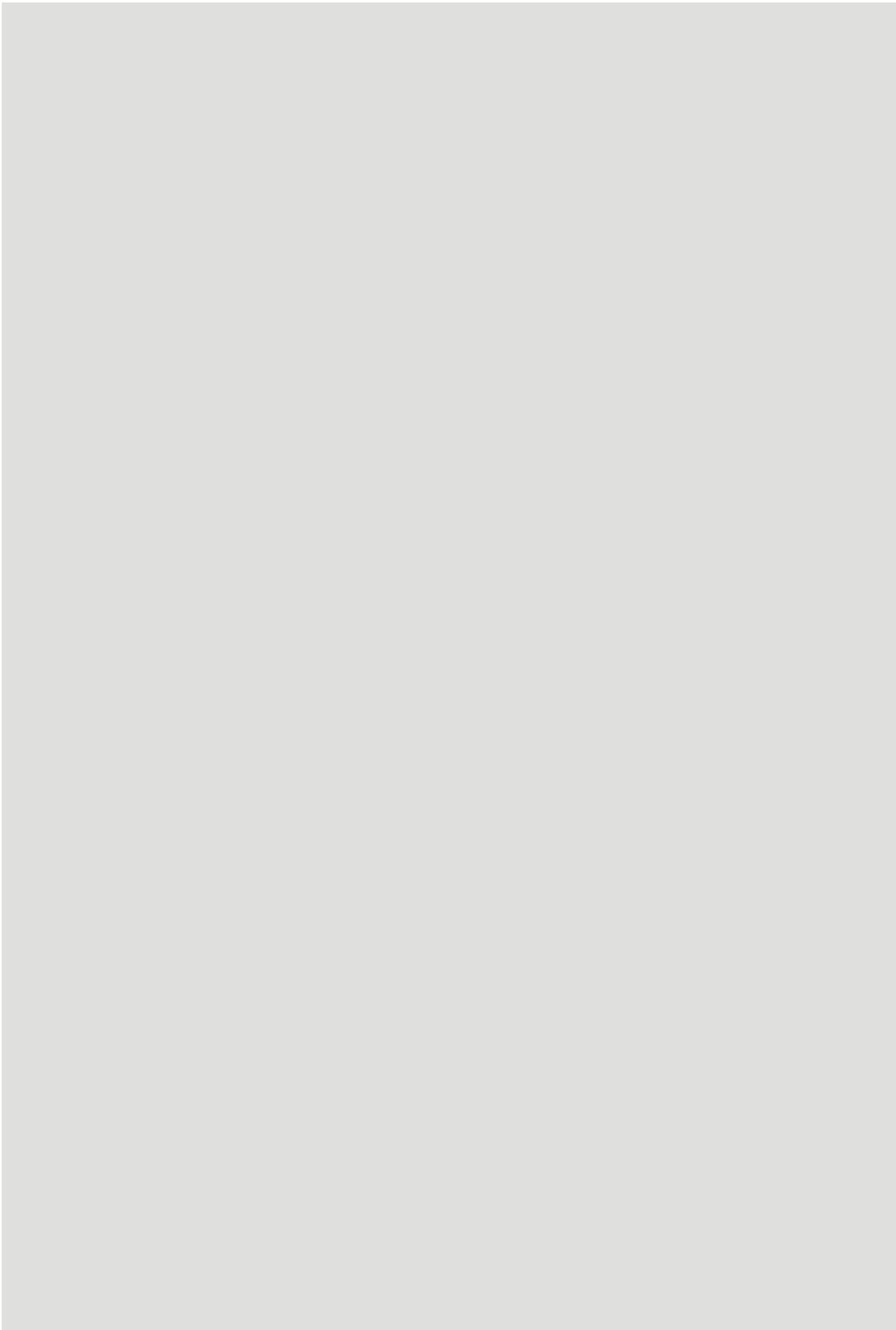
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**MATTER ADJOURNED at 5.10 pm UNTIL TUESDAY, 8 MARCH 2016**